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MORAL ENTREPRENEURS AND POLITICAL ECONOMY: HISTORICAL AND ETHNOGRAPHIC NOTES ON THE CONSTRUCTION OF THE COCAINE MENACE*

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Introduction

As the importance of marijuana use as a social problem wanes and the consistent failures of heroin policies lead us to the first serious discussions of legal maintenance programs, cocaine seems to be emerging as the scourge of the 1970s. In the last few years we have witnessed the high-rolling exploits of coke dealers in the film, *Superfly*; dozens of journalistic accounts of the new drug "craze" in such periodicals as *Time, Newsweek*, and the *New York Times Magazine*; books covering everything from history to "How To . . ."; and the growth of a multi-million dollar cocaine paraphernalia industry. The Los Angeles Police Chief recently warned the "jet set" that their Hollywood parties, where cocaine is reputedly *de rigeur*, would be subject to increasing police scrutiny.

Between 1969 and 1972, Drug Enforcement Agency seizures of cocaine rose 700 percent [1]. The Bureau of Customs intercepted 11 pounds in 1960, 199 pounds in 1969, and 619 pounds in 1972, with cocaine seizures outnumbering those of heroin since 1970 [2]. By 1973, five million Americans had used it – more than had used heroin [3]. More current national surveys have found up to 14 percent of Americans, age 18–30, and 10 percent of the high school class of 1976 have used cocaine [4]. Since we seem to be experiencing the emergence, or rather, as we will suggest, the re-emergence of a social problem, this paper reviews the history of the use and control of cocaine and summarizes a recent ethnographic study of users.

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The study began with fieldwork on a network of cocaine users and revealed the importance of norms and customs surrounding use in mediating the objective properties of the drug. Since cocaine use, when viewed in a natural context, appeared less dangerous, more rational, and better suited to users' socio-historical circumstances than most models of drug use imply, and since objective conditions have no necessary relationship to the rise and fall of social problems [5], we were led to plumb historical materials in the hope of learning something about the conditions under which cocaine use, for example, has been perceived and sanctioned as dangerous.

The Early History of Coca

For a millenium prior to the synthesis of the alkaloid cocaine, the leaves of its mother plant were chewed by South American tribes living in the Andes region, now part of Bolivia and Peru. The precise origin of coca chewing is not known, but historians agree that the Yunga tribe used the stimulating and hunger-deadening effects of coca to survive the harsh mountain environment [6]. Archaeologists have discovered trepanned skulls in their tombs which date from c. 900 A.D., suggesting that chewed coca leaves were used as an anesthetic for such operations.

During the Incan Empire which followed, use of coca was restricted to religious rituals and rewards for meritorious service. For the Incas, coke was "The Divine Plant", a gift from the Sun God, Manco Copac [7]. After the Incan Empire was established, coca plantations or "cocales" were owned by the state and given only to favored nobles. Although coca was still chewed, the leaves were not readily available to the population. Rulers' control over the production and distribution of coca was a symbol of their authority over the people, and, therefore, testimony to the centrality of coca in Incan society [8].

After 300 years of rule, the Incan Empire was weakened by civil wars. The growing poverty and the demise of Incan culture, including the hold of religious ritual, re-democratized coca chewing [9]. By the time of the Spanish conquest in the 1530's, chewing was still more common. Coca was again the cornerstone of Andes culture, used in native rituals, as wages, and serving as folk units of travel time and distance [10]. However, for the very reason that it held such significance among the people, the Spanish were hostile to coca. The missionaries considered it a vulgar and debasing habit, and it was officially banned by royal decree from the King of Spain [11].

Despite the fact that the Conquistadores considered the bitter taste of coca unfit for European gentlemen – its effects the illusory product of a pact with the devil – the ban on coca was to have a short life [12]. The

Spanish soon discovered that the Incas would not labor – or at least not as hard – without their coca. As the mining of gold and silver for shipment back to Spain was a prime objective, the Spanish bosses made certain that a daily packet of coca leaves was given to each worker. Similarly, the Church rescinded its moral stand. It seems a substantial portion of its income was derived from a tithe on coca [13].

Early travelers, accounts began to reach Europe in the middle of the 16th century, but the first few reports claimed coca's effects were imaginary [14]. By 1610, however, at least two reports argued that coca's effects were quite real, although European contempt for the Indians, coupled with the fact that coca samples lost potency on the long voyage, meant that coca was given little credence as a drug on the continent [15]. Yet the closer European visitors got to the Indian culture, the more their perceptions changed [16]. Glowing reports of the physical endurance of the coca chewers persisted and stimulated some experiments in European médicine by the early 1800's [17]. The alkaloid primarily responsible for coca's remarkable effects was first isolated by Gaedecke in 1855, then purified by Nieman in 1860 and named cocaine [18].

The Rise and Fall of a Wonder Drug

As soon as positive reports of cocaine's efficacy began to circulate in medical circles, popular nostrums and patent medicines began to proliferate. The first and most widely used was Vin Mariani, a blend of cocaine and wine developed in 1863 by Angelo Mariani, a Corsican chemist who devoted his life to finding new applications for this latest panacea. Vin Mariani and like products soon became extremely popular throughout Europe as general stimulants, cures for throat ailments, the common cold, asthma, and hay fever [19]. Mariani's products were hailed by such dignitaries as the Czar of Russia, Pope Leo XIII, and the Prince of Wales, and quickly became *au courant* in intellectual circles throughout Europe [20]. Vin Mariani enjoyed a widespread popularity in America as well, boasting such satisfied customers as Thomas Edison, Sarah Bernhardt, and U.S. Grant [21]. It became clear to the patent medicine industry and to physicians that cocaine had outstanding potential, and they lost little time.

The medical profession remained enamored with cocaine from 1874 to 1884. In that decade, dozens of medical journals praised its effectiveness as a stimulant, a euphoriant, and as a cure for morphine addiction. In 1884, a young neurologist, Sigmund Freud, made a name for himself by publishing experiments he had done on himself and on morphine addicted patients. He lauded cocaine as a cure for digestive ailments, asthma, melancholia, as well as

morphinism [22]. His article, still one of the better studies of effects on humans, helped to promote the cocaine sensation in medicine and was instrumental in establishing the field of psychopharmacology [23]. Freud's work with cocaine was stimulated by his colleague, Karl Koller, who finally established the efficacy of cocaine as a local anesthetic in 1884 [24]. That same year, William Halstead, the father of modern surgery, successfully used cocaine as a nerve block, improving its utility as an anesthetic and insuring its status as the wonder drug of the age.

The unprecedented popularity of cocaine was not without critics. As soon as Freud, Koller, and Halstead insured its high status, a counter-reaction began which has never really ceased. Addiction specialists sharply and correctly took issue with Freud's claim of curing morphine addiction. They argued, inaccurately, that he had merely substituted one addiction for another which was worse, and had released the "third scourge of the human race" [25]. Freud published another article retracting his claims about curing morphinism while defending his stand that cocaine itself was not addicting and had other valuable uses. But in the two years between 1885 and 1887, reports of the evils of cocaine intoxication increased. Many physicians began to take a rather dim view of self-medication with patent medicines containing the drug, probably because most of the deaths and other ill effects reported had occurred in medically supervised use [26].

Between 1885 and 1900, medical use of cocaine steadily declined while popular use in patent medicines and tonics continued to blossom. Coca-Cola, which derived its name from its key ingredient, was first marketed in 1886 as a tonic for headaches and a general stimulant. Its ability to "invigorate the fatigued body and quicken the tired brain" satisfied millions of customers and helped institutionalize the soda fountain in American corner drug stores [27]. In addition to such tonics and patent medicines, cocaine was the active agent in an array of chewing gums, cigarettes, and teas widely consumed by all social classes.

The Social Construction of a Dangerous Drug: Moral Entrepreneurs

Amidst this unprecedented popularization arose a vociferous counter-reaction [28]. Yet, to transform so commonplace a practice as cocaine use into a form of deviance was complicated. Cocaine's now ambiguous status was reflected in the first attempts at control – state laws which began to be passed in 1887. While their *raison d'etre* was to stop non-medical use, such laws only regulated manufacture and distribution and had no powers of enforcement. Fines were less than 20 dollars as a rule, and patent medicines containing cocaine were still lawful. Moreover, it remained available in pure

form by mail from neighboring states, in less scrupulous apothecaries, and by prescription [29]. Throughout the 1890's then, the popular use of cocaine remained unabated.

By 1900, however, the rudiments of a crusade to define cocaine use as a social problem began to emerge. Physicians, as individuals and as a profession, were among the leading moral entrepreneurs in this effort. There was an increase in reports of ill-effects from cocaine use in medical practice, although such dangers did not account for the mobilization of physicians around this issue, nor the shape of their efforts. A 1900 edition of the *Journal of the American Medical Association* cited "reports" of "Negroes being addicted" to cocaine [30]. In 1902, the *Philadelphia Medical Journal* reported, without empirical data, that cocaine was the drug of choice among black convicts [31]. Musto's exhaustive history of narcotics laws offers similar evidence. In Congressional testimony in 1910, a Dr. Koch warned of the severe threat to white women posed by cocaine-using black men. A *New York Times* article by Dr. E. H. Williams in 1914, and another by that author in the *Medical Record* the same year warned of a growing "menace" of cocaine use among blacks. He asserted that it caused them to commit "violent crime" and "unprovoked murders", rendered them "more resistant to bullets" and improved their marksmanship. Such reports were taken seriously in some quarters as several Southern police departments changed from .32 to .38 caliber hand guns for fear the lessor weapons would not stop the "coke-crazed" black man [32].

Involvement of the medical profession in this crusade had different roots. Reports of ill-effects and the development of safer substitutes for cocaine, e.g. procaine in 1905, led to a decline of use in medical practice. Yet, ironically, the continued popularity of patent nostrums containing cocaine and opium was due in no small measure to the praise of physicians a few years prior. However, because of weak licensing procedures and training requirements for doctors, the scientific authority of the profession was still rather amorphous at the turn of the century. As a consequence, distinctions between "legitimate" medical practice and the practice of selling medicines were not as clear as physicians would have liked. Until the process of professionalization gained momentum, each report of the efficacy of cocaine and other drugs by physicians had helped to erode medical authority by giving credence to patent medicines containing them.

This situation began to change in the early 20th century. Difficulties in earning a livelihood, a desire for the prestige afforded the pure physical sciences, and recent medical advances all prompted professionalization. What in the 19th century was an array of competing sects, in the 20th, was unified in part by the development of "objective" empirical tests of sectarian dogma and physician competence. And, in turn, the possibility of objective evalu-

ation of physicians led to a sharp rise in malpractice suits which further "induced physicians to band together" [33]. Indeed, membership in the AMA grew four-fold from 1900 to 1913 [34].

Consolidation of medicine as a profession was linked to the development of drug laws in at least two ways. First, professionalization and the proliferation of new specialties spread medical authority into new fields – including moral, personal, and political spheres unrelated to medical knowledge [35] but also including more closely related fields like drug use. This marked the start of what Szasz has termed "medical imperialism" [36]. Second, the progress of scientific medicine was hampered by unproven drugs. Thus, the AMA, unlike today, welcomed the assistance of the federal government in defining disciplinary boundaries, especially if this helped put into bold relief the differences between "legitimate" medical use and "illegitimate", non-medical/recreational use of drugs which they saw as both dangerous and professionally threatening. In short, the rise of drug controls and the rise of professional medicine were symbiotic developments.

During this same period, the American Pharmaceutical Association was also organizing professionally. In 1901, it established the Committee on the Acquirement of the Drug Habit, and a year later published a report linking cocaine use to blacks: "The Negroes, the lower and criminal classes are naturally the most readily influenced." "Georgia reports almost every colored prostitute is addicted to cocaine" [37]. Similarly, A.Ph.A. vice-president, G. F. Payne, concerned that some drug stores were catering to "Negro addiction", noted that although most cocaine was only 25 percent pure, "the darkies seemed to be very well satisfied with that kind of cocaine" [38].

But while racial prejudice helped to politicize pharmacists, other concerns were more important. Musto reports that:

> Retail druggists were divided over patent medicines, some making profits from the preparations, others embarrassed by such trade. Nevertheless, many druggists stocked proprietaries in self-defense. The A.Ph.A. frowned on narcotic use for other than medical purposes, and the association's leaders fought proprietary medicines, as did the AMA, on both moral and self-interest grounds: they were dangerous, self-medication had inherent risks, and legitimate trade was taken from the pharmacists who prepared their own products [39].

This division was reflected in one of the first federal attempts at drug control, the Pure Food and Drug Act of 1906, which placed some restrictions on the importation of coca and opium, and required all medicines containing them to be so labeled. While this law cut into sales of patent medicines, it provided sizeable loopholes and only weak sanctions, so a brisk commerce in patents continued.

The drug trades were even more active in their attempts to shape the next

federal attempt at drug control, The Foster Bill of 1910. It was introduced by the State Department, whose international commitments (discussed below) had obligated some form of national controls. All dealers would pay a tax, register, and keep records of all transactions, but retail druggists argued that such record keeping was too burdensome. Others wanted popular proprietaries, e.g. children's cough syrups containing opiates, exempted, and most parts of the industry wanted softer penalties than the bill required. In addition, drug manufacturers opposed a provision permitting sales only to pharmacists as it would cripple their sales to dispensing physicians. In the end, well-organized lobbying by the drug trades and their professional organizations insured the demise of the Foster Bill. A similar political effort was mounted against the original version of the Harrison Act which eventually passed – but only after key modifications demanded by the drug industry were included. These political machinations are summarized well by Musto:

> Physicians and pharmacists were vocal and effective in their lobbying efforts. Each saw that in addition to aiding the public welfare, strict narcotic laws could be a distinct advantage for institutional development if great care was exercised in their framing [40].

There were several other forms of moral entrepreneurship which had important roles in the mobilization of public opinion against drug use. Law enforcement agencies found in cocaine – as they have done more recently with heroin and marijuana – a convenient scapegoat for crime and other urban ills, a scapegoat made still more appealing insofar as the use of cocaine was often said to be predominant among blacks. Although this author has been unable to discover evidence supporting such assertions, they were nonetheless cited in both popular and scientific press in the early 20th century [41].

Despite the fact that drugs, aside from alcohol, were not the central focus of the reform movement in the Progressive Era, at least two types of reformers had a hand in the moral transformation of drug use during that period. The first were those who exposed corporate disregard for public welfare. Patent peddlers and large pharmaceutical manufacturers alike were chastised by Dr. Harvey Wiley. Writing in the muckraking tradition typified by Upton Sinclair, Wiley used the popular press to warn that cocaine was not only used by "bad elements", but also by unsuspecting good folks taken in by miracle elixers loaded with cocaine. One article bemoaned the lack of legal protection, noting that the drug industry managed to dilute the effectiveness of control legislation [42]. A second variety of reformers concentrated on addicts and drug users. Chinese opium smokers were accused of seducing white women into chemical slavery. Drugs were often cited as the cause for the breakdown of the family, increases in crime and insanity, lower

industrial productivity, and overall moral degeneration. One such reformer, Bishop Brent, spent much of his career expounding the need for drug control laws both at home and abroad. Together with Dr. Hamilton Wright, Brent was a prime mover for international opium control at the Shanghai and Hague conferences, arranged by the U.S. State Department.

Becker's term "moral entrepreneur" has been employed here to stress the idea that values with respect to drug use are never objective or indigenous to a society, but rather must be mobilized by interested parties [43]. Yet the term "moral" may be misleading insofar as entrepreneurs, like those just described, often have obvious material as well as moral axes to grind [44]. More important, the success of such efforts, whether morally or materially motivated, depended upon their *appeal* to popular and political audiences. In what ways, for example, did the international political arena, the reform ethos characterizing the period, and prevalent racial attitudes provide a forum favorable to drug control? Moreover, how did such developments themselves arise? In order to more fully account for changes in the legal/moral image of cocaine, the entrepreneurial activities outlined above must be situated in the broader political-economic context which gave them meaning and efficacy [45].

The Social Construction of a Dangerous Drug: The Political-economic Context

Although the first domestic laws proscribing the use of cocaine and opiates were shaped and supported by groups like the AMA, they were, curiously, authored and shepherded through Congress by the State Department. Chambliss has described the political-economic circumstances which first linked drug controls to international relations:

> By the 1880's mining and railroad building began to decline in the West. Thus the need for cheap labor such as had been supplied by Chinese immigrants declined as well. The U.S. Government became concerned over the growing number of immigrants entering the U.S. who were rapidly becoming a burden rather than an economic asset. An envoy was therefore dispatched from Washington to China with the mission of gaining Chinese cooperation in reducing immigration to the U.S., China was willing, it turned out, providing the U.S. would in turn take steps to reduce the opium being brought into China by American ships. The U.S. agreed [46].

Related development a few years later prompted further State Department action. By 1893 there was such an over-accumulation of productive capacity in the U.S. that the economy went into recession and workers began to raise the specter of socialism. The expansion of trade in the Pacific was a solution that would not only raise profits but diffuse labor militancy

as well. Progressive senators such as Albert Beveridge spoke glowingly of such an approach.

> American factories are making more than the American people can use; . . . Fate has written our policy for us; the trade of the world must and should be ours. And we will get it as our mother (England) has taught us how . . . Great colonies governing themselves, flying our flag and trading with us, will grow about our posts of trade. Our institutions will follow our flag on the wings of commerce [47].

The victory in the Spanish-American war had netted us the Philippines, a strategic military outpost which substantially enhanced our ability to protect trading interests, although widespread opium addiction made it a moral eyesore.

Several obstacles made the potentially lucrative China market problematic. Thanks largely to the continuing British opium trade, addiction remained a severe problem in China. Coupled with U.S. restrictions on Chinese laborers and harrassment of Chinese travelers, a growing tide of anti-imperialism developed in China. With Chinese demand for U.S. goods already very weak, the organization of a voluntary embargo on foreign goods led President Roosevelt to fear the loss of all Asian trade. When reformers such as Bishop Brent, offended by the rampant addiction among the uncivilized people of the Philippines and China, began calling for an international conference on opium control, he found a willing sponsor in Roosevelt.

David Watts' excellent review of these developments also suggests a fortuitous coincidence of material and moral interests. Missionaries in Asia, so it seems, did far more for America than push Protestantism as a cure for addiction. Our Minister to China, Charles Denby, appreciated the missionaries as "pioneers of trade and commerce". Denby urged business to support their work, stressing the symbiotic relationship between Christianity and commerce: "Civilization, learning, instruction breed new wants which commerce supplies . . . The missionary inspired by holy zeal, goes everywhere, and by degrees foreign commerce and trade will follow [48]." More specifically, Denby envisioned "what would happen to the cotton trade if every Chinese wore a shirt. Well, the missionaries are teaching them to wear shirts" [49].

Realizing the tremendous potential of U.S.-instigated controls on opium, the State Department appointed Dr. Hamilton Wright to organize an international conference toward that end and to begin pushing for domestic legislation as a sign of good faith to other nations. In short, the United States' first attempt at domestic drug control at the federal level was the child of an affinity between commercial interests who needed stable international relations for trade expansion and progressive reformers who promoted "humansim" both at home and abroad as a symbol of American

culture and a countermeasure to the evils of drugs. The resulting policy was expressed well in a Senate Report of 1906: "We shall thus gain the good will of the Chinese people, or at least cease to feel their hostility and be able to cope with other nations on equal footing in their struggle for that prize of the Orient, the China trade [50]."

Due to the effective lobbying of the institutional interests affected, Wright's efforts resulted only in a simple law prohibiting opium for smoking, but it still had good public relations value for the upcoming Shanghai Conference. The economic interests of other nations in attendance effectively precluded anything stronger than an agreement that non-medical opium use was immoral. Despite U.S. efforts, a second conference was not agreed upon. Wright returned determined to get more extensive domestic control laws. He pushed the Foster Bill in speeches across the country by mobilizing public opinion against drugs. Since a new law had just been passed restricting opium, he stressed the evils of cocaine this time. In his Congressional testimony Wright argued that cocaine had more serious effects than opium and further publicized its use among blacks and criminals, concluding his report by noting that ". . . . it has been authoritatively stated that cocaine is often the direct incentive to the crime of rape by the Negroes of the South and other sections of the country" [51]. Wright was thus able to use racial fears to sway resistant Southern Democrats who were suspicious of federal laws which impinged upon states' rights. Although the Foster Bill went down to defeat at the hands of the drug and medical trades, Wright's forces were later able to work out a compromise bill compatible with those interests and to muster enough racial fears to ensure both professional and popular support for the Harrison Act by 1914.

The role of racial prejudice in the development of drug laws has been summarized by Musto:

> Thus the problem of cocaine proceeded from an association with Negroes in about 1900, when a massive repression and disenfranchisement were under way in the South, to a convenient explanation for crime waves, and eventually Northerners used it as an argument against Southern fear of infringement of states' rights . . . In each instance there were ulterior motives to magnify the problem of cocaine among Negroes, and it was to almost no one's personal interest to minimize or portray it objectively [52].

While racism has been noted often as a central motivation for controls, it begs the question of its own origins, i.e. what historical conditions pushed race to the forefront of debates over drug use? Recent historical work by Mark and by Morgan has shed light on this issue. The recession of the 1890's placed Chinese workers in direct competition with whites. This conflict exacerbated the "Chinese issue" which arose *prior* to widespread opium smoking, its identification with the Chinese, or even a well-articulated norm against it. The early California laws proscribing opium were but a small part

of nearly two dozen statutes enacted to exclude or control Chinese immigrants [53]. Similarly, a study of drug controversies and labor market conditions by Helmer and Vietorisz indicates that blacks were in a similar predicament in the South at the turn of the century. Unemployment increased five-fold between 1907 and 1908, the height of the cocaine furor, putting blacks and poor whites in competition for scarce unskilled jobs and shrinking wages. Here, too, state laws against cocaine use were a subset of a large complex of laws which – in addition to whatever other functions they may have had – helped control blacks [54].

Although there was some legitimate medical concern over the risks of these drugs, it appears doubtful that they would have been proscribed on that basis alone. Knowledge of ill-effects and the dangers of abuse or addiction seem to be necessary but insufficient conditions for proscription. A more adequate scenario might suggest that basic economic conflict was transformed into racial conflict, and racial conflict, in turn, was expressed (in part) as conflict over drug use.

The basic logic of this argument is supported in the literature on other drugs. Becker, Lindesmith, Helmer, Musto, and others have all demonstrated that a key ideological force behind the Marijuana Tax Act of 1937 was its association with Mexican immigrants [55]. The marijuana controversy too was an expression of the basic class conflict of the Depression Era. After marijuana was relegated to a Bohemian obscurity for a quarter century, it surfaced as the scourge of the 1960's. While this incarnation had less to do with racial fear or overt class conflict, the marijuana hysteria of the 60s had little to do with its objective dangers either. As a symbol of the counter culture revolt about which most people had no worthwhile information, marijuana use was perceived as a threat to the legal order, the work ethic, the norm of sobriety, and other aspects of the dominant morality.

As Terry and Pellens and Duster have shown, widespread opiate use by itself did not lead to moral and legal sanction in the late 1800's when the majority of users were middle-class, middle-aged, white women. But after criminalization when opiates became associated with low-status or threatening groups, public perception shifted and opiate use was seen as a deplorable vice deserving sanction [56]. Finally, Gusfield's study of the Temperance Movement indicates similarly that the national controversy over alcohol prohibition was symbolic of the more fundamental conflict between the dominant middle-class, rural, Protestant, native-born, and a growing mass of working-class, urban, Catholic immigrants. The latter were seen as a threat to the status and the power of the former – not so much by virtue of their deviation from the norm of moderation, as drunkenness had been with us since Puritan Boston – but rather by what was seen as their denial of the legitimacy of the dominant morality [57].

There were, however, significant differences in the histories of alcohol prohibition and drug control. Unlike the ethnic minorities identified with cocaine and opiates, many of the immigrant workers who sided against prohibition had arrived in the U.S. with considerable political experience and were not fully removed from the political process [58]. Further, whereas a powerful liquor lobby battled a well-organized Temperance Movement on the question of *whether* to control alcohol, no one argued for the use of drugs. Reformers, diplomats, and the medical and drug trades squabbled only over *how* to control opiates and cocaine [59].

Yet the movements for Prohibition and drug controls were both nativistic and moralistic, and shared a rhetoric: alcohol and drugs both were associated with groups perceived to threaten the social order; both were scorned as primary causes of crime, disease, pauperism, moral decay, insanity, and, with the notable exception of cocaine, lost industrial productivity. Both types of control were predicated on the reformist assumption that public morality could and should be legislated. Indeed, it was within the reform ethos of this period that democratic use of the three most popular and powerful psychoactive substances then known were first brought under state control.

Finally, as the histories of such reforms suggest, the Progressive Era as a whole was a period in American history marked by profound social change. The massive industrialization, urbanization, and immigration which accompanied the growth of liberal corporate capitalism wreaked chaos on the social order. As Kolko, Weinstein, and others have argued, the morals legislation of this era was part of a general current of reforms which, in effect, served to rationalize and preserve a political-economic system endangered by its own development [60]. With regard to social thought, particularly the conceptions of "addiction" which informed our understanding of alcohol and drugs in this period, certain shifts have been identified which can also be linked, however broadly, to the same overall historical developments. According to Levine, for example, the traditional notion of "addiction" which saw liquor itself as inherently addicting, was abandoned by the Temperance Movement. The majority of drinkers and many movement supporters were able, after all, to drink in moderation. Such a revision constituted the kernel of a "person-specific" concept of addition [61].

This shift, from liquor to the individual as the source of the "disease", was part of a broader transformation of social thought discussed by Foucault. He traces the rise of the medical model of madness – which was and is a model of deviance in general – to sweeping changes in social structure. Rather than the crowning achievement of scientific evolution, this model had social origins in the rise of the European middle classes in early capitalist development and was expressed by the Enlightenment ideal of *individual* freedom. This Individualism and its corollary notion of self-control were elements of a

new system of social thought which depicted the "diseased" individual as curable if his or her powers of self-control could be rekindled through hard work and discipline. While the seeds of such ideas were clearly part of Puritan religious ideology, they were nurtured, secularized, and given expression in the development of Western capitalist society in the 19th century [62].

In short, the moral transformation of cocaine from a popular panacea to a criminalized panapathogen, was *affected* by scientific knowledge of dangers and by moral entrepreneurs. But neither separately nor jointly can these account for that transformation. Such factors were consequential only in an historical context constituted by more fundamental political-economic conflicts which shaped both popular ideology and the character of state action in that period.

The Inheritance of a Legal/Moral Ideology

The net legislative result of these developments was the Harrison Act of 1914, which first criminalized possession of cocaine and opiates, and served as the cornerstone of drug policies for the next half century. In a 1922 amendment, cocaine was formally classified with opiates as an addicting narcotic despite the fact that any pharmacological definition of "narcotic" precludes stimulants [63]. Succeeding amendments steadily increased penalties for possession and sale, but left the original misclassification intact [64]. The legal/moral image of cocaine embodied in this law has remained independent of scientific knowledge of its effects and its users.

Cocaine is a local anesthetic and a central nervous system stimulant. Pharmacologists and users agree that it is the stimulation which is experienced by users as euphoria. The most reliable indicators of subjective effects are increased heart rate and blood pressure, but the gross physiological effects are subject to substantial modification by dosage, mode of administration, psychological factors, and setting of use. With repeated doses of large quantities of cocaine, ill effects such as restlessness, irritability, paranoia, and hallucinations are possible. However, such effects are highly unlikely given the preferred dosage patterns and methods of use. For example, in the most thorough study of users to data such ill-effects were reported in only 3 percent of hundreds of intoxications described by users. Support for this position is found in two recent studies of drug treatment records. Of 55,000 drug crises recorded at emergency treatment facilities across the U.S. less than 1 percent involved cocaine, and there is a very low proportion of cocaine abusers in the treatment facilities which report to the massive CODAP system [65].

In stark contrast to cocaine's mis-classification as an addicting narcotic, the pharmacological literature consistently notes the absence of withdrawal syndrome. Similarly, there is no evidence that tolerance develops. In fact, recent research suggests that increasing sensitivity or reverse tolerance is very likely. Despite rich literature which depicted cocaine as a cause of aggressive behavior, three rigorous experiments on various animals designed to provoke aggression with massive doses failed to show that cocaine had any such influence. Finally, reports concerning lethal doses are rather contradictory, ranging from 20 mg. to 1.2 gm. A recent National Institute of Drug Abuse monograph on cocaine succinctly summarized the state of the art when it reported that most of the actions and effects of cocaine are "still open to question" and that science is largely "ignorant of its actual and potential health hazards". The point is not that cocaine is a harmless drug; *any* substance can be dangerous and even lethal if huge quantities are ingested. The point is simply that what we *have* managed to learn about the use patterns, properties, and effects of cocaine has been and remains strikingly at odds with the legal and moral ideologies surrounding its illicit use [66].

The importance of the legal/moral image of a drug cannot be underestimated. As Duster and Weil have argued, the conditions and consequences of use, and to some extent, the very groups likely to use a drug, are determined by how it is perceived and defined. This is most clear in the case of opiates. In the late nineteenth century the proportion of addicts in the total population was about eight times what it is today, yet its status as a social problem was perhaps eight times less [67]. Even after the Harrison Act technically criminalized use, addicts in many cities could still get legal supplies at maintenance clinics and from physicians, thereby avoiding any necessity for a "junkie" subculture, involvement in the criminal underworld, serious stigmatization, or disruption of everyday life [68]. But when the Supreme Court (*in re Webb* v. *U.S.*) ruled that "maintenance" was not to be defined as legitimate medical practice but as crime – a definition advocated by Harry Anslinger and the Bureau of Narcotics – addicts were left to their own devices, criminals by definition. That *fait accompli* marked the start of opiate addiction's infamous career as a social problem. Duster's well-known formulation of this self-fulfilling prophecy shows how the process of criminalization and moral reinterpretation drastically altered the conditions under which addicts lived and led to a demographic inversion in the addict population (from predominantly white, middle-aged, middle class women to the young, male, working class and minority addicts of today). Criminalization, then, not only increased the risks of overdose, infection, and side effects, but by providing the structural prerequisites for an addict subculture and a black market, created its own reality base [69].

The process is more complicated with drugs like cocaine. Since it is not

addicting, cocaine use does not dominate the everyday lives of users nor does criminalization increase the likelihood of property crime such that users would begin to appear in social control networks. Yet its moral transformation did push cocaine underground into the criminal world, necessitating user secrecy and an illicit market with high prices and profits. However, the combined effects of criminalization and the development of lawful and inexpensive substitute stimulants (e.g., amphetamines), relegated cocaine to the little known province of beats and jazz musicians until the late 1960's.

Although most recent work on cocaine attests to its growing popularity, there have been few attempts to explain this growth. The encyclopedic work of Brecher and his associates suggests plausibly that the recent cocaine revival has been prompted by the decreasing availability of amphetamines at a time when the sophistication and appetite of the counter-culture were increasing [70]. The celebrated status of the drug among rock stars and other folk heroes presumably aided its rise. And, as we will suggest shortly, the euphoric yet energizing character of the cocaine high was well suited to a generation of young people who had learned to enjoy drug use, but found themselves struggling to survive in the Seventies after sliding through the stoned Sixties. If we can accept that the conjuncture of such trends probably created a new demand for cocaine, then the laws of black market economics suggest that suppliers (both established in organized crime and new independents) were not likely far behind. This rediscovery of cocaine has brought the legal/moral image of the Progressive Era out of hibernation. Although the unique matrix of moral entrepreneurs and political-economic circumstances has changed over time, it appears that our ideological baggage, replete with pharmacological misclassification and harsh penalties, has survived the journey intact and continues to shape public policy. Since the literature generally bemoans the lack of research on users, it is hoped that the ethnographic account of cocaine use highlighted below will prove instructive.

Cocaine in a Modern Context

INTRODUCTION

A group of fifteen people were observed by the author for a period of six months in 1974. Although most members of this network had tried cocaine prior to the start of observations, the initial experiences of several were observed firsthand and the spread of cocaine from sporadic to regularized use occurred during the observation period. Two open-ended, in-depth interviews were conducted with each informant to probe the process of

becoming a user, the effects of cocaine, patterns of use over time, and the role of cocaine in their everyday lives.

The group as a whole was homogeneous. All members were white, middle-class, and well educated. Formal schooling of informants ranged from two years of college to graduate training. The group lived in a large metropolitan area in California and ranged in age from 19 to 29 years. Nine were women and six were men. Although some were college students, all were employed at least part-time in occupations ranging from a waitress to an attorney. All had used marijuana and alcohol regularly for some years and several had used hallucinogens and tranquilizers irregularly. This drug use had in no case resulted in "drug problems" which disrupted work, relationships, or everyday routines. No member of the group had been arrested, nor had any sought the help of any drug abuse program. In general, aside from illicit drug use, nothing about their lifestyle suggested membership in any "deviant" world.

Three basic components comprised their social life. First was a "work trip" which included employment, formal education, and maintenance of household. The "work trip" took priority over the other components, not that it was more highly valued, but because group members all felt they had to "take care of business" in order to "maintain". At the opposite pole was "boogeying" – the term used by the informants to connote celebratory occasions. They were rarely able to "boogey" more than once a week, although systematic attempts were made to maximize this type of activity – on holidays, birthdays, and other such occasions. Such occasions varied as to theme and activity, but food, music, and drug use (mostly marijuana and beer) were typical. Finally there was "hanging out" – a residual category of leisure time normally spent at home relaxing with friends, lovers, and family members.

The informants had one foot in each of two worlds. Their concern with education, work, and family was squarely in the middle-class tradition. Yet their desire to maximize "boogeying", the value placed on altered states of consciousness, their casualness about sexual matters, and vaguely "radical" political sensibilities all suggested membership in the counter-culture as well. In a sense, their everyday lives were characterized by an attempt to negotiate a balance between the demands of middle-class life and the hedonism of "hippie" life.

Obviously the subjects of this study are atypical relative to other drug users. However, since most research has focused on drug abusers (or unlucky users) known to the criminal justice system or treatment programs, we know little about the undetected majority. This seems particularly true of cocaine users who may number two million but who are rarely visible in public records. While the group described here is quite different than, say,

the working class and minority heroin users who have been disproportionately studied, they may or may not be atypical cocaine users. To the degree that the backgrounds and present circumstances of other cocaine users differ from those described below, their processes of initiation, patterns and methods of use, subjective effects and consequences of use may also differ.

INITIATION

Despite the fact that informants were seasoned users of some illicit drugs, none had tried cocaine prior to 1972. Their past experience helped to satisfy a key pre-condition for a first trial, i.e., belief that drug-induced altered states of consciousness can be pleasurable and valuable. Beyond this general prerequisite, three conditions had to be satisfied before the informants tried cocaine. First, it had to be offered to them. Their simple presence in a room where cocaine was being used was not enough. Unlike marijuana, cocaine was expensive, not "everyone" used it, and possession carried great penalties. Therefore, an offer of cocaine to everyone in purview was not a norm of hip etiquette as was the passing of a joint. Second, it was necessary for neophytes to trust the offerer. As one informant explained: "I was into getting high, and I liked Ralph, but since I knew him well enough to know that he'd dump anything into his body, I passed on coke when he first offered it to me." Third, the setting for an initial trial had to be comfortable for both the neophyte and the offerer. This entailed the absence of persons whose identity was not known and enough privacy to control who would be able to witness the use. When one or more of these conditions was not met, an initial trial did not result.

During their first experiences, the group members learned the preparation ritual. A small mound of the white, crystalline powder was placed gingerly on a small mirror or picture glass and chopped fine with a razor blade. This hastened absorption into the bloodstream and helped prevent damage to delicate nasal membrane. The cocaine was then shaped into thin lines from one to three inches in length (c. 25–100 mg.) and snorted into the nose through a short straw or rolled up dollar bill. Rock stars and other "high rollers" who can afford it often snort longer lines through "C-notes" ($100 bills) or gold straws [71]. Informants were warned that to exhale, laugh or sneeze while snorting was a costly *faux pas*.

Informants reports of initial effects varied:

> It's very hard to describe – harder than any other drug high. You just feel slightly better all of a sudden. I'm usually subdued, but coke gave me an uplift, made me talkative.

> I got kind of a pleasant, alert buzz or tingle. I didn't know what to expect. When I learned, I got off a lot more. The first time I wasn't hip to the subtlety.

Although most had something positive to say about their first experience, no one really raved or complained. Most were mildly pleased by some ambiguous sensation of stimulation, but none recalled any desire to obtain a supply of his/her own. In short, their initial trials left all informants with a general *willingness* to use cocaine again, but without any plans to do so.

There was, however, one key consequence of their first few snorts. Most members of the group recalled that prior to trying cocaine, it held the aura of a particularly dangerous drug. Yet, once experienced first-hand, their conceptions of it changed. As one informant expressed it: "I had the narcotic paranoia, I guess from the official line. I thought it was in the heavy-duty class like junk so I was wary. After my friends tried it I tended to side with them. Once I tried it I knew it was all right if you watched yourself. It was fun, but no big thing." Once cocaine's hard drug imagery faded in the face of firsthand experience, replacing the "outsider's" view with the "insider's", the informants all reported feeling more open about using cocaine.

APPRECIATION

Cocaine continued to be sporadically available to the group by way of friends. Informants' newly acquired openness to the drug coupled with its spreading use in their circles gradually led to more experiences. This, in turn, led to a growing appreciation for its effects because, just as with marijuana, one had to "learn" the high [72]. "I guess I didn't really get a true cocaine high the first few times. After four or five times I started experiencing it. I guess I started to pay attention, pick up the cues. I liked it more after I learned to dig on the subtlety." This greater appreciation for the effects of cocaine naturally meant greater enjoyment which in turn reinforced continued use.

During the period of observations it became apparent that there was no set time for snorting. Cocaine had become a welcome pick-me-up on any occasion, the reason being that cocaine did not diminish one's effectiveness in the everyday world like other drugs. Marijuana, for example, while valued for these very qualities, was thought to make routine sites and tasks somewhat amazing and problematic [73]. Cocaine, on the other hand, offered an "energy boost", enhanced one's mood, and inspired feelings of confidence. These properties of the cocaine high were thought to be pleasant in their own right, but also most useful with respect to informants' work: "Like right now, for instance; I'm going to work and the lunch-shift is really hectic. Coke's a great pick-up when you have to be together." While a law student, one informant found cocaine an invaluable aid in preparing for the bar exam. Briefly, any task requiring energy, skill, or self-confidence was

thought to be far easier *and* more fun "with the help of a few toots". (This was corroborated by subsequent reports from users in other cities. Letter-sorting machine operators on the graveyard shift at the post office, loading dock workers, a truck driver, and two auto mechanics all said that when faced with a backlog of hard work they did not enjoy, they found cocaine a welcome energizer.)

On "boogey" occasions cocaine was appreciated for related reasons. In this group "boogeying" was considered the most valued and rare of social events, and cocaine was becoming the most valued and rare drug. Thus, the sheer availability of cocaine in such a setting was thought of as a special treat. However, marijuana and alcohol were staple items at such gatherings, and often their effect was ". . . a downer; after you've been smoking dope and drinking beer for a couple of hours, you get pretty laid back – kind of weeded out." Since the object of such events was to "boogey as hard as possible for as long as possible", such a state was dysfunctional. Cocaine here served as the perfect countermeasure and was sometimes bought for just this purpose.

As cocaine snorting became a more common practice in the group, it was used in a greater variety of situations, making analysis of its effects more complex. Its value as a stimulant in work and "boogey" settings was fairly clear, yet at other times cocaine played a somewhat different role. For instance, informants frequently stopped by to visit each other for no special reason. They would often end up sitting around the kitchen table having coffee and perhaps a joint. When cocaine was snorted here, informants reported a mild intensification of the sights and sounds of one's friends, their eyes, their words. This was described as a "head rush". An informant who used cocaine to improve his "focus" while reading described a different feeling. He spoke of a general sense of well-being which allowed him to concentrate more such that the clarity of his understanding was improved. Users differentiated this type of sensation from those of the "head rush" or the "physical tingling" reported while dancing.

Although informants agreed that in their experience the legends which depict cocaine as an aphrodisiac were mythical, several mentioned that when they did have sex after using cocaine they felt slightly more sensual, more "turned on". There was a telling exception to this, however. Developments in the personal relationships of one woman informant had given her a greater sensitivity to the subtleties of male domination. For her, therefore, cocaine and sexuality did not mix. She noted that because its effects clarified her perceptions of male/female dynamics she was often intellectually "turned off". The specific effects of cocaine, then, were tailored by the particular combination of mood, activity, and setting present during use. Cocaine did not cause specific thoughts or behavior, but rather amplified or

intensified one's experience of what was already occurring in the context of use.

ESCALATION

As informants were "turned on" to or given cocaine more frequently, they felt a growing need to reciprocate. Friends had been generous with an expensive commodity. At the time of observation one gram cost $55 to $70 (now $100) and it was not unusual for three or four members of the group to consume that much in two days. Informants all came to feel that if they were going to snort, they could not just mooch. Further, the more they enjoyed cocaine themselves, the more enjoyable it was to reciprocate. One of the pleasures of snorting agreed upon by all was sharing with friends who had shared with them. Part of the fun in having your own stash was being able to offer it to friends and then to enjoy the shared experience and the "rap" which normally ensued.

Buying one's own supply was not a problem once members of the group used it with any regularity. Their friends had contacts with dealers and with sufficient time for trust to develop, such contacts became their own. It took little time to realize, however, that buying one gram at a time was expensive. The logical step was to buy "quarters" – one quarter ounce or seven grams. This lowered the price roughly 15 percent and also meant users received, if not higher purity, at least better information on the dilutant or "cut". This was important because a gram in the illicit market was from one-third to two-thirds "cut", and, depending on the type of cut used, could affect the high [74]. If a batch of cocaine did not measure up to expectations or if it produced unwanted side-effects, informants often blamed the "cut".

The natural tendency toward volume buying led to what was known as "dealing for stash", i.e., buying a quarter ounce, selling five or six of the seven grams for a slightly higher price, and snorting the rest for one's investment and trouble. But this approach was complicated by the strong temptation to share both one's economies of scale and one's stash with friends. Moreover, with greater quantities in hand it was difficult to avoid snorting more: "If you've got the coke you want to snort it, you like to share it, and boy does it go fast. You snort a line, get that nice little rush and then you're having a great time so it is only natural to want to snort another." Buying more meant volume buying and thus, greater availability among the group. And as all members admitted, with more available, more was used.

In addition to the individual euphoria which reinforced the desire to use cocaine, informants repeatedly described a *social euphoria* – the pleasure of

sharing the experience among friends – which had a momentum of its own: "You want to keep that group rush going; it's just like pot or booze." This social euphoria added to their tendency to snort more than planned. Cocaine's pharmacological action may have supported this tendency as well. Since cocaine is rapidly metabolized, the "rush" and the "buzz" begin to wane in less than an hour. The individual desire to make it last still longer was reinforced by the "group rush".

Therefore, if enough cocaine was available in the right group setting, those present sometimes continued to snort every hour or so all evening, and it was in such situations that ill-effects were first observed. Occasionally, when too much cocaine was snorted in one sitting, informants reported getting "coked out". This state normally occurred in a group due to the tendency for the "group rush" to reinforce continued use. There were no reports of getting "coked out" alone. The feeling one gets in this situation was captured by one user as follows: "It's a nice mellow glow until about 2:00 am when you realize you're wiped out, but still wide awake." At this juncture snorting reached the point of diminishing returns; cocaine simply did not produce the same euphoric buzz with the tenth line as it did with the first few. After a night of snorting cocaine, the combination of CNS stimulation which inhibits sleep and the anesthetization of the digestive tract which deadens hunger sometimes led to a "run down feeling" which sometimes included fatigue, edginess and insomnia. The antidote for being "coked out" was universally recognized as cessation of use and rest. As one informant put it: "You just lay off and crash . . . Eight hours sleep and a good breakfast puts you back together." Informants indicated that although they loved snorting coke, they had to function the next day – care for children, work, and deal with other exigencies of everyday life – so they usually avoided getting "coked out".

Two exceptional cases were observed. A couple with three young children, part-time jobs, and law school careers. Both these individuals went on a "binge" or "run" during which they snorted daily for several months at the rate of two to four grams per week, both for work and pleasure. They reported a gradual decrease in both euphoric effects and in cocaine's ability to enhance their work. Simply increasing their doses was known to be ineffective: "When you get into a bad place, more coke won't bring you out of it; it only makes things worse." These informants sometimes seemed impatient or edgy when faced with a busy schedule. Cocaine no longer improved their sociability as much as it made them "speedy". One of these users described this plateau: "Going from normal to a coke buzz is great, but you reach a point where the scene gets stale – you've experienced the buzz as often as your normal waking head, so it's no fun anymore." These users gradually tired of the snorting social scene noting that repeated use made

cocaine less of a unique "treat", sometimes caused irritability which strained intimate relationships, and, due to constant stimulation, tended to reduce their ability to function maximally in everyday life. These factors in combination with fatigue, financial drain, irregular quality, and the brief duration of effects led a few of the heavier users to become less enamored with cocaine. This phenomenon was recognized as possible by all members of the group and may be called *social tolerance*. When the two daily users recognized that they had reached this state of affairs they reduced or stopped their snorting, as did less regular users when they found too many of these factors impinging on them. After cessation, the two daily users reported feeling mildly depressed and a bit lethargic for about one week, during which they periodically "yearned for a few lines". A few weeks later when they resumed a more sporadic pattern of use, they again experienced the pleasures and utility of cocaine without adverse effects.

Discussion: From Ethnography Back to History

While there remains a paucity of research on drug use in natural settings, what little we know about cocaine use generally corroborates the forgoing summary [75]. Judging from this group the adverse effects, "addiction", and even death which are pharmacologically possible seem sociologically unlikely. Granted, we do not know that these users, their patterns or their circumstances are representative. But even U.S. Drug Enforcement Agency figures show cocaine to be twentieth on a list of drugs which have caused problems for users (behind such commonplace substances as marijuana, valium, and aspirin), accounting for less than 1 percent of drug crises reported to a national sample of hospitals and drug programs [76].

The rather mild consequences of cocaine use among this group may seem surprising given the image of the drug, but they are not so remarkable given the users' perspective. Cocaine was experienced as pleasurable and useful, and it was used in ways which maximized its continued pleasurability and utility and minimized risk. Although intravenous injection produced a much greater "rush", these informants maintained a healthy respect for the dangers of infection and overdose possible with that method, snorting it instead. While even snorting can be harmful, the obligatory chopping ritual helped guard against damage to nasal passages in addition to aiding absorption. Further, drops of water were sometimes snorted to dislodge and dissolve any particles that might have remained in the nose.

Because an essential part of the pleasures of cocaine had to do with the "social rush", it was almost never snorted alone. As cocaine was valued as a "treat", practices which led to overuse tended to be avoided so as not to

"spoil it". While users did occasionally get "coked out", the responsibilities of the following day usually mitigated against overindulgence. Because cocaine use was mediated by the rhythms of users' everyday lives and not the reverse, when it began to be disruptive, when "the scene got to be a little too much", when social tolerance developed, informants rather naturally curtailed its use. It is arguable that only such middle-class users who want to preserve their lifestyle would employ such rational practices. Ghetto youth, for example, might abuse cocaine more easily. However valid this concern, it also seems plausible that other social groups and subcultures will exhibit their own uniquely adaptive forms of drug use once the peculiar exigencies confronting them are examined. Considerable support for such a view has been generated by ethnographic research on other drug use, even heroin use. Feldman, for instance, in his field work in a white working class neighborhood in New England, discovered a set of cultural or "ideological supports" for heroin use. He found that users displayed the:

> . . . positive qualities of creativity, daring and resourcefulness that provide the impetus for the top level solid guy (persons of established high status) to rise to the top of the street hierarchy. Rather than retreating from the demands of their environment, they utilized the risks of heroin use to insure (or strive toward) a leadership position. Their use of heroin solidifies a view of them as bold, reckless, criminally defiant – all praiseworthy qualities from a street perspective [77].

Other research by Preble and Casey in New York's Spanish Harlem found addicts, on their own turf, to be something quite different from passive, withdrawn, or dependent:

> Their behavior is anything but an escape from life. They are actively engaged in meaningful activities and relationships seven days a week. The brief moments of euphoria after each administration of a small amount of heroin consistitute a small fraction of their daily lives. The rest of the time they are aggressively pursuing a career that is exacting, challenging, adventurous, and rewarding . . . For them if not for their middle and upper class counterparts (a small minority of opiate addicts), the quest for heroin is the quest for a meaningful life. And the meaning does not lie, primarily, in the effects of the drug on their minds and bodies; it lies in the gratification of accomplishing a series of challenging, exacting tasks, every day of the week [78].

The cocaine use described in this study can be seen as adaptive in an analagous way. Cocaine served as both a euphoriant and an energizer in recreational and work situations. Although specific effects varied with users' intents and activities, cocaine generally helped these people to function in the "straight" and "hip" worlds simultaneously, i.e., to "take care of business" *and* enjoy life, a combination they desired but found difficult to achieve in this society. In this context, cocaine was more than just another "high" in the hippie repertoire. As Gay and his associates have pointed out,

". . . cocaine reinforces and boosts what we recognize as the highest aspirations of American initiative, energy, frenetic achievement, and ebullient optimism . . . [79]"

That even the most dangerous forms of drug use manifest a rationality by which users adapt to their circumstances, should not be taken to imply that such adaptations are desirable or healthy. Aside from such obvious risks as infection, overdose, imprisonment, etc., there is the danger that even the rational use of drugs to adapt to one's circumstances deflects from efforts to self-consciously change and control those circumstances. While we can see why Feldman's young heroin users wanted to appear bold in the street world, one can imagine other worlds where boldness was expressed differently. The addicts Prebble and Casey came to know had built meaningful lives around dope, yet what manner of society must we have if thousands find that route to human meaning the best available? Although the subjects described here confronted relatively benign circumstances, their use of cocaine to make unpleasant work pleasant, for example, brings us to wonder why human labor is so frequently void of intrinsic satisfactions. Naturalistic research does, however, provide a long-needed corrective lens for the dominant visions of drug use which show individual pathology – divorced from socio-historical context – as its motivation. Moreover, by attempting renditions of the context of drug use faithful to the users' lived world, ethnographies can offer critical windows on social structure. They can tell us about the features of a society which make for life experiences in which a drug's rather amorphous alteration of consciousness takes on concrete meaning and value. If social science can avoid searching for psychopathology, it might help uncover what it is about social structure which makes drug use worth the risks, and how users generate subcultural mechanisms which help to protect them against those risks.

The ingestion of consciousness-altering substances has always been part of human culture, sometimes having adverse consequences and sometimes valuable ones. One historical lesson seems to be that a drug's pharmacological properties do not produce specific behavioral effects in any direct sense. Cocaine does not "cause" Black men to rape or any user to be violent. As the British experience and our own records of maintenance clinics suggest, opiate addiction need not entail a life of crime. When hallucinogenic drugs have been used in ritualized settings where users are acculturated as to their value, power, and proper use, experiential enrichment rather than psychedelic psychosis has often resulted. Contrary to conventional wisdom, even the effects of alcohol exhibit no cross-cultural uniformity. As MacAndrew and Edgerton demonstrate, a drinker's comportment is determined by what is culturally imparted to him or her about drunkenness, and not by what liquor itself chemically imparts to the seat of judgment. Because

such social, cultural, and historical variables play such a major role in shaping the context and patterns of group use, the meaning structures and behaviors of users, and, thus, the very effects experienced, neither drug use nor its consequences can be understood apart from their historical context [80].

What determines the dangerousness and the utility of any drug, then, are the customs and norms which influence how it is used. Hundreds die each year from abuse of such common legal drugs as aspirin, to say nothing of alcohol and tranquilizers. Yet such dangers are not sufficient to warrant proscription since the vast majority of users legally and beneficially ingest such drugs within the normatively prescribed bounds and thus derive the intended effects. But then dangerousness is not what differentiates licit from illicit drugs. If we compare drug use in medically supervised contexts with illicit use we are afforded important clues. Although the social situations in which both forms of drug use are meaningful and rational for users may not be so different, illicit use inherently questions legal and medical authority, and is said to threaten the work ethic and the norm against pleasure for its own sake. Medically supervised use, on the other hand, is guilty of none of these transgressions. Whereas illicit use often leads to subjective experiences which contradict dominant definitions of reality, medically prescribed drugs have been used increasingly to adjust, manage, and control people according to the dictates of that reality.

The role of scientific evidence in drug controversies is also a telling illustration. Goode has argued persuasively that the "drug problem" of the 1960's was really a struggle in the "politics of reality" in which science functioned as a weapon. Gusfield's recent analysis of public policy on drugs similarly suggests that "expert" scientists have most often been uncritical apologists for the dominant morality. While the history of drug use in America generally attests to such a conclusion, science has sometimes shown that a certain drug is not so dangerous. But even in those instances, a cultivated hysteria and deliberate ignorance have prevailed such that repressive policies were enacted in opposition to science [81].

The only consistent difference between licit and illicit drugs has been one of legal/moral definition. Historically, this has hinged on the extent to which a given drug or its users are perceived as a threat by those with the power to so define. In the 17th century coffee drinking was outlawed in the Eastern Mediterranean region, although they most certainly did not know of the health hazards of caffeine. Since coffee *houses* were thought to be gathering places for revolutionaries, anyone frequenting or owning a coffee house was subject to the death penalty [82]. The history of the use and control of cocaine is a less extreme and more complex case, but it is not dissimilar. While cocaine abuse can have serious consequences, its moral transformation and proscription were the products of an interaction between specifiable

political-economic tensions and moral-entrepreneurial interests. The familiar result was a reincarnation of an ideology which depicts certain drugs and users as threats to the *status quo*.

Since we seem more than willing to allow billions of dollars in sales and massive, lawful over-prescription of drugs known to be more harmful and more often abused than those controlled, we must be willing to admit that the "drug problem" is more likely a battlefield of material and ideological conflict than a symbol of concern for public safety [83]. Under these circumstances, we can reasonably predict that the "menace" of cocaine will remain. It is possible, however, to envision a social order in which a critical social science would prevent psychoactive substances from becoming such a battlefield. Perhaps in the struggle toward that order we might witness the democratic and self-conscious promulgation of norms and customs, i.e., natural social controls, which could make consciousness alteration far safer that it now is under repressive laws.

Notes

1 Crittenden, A. and M. Ruby (1974). "Cocaine: The Champagne of Drugs," *New York Times Magazine* (1 Sept.).
2 McLaughlin, Gerald T. (1973). "The History and Regulation of a Dangerous Drug," *Cornell Law Review*, 58: 537–572.
3 National Commission on Marijuana and Drug Abuse (1973). *Marijuana: A Signal of Misunderstanding*, Vol. 1. Washington, D.C.: U.S. Government Printing Office, p. 628.
4 Petersen, Richard C. (1977). "Cocaine: An Overview," in Petersen, R. C. and R. C. Stillman (eds.), *Cocaine: 1977*; National Institute of Drug Abuse, Research Monograph #13. Washington, D.C.: U.S. Government Printing Office, pp. 6–7.
5 For an overview of the subjectivist position on the creation of social problems see Mauss, Armand L. (1975). *Social Problems as Social Movements*, New York: J. B. Lippincott, pp. 3–37.
6 Mortimer, W. Golden (1974: originally published 1901). *History of Coca*, San Francisco: And/Or Press. That coca leaves could also have nutritionally sustained early chewers has been demonstrated by Duke, J. A., D. Aulik, and T. Plowman (1975). *Nutritional Value of Coca*, Cambridge: Harvard University Botanical Museum Leaflets, Vol. 24. The use of coca for these purposes in the Andes region has been documented in all major works which discuss the history of coca.
7 Mortimer, op. cit.
8 Ibid. See also Phillips, Joel L. (1975). *Cocaine: The Facts and Myths*. Final Report on contract ADM-45-74-144; National Institute on Drug Abuse, Washington, D.C.: U.S. Government Printing Office.
9 Mortimer, op. cit., Chapters 3 and 4.
10 Grinspoon, Lester and James B. Bakalar (1976). *Cocaine: A Drug and its Social Evolution*, New York: Basic Books. See also Mortimer, op. cit. Chapter 1; and Phillips, op. cit., p. 20.
11 Fuentes, M. A. (1886). *Memoire sur la Coca du Perou*, Paris.
12 Mortimer, op. cit.
13 Ashley, Richard (1976). *Cocaine: Its History, Uses and Effects*, New York: Warner Books, pp. 20–21.
14 Grinspoon and Bakalar, op. cit.

15 Mortimer, op. cit., chapters 9 and 10.
16 Ibid. See also Martin, Richard T. (1970). "The Role of Coca in the History, Religion, and Medicine of South American Indians," *Economic Botany*, 24: 422–438.
17 Cf. Mantegazza, Paolo (1859). *Sulle virtu ignieiche e medicinali della coca*, Milan.
18 For a brief chronology of the development of cocaine see Gay, George R., Charles W. Sheppard, Darryl S. Inaba, and John A. Newmeyer (1973). "An Old Girl: Flyin' Low, Dyin' Slow, Blinded by Snow: Cocaine in Perspective," *International Journal of the Addictions*, 8: 1031–1032. See also Phillips, op. cit., Appendix A.
19 Phillips. op. cit., p. 33.
20 Other well known historical figures who reputedly indulged are Arthur Conan Doyle, Robert Louis Stevenson, Emile Zola, and Henrik Ibsen. See Grinspoon and Bakalar, op. cit., pp. 26–27; Phillips, op. cit., pp. 31–35; and Ashley, op. cit., pp. 54–56.
21 Ibid.
22 Freud, Sigmund (1884). "Über Coca," *Centralblatt für die gesammte Therapie*, 2: 289–314.
23 Cf. Jones, Ernest (1953). *The Life and Work of Sigmund Freud*, New York: Basic Books; and also Hortense Koller Becker (1963). "Carl Koller and Cocaine," *Psychoanalytic Quarterly*, 32: 309–373.
24 Ibid.
25 Freud's rejoinder article is "Bemerkungen über Kokainsucht und Kokainfurcht." *Wiener Medizinische Wochenschrift*, 28 (1887): 929–932. See Jones, op. cit., and Becker, H. K., op. cit., for a review of Freud's critics.
26 Phillips. op. cit., pp. 38–39.
27 Coca Cola Company (n.d.). Advertisement.
28 The materials presented in this section on moral entrepreneurs rely heavily on two exhaustive studies already cited, those of Phillips, and Grinspoon and Bakalar, and on Musto, David F. (1973). *The American Disease: Origins of Narcotic Control*, New Haven: Yale University Press.
29 McLaughlin, op. cit., pp. 566–568.
30 Cited in Phillips, op. cit., p. 41.
31 Cited in Grinspoon and Bakalar, op. cit., p. 38.
32 Cited in Musto, op. cit., pp. 5–8. It should be noted that none of the literature reviewed here noted any evidence that blacks used cocaine more than whites at the time. In fact Musto reviewed two little known studies which suggest that due to lower socio-economic status, blacks probably used less than whites. See also Helmer, John (1975). *Drugs and Minority Oppression*, New York: Seabury Press, chap. 3.
33 Rothstein, W. G. (1972). *American Physicians in the 19th Century: From Sects to Science*, Baltimore: The Johns Hopkins University Press.
34 Phillips, op. cit., pp. 38–39.
35 Comfort, Alex (1967). *The Anxiety Makers*, London: Nelson.
36 Szasz, Thomas (1974). *Ceremonial Chemistry: The Ritual Persectution of Drugs, Addicts and Pushers*, Garden City, New York: Anchor Press.
37 Cited in Grinspoon and Bakalar, op. cit., p. 39.
38 Cited in Musto, op. cit., p. 15.
39 Ibid., pp. 14–15.
40 Ibid., p. 14.
41 Cf. Phillips, op. cit., chap. 5.
42 Wiley, Harvey W. and Anne L. Pierce (1914). "The Cocaine Crime," *Good Housekeeping*, 58: 393–398. See also Musto, op. cit., pp. 12–53.
43 Becker, Howard S. (1963). *Outsiders*, New York: Free Press.
44 A critique which then builds on Becker's study of the Marijuana Tax Act by showing that the Bureau of Narcotics' propaganda against marijuana was related to cuts in their budget, is in Dickson, Donald T. (1968). "Bureaucracy and Morality: An Organizational Perspective on a Moral Crusade," *Social Problems*, 16: 143–156.
45 The author's understanding of the theoretical shortcomings of the notion of moral entrepreneurs with respect to drug laws, as well as the necessity of situating historically important actors within a

structural context, have benefited greatly from Himmelstein, Jerome L. (1975). "The Social Labeling of Psychoactive Drugs," Ph.D. Dissertation Prospectus, Department of Sociology, University of California, Berkeley.

46 Chambliss, William J. (1977). "Markets, Profits, Labor and Smack," *Contemporary Crises: Crime, Law and Social Policy*, 1: 65.

47 Cited in Watts, David (1977). "Opium and the China Market: Origins of Federal Drug Control," a paper presented at the annual meeting of the *Society for the Study of Social Problems*, Chicago, p. 8.

48 Ibid., p. 10.

49 Ibid.

50 Cited in Mark, Gregory Y. (1975). "Racial, Economic and Political Factors in the Development of America's First Drug Laws," *Issues in Criminology*, 10: 58.

51 Cited in Musto, op. cit., pp. 43–44.

52 Ibid., p. 255, note 15.

53 Mark, op. cit., Morgan, Patricia A. (1978). "The Legislation of Drug Law: Economic Crisis and Social Control," *Journal of Drug Issues*, 8: 53–62.

54 Helmer, John and Thomas Vietorisz (1974). *Drug Use, the Labor Market and Class Conflict*, Washington, D.C.: Drug Abuse Council. See also Helmer, op. cit.

55 Becker, op. cit.; Lindesmith, Alfred R. (1965). *The Addict and the Law*, Bloomington: Indiana University Press; Helmer, op. cit.; Musto, op. cit. A recent article by Galliher, John F. and Allyn Walker (1977). "The Puzzle of the Social Origins of the Marijuana Tax Act of 1937," *Social Problems*, 24: 367–376 suggests that although pressure from law enforcement in the Southwest may have precipitated the Act's passage, this pressure was not based on any major concern over marijuana use by Mexicans as reflected in newspapers. While some concern was evidenced, the authors argue that the ease with which the Act passed Congress suggests that it merely reflected widespread "common sense" opinion at the time. How much this common sense was informed by more basic undercurrents of racial fear (which fluctuated with labor market conditions) is not certain. The relative lack of public attention and debate may have reflected the ubiquity of conflict rather than its absence. Cf. National Commission on Marijuana and Drug Abuse, op. cit., Appendix, Vol. 1, pp. 482–485.

56 Terry, Charles and Mildred Pellens (1928). *The Opium Problem*, New York: Bureau of Social Hygiene; Duster, Troy (1970). *The Legislation of Morality*, New York: Free Press.

57 Gusfield, Joseph (1963). *Symbolic Crusade*, Urbana: University of Illinois Press.

58 Cf. Aronowitz, Stanley (1973). *False Promises: The Shaping of American Working Class Consciousness*, New York: McGraw-Hill. chap. 3.

59 Cf. Bonnie, R. J. and C. W. Whitebread (1974). *The Marijuana Conviction*, Charlottesville: University Press of Virginia; and Musto, op. cit.

60 Kolko, Gabriel (1967). *The Triumph of Conservatism*, Chicago: Quadrangle; Weinstein, James (1968). *The Corporate Ideal in the Liberal State*, Boston: Beacon Press.

61 Levine, Harry-Gene (1976). "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in American History," a paper presented at the annual meeting of the *Society for the Study of Social Problems*, New York.

62 Foucault, Michel (1965). *Madness and Civilization*, New York: Mentor Books. See also Weber, Max (1958). *The Protestant Ethic and the Spirit of Capitalism*, New York: Scribner's.

63 The pharmacological literature is consistent on this point. A standard text summarizing the properties of cocaine is Jaffe, Jerome (1965). "Drug Addiction and Drug Abuse," in Goodman, L. S. and A. Gilman (eds.), *The Pharmacological Basis of Therapeutics*, New York: Macmillan. For an interesting overview see Gay, et al., op. cit., pp. 1033–1038.

64 McLaughlin, op. cit. See also Helms, Dennis, Thomas Lescault, and Alfred Smith (1975). "Cocaine: Some Observations on its History, Legal Classification and Pharmacology," *Contemporary Drug Problems*, 4: 205–207. The 1970 Comprehensive Drug Abuse and Control Act also contains other ironies like classifying marijuana in a more dangerous category than barbiturates.

65 The most rigorously controlled study of effects is Resnick, R. B., et al. (1977). "Acute Systemic

Effects of Cocaine in Man," *Science*, 195: 696–698. For data on how effects are modified by non-pharmacological variables see Byck, Robert and Craig Van Dyke (1977). "What are the Effects of Cocaine in Man?," in Petersen and Stillman (eds.) op. cit., pp. 97–118. The most thorough study of effects in users is summarized in Siegal, Ronald K. (1977). "Cocaine: Recreational Use and Intoxication," in Petersen and Stillman (eds.), op. cit., pp. 119–136. Figures on cocaine-induced crises and cocaine users in treatment are also summarized in Petersen and Stillman (eds.), op. cit., pp. 5–16 and chap. 10.

66 Information on withdrawal may be found in Jaffe, op. cit.; R. M. Post, J. Kotin, and F. Goodwin (1974). "The Effects of Cocaine on Depressed Patients," *American Journal of Psychiatry*, Vol. 131, pp. 511–517; and, more generally, in Woods, James H. and David A. Downs (1973). "The Psychopharmacology of Cocaine," in National Commission on Marijuana and Drug Abuse, op. cit., Appendix, Vol. 1, pp. 116–139. The development of reverse tolerance has been demonstrated in animals by Stripling, J. S. and E. H. Ellinwood (1977). "Sensitization to Cocaine following Chronic Administration in the Rat," in E. H. Ellinwood and M. M. Kilbey (eds.), *Cocaine and Other Stimulants*, New York: Plenum Press; and in apes by Post, Robert M. (1977). "Progressive Changes in Behavior and Seizures Following Chronic Cocaine Administration: Relationship to Kindling and Psychosis," in Ellinwood and Kilbey (eds.), op. cit., pp. 353–372. Aside from the lack of evidence that cocaine produces aggressive behavior in users, a rigorous experiment designed to provoke aggression in animals with massive, chronic injections and experimental provocation also failed to demonstrate that cocaine had such effects. See Hutchinson, R. R., G. S. Emley, and N. A. Krasnegor (1977). "The Effects of Cocaine on the Aggressive Behavior of Mice, Pigeons, and Squirrel Monkeys," in Ellinwood and Kilbey (eds.), op. cit., pp. 457–480. A brief summary of the state of our knowledge of cocaine's actions and effects may be found in Petersen and Stillman (eds.), op. cit., pp. v-vi; 113–115.

67 Cf. Terry and Pellens, op. cit.; and Duster, op. cit.

68 Waldorf, Dan, Martin Orlick, and Craig Reinarman (1974). *Morphine Maintenance: The Shreveport Clinic, 1919–1923*, Washington, D.C.: Drug Abuse Council.

69 Duster, op. cit.

70 Brecher, Edward M., et al. (1972). *Licit and Illicit Drugs*, Boston: Little Brown, pp. 276–277.

71 For descriptive data on cocaine folk customs see Crittenden and Ruby, op. cit.; Rhodes, R. (1975). "A Very Expensive High," *Playboy* (January); Woodley, Richard (1972). *Dealer, Portrait of a Cocaine Merchant*, New York: Warner; and the more in-depth study by Waldorf, Dan, Sheigla Murphy, and Craig Reinarman (1977). *Doing Coke: An Ethnography of Cocaine Users and Sellers*, Washington, D.C.: Drug Abuse Council.

72 Becker, H. S., op. cit., is still the most sensitive treatment of the process of learning to use drugs so that they have the intended effects.

73 See Matza, David (1969). *Becoming Deviant*, Englewood Cliffs, New Jersey: Prentice-Hall, pp. 109–142, for an excellent phenomenological account of consciousness alteration.

74 For example, benzedrine, not an uncommon cut, made the high too "speedy" while procaine offered the illusion of cocaine's "freeze" without the same euphoria.

75 Ashley, op. cit., and Grinspoon and Bakalar, op. cit., both studied small samples of users. The largest study of users known to the author is Siegal, op. cit., who could not detect evidence of psychosis or dysphoria with psychometric instruments even among chronic users. An expansion of the ethnographic study summarized in this paper which may be useful is Waldorf, Murphy, and Reinarman, op. cit.

76 U.S. Drug Enforcement Agency (1974). *Dawn II Analysis: Drug Abuse Warning Network Phase II Report*, Washington, D.C.: U.S. Government Printing Office; cited in Grinspoon and Bakalar, op. cit., pp. 58–59.

77 Feldman, Harvey W. (1973). "Street Status and Drug Users," *Society*, Vol. 10.

78 Prebble, E. and J. Casey (1969). "Taking Care of Business: The Heroin User's Life in the Streets," *International Journal of the Addictions*, 4:2. Another excellent ethnographic study of various forms of drug use is Sutter, Alan (1969). "Worlds of drug Use on the Street Scene," in Cressey, D. R. and D. A. Ward (eds.), *Delinquency, Crime, and Social Process*, New York: Harper and Row.

79 Gay, et al., op. cit., p. 1040.

80 On heroin use in Britain, see Judson, H.F. (1973). *Heroin Addiction in Britain,* New York: Harcourt, Brace, Jovanovich. An historical account of a successful morphine maintenance clinic may be found in Waldorf, Orlick, and Reinarman, op. cit. Interesting accounts of the use of hallucinogenic plants in natural settings are in Schultes, Richard Evans (1963). "Hallucinogenic Plants of the New World," *Harvard Review*, Vol. 1; and M. Cordova-Rios and F. B. Lamb (1971). *Wizard of the Upper Amazon*, New York: Atheneum. The two best expositions of this general thesis are Becker, Howard S. (1967). "History, Culture and Subjective Experience: An Exploration of the Bases of Drug-Induced Experiences," *Journal of Health and Social Behavior*, 8:163–176; and Weil, Andrew (1972). *The Natural Mind*, Boston: Houghton Mifflin. See McAndrew, Craig and Robert B. Edgerton (1969). *Drunken Comportment: A Social Explanation*, Chicago: Aldine, for an insightful analysis of how the effects of alcohol are socially learned. The author is grateful to Daniel Glaser, personal communication, for further insights on how norms and customs determine the dangerousness of any drug.

81 Goode, Erich (1969). "Marijuana and the Politics of Reality," *Journal of Health and Social Behavior*, 10:83–94; Gusfield, Joseph R. (1975). "The (F)Utility of Knowledge?: The Relation of Social Science to Public Policy toward Drugs," *Annals of the American Academy of Political and Social Science*, 417:1–15.

82 T. Eli Mahi (1962). *A Preliminary Study of Khat Together With the International History of Coffee in Relation to Khat*, Regional Office for the Eastern Mediterranean: World Health Organization (cited in Mauss, op. cit., p. 240).

83 Cf. Nyswander, Marie (1975). "Danger Ahead: Valium," *Vogue*, Vol. 165 for an account of the preponderance of valium addiction. A more thoroughgoing analysis of the physical and political consequences of over-prescription and medical abuse of legal drugs is given in Lennard, Henry (1971). *Mystification and Drug Misuse*, San Francisco: Jossey-Bass.