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## IN THE LITERATURE

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# Review Essay / Temperance Ideology and Sociological Denial: Prohibitionism in Drug Policy Discourse

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Mark Kleiman, *Against Excess: Drug Policy for Results*  
New York: Basic Books, 1992. 474 pp. + xvi.

CRAIG REINARMAN

Between the ravages attributed to crack and those of the war on illicit drugs, the past few years might be called an "era of excess," as historian Andrew Sinclair aptly called the Prohibition era.<sup>1</sup> I looked forward to Mark Kleiman's *Against Excess: Drug Policy for Results* because his title and book jacket suggested that to deal effectively with the problems related to excessive drug use, we need a less excessive drug policy. Surely this is true, for after six years of drug war in which tens of billions have been spent, our drug problems largely remain—just as they have after all our earlier drug wars.

It is a book worthy of sustained scrutiny—both because of its advances over what has preceded it and because it still manages to replicate many of the problems that historically have plagued drug policy discourse. Most books have flaws, of course, but Kleiman's is more ambitious than most. He claims knowledge of every aspect of drug use. He aims to improve every facet of drug policy. He sets out to influence both policy makers and the public.

Kleiman begins by asking difficult questions and asserting a well warranted reticence about easy an-

swers. He leaves space for moral values in policy analysis without lapsing into the absolutist moralism of former "Drug Czar" William Bennett. Instead of shoving ideology down readers' throats, he promises a scholarly analysis of the complex, incomplete, and equivocal evidence on the efficacy of existing drug policies. He begins with genuine candor about the limits of those drug policies. He is more open than many to some drug control strategies that are politically unpalatable. And apart from his tendency to teach readers Economics 101, his book is accessible, well written, and often witty.

Kleiman's "Preliminaries" establish premises that are nearly as novel as they are sensible. In the Preface he says his intention is to "supply the information and analysis needed to substitute careful reasoning about likely consequences for reflex and taboo as the basis for making public policy about drugs."<sup>2</sup> In Chapter 1 he asserts that "war is a poor metaphor for social policy" and that he makes no such "clarion call." Where drug warriors typically ignore the carnage done by licit drugs, Kleiman observes that "a drug policy that omits only tobacco and alcohol is about as useful as a . . . naval strategy that omits only the Atlantic and the Pacific" [7].

Early on he makes the crucial point that the "outline" or basic contours of our drug problems "are largely determined by the laws" [20]. Thus while alcohol is widely abused, the alcohol industry is peaceful because it is legal; cocaine is far less widely abused, but its

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Craig Reinerman, co-author of *Cocaine Changes: The Experience of Using and Quitting* (1991), is Associate Professor of Sociology at the University of California, Santa Cruz.

industry is often violent because it is criminalized. Warriors who pursue a "drug-free America" fail to consider the many such "unwanted side effects" of their policies, which are often worse than the disease they are allegedly intended to cure. Kleiman insists insightfully that our persistent "failure to distinguish between the bad effects of drug abuse and the bad effects of drug abuse control sometimes reduces public discourse about drugs to gibberish" [17].

He sees existing policies as "driven in part by the illusion that a complete solution exists and in part by professional self-seeking and political blather." As a result, our policies "do far more damage than they need to and far less good than they might" [8]. He argues persuasively that if we are ever to have rational drug policies, we must be practical rather than ideological: "Hopeless confusion ensues when enforcement strategies come to be debated and decided on the basis of their symbolism instead of their results" [20]. Kleiman also notes wisely that the current categories—licit and illicit—are based on politics not pharmacology. Unlike true-believers, he makes a variety of useful distinctions among currently illicit drugs based on their actual effects rather than their symbolic legal status.

After his "Preliminaries," Kleiman reviews the nature of drug abuse and its victims, in part to establish that society has the duty and the right to regulate drugs. He argues that drug abuse causes so many problems because intoxication and addiction often cause "tempo-

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ral myopia" and otherwise reduce capacities for self-control and rational behavior. Thus, drugs are different from other commodities insofar as their consumers "may be less capable than other consumers of protecting their own interests" [27]. He does use the qualifier "may be," but this assertion neglects facts he had put in evidence earlier—for example, that large majorities of the users of most drugs use them in a rational, controlled manner without imposing significant costs on themselves or others.

The next chapter offers another argument for drug controls by showing that drug abusers themselves are not the only victims of their abuse; many other citizens bear a variety of other costs. This general point is sound,

but Kleiman's examples raise other questions. With respect to crime, for example, he argues that "the bite of conscience and the fear of punishment" are the "two great deterrents." Thus, he reasons, because drug use "quiets conscience and dims foresight," it will "therefore tend to increase" crime and create victims of drug abuse [47].

Despite his qualifier "tend," the use of "therefore" seems to mean "cause," which smuggles pharmacological determinism into his analysis. Are not criminogenic conditions as important as consciousness-altering chemicals? On the same page he notes that "most economic crime by users is a consequence of the drug laws" which make drugs artificially unaffordable, and later in the chapter he admits that most of the violence associated with drugs has to do with the huge profits created by criminalization. Kleiman writes as if "drug-related crime" is a function of how chemical molecules interact with human neuro-transmitters. But much of his own analysis shows that it is a function of the social circumstances under which such interactions occur—circumstances shaped by politics and policy, not pharmacology and physiology.

Similarly, Kleiman neglects the cross-national evidence suggesting that the behavioral consequences of drugs vary according to culture. McAndrew and Edgerton, for example, have demonstrated that in some cultures alcohol use leads to aggression and sexual arousal, in other cultures one but not the other, and in still other societies neither.<sup>3</sup> Many comparable societies have higher per capita alcohol consumption than the U.S. and yet far less crime, including "alcohol-related crime." Even in our own culture it is clear that while unemployed ghetto crack users often commit predatory crimes, affluent freebasers who smoke up all their money do not become muggers.

Kleiman accepts too easily the notion that "pharmacological effects" are what cause "aggression and impulsiveness" [61]. He believes that this is because alcohol and other drugs essentially erode the "higher brain functions." Such beliefs have been articles of faith for all who have obsessed over drugs and self-control since the 19th-century.<sup>4</sup> However, science has never shown that any drug directly causes any specific behavior.<sup>5</sup> Kleiman may be preaching to the faithful by repeating such simplicities to U.S. readers, but this part of his sermon is still misleading.

Perhaps the most compelling "other victims" Kleiman would protect with drug controls are infants. Here, too, Kleiman's general point is well taken, but some of his examples are worrisome. He seems to take at face value

the recent panic over "a generation of crack babies," which has turned out to be premature. The effects on infants of maternal crack use during pregnancy are exceedingly difficult to distinguish from the effects of poverty, poor diets, other licit and illicit drug use, violence against women, lack of prenatal care, and perhaps even the stressful risk of losing one's child that keeps many such women from getting help. As Sheigla Murphy has observed, "poverty babies" is probably a more accurate term than "crack babies."<sup>6</sup> Moreover, to the extent that they have been "damaged" by whatever combination of causes, there is little evidence for Kleiman's claims that such babies will be life-long bur-

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dens on society [292]. To swallow uncritically the early hysteria about so-called crack babies is an error no student of the long history of politicized science around drug issues should make.<sup>7</sup>

In the next section, Kleiman provides an excellent discussion of the strengths and limitations of available policy options. When he gets to the central debate over prohibition vs. decriminalization, he begins again with a good premise: "The search for a bright line separating safe molecules from dangerous ones, which we can write into law as a distinction between permitted and prohibited substances, is futile" [101]. Yet, somehow, he goes on to find merit in prohibitions which do just this. For Kleiman, even a "badly enforced prohibition" is better than decriminalization because it will "reduce the level of drug consumption and thus of those drug problems that relate directly to the consumption level" [102].

There are several problems here. First, he tends to assume, as did alcohol prohibitionists, that problems are a function of overall consumption. Some are; some are not. There are risks involved in building policy arguments on econometric consumption curves that leave out most of the complex social, cultural, and psychological sources of the many types of problematic drinking and drug taking that are not functions of aggregate consumption levels.

Second, Kleiman is selective in his citations on the effects of Prohibition. He omits, for example, Warburton, whose data show that Prohibition did reduce beer drinking, but that it also increased wine consumption and the substitution of stronger spirits.<sup>8</sup> The morbidity and

mortality from illegal alcohol also jumped.<sup>9</sup> Here he neglects the background of his own arguments about the costs and side effects of all prohibition.

Third, even on those rare occasions when Kleiman does not endorse prohibitionist policy, his analysis is infused with a prohibitionist morality. In his often superb chapter on marijuana, his evidence forces him to consider alternatives. Yet he is reluctant at every turn. He brings himself to admit that the costs of the current prohibition (350,000 arrests and up to ten billion dollars in enforcement costs and lost revenue each year) are probably too great for the "benefits" received. But he still conceives of the alleged deterrent value of prohibition as a benefit and implies again that he believes marijuana use is in itself somehow "bad." Curiously, Kleiman himself shows that after millions have been spent trying to prove marijuana a serious health hazard or a step to heavy use or harder stuff, the results have been "unimpressive" [255]. Perhaps it is an occupational hazard of policy analysts to stay close to what Kleiman calls "political practicality." If not, it is hard to understand his fear of straying from the prohibitionist line when his own data lead that way.

To his credit, Kleiman does suggest an "informal grudging toleration" [285] toward marijuana and some form of "restricted licit availability" [280]. Yet, after deftly dismantling arguments against marijuana, Kleiman distances himself from the "more or less official, ungrudging tolerance" found in Amsterdam, with its "flagrant retail traffic in 'coffee shops'" [285]. He reasons that even if this were a good policy, which he makes clear he doubts, it wouldn't work in the U.S. Nevertheless, he himself cites evidence showing that in the 11 U.S. states which effectively decriminalized marijuana, virtually none of the prohibitionists' predictions of doom panned out.

What Kleiman calls "flagrant traffic" is American idiom for what the Dutch see as "quiet regulation." This essay is being written at the University of Amsterdam, two blocks from the "red light zone" where the "coffee shops" Kleiman derides are concentrated. I have observed hordes of happy American tourists stroll past such shops unaware, feeling perfectly safe and unperturbed by what Kleiman would have them see as the obvious evils that can befall a civilization bereft of prohibition. Coffee shops selling small quantities of cannabis have been successfully integrated into Dutch society and present nothing like the public order problems of bars. When occasional problems occur, the police deal with them quite effectively. If this were not so, the policy would have been changed long ago.

Although he accepts unpublished papers by the U.S. Drugs Czar's office as valid, Kleiman doubts Dutch reports showing that their marijuana policy has worked reasonably well. Despite his bias, the lifetime prevalence of marijuana use among young people in Amsterdam, where they can buy it in more than 300 such shops, is far lower than among young people in the U.S., where they can be imprisoned for possessing it.<sup>10</sup>

In his chapter on illicit drug markets it becomes more clear that, despite his scholarly skepticism, Kleiman grants a presumptive preference to prohibition-punishment approaches. Again his goal is a "reduction in the volume of drug consumption" that he claims prohibitions achieve. Even if one agrees with Kleiman's tacit moral stance that not just "excess" but consumption itself is a bad thing, what happened to his earlier distinction between the majority of users and the minority of abusers? For Kleiman, arresting and incarcerating citizens who ingest chemicals defined as deviant by the powerful is a good thing because it "reflects and reinforces public disapproval" [107].

Surely he knows that such "disapproval" is not a naturally occurring phenomenon. Poll results showing majorities agreeing that drugs are our "Number One Problem" follow increases in media coverage and political rhetoric, not increases in drug problems. And who says that majoritarian morality should be enforced on pain of prison anyway? Our constitution was designed to prevent this. Other polls show majorities disapproving of much of the Bill of Rights. Would Kleiman support its repeal because this would "reflect and reinforce public disapproval"?

Kleiman's analysis of the possible effects of this or that policy on illicit drug markets is well informed about the realities of law enforcement. When it comes to drug use, however, he tends to rhetorically recraft "worst" cases into "typical" ones. His scenarios are based more on desperate addicts than ordinary users. Instead of the more common small-time dealers selling "for stash" or to small circles of friends,<sup>11</sup> he builds policy around predatory crack dealers. He forgets his earlier analysis showing that the neighborhood-destroying characteristics of illicit markets have to do with the laws making them illicit. Drug policy has long been designed with worst-case stereotypes in mind, but this is what Kleiman claims he is moving beyond.

He keeps referring to "the rest of us" [360] as if we were all abstinent victims of drugs when in fact a majority of Americans use licit and/or illicit drugs. Even

the addicts and alcoholics Kleiman speaks of as if they came from a different gene pool are in fact friends, family, neighbors, co-workers. By defining them solely in terms of their drug use, he renders them deviant "others." This may be useful when playing with policy models, but it perpetuates stereotypes and ignores the staggering costs of stigmatizing so many citizens as enemies of the state. For him, abuse and addiction consist of people who *are* problems rather than people *with* problems. Thus, despite his professed public health objectives, Kleiman never really takes seriously the option of shifting the axis of drug policy away from criminal law toward public health.

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By pointing out shaky assumptions, pharmacological determinism, contradictions, biases, and stereotyping, I do not wish to imply that Kleiman does not offer important new ideas about drug policy and many useful points about the trade-offs involved in various control strategies. But because of these problems, the specific drug policies he finally derives are not as novel as his preliminary premises. Indeed, one would never guess that his recommendations were part of the same book as his brave beginnings, for they add up to a much more repressive, some would say Orwellian, drug policy.

If Kleiman were Drug Czar, for example, alcohol taxes would triple, its availability would be sharply curtailed, and sales would be much more strictly policed. Individual drinkers would be issued personal "drinking licenses" by the state, with quantity quotas monitored in private, centralized data banks. One could still drink under this system—if one were in good standing with the state and the computer, not a problem drinker, not convicted of an "alcohol-related offense," not a minor, not over quota, etc. If you wanted to throw a party, Kleiman suggests, simply ask your prospective guests to bring their own bottles or chip in part of their quotas ahead of time.

If Kleiman were Drug Czar, pregnant women would be in for more invasive scrutiny of their drinking and drug taking. Many already have been arrested, impris-

oned, and had their children taken away for "delivering" illegal drugs to a minor and other newly constructed crimes. Kleiman's plan would move women closer to being legally defined as the anti-abortion Right would define them: vessels whose rights end after conception. Although Kleiman does not list it, this is one of many concrete "costs" that would be born overwhelmingly by poor women and women of color.

If Kleiman were Drug Czar, some things might not be that different from when William Bennett held that throne. Kleiman would increase the resources given to law enforcement some 20 billion dollars beyond the currently expanded drug war levels. Unlike other drug warriors, he is very concerned about how the drug war is choking the criminal justice system. But like Bennett, he has an almost religious faith in the deterrent power of criminal law and an aversion to considering seriously the alternative public health and harm reduction approaches that England, Australia, and other societies are trying.

Kleiman shows correctly why interdiction is no solution, but unlike a growing minority of police officials, he believes more low-level street enforcement is. His argument for this strategy is that police disruption of dealing at the neighborhood level increases "search times" for users and raises costs to dealers. This is no doubt true, but Kleiman's inference that this will inevitably and significantly reduce overall drug use is pure speculation. (Interestingly, it is speculation that in both concept and word is eerily identical to Bennett's *National Drug Control Strategy*.)<sup>12</sup>

Among the "costs" of such street enforcement that Kleiman neglects to mention are more police officers (among others) shot in the pursuit of one-gram busts. Drug arrests have already given us the highest imprisonment rate in the world and a prison population grotesquely skewed toward people of color and the poor. If this suggests that something is wrong with existing policy, Kleiman does not say so. He would sharply increase the use of intermediate sentences for minor illicit drug offenses. But if history is any guide, this would expand the nets of social control more than it would save prison cells for serious offenders.

If Kleiman were Drug Czar, drug testing would touch most families in the nation. He advocates more widespread pre-employment screening and workplace testing, whether or not related to performance. Consistent with his belief that drugs "cause" crime, he would make abstinence part of sentencing, enforced by drug tests, for the hundreds of thousands who would fall

under the heading of "drug-involved offender"—a category defined as much by political and organizational imperatives as by actual "drug-relatedness."

If Kleiman were Drug Czar, those suspected of drunk-driving would face much more trouble than they do now after the 1980s wave of tougher drunk-driving laws. No one defends drunk-driving any more than crimes by addicts or any other person that commits a crime, but Kleiman would chemically test all DUI suspects and confiscate the cars as well as the licenses of all who refused. This entails further gerrymandering of the civil forfeiture procedures of the Racketeering-Influenced Corrupt Organizations Act, now so often abused in the war on illicit drugs. Like other drug warriors, Kleiman seems unconcerned about the burdens such confiscation places on family members, or testing error, or problems with police processes, or the presumption of innocence and the civil rights upon which testing and forfeiture can infringe.

If Kleiman were Drug Czar, he would move far beyond no-smoking sections in restaurants and workplaces. One of the tragic flaws of existing drug policy is

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its traditional hypocrisy toward tobacco and alcohol, which do far more damage to public health and public order, respectively, than all illicit drugs combined. Kleiman deserves a lot of credit on this point. Yet, many of us who applaud his consistency might balk at his proposals. For example, he would use undercover agents to catch merchants who fail to check properly teenagers' IDs when selling them cigarettes. He would use the Juvenile Courts to punish adolescents who smoke with "involuntary labor" and "perhaps occasional saliva testing" [344]. It is not clear what Kleiman would do to young smokers who somehow remained undeterred and became "habitual offenders."

If Kleiman were Drug Czar, the needle exchange programs that now exist to stem the spread of HIV and AIDS among intravenous users would be vulnerable. Slighting his own axiom about the bad effects of drug policy, he says heroin users share needles because they are "careless," "greedy," cheap, or drawn to some alleged "ritual" [377-8]. He mentions only in passing<sup>13</sup>

that the primary reason is that laws have made needles scarce and put users in jail for possessing them. He does raise the possibility of not arresting users "for possession of 'works'" [378], but he otherwise disparages needle exchange programs. He cites outdated evidence showing less than a 100 percent return of dirty needles, as if even 50 percent were not a major help. He ignores evidence suggesting that such programs get contaminated needles off the streets and out of parks and playgrounds and reduce the spread of HIV/AIDS among users and their partners and children. From one who eschews making drug policy on the basis of "symbolism," it is odd to hear such qualms about needle exchange justified not by evidence of their ineffectiveness but because of their "enormous political cost" [380]. Police chiefs are often more practical. Kleiman even worries, without evidence, that bleach distribution and other sterilization programs "promote heroin use by taking away the risk of AIDS as a deterrent.

Aside from his proposal effectively to decriminalize marijuana—which had already been recommended by a national commission, expert scientific panels, the Drug Policy Foundation and other think tanks—Kleiman's drug policies are far more Draconian than what now exists in our already-powerful drug war arsenal. And this is all for what he can only *hypothesize* will be *marginal* reductions in the social costs he assumes or alleges are caused by drugs.

How did an otherwise humane and intelligent author go from such promising premises to a replication, even an expansion, of the ineffective, repressive approaches that have dominated 20th-century American drug control? Kleiman believes he has arrived at his recommendations by objectively weighing the evidence on drug use and drug policies. In fairness, the amount of conflicting evidence upon which he draws and the many trade-offs he points to are real virtues of the book. However, the appearance of value-neutrality is very often a clue that value positions are being taken. This can be hard to see in applied policy analysis, where predictions are too often derived from speculative econometric models, which are in turn based on extrapolated estimates of only those variables that can be quantified. But Kleiman's claims of steering toward the middle of the drug policy road camouflage the fact that his wheels consistently veer to the right, often up over the curb.

There are at least three thematic biases that help account for the problems in this book as well as those in our drug policy discourse more generally. The first may be called *the shifting-standard syndrome*. For example,

Kleiman is at times refreshingly frank about the limits of law enforcement, but this does not stop him from advocating more law enforcement "of all kinds" [154]. As for treatment, he offers a helpful proposal for a "travel agent" system to match people in need with available slots but otherwise correctly concludes that treatment is no panacea. Yet to those who argue that a

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shift of resources from law enforcement to treatment might yield greater overall harm reduction, Kleiman says "on current evidence it remains what Mark Twain called 'a vagrant opinion, without visible means of support'" [186]. Although Twain's quip applies equally well to police and prisons, Kleiman feels little need to establish their effectiveness. In 388 pages I do not recall Kleiman meeting many formal social controls he did not like.

Other examples of Kleiman's shifting standards abound in the ways he talks about licit vs. illicit drugs. He shows us that this distinction is political rather than pharmacological, but his whole discourse shifts when speaking of alcohol. "In the absence of convincing evidence," he writes, "a liberal society ought to give great weight to the opinions of consumers about what they think they like." For alcohol, he asks only how to "construct and implement a regime that protects the benefits of alcohol use while better controlling the associated harms" [206-7]. No such "weight" is given to the opinions of the 20 million citizens who used marijuana last year, and who in so doing exposed neither themselves nor others to the magnitude of harms associated with drinking. And he says almost nothing about protecting the "benefits" of illicit drug use.

Kleiman's prohibitionist proclivities are rooted in a second thematic bias: an unacknowledged commitment to *Temperance Ideology*.<sup>14</sup> Like other drug warriors, Kleiman takes the rational, "sober mind" of *homo economicus* as his evaluative "reference point." For him, moments of intoxication are "alien from everyday life"—as if intoxication has not been part of everyday life in all cultures throughout history. He counts the "hours spent in diminished self-command" by marijuana users as a huge chunk of what he chooses to call the drug-induced

"burden on the American mind" [254]. Such language could easily have been lifted from a leaflet of the Women's Christian Temperance Union. Because he tends to look at the world through the lenses of Temperance ideology, Kleiman fails to see that faced with modernity's ever-increasing "burden" of demands for "self-command," moments of such "diminishment" are precisely what people who use marijuana find valuable.

Like many others who share this ideology, Kleiman fudges consistently the line between correlation and causation in ways that make drugs into a clear cause of our ills. With respect to the relationship between drugs and crime, for example, Kleiman admits that the proportion of drug users whose "habits" harm themselves or their intimates is "relatively small" and that of these the proportion whose use harms strangers through irresponsible acts or crime is "even smaller" [192-3]. He further specifies that drugs are not criminogenic for all of their users. But the bulk of his analysis tacitly tends to equate "drug-related crime" with "drug-caused crime."

The larger fallacy at work here has been central to drug policy discourse since the 19th-century crusade against drink. Because alcohol, for example, is so strongly associated with a wide range of crimes, there is the creeping assumption that alcohol is cause rather

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than correlate.<sup>15</sup> As Robin Room has pointed out, if one chooses to ask, "In what proportion of criminal events is alcohol involved?" the answer will be very high. But if one asks instead, "In what proportion of drinking events is crime involved?" the answer will be very low.<sup>16</sup> Kleiman asks persistently the first type of question but rarely the second. The first follows from his anti-drug values; the second would muddy up his models.

If only a small percentage of users of most drugs progress to abuse, addiction, crime, or cause trouble for their neighbors, as Kleiman admits, then instead of

assuming that there is something about *the drugs* that causes these problems, why not ask what it is about those *people* and their *circumstances* that explains why them and not most? He tends to attribute unwanted behaviors engaged in by some users under some conditions in some cultures to chemicals that do not have the same effects on most users under most conditions in many cultures.

This brings me to the third thematic problem. It is related to Temperance ideology, pharmacological determinism, and errors of inference, but it is more than these. I will call it *sociological denial*. Kleiman cites the late Norman Zinberg's highly regarded book *Drug, Set, and Setting* several times. Yet he seems never to have absorbed its central insight: that the effects and consequences of all drugs are products of the interaction of the substance with the psychological set of the user (expectations, purposes, personality) and the setting of use (situation, social conditions, culturally available repertoires of behavior and vocabularies of meaning and motive).

Before his book even begins Kleiman excuses himself from examining the many "interconnections" between drug problems and "poverty, racial and ethnic divisions, and the world of deprivation referred to as 'the underclass'" [xiv]. He offers only glib caricatures to justify this analytic abdication. For example, he dismisses those who see drug problems as embedded in a web of other problems for believing that drug problems are "barely worth thinking about" because they will "vanish almost automatically once the broader problems of class and race are solved" [xv].

First of all, no thoughtful analyst believes or has said this, and Kleiman cites none. Second, no thoughtful citizen believes that the problems associated with heroin or crack use and sales have nothing at all to do with the daily deprivations and stunted life chances in America's growing ghettos. Even William Bennett admitted this much in his *National Drug Control Strategy*.<sup>17</sup> And the farther one moves from the Republican Right the more scholars and citizens one will find who do see connections between drug problems and a social system which leaves a large proportion of its people hungry for any moment of pleasure and any opportunity for income. Kleiman might have seen these connections, too, if he had not also excluded *a priori* from his analysis all "foreign experience" [xiii].

Kleiman's second justification for ignoring social conditions is that aside from crack and heroin, "drug abuse and drug-related harm are not exclusively, or even



predominantly, associated with any one social group" [xv]. There is a kernel of truth in this, but not much more. Yes, the members of any class or race can abuse cocaine or become alcoholic, but the *consequences* of all forms of abuse fall especially hard on the most vulnerable. These group have far less access to helping resources and far greater access to all the criminal sanctions Kleiman advocates. But more important, set and setting are just as important for understanding alcohol-related violence against women by all classes and races of men, white youth who find in MDMA an antidote to suburbia's spiritual impoverishment, or cocaine abuse and alcoholism among the alienated affluent.

The exclusion of set and setting constricts the aperture of attribution so that only drugs come fully into focus. Whereas much of the literature does this without even mentioning it, Kleiman is at least honest about leaving aside such important categories of variables. But candor is a poor substitute for sound science. This amputation of his analysis leaves the book pharmaco-

logically muscle-bound and sociologically anemic. Making set and setting part of his analysis would have deepened his understanding of all drug-related problems and increased the likelihood that his prescriptions would have helped.

These three problems are not unique to the Kleiman book. Indeed, they are marbled throughout both popular and scientific discourse on drugs. They are intrinsic to the status quo in American drug policy. But it is not the scholar's job to take for granted or to shore up the status quo, especially one with such dubious efficacy and high costs. Kleiman's slant also may be shared by most Americans. But popularity is no guarantee of accuracy, especially given the lengths to which moral entrepreneurs and the media have gone to construct convenient chemical bogeymen. A book that started so smartly might have led the way to a more humane and effective future rather than reproducing a repressive and ineffective past.

#### NOTES

1 S. SINCLAIR, *PROHIBITION: THE ERA OF EXCESS* (1962).

2 M. KLEIMAN, *AGAINST EXCESS: DRUG POLICY FOR RESULTS* xii (1992). All subsequent references to the book will be enclosed in square brackets in the text.

3 C. McANDREW & R. EDGERTON, *DRUNKEN COMPORTMENT* (1969).

4 J. R. GUSFIELD, *SYMBOLIC CRUSADE: STATUS POLITICS AND THE AMERICAN TEMPERANCE MOVEMENT* (1963) and Levine, *The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness*, 39 J. STUD. ON ALCOHOL, 143 (1978).

5 *ALCOHOL AND DISINHIBITION* (R. Room & G. Collins eds. 1983).

6 Murphy, Waldorf, & Reinerman, *Drifting into Dealing*, 13 QUALITATIVE SOC. 321 (1990).

7 Koren, Shear, Graham, & Einarson, *Bias Against the Null Hypothesis: The Reproductive Hazards of Cocaine*, 2/8677 LANCET 1440 (1989).

8 C. WARBURTON, *THE ECONOMIC RESULTS OF PROHIBITION* (1932).

9 Morgan, *Prohibition is Perverse Policy: What Was True in 1933 is True Now*, 405 in *SEARCHING FOR ALTERNATIVES: DRUG CONTROL POLICY IN THE U.S.* (M. B. Drauss & E. P. Lazear eds. 1991).

10 J. P. SANDWIJK, P. D. A. COHEN, & S. MUSTERD, *LICIT AND ILLICIT DRUG USE IN AMSTERDAM: REPORT OF A HOUSEHOLD SURVEY IN 1990* (1990) and NATIONAL INSTITUTE OF DRUG ABUSE, DIVISION OF EPIDEMIOLOGY AND PREVENTION RESEARCH, *NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE: MAIN FINDINGS, 1990* (1990).

11 Murphy, Waldorf, & Reinerman, *Drifting into Dealing*, 13 QUALITATIVE SOC. 321 (1990) and N. K. DORN, K. MURJI, & N. SOUTH, *TRAFFICKERS: DRUG MARKETS AND LAW ENFORCEMENT* (London: Routledge, 1992).

12 W. BENNETT, *NATIONAL DRUG CONTROL STRATEGY* 21 (1989).

13 This is said most clearly in a footnote which attributes the idea to someone else.

14 Levine, *The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness*, 39 J. STUD. ON ALCOHOL 143 (1978) and Levine, *The Alcohol Problem in America: From Temperance to Alcoholism*, 79 BRIT. J. ADDICTION 109 (1984).

15 Levine, *What Is an Alcohol-Related Problem?*, 14 J. DRUG ISSUES 45 (1984).

16 NAT'L INST. ALCOHOL ABUSE & ALCOHOLISM, *ALCOHOL AND DISINHIBITION* (R. Room & G. Collins eds. , 1983).

17 W. BENNETT, *NATIONAL DRUG CONTROL STRATEGY* 5 (1989).