A Brief History of Opiates and Some Common Misconceptions Concerning the Origins of US Drug Policy

By Matthew Cutler

This paper was for Dr. Leslie Heaphy’s Honor’s History Colloquium of Modern U.S. History. It overviews the drug policy and goes into the history behind it.

Introduction

The purpose of this essay is three-fold. Sections I and II give a brief, narrative history of opiates, and, more specifically, a history of America’s first opiate users and the socio-economic context within which they operated. Section III will show that the history of drug policy is by no means stagnant and that new interpretations are being made based on fresh perspectives, and a review of the traditional data. Section IV, the conclusion, will link the several themes covered in the essay in an attempt to show their relevance today, and the importance of an accurate historical, and contextual understanding of the history of American drug policy to both the citizenry and their legislators.

Opiates were chosen over other drugs for several reasons. First, their history is rooted deeper in time than most others, and there is literature, thousands of years old, detailing both the healing and addictive potential of the drug. Second, the first anti-drug laws in the US dealt solely with opiates. Third, opiates include an interesting paradox whereby on the one hand they can provide instant relief for incredible amounts of pain, but on the other hand, they have more addictive, overdose, and biologically-detrimental potential than almost any other drug. And, finally, opium production and trade operated on such a massive, global scale that the drug’s influence reached more nations than any other drug at the time. It should also be noted that the research was cut off at the year 1930, because A) since the focus of this essay is on the origins of drug policy, it had to stop somewhere, and B) the Federal Bureau of Narcotics was established in this year, which marked the beginning of the use of much harsher penalties against opiate use, importation, and production in the US.

Section I: A Brief History of the Poppy Plant

The history of opium use by humans goes much further back in time and has permeated more cultures than many people realize. In America especially, there is a tendency to assume the poppy plant is native to the Far East, a stereotype-driven assumption that will be addressed in later sections of this essay. The poppy plant actually originated in the Mediterranean region. The use of opium was first documented in Sumerian Mesopotamia where it was called Hul Gil or plant of joy and was used for medicinal and religious purposes.1 The medicinal knowledge surrounding this mysterious plant was handed down throughout history for thousands of years; the Sumerians passed it on to the Assyrians, who passed it on to the

Babylonians and then to the Egyptians. Cypriot vases engraved with images of the poppy plant have been unearthed near Turkey which historians believe to be over 2,500 years old.  

The Ancient Greeks also left behind accounts of opium’s medicinal applications. Images of the Greek gods of night and death usually bear poppies and several Greek philosophers and physicians praised the plant and its healing powers. The origins of our modern Groundhog Day evolved from an ancient Greek myth involving gods, the seasons and the poppy plant: Greek mythology said that the goddess of the harvest, Demeter, lost her daughter Persephone to Hades for six months out of the year. The Greeks believed this caused a great sadness in the harvest goddess which in turn made the earth cold and lifeless throughout the winter. Every February the Greeks would gather near Athens and consume poppy juice to celebrate the return of Persephone to her mother. Shortly thereafter the frost would disappear and spring would be in bloom. Since then, this “poppy day” festival has evolved into our Groundhog Day.  

From the Greeks, the plant and knowledge of its uses traveled east. The Muslims, the first to note the drugs addictive potential, wrote about its benefits despite their abhorrence to intoxicating substances such as alcohol and hashish. Apparently, its medical benefits outweighed its addictive potential and theological digressions.

Accounts appear from India, where it was used to quiet infants, as an aphrodisiac, and to give courage to soldiers before battle. In none of these though is there mention of a social problem, such as is seen in modern times, despite wide-spread use in places like India and Greece.  

Eventually the plant arrived in China around the 15th century where encroaching European nations saw an opportunity for lucrative trade. This trade would lead to two so-called Chinese Opium Wars in the 19th century in which the victorious British would leave the Chinese government helpless to stop its growing drug epidemic. China now played a major, yet involuntary role in an extremely lucrative international opium trading network. Ironically, the Chinese saw opium smoking as a western habit (the Portuguese first brought it to their shores) and given their fondness for isolationism, it became a focal point for leaders like Chang who condemned the West and its exploitation of the Chinese people—a sentiment the U.S. would soon take advantage of as America slowly pushed her way across the Pacific toward the Far East.

Section II: Early Opiate Use and the Introduction of Prohibitory Policy in the United States

A. Earliest Accounts in America

The earliest known accounts of opium use in the U.S. date back to about 1780, though it is likely that its use in the colonies dates back several decades further. A Pennsylvania farmer’s letter dated August 24, 1781, mentions quality seeds and a quality poppy harvest. As early as 1781, it was common practice on Nantucket Island for women to take “a dose of opium every

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morning.” During the War of 1812, opium was used as a painkiller on the battlefield, but its low supply warranted unreasonably high prices leaving most injured soldiers to suffer.

There were two scientific breakthroughs in the nineteenth century that had an effect on the proliferation of American opiate consumption. The first occurred in 1803 when German physicist F.W. Serturner isolated the primary active ingredient in opium. He named his discovery morphine after the Greek god of dreams, Morpheus. Morphine was a much purer, more potent and powerful drug than opium, and inherently, (not widely known at the time) more addictive. The next event that affected opium trade and use in America was the invention of the hypodermic needle in 1853 by Alexander Wood, which allowed the drug to be injected directly into the bloodstream causing it to take effect much quicker and boosting its painkilling potential.

In these early years though, opium was used primarily by physicians for medicinal purposes. Throughout the 19th century, hundreds of opium-containing tonics and elixirs could be found on drugstore shelves and doctors frequently prescribed opium or morphine to patients for a laundry list of ailments. Many American physicians labeled the drug as “God’s own medicine,” and praised its “reliability and long-lasting effects.” Throughout the 19th century, opium was prescribed for diarrhea, dysentery, chest congestion, fussy children, and boredom just to name a few. According to conventional wisdom though, Civil War doctors became the biggest opium dispensers and created America’s first drug epidemic in the process.

B. The Civil War, the ‘Soldier’s Disease,’ and the 1914 Harrison Narcotics Act

The phrase "soldier’s disease" didn’t show up in literature until the early 20th century, and it has become one of the most commonly cited reasons for the introduction and continuation of anti-drug policy in the United States; indeed, all US drug policy hinges on the assumption that drug use creates a social problem (something that will be approached more directly in Sections III & IV). The ‘soldier’s disease’ has been mentioned in over one-hundred different works since the 1960’s, and is still quoted by pro-policy Congressional leaders today. Even several government-funded research commissions have cited it as fact in their analyses. The Oxford Companion to U.S. History uses the phrase "soldier’s disease", and says that over 400,000 soldiers returned home addicted to the so-called miracle drug they had been given for their wounds on the battlefield. The recently published Encyclopedia of Civil War Medicine, by Glenna Schroeder-Lein, cites the phrase and the phenomena as a fact—though she uses


much more reasonable numbers; perhaps 45,000 addicted veterans.  

It’s not surprising at all that opium found a place in as many applications as it did. The Surgeon General himself lavishly praised opium’s effectiveness as a battlefield medicine.  

Opiates were considered doctor’s best bet against diarrhea and dysentery during the war. Considering that Union medical records from the time (Confederate records aren’t as complete) show approximately 1,400,000 severe, and 200,000 chronic cases of diarrhea and dysentery (which doctors often lumped together as one problem), one must assume that there was at least a great need for opium. One Union doctor reported keeping a ball of opium in one pocket and a “blue-mass” of mercury compound in the other at all times. He’d ask soldiers, “How are your bowels?” If they replied “open,” (diarrhea) he’d give them opium; if they replied “closed” (constipation) he’d give them mercury.  

The U.S. Secretary of War, Edward Stanton, stated in 1865 that the Union Army was issued 10 million opium pills, 2,840,000 ounces of other opiate products (such as laudanum) and nearly 30,000 ounces of morphine sulfate. The morphine sulfate and laudanum were more-often-than-not just rubbed into wounds or dispensed by surgeons galloping through the front lines doling out handfuls of opium powder to soldiers from horseback. The powder would just be lapped up by the soldiers from their own palms as they continued to fight in battle (if they were able to) as they waited for the stretcher teams to pull them off the lines.

Another major factor in the need for opiates during the Civil War was the fact that weapons technology was advancing at a much faster rate than battlefield tactics could maintain. By 1861, the old-fashioned smoothbore musket was replaced by rifled barrels, and round bullets were replaced by cone-shaped Minnie-balls. The drill formations and open-field battle style of the era were not conducive at all to these incredibly accurate, bone-shattering weapons. A wound to the head or torso by the devastating Minnie-ball almost always meant certain death. The majority of wounds, however, were to the extremities, “probably because soldiers quickly learned to fire from cover.”

Amputation was a soldier’s best chance of surviving a wound to an extremity. Of the 174,000 arm and leg wounds reported by the Union Army, nearly 25,000 resulted in death, and 30,000 resulted in amputation. The procedure was performed in filthy conditions, often septic, and with crude tools and medicines. The wounded man, lying on the ground awaiting his turn on the surgeon’s table, would be subjected to the horrifying screams of other wounded men. The soldier would most likely be given a combination of liquor and opiates (if available) to dull the pain, and then carried past a mounting-pile of severed limbs, just

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15 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
17 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
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barely visible in the eerie candlelight, to the surgeons tent. Flies already gathering, he would be laid on the table, held down by three to four men, given a piece of wood to bite down on and then if he was lucky he’d pass out as the surgeon brought the jagged saw blade down on the skin of the soldier’s trembling limb. If he wasn’t that lucky, he’d be praying he had a quick surgeon, because a quick surgeon was a good surgeon.

Opium also had a laundry list of non-wound and non-bowel related uses; it was used for typhus, prolonged fever, venereal disease, typhoid, insanity and paralysis (also called cowardice).21 The hardships of military life also played a role in the creation of opium-using veterans. Military service entailed months away from home and loved ones, endless hours of drill, long bouts of boredom interrupted by terrifyingly intense engagements, and exposure to the elements over long periods of time.22 These conditions today would be considered the perfect breeding ground for drug addiction (take the unusually high volume of drug use by soldier’s in Vietnam for example).

By the start of WWI, the “soldier’s disease” was seen as America’s first drug epidemic (at least by those in-the-know). The phrase, also known as the “army disease”, was coined by feminist and moral crusader Jeannette Marks in 1914—also the year the Harrison Narcotics Act was introduced.23 The Harrison Narcotics Act was designed to tax and control the importation and sale of opiates; doctors could still prescribe the drug, but not to addicts since addiction wasn’t seen as a disease. The act put many doctors and physicians in jail, and pushed the opium trade even further underground, opening up a profitable and dangerous black market which has thrived to this day.24

Marks wrote in her 1914 book, The Curse of Narcotism in America: a Reveille, that “there is practically no old American family of Civil War reputation which has not had its addicts.” She added that “with the war that hangs over us [WWI] the drug evil will spread into a gigantism of even more terrible growth than the present.” She also claimed that there were over 4,000,000 opium and cocaine addicts in the U.S. prior to WWI.25

The phrase was next used in the 1928 encyclopedic works of historians Terry and Pellens, The Opium Problem, in which they stated that the Civil War gave “chronic opium intoxication...a considerable impetus which seems definitely established.”26 Further epidemiological studies by these two produced an encyclopedia of information on drug addiction in America published between 1928 and 1930.27 These works, combined with Marks’, are considered the authorities on the matter. They have been quoted and repeated in hundreds of works since then and are largely responsible for the shift in perception of opium from a miracle medicine to a social menace. The assumption that opiates are a social menace has been implicit to every drug policy the United States has ever enacted since then. Even Richard Nixon used Terry and Pellens work to justify his War on Drugs in the 1970’s.28

24 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
25 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
27 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
C. Opium, the West, and the “Yellow Peril”

In 1848, gold was discovered in California, generating a massive migration of Americans and Chinese to western America. An estimated 70,000 Chinese arrived in California between 1852 and 1870, the vast majority of which were men, unable to afford passage, forced to sign labor contracts of up to ten years. Once here, they were given the most dangerous jobs in the mines, often handling crude explosive devices or laboring for hours on the railroads for low wages.\(^\text{29}\) As with anybody subjected to these harsh conditions, far away from home in a foreign land, these men needed an escape from their hardships at the end of the day.

Various anti-Chinese laws were passed across California, particularly in San Francisco, which made it illegal for Chinese men to vote and made it impossible for them to become citizens, further frustrating the immigrants. More related to this essay’s topic, these laws made it a crime for a Chinese man to drink alcohol. Being that opium smoking was a common practice back in China, given the proximity of many California towns to the Pacific shipping routes, and the hardships of the tasks they performed, many Chinese men turned to opium as an escape mechanism.\(^\text{30}\)

Opium smoking and opium dens became a staple in cities like San Francisco and Portland. In 1904, there were about thirty-five shops in San Francisco advertising opium for sale, and twelve retailers who advertised in newspapers. Many grocery stores in Chinatown sold it as standard merchandise, like rice or tea.\(^\text{31}\) The act of smoking opium quickly became associated with the Chinese, but there are some sources from the time, often exaggerated, which tell of whites partaking in the act, too. Prostitutes especially, white and Chinese alike were often seen in opium dens.

White Americans played on this truth and newspapers from the time published articles telling tales of white women who were lured into opium dens by Chinese men with ill intent. The Press put out stories of dangerous opium dens where “yellow fiends” lured unsuspecting white women inside and enslaved them to the drug (similar stories were told of black men using cocaine in the South).\(^\text{32 33}\) In the 1890’s, tabloids owned by William Randolph Hearst published versions of these stories in which white women were seduced by Chinese opium smokers.\(^\text{34 35}\) All of this, however, was a media spectacle produced to instill the fear of the so-called “Yellow Peril,” a subject addressed deeper in Section III.

The growing acceptance of the Chinese opium habit as a social menace led to America’s first anti-drug laws, though they were only enacted at the state and local level. The first law criminalizing the smoking of opium was passed in 1875 in San Francisco. Similar laws were passed soon after in Virginia City, Nevada and Portland, Oregon. In 1909, Congress passed the first federal prohibitory law making the smoking of opium and the importation of opium for smoking a crime. These laws turned many hard-working, law-abiding

\[^{33}\] Belenko, *Drugs and Drug Policy in America*.
\[^{34}\] “A Social History of America’s Most Popular Drugs.”
\[^{35}\] Belenko, *Drugs and Drug Policy in America*.
Chinese immigrants into a perceived criminal-class and jails were soon flooded with Chinese men and women.36

D. ‘Ladies of haut-ton’ and the 1906 Pure Food and Drug Act

Today we know that women accounted for the largest portion of opium users in the United States throughout the 19th century. It may also be safe to say that the pharmaceutical industry and physicians alike, whether knowingly or unknowingly, took advantage of women during this century. Along with the accessibility of patent medicines containing opiates at local drug stores, women were able to purchase the drug and even the hypodermic needles to administer it through the Sears Catalogues—what we now call felonious possession shipped to your door via postal service. Crude surveys done by various doctors in cities such as New York, Chicago, Michigan and one in Iowa found that women averaged out at about seventy percent of the given population’s opium users.37 It is hard to be sure, however, because many women kept their habitual use secret from those around them, fearing harsh judgments.38 39

Paradoxically, women also played a large role in the moral crusade against opium, too, a crusade which attached itself to the Temperance Movement and ultimately doled out much of the aforesaid harsh judgment. The Women’s Christian Temperance Union, one of the major players in the Movement, spoke out against opium and heroin use. The National Women’s Party rallied against opium, too; Marks, mentioned earlier, was one of their most prominent leading figures.40 Ironically though, the Temperance Movement helped to create many female opium users due to the stigma it attached to alcohol use, especially among women of the middle- and upper-classes—who also happened to make up the largest portion of female users throughout this time. Women favored opium over alcohol because of the ease with which it could be found, how conducive its use was with secrecy, and because its effects were seen as less degrading.41

Terry and Pellens also commented on female opium use. They wrote that “throughout the 19th century it was considered unseemly, by both males and temperance-minded females, for women to drink [alcohol]. Yet there was a powerful temptation, particularly for women of high social station, thoroughly bored with their lot...to resort to some euphoric agent. Opium and morphine...suited these purposes well.”42

Upper-class women weren’t the only opium users in the 19th century; many female factory workers, who were paid little wages for long hours of back-breaking work, began using the drug to ease their aches and pains. Prostitutes and lonely rural housewives made up a significant portion of female users, too.43 Not all women used the drug for medicinal purposes either; prostitutes especially, used opium or morphine for no reason other than recreation.44 But by large, middle-class and upper-class women were the most avid users

36 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
37 Kandall, Women and Addiction in the United States, 34, 35.
38 Kandall, Women and Addiction in the United States, 35.
40 Belenko, Drugs and Drug Policy in America.
41 Kandall, Women and Addiction in the United States, 42.
43 Kandall, Women and Addiction in the United States, 42.
of opium until the 20th century when lower-class men and minorities took the title.45

A physician in 1871 was appalled upon discovering that opiate use among “women in high places [was] incredibly large” (apparently he had expected the prostitute population to boast the most addicts). After concluding his research, he described the typical 19th century addict as “the lady of haut-ton, idly lolling upon her velvety fauteuil and vainly trying to cheat the lagging hours that intervene ere the clockwork tintinnabulum shall sound the hour for opera or whist.” In 1885 another physician who studied addiction rates in Alabama noted that “the weaker sex are slightly in the majority, and of these, it is confined mostly to the higher- and middle-class.”46

Sexism in medical practices was largely responsible for the disproportionate amount of female opium users. In addition to the plethora of uses doctors believed it had for men, “female problems” became the most common cause for opium prescriptions. It was used for “indigestion, constipation and uterine disease,” “female weakness,” “severe flowing,” “vaginitis,” and “nervous debility,” among other things, all the result of a lack of medical knowledge concerning the female anatomy.47

One of the surveys mentioned earlier found that “the most frequent cause of opium habit in females is the taking of opiates to relieve painful menstruation and diseases of the female organs of generation.” Doctors of this era also thought that women had less pain tolerance than men—something modern medical science has proven false—and that pain related to child birth was easily remedied by a dose or two of opium. The President of the American Gynecological Society, Dr. T. Gaillard Thomas, wrote in 1879 that “for the relief of pain, the treatment is all summed up in one word, and that is opium. This divine drug overshadows all other anodynes.”48

Despite the fact that women accounted for most of the opium users in America, they had little effect on the introduction of prohibitory laws. However, some anti-drug legislation historians have said that women were responsible for the introduction of the 1906 Pure Food and Drug Act, which was not necessarily a prohibitory law, but instead required all patent medicines to label their ingredients on the bottle. Conventional wisdom states that a huge national campaign was mounted against the pharmaceutical companies caused by a fear of unknown and dangerous ingredients in the medicines being handed out ambivalently. These proponents say that it was expanding medical knowledge of the dangers of opium that motivated these women to protest for the sake of their health.49

Section III: Misconceptions: Some Recently Uncovered Myths and Causes of Prohibitory Policy

A. Jerry Mandell: Myth Buster

Jerry Mandell, professor of Sociology at Emeritus, has done extensive research into the claims made by Jeannette Marks, and Terry and Pellens. According to Mandell, the “soldier’s disease” is a myth, put forth by prohibitory policy proponents in order to justify the new anti-drug laws. Mandell

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45 "A Social History of America’s Most Popular Drugs."
46 Kandall, Women and Addiction in the United States, 45.
47 Kandall, Women and Addiction in the United States, 36, 37.
48 Kandall, Women and Addiction in the United States, 44.
49 "The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War."
states that if the public did not believe that wide-spread drug use created an imminent social problem they would not feel as though the cost of enforcing the laws were justified. The “soldier’s disease”, he claims, creates a paradigm that has been used to justify U.S. drug policy ever since.

The paradigm he describes consists of four parts: easy access leads to wide-spread use; addiction is easy to acquire; the habit is hard to kick; and its consequences are powerfully and publicly obvious. While this paradigm fits snugly into conventional wisdom and gives justification to one-hundred years of American anti-drug policy, according to Mandell, the post-Civil War social problem simply did not exist. His research, a large part of which involved checking Marks’, and Terry and Pellens’ sources, found that very few cases of addiction were reported in medical literature of the 19th century; that only a handful of sources exist between 1900 and 1965 (most of which merely cite the works of Marks, and Terry and Pellens); and that by the 1970’s, when the phrase is most often quoted, the social problem that Marks’ had warned of was now manifest as a result of the prohibitory legislation the myth helped propagate.

Mandell scoured through medical journals and soldier’s diaries looking for mention of wide-spread opium addiction. He found entries from a doctor who visited over three-hundred hospitals during the Civil War. The doctor writes about hundreds of requests for booze and tobacco, but not one single mention of a soldier requesting opium. He found dozens of accounts of soldiers too drunk for battle, but not one of a soldier being unable to perform his duties because of unauthorized opiate consumption. Mandel even takes a look at the numbers to see if they help or hinder the claim.

“The Civil War lasted four years, with 1,500,000 three year enlistments on the Union side. Thus, those ten million opium pills dispensed by doctors average to roughly two pills per soldier per year,”—hardly an ample opportunity for addiction to fester. Despite doctor’s praise of the drug and its miraculous potential, there just simply wasn’t that much to be given out—relatively speaking.

Some have argued that a noticeable social problem wouldn’t have occurred until some years after the war ended. There is some national discussion of opium use in newspapers across the country between the Civil War and the end of the century. However, all of these accounts combined, San Francisco papers included, don’t necessarily add up to constitute a legitimate social problem. The proposition is certainly debatable, and will likely require more investigation in the coming years. And as previously mentioned, the phrase “soldier’s disease” didn’t appear in literature until 1914, the same year the Harrison Narcotics Act passed, and, coincidently, the same time that the Temperance Movement had turned massive enrollment numbers into a soon-to-be-successful Prohibition Movement. It is easy to see how the creation of a social menace where one perhaps didn’t exist would have been useful to their burgeoning cause.

50 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
51 David Courtwright, for example, whose work will be looked at more closely in the conclusion of this essay.
52 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
B. Recession and Racism in the West

The Chinese men who came to our country and built our railroads were generally of exceptional work ethic—inhherited from their culture’s strict theology. They were also here for one reason and one reason only: to make money to send home to their families in China. It wasn’t long before this willingness to work was exploited by whites. As previously mentioned, the Chinese were given the most dangerous and difficult jobs to perform. Their hard work in spite of these conditions did not go unnoticed by their white counterparts and jealousies began to simmer over these “funny looking” people and their strange customs.53

Three major economical events took place in the second half of the 19th century that helped motivate prohibitory drug policy. First, in 1852, there was a national recession that had a particularly unfortunate impact on the West Coast. Independent white miners, worried the growing number of Chinese immigrants presented a threat to them in those scant times, rioted against Chinese immigrants in mining towns across northern California. These events indicate a shift in feelings from jealousy to feelings of racism.54

Second, after the Civil War ended, thousands of veterans migrated west in search of work. The labor market was flooded and the Chinese, without the right to assembly, were segregated and forced into lower-paying jobs. Again, in 1869, the transcontinental railroad was completed and Chinese men further flooded the labor market in search of work. After a year or two of the Chinese working for miniscule wages, whites began accusing them of undercutting their wages—as if the Chinese

voluntarily worked for low wages. Tensions continued to rise between whites and Chinese immigrants until they climaxed around the time of the 1873 Depression (the third event), when racist ideology and concern for the white labor force consolidated and anti-Chinese legislation began to steamroll—fueled in large part by the spectacular Press reports of white women and the dangers posed to them by “deviant,” opium-smoking Chinese immigrants.55

However, these newspaper accounts, in retrospect, are clearly ridiculous examples of sensationalism, and certainly do not appear in quantities large enough to constitute a legitimate social problem. Furthermore, a transcript from an Ottawa-based Royal Commission on Chinese Immigration even addresses this issue, questioning a young white prostitute named Emily Wharton. When asked if she was a “fast woman,” she replied that she was, but that we’d “be greatly mistaken if you imagined that all women who come here [to an opium den] to smoke are of that character.” When asked if all women of her class are generally addicted to opium smoking, Emily replied “No, they are more addicted to drink and drink does them far more harm.” And finally, when asked about her treatment by Chinese men whilst in the opium dens she said the following: “They never interfered with me in the least. Waking or sleeping. Not one act of rudeness from a Chinaman have I ever experienced. In that respect they are far superior to white men.”56

This is not to say that there weren’t white women addicted to opium smoking or who were victims of crime committed by opium-smoking Chinese immigrants, but the

56 “Opium in the Pacific Northwest: 1850’s to 1930’s.”
existence of a “yellow peril” (a social problem) is hardly merited. By large it appears the growing concerns that opium smoking was becoming a social menace seem unconfirmed and the given need for prohibitory legislation in the west was a product of racism, and that this racist ideology was a product of economic crisis. This pattern is part of a noted trend; it has been pointed out in more recent literature that law-and-order movements in the U.S. usually occur simultaneously with economic crisis.⁵⁷

C. Women and the 1906 Pure Food and Drug Act: A Misrepresentation

Much of the literature that has been written on the matter claims that women were largely responsible for the passage of the 1906 Pure Food and Drug Act. The literature states that the reason they were such an important factor in the legislation is that they were the number-one users of the store-bought tonics and elixirs that accounted for the majority of opium products sold in the 19th century, and that “female problems” were the number-one cause of opiate prescriptions. The patent holders of these products were under no regulations whatsoever and often times included dangerous ingredients in their medicines. The Temperance Movement, after hearing the complaints of these women, added this problem to their agenda and began crusading against these opium-based products.⁵⁸

The problem here, I believe, is that legislators took this to mean that the Temperance Movement, and the women they claimed to represent, referred to the opium itself as the dangerous ingredient, which, while it wasn’t always listed on the labels, was the reason women picked up these products in the first place. It seems irrational to assume that the majority of women who used these elixirs were unaware of the main ingredient in them. It seems more likely that the Temperance Movement’s leaders got it wrong, and that women originally began to voice their concerns over the truly unknown ingredients—adjuncts, if you will. Just take a look at the label of any over-the-counter medication today and you will find that there are more inactive ingredients listed than there are active. But, thanks to these misrepresented female opium users, at least today’s consumer knows what they are buying and ingesting because of the 1906 act.

It is also difficult to believe that legislation was motivated by a fear of middle- and upper-class women (the largest group of users) taking to the streets and turning to crime to support their habits. A more reasonable answer to why women played such a large role in the passage of the 1906 Act appears to be the self-fulfilling misrepresentation they received from the over-zealous moral-crusaders of the Temperance Movement.

D. Economics and Global Influences: Recently Discovered Factors of Prohibitory Policy

Recent studies have shed light upon another motivating factor in the origins of American drug policy. It all begins with the acquisition of the Philippines in the Spanish-American War. As of 1898, America was in control of the Philippine Islands, a hot-spot in the opium trade routes previously controlled by the Spanish. Influenced ostensibly by the anti-opiate rhetoric of the Temperance Movement, and concerned

about the possibility of a drug-epidemic similar to that of China, the U.S. banned opium importation and use outright on the islands. However, a recent investigation by Dr. John P. Hoffman of the School of Criminal Studies at New York University has unearthed another underlying factor in the motives of the United States in this matter. 59

Hoffman claims that America, having learned a lesson from the ruined moral reputation of the British in the Chinese Opium Wars, had economic and imperialistic reasons behind the introduction of anti-drug legislation. Determined to push themselves onto the world’s stage, and increasingly aware of the limitless opportunities that the Chinese market could present them with, America opted for the high moral ground concerning the opium trade and its alleged detrimental effects to Chinese society (I say ‘alleged’ because this was such a complex phenomena that the debate continues today over whether it was the drug itself which caused China’s social problems or the way in which China and Britain dealt with it 60). To pacify Chinese concerns that the U.S. would merely take the place of the British, who had been exploiting China for centuries, the U.S. organized an international conference to analyze the problem. 61

The Shanghai Opium Commission of 1906, led by the U.S., consisted of thirteen nations. The outcome of the conference reassured China of America’s moralistic intentions and, not unforeseen by Congress, weakened the British stranglehold on Chinese markets. 62 By 1911, a second conference, named The Hague International Opium Conference, marked the end of British control of the Chinese market and the beginning of America’s role on the global stage. America was now recognized as a pioneer in morality and drug control, and had made itself known as a world economic leader. 63

However, a problem soon presented itself for the U.S.: It was preaching to the world about the dangers that unchecked opium use presented to modern societies, yet it had no domestic, federal drug laws of its own. According to Hoffman, these global economic factors were some of the major motivators in the introduction of national anti-drug policy. America’s first federal prohibitory laws were passed in 1909, though these laws only criminalized smoking opium, a problem generally associated with Chinese immigrants. 64 Five years later, according to Hoffman, the 1914 Harrison Narcotic Act was passed not so much because of fears that opium created a social problem, but because the U.S. couldn’t afford to look like hypocrites on the world stage. 65

Section IV: Conclusions

As previously stated, the assumption that opiate use—now all drugs—presents a growing health concern, and is a potential social menace is implicit to the conventional justification of U.S. drug policy (without a doubt, these health and social problems are of a massive scale today, but it’s important

64 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
to remember that this essay is concerned with the potential of the social problem in relation to the origins of drug policy, and whether, in the beginning, the drug itself or the policy created the social problem. The problem with this assumption mentioned above, as this essay has addressed, is that it’s derived from information that was gathered with little diligence and forwarded onto our legislators largely by activists with an agenda, by poverty-stricken laborers with great racial prejudice, or by politicians afraid to play the part of the hypocrite.

The addictive and overdose potential of opiates has been known for thousands of years, yet only in the last century—and coinciding with other complex events—has a society done so much to condemn their use. It is hard to believe that advancements in medical knowledge concerning addiction were solely responsible for the passage of the first drug laws. In 1914, the same year Marks named the “soldier’s disease”, and while anti-drug proponents were enlisting doctors who warned of newly-discovered dangers that opiates posed to our health, heroin was used as an accepted way to kick an opium habit—just as opium was once used to cure alcoholism. In 1910, the philanthropic St. James Society began mailing free samples of heroin to opium addicts, believing, as many did at that time, that it was a perfectly logical cure.66

Even today, doctors still prescribe methadone, another derivative of the poppy plant, for heroin addiction. This long term treatment of addiction with synthesized opiates (methadone) is considered today to be the most effective known cure.67 The reader may then be surprised to learn that this long-term type of care, which included continued dosing of the patient, was proposed as early as 1856 by Dr. George B. Wood, who recognized that there is no instant cure for opium addiction, and that the patient needs long-term care from accredited physicians. He also recognized the need for long-term changes in socio-cultural factors of the patient’s life, and the need for addicts to be treated as patients and not as criminals.68 The literature that Dr. Wood put out in the 19th century recommends a style of cure that is much like that of modern medical practices.

However, there were clearly not many doctors or politicians paying any attention to Dr. Wood. What type of cures did prevail? The type created and marketed by Charles Towns, a former insurance salesman who convinced Dr. Alexander Lambert (Theodore Roosevelt’s personal physician) that his method was a miracle cure. Town’s procedure was shunned by the medical profession at first; it included strapping patients to tables for days at a time, and injecting all sorts of drugs and solutions (xanthoxylum, belladonna, extract of hyosycamus). But, according to policy historian Stephen Belenko, with the backing of Dr. Lambert in Congress and all the right social circles, Towns was able to exert influence in both the medical approach to opiates, and Congress’ approach to making laws concerning opiates.69 Clearly, advancements in medical knowledge weren’t exactly leaps and bounds.

Economics and global encroachment by the U.S. also played a largely unnoticed role in the origins of prohibitory policy. The U.S. was able to use the international agreements condemning opiates as “a vehicle for it to

66 “A Social History of America’s Most Popular Drugs.”
68 Belenko, Drugs and Drug Policy in America, 213, 214.
69 Belenko, Drugs and Drug Policy in America, 219 to 223.
become an international economic power.”

The recessions toward the end of the 19th century fostered racist ideologies out west, motivating whites to materialize a social menace where there wasn’t one. This racism manifested itself in the form of prohibitory legislation which transformed hard-working immigrants into a criminal-class over night, and created incentive for profit in a black market system. Indeed, vice laws have been used as a means of locking up or kicking out unwanted immigrants and minorities ever since then—Mexicans and marijuana, southern Blacks and cocaine, John Lennon in the ‘60’s. Unfortunately, many history texts still agree that opium use by the Chinese did pose a social problem, and this generally accepted assumption lends credit to the paradigm mentioned by Mandel, which in turn justifies today’s on-going policies.

The assumption that opiate use had become a social menace, a monster feeding on American morals, was the most commonly used justification for drug policy in the first half of the 20th century (this is true of both cocaine and marijuana, too). To assume that the “soldier’s disease” was a legitimate dilemma, however, is to have blind faith in the works of Marks, and Terry and Pellen. Also, one would assume that if this social menace existed at the time of the passage of the Harrison Act, that there would have been mass media coverage of the debate and the vote (this seems even more likely when one considers the amount of print-space dedicated to Hearst’s “yellow peril”). But the Harrison Act snuck in under the guise of a tax act and barely a dozen newspapers across the country wrote about it—and the papers only print what the people want to read.

Today, there are few historians who claim to have checked Terry and Pellen’s sources and still believe that a social problem existed. One of them is drug policy historian, David Courtwright. Even though he largely discounts the accuracy of the data available by the 1920’s, he still believes that a legitimate social problem existed in America between the end of the Civil War and the publication of Terry and Pellen’s work. He argues that the rate of addiction fluctuated at different times and among different groups, and that this fact combined with the inaccuracy of the data make it impossible to determine the effects of the laws on the social problem; in other words, he would likely say Mandell’s claim that the laws created or worsened the social problem is an immeasurable claim. Nevertheless, he insists that a social problem (in terms of Mandell’s paradigm) did indeed exist before and after the Harrison Act.

Courtwright has argued that a general lack of knowledge about addiction and its effects during the 19th century allowed mass addiction to go largely unnoticed—basically the same argument as Marks, Terry and Pellen. However, as Mandell discovered, even the medical literature of the time barely devotes much print to any potential social problem, either in warning or acknowledgment. Furthermore, the passage of the Harrison Act disrupted access to opiates for the majority of non-upper-class addicts overnight; indeed, according to

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71 Belenko, Drugs and Drug Policy in America, 58.

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police reports at the time, the majority of inner-city addicts were forced into withdrawal due to the law (many of whom turned forever-after to the black market).\textsuperscript{75} The symptoms of addiction and withdrawal are not easily hidden from those around you either; symptoms include prolonged fever, suicide, vomiting to an extent that ribs are often cracked, uncontrollable trembling and wrenching, etc.\textsuperscript{76} So, with or without a name to put to it, addiction and withdrawal are noticeable. This certainly sheds doubt on this part of Courtwright’s argument.

Courtwright also argued that it is possible the “400,000” addicted veterans spread so far out across the country after the war that large-scale addiction wouldn’t have been noticed.\textsuperscript{77} However, the majority of those veterans—by far—eventually moved to expanding cities, taking part in a massive spur of urbanization that took place after the war. Gathered in larger numbers within city limits, the problem would have been easier to notice. However, even in Albany, where a suspected addiction rate of six percent existed at the turn of the century, newspapers never made a peep about a perceived social menace or criminal problem due to opiate use.\textsuperscript{78}

According to the work done by Jerry Mandel the consequences of anti-drug laws “provided the rationale for justifying the laws.” The social problem that anti-drug policy proponents claimed existed did not; it only manifested within the decades following the enactment of these laws. In other words, the legislation gave birth to the social problem, not the other way around—this was likely true, at the very least, by the early 20\textsuperscript{th} century (I am continuing the research in order to determine how much this was true up to the 1970’s and today). Since America’s first all-out ban in the Philippines, prohibitory laws have only driven the opium market (as with all drugs) underground, creating an extremely lucrative black-market—alcohol prohibition in the 1920’s being a prime example of this dangerous phenomena. Surely, there is a causal relationship between this black market and any social problem that has ever existed.\textsuperscript{79}

Since then, and especially since the 1970’s when Nixon convinced the country that all drug addicts were inherently criminal (in a psychological sense), this black-market has provided an alternative source of income for young poor people (especially in inner-cities), and has created a breeding ground for police, and political corruption. Most politicians are afraid to make any radical (or even remotely outside of the status quo) proposals for reform of drug policy due to the negative stigma attached to policy change, and a general misunderstanding by the public of the history involved, and the other available policy options.

Furthermore, much of the recently gathered data, and the fresh interpretations of the relevant social, legal, and political histories doesn’t even make its way into the debate.\textsuperscript{80} The number-one cause of

\textsuperscript{75} Belenko, \textit{Drugs and Drug Policy in America}, 53-55.
\textsuperscript{76} Musto, \textit{100 Years of Heroin}, 47.
\textsuperscript{77} “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”
\textsuperscript{78} “Opium in the Pacific Northwest: 1850’s to 1930’s.”
\textsuperscript{80} For a comprehensive look at the drug policy debate, the socio-economic and political factors involved, and the American political tradition of the
incarceration in the US today are drug-related charges. What this essay is attempting to stress is that the origins of the laws that created this criminal-class, which created a social problem where one possibly never existed, and which gave America a foothold on global markets and morality at the sake of the addict are steeped in mistruths, misconceptions, and self-fulfilling bias. Now, there is no denying that many of the facts used, and arguments made in this essay are certainly debatable, and have been for a long time. However, at the very least, as the drug policy debate continues today, a clear, de-stigmatized understanding of its history is absolutely necessary for those involved to accomplish anything that remotely resembles what is best for society.

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81 “The Mythical Roots of US Drug Policy: Soldier’s Disease and Addiction During the Civil War.”