

The Social Construction of Drug Scares

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In this overview of America's social policies, Reinarman tackles moral and legal attitudes toward illicit drugs. He briefly offers a history of drug scares, the major players engineering them, and the social contexts that have enhanced their development and growth. He then outlines seven factors common to drug scares. These enable him to dissect the essential processes in the rule creation and enforcement phases of drug scares, despite the contradictory cultural values of temperance and hedonistic consumption. From this selection we can see how drugs have been scapegoated to account for a wide array of social problems and used to keep some groups down by defining their actions as deviant. It is clear that despite our society's views on the negative features associated with all illicit drugs, our moral entrepreneurial and enforcement efforts have been concentrated more stringently against the drugs used by members of the powerless lower class and minority racial groups.

Drug "wars," anti-drug crusades, and other periods of marked public concern about drugs are never merely reactions to the various troubles people can have with drugs. These drug scares are recurring cultural and political phenomena in their own right and must, therefore, be understood sociologically on their own terms. It is important to understand why people ingest drugs and why some of them develop problems that have something to do with having ingested them. But the premise of this chapter is that it is equally important to understand patterns of acute societal concern about drug use and drug problems. This seems especially so for U.S. society, which has had recurring anti-drug crusades and a history of repressive anti-drug laws.

Many well-intentioned drug policy reform efforts in the U.S. have come face to face with staid and stubborn sentiments against consciousness-altering

substances. The repeated failures of such reform efforts cannot be explained solely in terms of ill-informed or manipulative leaders. Something deeper is involved, something woven into the very fabric of American culture, something which explains why claims that some drug is the cause of much of what is wrong with the world are *believed* so often by so many. The origins and nature of the *appeal* of anti-drug claims must be confronted if we are ever to understand how "drug problems" are constructed in the U.S. such that more enlightened and effective drug policies have been so difficult to achieve.

In this chapter I take a step in this direction. First, I summarize briefly some of the major periods of anti-drug sentiment in the U.S. Second, I draw from them the basic ingredients of which drug scares and drug laws are made. Third, I offer a beginning interpretation of these scares and laws based on those broad features of American culture that make *self-control* continuously problematic.

DRUG SCARES AND DRUG LAWS

What I have called drug scares (Reinarman and Levine, 1989a) have been a recurring feature of U.S. society for 200 years. They are relatively autonomous from whatever drug-related problems exist or are said to exist.¹ I call them "scares" because, like Red Scares, they are a form of moral panic ideologically constructed so as to construe one or another chemical bogeyman, à la "communists," as the core cause of a wide array of preexisting public problems.

The first and most significant drug scare was over drink. Temperance movement leaders constructed this scare beginning in the late 18th and early 19th century. It reached its formal end with the passage of Prohibition in 1919.² As Gusfield showed in his classic book *Symbolic Crusade* (1963), there was far more to the battle against booze than long-standing drinking problems. Temperance crusaders tended to be native born, middle-class, non-urban Protestants who felt threatened by the working-class, Catholic immigrants who were filling up America's cities during industrialization.³ The latter were what Gusfield termed "unrepentant deviants" in that they continued their long-standing drinking practices despite middle-class W.A.S.P. norms against them. The battle over booze was the terrain on which was fought a cornucopia of cultural conflicts, particularly over whose morality would be the dominant morality in America.

In the course of this century-long struggle, the often wild claims of Temperance leaders appealed to millions of middle-class people seeking explanations for the pressing social and economic problems of industrializing America. Many corporate supporters of Prohibition threw their financial and ideological weight behind the Anti-Saloon League and other Temperance and Prohibitionist groups because they felt that traditional working-class drinking practices interfered with the new rhythms of the factory, and thus with productivity and profits (Rumbarger, 1989). To the Temperance crusaders' fear of

the bar room as a breeding ground of all sorts of tragic immorality, Prohibitionists added the idea of the saloon as an alien, subversive place where unionists organized and where leftists and anarchists found recruits (Levine, 1984).

This convergence of claims and interests rendered alcohol a scapegoat for most of the nation's poverty, crime, moral degeneracy, "broken" families, illegitimacy, unemployment, and personal and business failure—problems whose sources lay in broader economic and political forces. This scare climaxed in the first two decades of this century, a tumultuous period rife with class, racial, cultural, and political conflict brought on by the wrenching changes of industrialization, immigration, and urbanization (Levine, 1984; Levine and Reinarman, 1991).

America's first real drug law was San Francisco's anti-opium den ordinance of 1875. The context of the campaign for this law shared many features with the context of the Temperance movement. Opiates had long been widely and legally available without a prescription in hundreds of medicines (Brecher, 1972; Musto, 1973; Courtwright, 1982; cf. Baumohl, 1992), so neither opiate use nor addiction was really the issue. This campaign focused almost exclusively on what was called the "Mongolian vice" of opium *smoking* by Chinese immigrants (and white "fellow travelers") in dens (Baumohl, 1992). Chinese immigrants came to California as "coolie" labor to build the railroad and dig the gold mines. A small minority of them brought along the practice of smoking opium—a practice originally brought to China by British and American traders in the 19th century. When the railroad was completed and the gold dried up, a decade-long depression ensued. In a tight labor market, Chinese immigrants were a target. The white Workingman's Party fomented racial hatred of the low-wage "coolies" with whom they now had to compete for work. The first law against opium smoking was only one of many laws enacted to harass and control Chinese workers (Morgan, 1978).

By calling attention to this broader political-economic context I do not wish to slight the specifics of the local political-economic context. In addition to the Workingman's Party, downtown businessmen formed merchant associations and urban families formed improvement associations, both of which fought for more than two decades to reduce the impact of San Francisco's vice districts on the order and health of the central business district and on family neighborhoods (Baumohl, 1992).

In this sense, the anti-opium den ordinance was not the clear and direct result of a sudden drug scare alone. The law was passed against a specific form of drug use engaged in by a disreputable group that had come to be seen as threatening in lean economic times. But it passed easily because this new threat was understood against the broader historical backdrop of long-standing local concerns about various vices as threats to public health, public morals, and public order. Moreover, the focus of attention were dens where it was suspected that whites came into intimate contact with "filthy, idolatrous" Chinese (see Baumohl, 1992). Some local law enforcement leaders, for example, complained that Chinese men were using this vice to seduce white

women into sexual slavery (Morgan, 1978). Whatever the hazards of opium smoking, its initial criminalization in San Francisco had to do with both a general context of recession, class conflict, and racism, and with specific local interests in the control of vice and the prevention of miscegenation.

A nationwide scare focusing on opiates and cocaine began in the early 20th century. These drugs had been widely used for years, but were first criminalized when the addict population began to shift from predominantly white, middle-class, middle-aged women to young, working-class males, African-Americans in particular. This scare led to the Harrison Narcotics Act of 1914, the first federal anti-drug law (see Duster, 1970).

Many different moral entrepreneurs guided its passage over a six-year campaign: State Department diplomats seeking a drug treaty as a means of expanding trade with China, trade which they felt was crucial for pulling the economy out of recession; the medical and pharmaceutical professions whose interests were threatened by self-medication with unregulated proprietary tonics, many of which contained cocaine or opiates; reformers seeking to control what they saw as the deviance of immigrants and Southern Blacks who were migrating off the farms; and a pliant press which routinely linked drug use with prostitutes, criminals, transient workers (e.g., the Wobblies), and African-Americans (Musto, 1973). In order to gain the support of Southern Congressmen for a new federal law that might infringe on "states' rights," State Department officials and other crusaders repeatedly spread unsubstantiated suspicions, repeated in the press, that, e.g., cocaine induced African-American men to rape white women (Musto, 1973: 6-10, 67). In short, there was more to this drug scare, too, than mere drug problems.

In the Great Depression, Harry Anslinger of the Federal Narcotics Bureau pushed Congress for a federal law against marijuana. He claimed it was a "killer weed" and he spread stories to the press suggesting that it induced violence—especially among Mexican-Americans. Although there was no evidence that marijuana was widely used, much less that it had any untoward effects, his crusade resulted in its criminalization in 1937—and not incidentally a turnaround in his Bureau's fiscal fortunes (Dickson, 1968). In this case, a new drug law was put in place by a militant moral-bureaucratic entrepreneur who played on racial fears and manipulated a press willing to repeat even his most absurd claims in a context of class conflict during the Depression (Becker, 1963). While there was not a marked scare at the time, Anslinger's claims were never contested in Congress because they played upon racial fears and widely held Victorian values against taking drugs solely for pleasure.

In the drug scare of the 1960s, political and moral leaders somehow reconceptualized this same "killer weed" as the "drop out drug" that was leading America's youth to rebellion and ruin (Himmelstein, 1983). Bio-medical scientists also published uncontrolled, retrospective studies of very small numbers of cases suggesting that, in addition to poisoning the minds and morals of youth, LSD produced broken chromosomes and thus genetic damage (Cohen et al., 1967). These studies were soon shown to be seriously misleading if not meaningless (Tijo et al., 1969), but not before the press, politicians, the

medical profession, and the National Institute of Mental Health used them to promote a scare (Weil, 1972: 44-46).

I suggest that the reason even supposedly hard-headed scientists were drawn into such propaganda was that dominant groups felt the country was at war—and not merely with Vietnam. In this scare, there was not so much a "dangerous class" or threatening racial group as multi-faceted political and cultural conflict, particularly between generations, which gave rise to the perception that middle-class youth who rejected conventional values were a dangerous threat.⁴ This scare resulted in the Comprehensive Drug Abuse Control Act of 1970, which criminalized more forms of drug use and subjected users to harsher penalties.

Most recently we have seen the crack scare, which began in earnest *not* when the prevalence of cocaine use quadrupled in the late 1970s, nor even when thousands of users began to smoke it in the more potent and dangerous form of freebase. Indeed, when this scare was launched, crack was unknown outside of a few neighborhoods in a handful of major cities (Reinarman and Levine, 1989a) and the prevalence of illicit drug use had been dropping for several years (National Institute on Drug Use, 1990). Rather, this most recent scare began in 1986 when freebase cocaine was renamed crack (or "rock") and sold in precooked, inexpensive units on ghetto streetcorners (Reinarman and Levine, 1989b). Once politicians and the media linked this new form of cocaine use to the inner-city, minority poor, a new drug scare was underway and the solution became more prison cells rather than more treatment slots.

The same sorts of wild claims and Draconian policy proposals of Temperance and Prohibition leaders resurfaced in the crack scare. Politicians have so outdone each other in getting "tough on drugs" that each year since crack came on the scene in 1986 they have passed more repressive laws providing billions more for law enforcement, longer sentences, and more drug offenses punishable by death. One result is that the U.S. now has more people in prison than any industrialized nation in the world—about half of them for drug offenses, the majority of whom are racial minorities.

In each of these periods more repressive drug laws were passed on the grounds that they would reduce drug use and drug problems. I have found no evidence that any scare actually accomplished those ends, but they did greatly expand the quantity and quality of social control, particularly over subordinate groups perceived as dangerous or threatening. Reading across these historical episodes one can abstract a recipe for drug scares and repressive drug laws that contains the following *seven ingredients*:

1. **A Kernel of Truth** Humans have ingested fermented beverages at least since human civilization moved from hunting and gathering to primitive agriculture thousands of years ago. The pharmacopoeia has expanded exponentially since then. So, in virtually all cultures and historical epochs, there has been sufficient ingestion of consciousness-altering chemicals to provide some basis for some people to claim that it is a problem.

2. Media Magnification In each of the episodes I have summarized and many others, the mass media has engaged in what I call the *routinization of caricature*—rhetorically recrafting worst cases into typical cases and the episodic into the epidemic. The media dramatize drug problems, as they do other problems, in the course of their routine news-generating and sales-promoting procedures (see Brecher, 1972: 321–34; Reinerman and Duskin, 1992; and Molotch and Lester, 1974).

3. Politico-Moral Entrepreneurs I have added the prefix “politico” to Becker’s (1963) seminal concept of moral entrepreneur in order to emphasize the fact that the most prominent and powerful moral entrepreneurs in drug scares are often political elites. Otherwise, I employ the term just as he intended: to denote the *enterprise*, the work, of those who create (or enforce) a rule against what they see as a social evil.⁵

In the history of drug problems in the U.S., these entrepreneurs call attention to drug using behavior and define it as a threat about which “something must be done.” They also serve as the media’s primary source of sound bites on the dangers of this or that drug. In all the scares I have noted, these entrepreneurs had interests of their own (often financial) which had little to do with drugs. Political elites typically find drugs a functional demon in that (like “outside agitators”) drugs allow them to deflect attention from other, more systemic sources of public problems for which they would otherwise have to take some responsibility. Unlike almost every other political issue, however, to be “tough on drugs” in American political culture allows a leader to take a firm stand without risking votes or campaign contributions.

4. Professional Interest Groups In each drug scare and during the passage of each drug law, various professional interests contended over what Gusfield (1981: 10–15) calls the “ownership” of drug problems—“the ability to create and influence the public definition of a problem” (1981: 10), and thus to define what should be done about it. These groups have included industrialists, churches, the American Medical Association, the American Pharmaceutical Association, various law enforcement agencies, scientists, and most recently the treatment industry and groups of those former addicts converted to disease ideology.⁶ These groups claim for themselves, by virtue of their specialized forms of knowledge, the legitimacy and authority to name what is wrong and to prescribe the solution, usually garnering resources as a result.

5. Historical Context of Conflict This trinity of the media, moral entrepreneurs, and professional interests typically interact in such a way as to inflate the extant “kernel of truth” about drug use. But this interaction does not by itself give rise to drug scares or drug laws without underlying conflicts which make drugs into functional villains. Although Temperance crusaders persuaded millions to pledge abstinence, they campaigned for years without achieving alcohol control laws. However, in the tumultuous

period leading up to Prohibition, there were revolutions in Russia and Mexico, World War I, massive immigration and impoverishment, and socialist, anarchist, and labor movements, to say nothing of increases in routine problems such as crime. I submit that all this conflict made for a level of cultural anxiety that provided fertile ideological soil for Prohibition. In each of the other scares, similar conflicts—economic, political, cultural, class, racial, or a combination—provided a context in which claims makers could viably construe certain classes of drug users as a threat.

6. Linking a Form of Drug Use to a “Dangerous Class” Drug scares are never about drugs *per se*, because drugs are inanimate objects without social consequence until they are ingested by humans. Rather, drug scares are about the use of a drug by particular groups of people who are, typically, *already* perceived by powerful groups as some kind of threat (see Duster, 1970; Himmelstein, 1978). It was not so much alcohol problems *per se* that most animated the drive for Prohibition but the behavior and morality of what dominant groups saw as the “dangerous class” of urban, immigrant, Catholic, working-class drinkers (Gusfield, 1963; Rumbarger, 1989). It was *Chinese* opium smoking dens, not the more widespread use of other opiates, that prompted California’s first drug law in the 1870s. It was only when smokable cocaine found its way to the African-American and Latino underclass that it made headlines and prompted calls for a drug war. In each case, politico-moral entrepreneurs were able to construct a “drug problem” by linking a substance to a group of users perceived by the powerful as disreputable, dangerous, or otherwise threatening.

7. Scapegoating a Drug for a Wide Array of Public Problems The final ingredient is scapegoating, i.e., blaming a drug or its alleged effects on a group of its users for a variety of preexisting social ills that are typically only indirectly associated with it. Scapegoating may be the most crucial element because it gives great explanatory power and thus broader resonance to claims about the horrors of drugs (particularly in the conflictual historical contexts in which drug scares tend to occur).

Scapegoating was abundant in each of the cases noted previously. To listen to Temperance crusaders, for example, one might have believed that without alcohol use, America would be a land of infinite economic progress with no poverty, crime, mental illness, or even sex outside marriage. To listen to leaders of organized medicine and the government in the 1960s, one might have surmised that without marijuana and LSD there would have been neither conflict between youth and their parents nor opposition to the Vietnam War. And to believe politicians and the media in the past six years is to believe that without the scourge of crack the inner cities and the so-called underclass would, if not disappear, at least be far less scarred by poverty, violence, and crime. There is no historical evidence supporting any of this.

In short, drugs are richly functional scapegoats. They provide elites with fig leaves to place over unsightly social ills that are endemic to the social system.

over which they preside. And they provide the public with a restricted aperture of attribution in which only a chemical bogeyman or the lone deviants who ingest it are seen as the cause of a cornucopia of complex problems.

TOWARD A CULTURALLY SPECIFIC THEORY OF DRUG SCARES

Various forms of drug use have been and are widespread in almost all societies comparable to ours. A few of them have experienced limited drug scares, usually around alcohol decades ago. However, drug scares have been far less common in other societies, and never as virulent as they have been in the U.S. (Brecher, 1972; Levine, 1992; MacAndrew and Edgerton, 1969). There has never been a time or place in human history without drunkenness, for example, but in most times and places drunkenness has not been nearly as problematic as it has been in the U.S. since the late 18th century. Moreover, in comparable industrial democracies, drug laws are generally less repressive. Why then do claims about the horrors of this or that consciousness-altering chemical have such unusual power in American culture?

Drug scares and other periods of acute public concern about drug use are not just discrete, unrelated episodes. There is a historical pattern in the U.S. that cannot be understood in terms of the moral values and perceptions of individual anti-drug crusaders alone. I have suggested that these crusaders have benefitted in various ways from their crusades. For example, making claims about how a drug is damaging society can help elites increase the social control of groups perceived as threatening (Duster, 1970), establish one class's moral code as dominant (Gusfield, 1963), bolster a bureaucracy's sagging fiscal fortunes (Dickson, 1968), or mobilize voter support (Reinarman and Levine, 1989a, b). However, the recurring character of pharmaco-phobia in U.S. history suggests that there is something about our culture which makes citizens more vulnerable to anti-drug crusaders' attempts to demonize drugs. Thus, an answer to the question of America's unusual vulnerability to drug scares must address why the scapegoating of consciousness-altering substances regularly resonates with or appeals to substantial portions of the population.

There are three basic parts to my answer. The first is that claims about the evils of drugs are especially viable in American culture in part because they provide a welcome *vocabulary of attribution* (cf. Mills, 1940). Armed with "DRUGS" as a generic scapegoat, citizens gain the cognitive satisfaction of having a folk devil on which to blame a range of bizarre behaviors or other conditions they find troubling but difficult to explain in other terms. This much may be true of a number of other societies, but I hypothesize that this is particularly so in the U.S. because in our political culture individualistic explanations for problems are so much more common than social explanations.

Second, claims about the evils of drugs provide an especially serviceable vocabulary of attribution in the U.S. in part because our society developed

from a *temperance culture* (Levine, 1992). American society was forged in the fires of ascetic Protestantism and industrial capitalism, both of which demand *self-control*. U.S. society has long been characterized as the land of the individual "self-made man." In such a land, self-control has had extraordinary importance. For the middle-class Protestants who settled, defined, and still dominate the U.S., self-control was both central to religious world views and a characterological necessity for economic survival and success in the capitalist market (Weber, 1930 [1985]). With Levine (1992), I hypothesize that in a culture in which self-control is inordinately important, drug-induced altered states of consciousness are especially likely to be experienced as "loss of control," and thus to be inordinately feared.⁷

Drunkenness and other forms of drug use have, of course, been present everywhere in the industrialized world. But temperance cultures tend to arise only when industrial capitalism unfolds upon a cultural terrain deeply imbued with the Protestant ethic.⁸ This means that only the U.S., England, Canada, and parts of Scandinavia have Temperance cultures, the U.S. being the most extreme case.

It may be objected that the influence of such a Temperance culture was strongest in the 19th and early 20th century and that its grip on the American *zeitgeist* has been loosened by the forces of modernity and now, many say, post-modernity. The third part of my answer, however, is that on the foundation of a Temperance culture, advanced capitalism has built a *postmodern, mass consumption culture* that exacerbates the problem of self-control in new ways.

Early in the 20th century, Henry Ford pioneered the idea that by raising wages he could simultaneously quell worker protests and increase market demand for mass-produced goods. This mass consumption strategy became central to modern American society and one of the reasons for our economic success (Marcuse, 1964; Aronowitz, 1973; Ewen, 1976; Bell, 1978). Our economy is now so fundamentally predicated upon mass consumption that theorists as diverse as Daniel Bell and Herbert Marcuse have observed that we live in a mass consumption culture. Bell (1978), for example, notes that while the Protestant work ethic and deferred gratification may still hold sway in the workplace, Madison Avenue, the media, and malls have inculcated a new indulgence ethic in the leisure sphere in which pleasure-seeking and immediate gratification reign.

Thus, our economy and society have come to depend upon the constant cultivation of new "needs," the production of new desires. Not only the hardware of social life such as food, clothing, and shelter but also the software of the self—excitement, entertainment, even eroticism—have become mass consumption commodities. This means that our society offers an increasing number of incentives for indulgence—more ways to lose self-control—and a decreasing number of countervailing reasons for retaining it.

In short, drug scares continue to occur in American society in part because people must constantly manage the contradiction between a Temperance culture that insists on self-control and a mass consumption culture which renders self-control continuously problematic. In addition to helping explain

the recurrence of drug scares, I think this contradiction helps account for why in the last dozen years millions of Americans have joined 12-Step groups, more than 100 of which have nothing whatsoever to do with ingesting a drug (Reinarman, 1995). "Addiction," or the generalized loss of self-control, has become the meta-metaphor for a staggering array of human troubles. And, of course, we also seem to have a staggering array of politicians and other moral entrepreneurs who take advantage of such cultural contradictions to blame new chemical bogeymen for our society's ills.

NOTES

1. In this regard, for example, Robin Room wisely observes "that we are living at a historic moment when the rate of (alcohol) dependence as a cognitive and existential experience is rising, although the rate of alcohol consumption and of heavy drinking is falling." He draws from this a more general hypothesis about "long waves" of drinking and societal reactions to them: "[I]n periods of increased questioning of drinking and heavy drinking, the trends in the two forms of dependence, psychological and physical, will tend to run in opposite directions. Conversely, in periods of a 'wetting' of sentiments, with the curve of alcohol consumption beginning to rise, we may expect the rate of physical dependence . . . to rise while the rate of dependence as a cognitive experience falls" (1991: 154).
2. I say "formal end" because Temperance ideology is not merely alive and well in the War on Drugs but is being applied to all manner of human troubles in the burgeoning 12-Step Movement (Reinarman, 1995).
3. From Jim Baumohl I have learned that while the Temperance movement attracted most of its supporters from these groups, it also found supporters among many others (e.g., labor, the Irish, Catholics, former drunkards, women), each of which had its own reading of and folded its own agenda into the movement.
4. This historical sketch of drug scares is obviously not exhaustive. Readers interested in other scares should see, e.g., Brecher's encyclopedic work *Licit and*

Illicit Drugs (1972), especially the chapter on glue sniffing, which illustrates how the media actually created a new drug problem by writing hysterical stories about it. There was also a PCP scare in the 1970s in which law enforcement officials claimed that the growing use of this horse tranquilizer was a severe threat because it made users so violent and gave them such super-human strength that stun guns were necessary. This, too, turned out to be unfounded and the "angel dust" scare was short-lived (see Feldman et al., 1979). The best analysis of how new drugs themselves can lead to panic reactions among users is Becker (1967).

5. Becker wisely warns against the "one-sided view" that sees such crusaders as merely imposing their morality on others. Moral entrepreneurs, he notes, do operate "with an absolute ethic," are "fervent and righteous," and will use "any means" necessary to "do away with" what they see as "totally evil." However, they also "typically believe that their mission is a holy one," that if people do what they want it "will be good for them." Thus, as in the case of abolitionists, the crusades of moral entrepreneurs often "have strong humanitarian overtones" (1963: 147-8). This is no less true for those whose moral enterprise promotes drug scares. My analysis, however, concerns the character and consequences of their efforts, not their motives.

6. As Gusfield notes, such ownership sometimes shifts over time, e.g., with alcohol problems, from religion to

criminal law to medical science. With other drug problems, the shift in ownership has been away from medical science toward criminal law. The most insightful treatment of the medicalization of alcohol/drug problems is Peele (1989).

7. See Baumohl's (1990) important and erudite analysis of how the human will was valorized in the therapeutic

temperance thought of 19th-century inebriate homes.

8. The third central feature of Temperance cultures identified by Levine (1992), which I will not dwell on, is predominance of spirits drinking, i.e., more concentrated alcohol than wine or beer and thus greater likelihood of drunkenness.

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Social Power, Context, and Interaction

5th Edition

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To Diane and Dana
Who remind us that the zest of life lies near the margins

and

To Chuck
Who brings out the deviance in everyone

and

To John
Who showed us the miracle of life and rebirth

and

To Jane
Who lives the ordinary as deviant

and

To Dubs and Linda
Who remind us what friends are for