

The Quest for Drug Control

The Quest for Drug Control

Politics and Federal Policy in a Period of
Increasing Substance Abuse, 1963–1981

David F. Musto, M.D., and Pamela Korsmeyer

Yale University Press

New Haven and London

Copyright © 2002 by David F. Musto and Pamela Korsmeyer. All rights reserved.
This book may not be reproduced, in whole or in part, including illustrations,
in any form (beyond that copying permitted by Sections 107 and 108 of the
U.S. Copyright Law and except by reviewers for the public press), without written
permission from the publishers.

Set in Adobe Garamond and Stone Sans types by
The Composing Room of Michigan, Inc.
Printed in the United States of America by Edwards Brothers, Inc.

Library of Congress Cataloging-in-Publication Data

Musto, David F., 1936–

The quest for drug control : politics and federal policy in a period of increasing
substance abuse, 1963–1981 / David F. Musto and Pamela Korsmeyer.

p. cm.

Includes bibliographical references and index.

ISBN 0-300-09036-6 (alk. paper)

1. Narcotics, Control of—United States—History—20th century.
2. Drug abuse—United States—History—20th century. I. Korsmeyer,
Pamela, 1945– II. Title.

HV5825 .M845 2002

362.29'156'097309045—dc21

2002016702

A catalogue record for this book is available from the British Library.

The paper in this book meets the guidelines for permanence and durability of the
Committee on Production Guidelines for Book Longevity of the Council on
Library Resources.

10 9 8 7 6 5 4 3 2 1

*To the memory of
Donald J. Cohen
1940–2001*

Contents

- Preface, ix
- Acknowledgments, xiii
- Introduction, xv
- List of Acronyms and Abbreviations, xxiii
- 1** The Johnson Administration: Drug Abuse as a Policy Issue, 1
- 2** The First Nixon Administration: Early Approaches to Drug Policy, 38
- 3** The First Nixon Administration: Treatment and Rehabilitation, 72
- 4** The Second Nixon Administration: Drug Abuse Control, 106
- 5** The Ford Administration: The White Paper on Drug Abuse, 140
- 6** The Carter Administration: The End of Accommodation, 185
- Appendix: Summary of Drug Control Policy, 1958–1974, 243
- Notes, 257
- Index, 305

Preface

Since the beginning of the twentieth century the government of the United States has struggled to impose legal controls on the distribution and consumption of psychoactive substances. The best-known example of this endeavor is the Eighteenth Amendment to the Constitution, adopted in 1919, and its accompanying legislation, the Volstead Act, which prohibited commerce in beverage alcohol throughout the nation. Federal control over other drugs, such as opium, heroin, morphine, and cocaine, emerged and solidified nearly simultaneously with alcohol prohibition, with the difference that legislation restricting the sale and use of these substances has, since its inception, enjoyed the support of a majority of American citizens and is still with us today. David Musto examined in depth the earlier periods of the campaign for national and international drug regulation in his book *The American Disease: A History of Narcotic Control* (3d rev. ed., New York: Oxford University Press, 1999). The present work, *The Quest for Drug Control*, picks up the story in the early 1960s, when the character of the anti-drug effort at the federal level, particularly from the point of view of the executive branch, began a process of funda-

mental change from what it had been since the passage of the Harrison Narcotic Act of 1914.

During the administration of Theodore Roosevelt (1901–1909), the United States experienced an era of militant reform agitation known as the Progressive Movement that profoundly affected both domestic life and foreign policy. At home, public unease with food-processing practices and addictive ingredients in popular patent medicines culminated in the passage of the federal Pure Food and Drug Act of 1906. Abroad, the nation, having acquired Cuba, Puerto Rico, and the Philippine Islands as a result of the Spanish American War, suddenly found itself in the unaccustomed role of an imperial power. In the Philippines the difficulties attendant upon administering new territories with alien languages and customs were particularly acute. For a start, Filipino nationalists, who had been waging guerilla war against Spain, shifted their enmity to their new governors. But another problem, common in the Philippines, loomed large in the minds of Americans—opium smoking. It simply would not do for so insidious and exotic a vice to be tolerated in a U.S. territory. In 1905 Congress banned the nonmedical use of opium by Filipinos and gave non-Filipino residents of the islands three years to abandon their habits.

The attempt at control was expanded to the international area in 1909, when the United States convened an international meeting known as the Shanghai Opium Commission, attended by thirteen nations, which adopted resolutions addressing opium smuggling and supporting China in its campaign against its own opium problem. Next, in 1912, the Hague Opium Convention, drafted under U.S. sponsorship, was signed by twelve nations agreeing to a series of controls on manufacture and export of opium and cocaine. It was in part to comply with the terms of that treaty that the U.S. Congress passed the Harrison Narcotic Act, which, after a number of Supreme Court rulings, came to form the basis for pervasive federal control over the manufacture, distribution, and consumption of a list of substances, principally opium and its derivatives and cocaine. Much to the distress of some in the medical profession, this control extended to the use of drugs in the practice of medicine and particularly curtailed the treatment of addicts by means of opiate maintenance.

From that time through the early 1960s, where this book begins, federal policy as developed, implemented, and interpreted by all three branches of government was essentially a police matter enforced by first the Narcotic Field Force (1920–1930) of the Prohibition Bureau and later the Federal Bureau of Narcotics (1930–1968). Addicts who came into the criminal justice system did, at various times and in various ways, receive some treatment and rehabilitation,

but punishment was the principal motive of the system. And it seemed to work. Particularly after 1924, when all production of heroin was completely outlawed, addiction was reduced to the significance of a scary anecdote that might be relied upon to shock and titillate moviegoers and readers of dime novels but that did not affect the social or political environment of the nation in any important way. The same might be said of marijuana use, which was effectively criminalized at the federal level in 1937.

As much in eras of low consumption as in eras of widespread drug use, the unerring capacity of the mere specter of drug addiction, particularly heroin addiction, to evoke public fear and revulsion has made it a perennial subject of concern for policy makers. The records of the policy-making apparatus of the White House during the four presidential administrations between 1964 and 1980 provide a rich and colorful—though incomplete—picture of the federal government's response to public fear of the drug problem over the twenty-year period during which use of illicit substances was pervasive, as was, to the consternation of many, acceptance and even militant advocacy of the pleasures of drug consumption.

We the authors believe that policy analysts, elected officials, and the public at large will be better prepared to judge current drug policy and to choose more wisely among alternatives for the future if they understand the judgments and choices of the past and the circumstances under which these were made. In an effort to respond to our belief, we have surveyed the holdings of the National Archives in College Park, Maryland, the presidential libraries of Presidents Johnson through Carter, the National Library of Medicine, the Library of Congress, and some private collections of former government officials and have chosen documents that illuminate the policy process. These are reproduced on the CD that accompanies our book in full text-searchable form. In the book we have put these documents into a social and historical context. We have also discussed the significance of many of the reports, memoranda, and letters to the overall shape of drug policy as it developed in concert with the ever-expanding problem. The interpretations of the documents in the study are the responsibility of David Musto. We have reproduced direct quotations in the text without corrections.

As valuable as the documents are to understanding the federal response to the drug issue, the collection is not a complete record. Not every document produced by every administration finds its way to the National Archives or the presidential libraries; bureaucrats may take some files when they leave the government or may make decisions to withhold material on grounds that may

seem to the historian to be ill advised. We would welcome additional government documents that illustrate the theme of federal drug policy and invite anyone holding such material to share it with us. We hope to continue this work into the Reagan, Bush, and Clinton years and to refresh or revise our analysis of prior administrations as we learn more.

Acknowledgments

The initial research on this book was made possible by a grant from the Robert Wood Johnson Foundation. Without the interest and support of Senior Vice President Ruby P. Hearn and Vice President Paul S. Jellinek we would never have been able to undertake such a task. Continuing support was provided by the National Institute on Drug Abuse (NIDA), which granted research funding as well as a Senior Scientist Award (no. K05DA00219-08) to David F. Musto. The Office of National Drug Control Policy provided a supplement to the NIDA research grant, which funded production of the CD.

We would like to express special gratitude to Dr. Jerome H. Jaffe for granting us unlimited access to his papers and for generously allowing many of his documents to be reproduced in the CD collection. Dr. Peter G. Bourne also donated a large number of important documents to David Musto.

In addition, many former officials of the administrations we studied willingly shared their recollections of their service in the U.S. government. They are Vernon Acree, Myles Ambrose, John Bartels, Karst Besteman, Lee Dogoloff, Jeffrey Donfeld, Robert DuPont, Henry

Giordano, John Ingersoll, Egil Krogh, Walter Minnick, Senator Daniel Patrick Moynihan, Eugene Rossides, Donald Santorelli, and Michael Sonnenreich.

Richard McGeary, Bob Farrington, Greg Casey, and Raisa Yakobson of McGeary and Associates brought their expertise, energy, and patience to the task of producing the document collection on CD-ROM.

The archivists and librarians at the National Archives, the presidential libraries, the National Library of Medicine, and the Library of Congress were unfailingly helpful and cheerful over several years of constant and sometimes repetitive requests.

Jean E. Thompson Black, our editor at Yale University Press, never flagged in her enthusiasm for our work, even in the face of daunting technical difficulties and what seemed like a very long time of being “almost finished.”

Our thanks as well to two Ph.D. candidates in the History of Medicine, Gretchen Krueger and Mary Hague-Yearl, for their good-natured assumption of many of the mundane tasks associated with this lengthy project.

Introduction

The history of drug use in the United States between the early 1960s and 1980 is a tangled narrative of this country's attempts to deal with a rising tide of illicit substances that washed over social boundaries and ultimately overwhelmed determined attempts to dry it up or even simply to contain its destructive force. This is a story of bitter conflicts involving competing interpretations of criminal law and our traditional civil liberties as well as the role and efficacy of medicine and public health where questions of behavior and personal choice are concerned. As is true of most difficult public issues, political imperatives, social realities, the nature of bureaucracy, and the personal inclinations of influential individuals all coexisted in a sort of unstable amalgam from which policies had to be formed. The policies themselves then became subject to myriad influences that affected outcomes in uncertain and unexpected ways.

The spread of casual drug use beyond a small core of marginal social groups was quite outside the experience of those who tried to deal with it. In a conversation with David F. Musto, former Narcotics Commissioner Harry J. Anslinger described his astonishment at the

explosion of drug use in the 1960s. He believed the Federal Bureau of Narcotics had reduced the level of addiction to a minimum, and the rise of heroin and marijuana usage in the later 1960s was a phenomenon he had never seen before nor expected.¹ No one had any real knowledge of previous widespread drug use such as had occurred at the end of the nineteenth century, when opiate abuse was rampant, and in the first decades of the twentieth, when cocaine was popular. While stereotypes like the crazed heroin addict or the reefer-smoking jazz musician were the stuff of popular legend, no one was prepared for the emergence of a drug-using, politicized counterculture centered on youthful rebellion that chose cannabis and LSD as the symbols and sacraments of a new faith in personal actualization and rejection of established norms of behavior. The majority of Americans reacted quite negatively to the whole phenomenon, and both the legislative and executive branches of the federal government struggled to respond in an effective or at least politically satisfying way. At the same time, a small number of intellectuals and professionals who had been questioning the traditionally punitive approach to the problem of illegal drug use began to attract greater attention. This group advocated recognition of the medical consequences of substance use, consideration of its possible validity as a personal choice, and investigation of appropriate treatments. No one anticipated that the problem would not only still be a burning issue twenty years later but would also continue to grow over that entire period. The drug of fashion would change and the image of the typical user would evolve according to what was supposed to be the “worst” substance at a given point in time. The inner-city criminal addict was joined in the popular imagination by the stoned flower child, then the speedfreak, the disco queen on downers, and the cocaine-powered Yuppie. (The crack-addicted prostitute with AIDS and the heroin-snorting rocker would come along in due time.)

Two principal elements of the social and political environment of the early sixties both defined the way drug use was perceived and contributed to its spread, particularly among middle-class youth. One was the fact that rates of violent crime, including homicide, and property crime began to rise in the 1960s after having fallen to very low points (for the United States) the previous decade. A popular explanation for the increase, which had been trotted out with regularity at least since the 1920s, was that drug users, particularly heroin users, stole such huge amounts of money and property to pay for their habits that this alone could account for the crime wave. A second factor was the escalating conflict in Southeast Asia. As more and more young men were drafted to fight in a war whose justification was widely debated, the generation that was

most affected by military service—and which incidentally was the largest generation in history—erupted in rebellion. Rejection of the war became rejection of the entire value system and lifestyle choices of the majority. Given that most people associated all illicit drugs with crime and degeneration and reacted to drug users with horror, using any drug was a perfect in-your-face statement of a rebellious young person's politics and philosophy of life. The rebels of the young generation found some sympathy among those more or less “establishment” politicians and academics who had been questioning the punitive basis of narcotics control since the late 1950s. Some of these older sympathizers even predicted a fundamental change in the nature of human society. Charles Reich foresaw that, with the help of marijuana and other mood-altering substances, we would enter an entirely new culture, drastically changing our lives and relations with one another.² He called this new utopian condition “consciousness III” and described it as an extreme autonomy that would dispense with hierarchy, property rights, and even rational thought.

JOHNSON (1963–1969)

Lyndon Johnson, who became president in November 1963 after the assassination of John F. Kennedy, had the dubious fortune of presiding over the escalation of an unpopular war and of confronting both increasing crime and massive civil disobedience on several fronts: the struggle for the civil rights of African-Americans, demonstrations for peace in Vietnam, and increasing consumption of illicit substances, principally marijuana. His administration's response to this last was guided by the report of a presidential commission on drug abuse established by Kennedy and known as the Prettyman Commission after its chair, Judge E. Barrett Prettyman. The Johnson-era drug control initiatives were of a piece with all that followed them. At the outset it was not entirely clear how the federal government could legitimately intervene in a phenomenon that seemed to be the province of local police and social service agencies. But once it became clear that the threat posed by substance abuse had to be faced on a national scale, the fact that most illicit drugs were produced in foreign countries and the fact that their manufacture and distribution were controlled by international and interstate criminal commerce provided the constitutional justification for a large-scale federal intervention in drug control. On that basis, Johnson's policy staff began a three-part approach to the drug problem that was the skeleton later fleshed out by LBJ's Republican successor, Richard Nixon. The initiative included domestic legislative reform that at-

tempted to address the peculiar nature of the drug problem as both a criminal justice and a public health problem, diplomatic overtures to foreign countries that sought to persuade them to reduce or eliminate drug source crops, and bureaucratic reorganization designed to rationalize drug policy development and implementation. All of these efforts took place in a context of extreme social turmoil and intense debate among professional bureaucrats, politicians, and medical and legal experts over the nature of drug use, the size of the problem, its moral symbolism, and the political perils of various attempts to solve it.

NIXON (1969–1974)

Richard Nixon seized upon the issue of increasing use of illicit drugs in the United States as an opportunity to discredit “Great Society” liberalism—particularly as represented by Johnson’s attorney general, Ramsey Clark—and to make good on a promise to lead an attack on crime. The people in charge of implementing his directives tended to accept at face value the proposition that a relationship existed between drug use and criminal behavior—and additionally between drug use and counterculture lifestyles and political opinions. Even those White House planners who were skeptical about such links were aware of the political potential of the issue—the logic of the relationship between drugs and crime was easily communicated to the public, and the desirability of eliminating such a pernicious habit seemed self-evident. Furthermore, the fledgling policies put in place by the departing Johnson team were theirs to appropriate regardless of the “liberal” origins of those policies.

Nixon’s war on drugs was big and bold. It reached into the activities of more than a dozen federal agencies in an attempt to mount offensives against both the criminal and the public health aspects of drug abuse with a view toward reducing crime and reassuring middle-class voters that both their possessions and their cultural values were being looked after by a concerned and competent federal government. Relations with Turkey and Mexico and the conduct of the war in Vietnam were all affected in one way or another by drug control. Local law enforcement was drawn into the orbit of the federal fight against drugs through the Office of Drug Abuse Law Enforcement; and under the aegis of the Special Action Office on Drug Abuse Prevention (SAODAP) opiate addicts could obtain a maintenance narcotic from government-sponsored clinics for the first time since the early 1920s.

None of these initiatives was an unequivocal success: internal management problems, conflicts over priorities, and the competing political agendas of

Congress and the White House bedeviled them all. Within the administration, there were personality clashes and turf battles between officials in the Treasury and Justice Departments and between the leaders of SAODAP and the Department of Health, Education, and Welfare. In the attempt to identify goals and evaluate results, there were persistent difficulties in arriving at an acceptable estimate of the size of the addict population or even consensus on the meaning of the word “addict.” In Congress and the general public, minority opposition to criminal penalties for some drug use was ever stronger and more vocal, while the majority clamored for forceful measures to deal with the disconcerting spectacle of what appeared to be large-scale flouting of the law. This situation colored the choices made by Nixon’s planners as they quite naturally attempted to turn the policy-making process to their political advantage. Nevertheless, a number of the entities established under President Nixon to address drug abuse survived more than twenty years of shifting political winds and exist today under somewhat different organizational identities. The Nixon administration can be fairly credited with a persistent and massive federal response to an ever-changing, ever more confusing social problem.

FORD (1974–1977)

During the summer of 1974, as the Watergate affair came to its shattering denouement, awareness was growing among presidential advisors that no new, dramatic declines in drug use were in the offing and that interdiction of foreign supplies was proving frustrating. Among the citizenry, toleration toward the so-called recreational use of some drugs was becoming more common, and more than a few Americans actively and openly advocated drug use. This was particularly true of marijuana, which not so very long before had inspired fear and revulsion. With no suspicion that the trend would ever wane, it appeared to many policy makers and opinion leaders that adjustment to the new reality had become a political necessity. The assumption that drug use was a crisis that could be effectively met and resolved with an overwhelming commitment of federal money and expertise³ gave way to a rueful awareness that the road would be long and progress slow.

Gerald Ford’s personal style and political priorities were very different from those of Richard Nixon and more compatible with newly reduced expectations about what the federal government could do in an environment of tight budgets, increasing drug use, and diminishing public concern about it. He called his approach to governance the “new realism” and sought to keep his words and

deeds in line with the philosophy of restraint the phrase implied. Meanwhile Congress kept up the pressure on the administration to clarify its drug policy and to reestablish a White House office to oversee that policy. Congressional leaders were particularly upset by the fact that the newly formed Drug Enforcement Administration (DEA) had gotten off to a rocky start; it was torn by internal strife and suffering from weak leadership. But Ford stuck to his conviction that neither pouring money into federal drug programs nor resurrecting a White House–based policy office would stem the tide of drug use when it was painfully obvious that the gains registered by the same measures as undertaken by his predecessor had not been sustained over the longer term.

The White Paper on Drug Abuse, the Ford administration's most important statement on narcotics policy, moved away from the goal of complete eradication of the drug problem and returned to such words as "minimize" that had been banished from Nixon-era documents. The White Paper was well received by a public that was tired of being harangued on the evils of pot smoking and the imminence of "victory" in the war on drugs. At the time, the report seemed to indicate a new appreciation on the part of the federal government of the long and difficult struggle that would be necessary to make a dent in the consumption of illegal substances.

CARTER (1977–1981)

Jimmy Carter took office near the peak of the trend toward at least grudging toleration of some drug use among sectors of the population that had overwhelmingly rejected it until about fifteen years earlier. The most salient aspect of the electoral campaign between Carter and Ford with respect to the drug issue was that neither candidate addressed the problem in any depth. What attention was devoted to drugs took the form of a competition between the candidates as to who would be more understanding of his children's experimentation with marijuana.

A key player in Carter's victory was a psychiatrist, Peter Bourne, who was also an expert in the contemporary drug problem. Dr. Bourne quickly became Carter's chief advisor on drugs and was appointed assistant to the president. Bourne shared a number of convictions held by the more sophisticated professionals in the drug field, whose way of thinking was evolving in concert with the sector of public opinion that was inclined to accept as inevitable some degree of recreational drug use. He and many others thought that the new attitude toward substance use would eventually establish itself as a permanent fix-

ture of American society. It was not widely understood that the level of drug use, along with the public's relative willingness to live with it, had risen and fallen in the past and was likely to continue to do so in the future.

Even as it appeared that marijuana would finally be decriminalized and that cocaine would become as acceptable and available as champagne, the ground shifted beneath the feet of Bourne and his colleagues. Their fundamental miscalculation lay in their estimate of how deep and lasting the apparent public mood of accommodation to drug use really was. They did not see that a grass-roots counterrebellion was brewing among parents who did not want their children growing up in a society that could apply the word "recreational" to any drugs. In July 1978, Peter Bourne was accused of having used cocaine at a party given by the National Organization for the Reform of Marijuana Laws (NORML). That was just too much—Peter Bourne had to resign.

Between 1978 and 1980 the forces of this counterrevolt, frequently referred to as the Parents' Movement, gained the ascendancy, and the American public's willingness to tolerate any drug use at all began to decline. As if further awkwardness were needed to discredit the accommodationist approach to the drug issue, the heroin situation began to unravel. Southwest Asia—chiefly Iran, Afghanistan, and Pakistan—was producing increasing amounts of opium, which was finding its way to the West as heroin. As the Carter presidency came to an end, it was not clear how increased heroin production, confusion over marijuana and cocaine policy, and congressional resistance to funding new treatment capacity could be overcome.

DRUG CONTROL OVER TWENTY YEARS OF INCREASING USE

Looking back over the first twenty years of the modern "epidemic" of substance abuse, two of the most significant characteristics of federal efforts to control the traffic in, and consumption of, illicit substances appear to be, first, the extreme complexity of the task, which may at first seem simple and straightforward, and, second, the difficulty of judging public attitudes toward drugs and drug users, especially trends into the future. Public policy planners can rarely, if ever, grasp the issue in all of its dimensions—political, emotional, epidemiological, medical, and legal—and the lack of a long-term perspective of this country's experience with psychoactive substances has consistently hindered a balanced estimate of what can be expected of a given policy alternative. If we look closely at the past, it should be obvious that drug use floods and sub-

sides over decades, not in the course of a presidential term or two. The first epidemic of drug abuse saw opiate and cocaine consumption rise from the post-Civil War period until around the turn of the century, then decline slowly and unevenly until the early 1930s, not to rise again until the 1960s.

The present work is meant to be just such a close look at the federal politics and bureaucracy of drug control policy and implementation during a period in American history in which our nation confronted a phenomenon that most people regarded as unprecedented. The book follows the 1999 publication of the revised and expanded edition of David F. Musto's *The American Disease: Origins of Narcotic Control*, which in its later chapters covers some of the same events and actors but from the broad perspective of the entire history of drug use and control in the United States. In this new study and in the electronic document collection that accompanies it we have relied on the material deposited in the various presidential libraries and in the National Archives as well as some from private collections, principally those of Jerome H. Jaffe and Peter G. Bourne, to draw a picture of the federal political and bureaucratic response to the perceived drug crisis. We also have included information on the social environment of the time to provide some feeling for the context in which policy makers worked. Although the White House documents are only a fraction of the mountain of material produced on the drug issue, they have the virtue of being of a manageable size and representing a discrete but fundamental aspect of the American Way with drugs. Perhaps, in some small way, this enterprise will reduce the likelihood that future drug control policy will be made in a historical vacuum.

Acronyms and Abbreviations

ABA	American Bar Association
ADAMHA	Alcohol, Drug Abuse, and Mental Health Administration
AMA	American Medical Association
BDAC	Bureau of Drug Abuse Control
BNDD	Bureau of Narcotics and Dangerous Drugs
BOB	Bureau of the Budget
CCINC	Cabinet Committee on International Narcotics Control
CDC	Centers for Disease Control
CIA	Central Intelligence Agency
CRP	Committee to Re-elect the President
DATERA	Drug Abuse Treatment, Education, and Rehabilitation Administration
DEA	Drug Enforcement Administration
DNADA	Division of Narcotic Addiction and Drug Abuse
DOD	Department of Defense
DOJ	Department of Justice
EOP	Executive Office of the President

FBN	Federal Bureau of Narcotics
FDA	Food and Drug Administration
FY	Fiscal Year
HEW	Health, Education and Welfare
HHS	Health and Human Services
H.R.	House of Representatives
INM	International Narcotics Matters (State Department)
IRS	Internal Revenue Service
JFK	John Fitzgerald Kennedy
LBJ	Lyndon Baines Johnson
LEAA	Law Enforcement Assistance Administration
LSD	lysergic acid diethylamide
NARA	National Addict Rehabilitation Act
NATO	North Atlantic Treaty Organization
NIDA	National Institute on Drug Abuse
NIEHS	National Institute of Environmental Health Sciences
NIMH	National Institute of Mental Health
NORML	National Organization for the Reform of Marijuana Laws
ODALE	Office of Drug Abuse Law Enforcement
ODAP	Office of Drug Abuse Policy
OE	Office of Education
OEO	Office of Economic Opportunity
OMB	Office of Management and Budget
ONNI	Office of National Narcotics Intelligence
PACEO	President's Advisory Council on Executive Organization
PCLEAJ	Presidential Commission on Law Enforcement and the Administration of Justice
PCP	phencyclidine
P.L.	Public Law
PRIDE	Parent Resources Institute on Drug Education
S.	Senate (bill)
SAODAP	Special Action Office for Drug Abuse Prevention
TASC	Treatment Alternatives to Street Crime
THC	tetrahydrocannabinol
TLC	thin-layer chromatography
VA	Veterans Administration
WHCF	White House Central File
WHSF	White House Special File

Chapter 1 The Johnson Administration: Drug Abuse as a Policy Issue

Between 1920 and the early 1960s, illicit drug use in the United States declined significantly from the levels it had reached early in the century, although few appreciated it at the time. Americans had feared psychoactive drugs for a long time—opiates and cocaine in the early part of the century, then nearly exclusively heroin, especially after World War II—and that fear persisted even though, by the 1950s, use was minuscule compared both to the historical high point and to the surge in substance abuse that lay in the future. Still, the drugs were a minor problem, dealt with to the satisfaction of most Americans, and the debate that began to develop late in the 1950s among medical and legal professionals over how best to deal with what was mostly a problem of inner-city heroin addiction was at first a fairly low-key affair. The controversy, then as now, pitted advocates of law enforcement, who believed that the decline in drug use was directly attributable to the application of stringent legislation, against critics of this approach, who pointed out that the problem had not gone away in spite of vigorous prohibitory enforcement. The debate grew more heated and its participants more numerous as drug use levels rose; by the early

1970s drug abuse would emerge as one of the top concerns of the nation (though usually outranked by fears of war, racial unrest, or economic troubles).

Even the most superficial memories of the period we now refer to as the Sixties include the controversy over the Vietnam War, assassinations, violence, and the breakdown of traditional norms of behavior, both private and public, including norms about deference to established authority, sexual activity, and the use of mind-altering chemicals. No precise date can be assigned to the origin of the era in spite of its name, but the emergence of drug abuse as a policy issue into national life was certainly evident by early 1965. President Lyndon Johnson had been inaugurated after decisively defeating Barry Goldwater the previous November. In his State of the Union address Johnson proclaimed the advent of the "Great Society." A few days later, the Viet Cong attacked the American barracks at Pleiku. Malcolm X was assassinated in February. U.S. and South Vietnamese troops attacked North Vietnam in March. The same month, civil rights demonstrators marched from Selma to Montgomery, Alabama, and in August the Watts section of Los Angeles exploded in violence. Somewhat like Dorothy realizing that she was not in Kansas anymore, Americans began to realize that they weren't in the Fifties anymore. Some also began to notice another trend: people they knew, or people who seemed just like people they knew, were using illegal drugs. Awareness of the phenomenon developed slowly, and reactions to it varied widely.

In the late 1950s and early 1960s, drug use in the United States was thought to be largely confined to the urban poor, criminal elements, and such small nonconformist groups as jazz musicians and "beatnik" artists and intellectuals. The *National Survey on Drug Abuse* for 1977 summarizes the retrospective data: "Prior to 1962 lifetime experience with any illicit drug was limited to 2% or less of the population in most areas of the country and among most large population subgroups. At that time, the prevalence of marijuana use was slightly above average (about 5%) among males and racial minorities and people living in the Western region of the country."¹ Even as late as 1968, heroin use was confined to the major port cities of the Northeast corridor, as well as Miami, New Orleans, San Diego, Los Angeles, and San Francisco.²

The larger picture of the personal hopes and fears of the American people also indicates that drug use was not a primary concern just before and during the early years of the Johnson presidency. From 1959 through 1964 Americans' most important personal hopes were for good health, a better standard of living, and achievement of their aspirations for their children. In 1959 their three greatest fears were of ill health (both their own and that of their families) and a

loss of living standard. By 1964 war had become America's worst fear, followed by ill health.³ That year, when asked by the Gallup organization to name the most important problem facing the nation, 41 percent of respondents cited the "racial problem," tied with "international problems (Russia, threat of war)." When asked "What do you, yourself, think is the cause of the lack of respect for law and the increase in crime in the United States today?" 41 percent blamed "parents, home life." Far down the list, with a 2 percent response rate, was "drinking, dope addiction."

Even so, there was a growing sense that the character and extent of the phenomenon were changing, and the media began to take notice (Table 1-1). Increased marijuana use by middle-class youth had begun to appear in the early 1960s, grew dramatically in 1966, and seemed to explode in 1967. Heroin addiction, while still perceived as an affliction of the urban poor, seemed an ever-increasing threat to public order and public health.⁴ In fact, deaths related to narcotics abuse in New York City had been rising fairly steadily since 1950, although they stayed below 400 per year until 1967, when they nearly doubled.⁵

In the mid-fifties some academics (notably Alfred Lindesmith),⁶ medical professionals, and lawyers had begun to be critical of the federal government's almost exclusive reliance on law enforcement to control drug abuse. The American Bar Association (ABA) and the American Medical Association (AMA) established a committee to study drug policy reform, which published its *Interim*

Table 1-1 Number of Articles Indexed Under Each Category in the *Readers Guide to Periodical Literature* and the *New York Times* by Year

Year	Drugs* (<i>NYT</i>)	LSD (<i>RGPL</i>)	Marijuana (<i>RGPL</i>)	Narcotics (<i>RGPL</i>)
1959	138	1	0	16
1960	98	1	0	15
1961	76	1	0	10
1962	160	4	0	26
1963	56	10	1	4
1964	109	4	0	12
1965	200	6	2	37
1966	358	49	1	41
1967	430	40	27	40
1968	368	24	31	42
1969	558	11	41	68

*Index headings vary. Only articles relevant to illicit drugs were counted.

Report in 1958, followed in early 1959 by a very brief *Final Report*. The reports recommended such seemingly radical approaches as outpatient treatment of opiate addicts, legal reform, and extensive research into relapse, education, and prevention. The chair of the committee, Judge Morris Ploscowe, wrote a detailed appendix to the *Interim Report* that is likely to seem dishearteningly familiar to the present-day reader. Judge Ploscowe cited information that indicated that not all drug users were necessarily drug addicts, that data on the real extent of drug addiction were very difficult to obtain, and that public—and even “expert”—opinion on the drug problem was fraught with misconceptions and mythology. As examples of new and forward-looking research, he cited studies at New York University and the University of Chicago that showed that the people “most likely to become extreme delinquents or drug users are those who by virtue of their personal histories are least responsive to the expectations of conventional society. Thus, the problem of differences between those who do and those who do not become drug addicts in the world of the street boy may be regarded as a problem of the difference in life history among individuals, with each life history constituting a unique equation of forces.”⁷

In addressing the question of the relationship between drug addiction and crime, Judge Ploscowe quoted from various sources to the effect that opiate users were far more likely to become passive than violent under the influence of their drug, although many drug users were also violent sociopaths who would be so with or without drugs. He went on to ask, “Since opiate drugs do not act as a stimulant for the commission of violent crime, should not confirmed addicts have a means of obtaining such drugs legally, so that they will not have to engage in crime in order to raise the money necessary for their needs? This basic question goes to the heart of our present policy in dealing with drug addiction.”⁸

The *Interim Report* of the ABA/AMA committee provoked an energetic and thoroughly negative response from the Federal Bureau of Narcotics (FBN), then under the direction of Commissioner Harry J. Anslinger. The rebuttal published and disseminated by the FBN took the form of a collection of comments on the ABA/AMA report from fourteen law enforcement officers, judges, former federal agents, and physicians, along with a number of excerpts from congressional documents, United Nations reports, and the like. It is prefaced by reproductions of Judge Ploscowe’s letter to Anslinger conveying a copy of the ABA/AMA report to the commissioner and requesting a meeting in order to discuss it, and Anslinger’s reply to the judge. The commissioner declared that he found it “incredible that so many glaring inaccuracies, manifest inconsistencies, apparent ambiguities, important omissions, and even false state-



Harry Anslinger in his heyday as commissioner of the Federal Bureau of Narcotics. To his left is a hollowed-out book used to smuggle drugs. (Library of Congress.)

ments could be found in one report on the narcotic problem.”⁹ The language used in the commentaries that follow is remarkable for its vitriolic tone and for its total rejection of the legitimacy of even broaching the subjects addressed by the committee. Open discussion of such questions as providing maintenance supplies of opiates to addicts was evidently intolerable to people who had spent

their careers in harmony with the national consensus that drug use was a horrifying menace to society. For Anslinger and his colleagues, the only response possible was uncompromising application of the most severe prohibitive measures. But the intransigence of the FBN became untenable over the next few years. The determination of both Commissioner Anslinger and his successor, Henry Giordano, to resist emerging interpretations of, and solutions to, the rising use of illegal substances in all segments of society, as well as their commitment to methods of policing and public information that were regarded as antiquated and benighted, eventually spelled the end of the bureau. The bureau had not changed, but Americans' attitudes were shifting, and so were the viewpoints of the more-liberal policy makers. An intense debate between traditionalists and innovators, between advocates of police action against drug users and those who favored a new emphasis on public health measures, developed over the next few years.

Order and respect for authority were extremely important to most Americans, but at the same time, both ordinary citizens and professional people in health and law, such as those who served on the ABA/AMA committee, were asking some basic questions about the nature of drugs and the measures used to control their use. The debate between old and new centered mainly on three substances: marijuana, LSD, and heroin (cocaine would not return as an issue until much later). Was marijuana really harmful? If so, how harmful? Should LSD be controlled as a menace to health and sanity or celebrated as a "door of perception"? Was addiction to heroin and other opiates a crime or a disease, moral turpitude or misfortune? How one answered these questions determined what solutions one favored. Why one answer was chosen above another depended upon one's personal experience, political and moral convictions, and, not least, vested interests.

Policy makers in the Johnson administration struggled to find some sort of equilibrium among the disparate forces of political necessity and programmatic efficacy and, in the process, established the outline for narcotics control policy for years to come. They sought to turn the controversy over drugs to their political advantage through real progress against both the crime and the misery and disease thought to be related to drug use. They focused their efforts on (1) gaining control of the bureaucracy of the executive branch by ridding it of uncooperative agencies through reorganization; (2) establishing federal public health and education measures aimed at treating abusers and controlling use (demand); and (3) reforming drug control legislation to achieve a better balance between punishment of drug-related crime and care for victims of drug

abuse. They and their successors were to discover that the complexity of the problem, its poorly understood social and individual causes, its emotional resonance among voters, and its susceptibility to political manipulation made results of attempts to solve it unpredictable at best.

THE PRETTYMAN COMMISSION

FBN Commissioner Anslinger announced his retirement in the spring of 1962, and the way was opened for reconsideration of drug policy. In 1960 then-candidate John Kennedy had promised to convene a White House Conference on Drug Abuse in a telegram to California's attorney general.

I am aware of House Resolution 431 which was adopted in April of this year suggesting a White House conference. In addition Resolution 20 adopted by the National Conference of Attorneys General in July called for a similar conference on this problem. I believe such a conference can serve a valuable purpose. It should seek a method for securing uniform state-federal enforcement. It should recommend a method for implementing machinery for consultation between the United States, Mexico and Canada and it should consider a federal-state program for the addict as well as such other appropriate matters that will hold alert the nation and contribute to the solution of the narcotics problem. In answer to the question in your telegram, I assure you that if I am elected president I will convene the White House Conference on narcotics as soon as it is reasonably practicable.¹⁰

The White House Conference was convened in September of 1962 and was the first concrete indication that the federal government was beginning to acknowledge the sort of public-health-oriented thinking about drug use that had informed the ABA/AMA investigation, and that it might take some small steps toward abandonment of the punitive-deterrent philosophy. As a result of the conference, the president issued an executive order on 15 January 1963 appointing a presidential Advisory Commission on Narcotic and Drug Abuse under the leadership of Judge E. Barrett Prettyman. The executive director of the commission was Dean F. Markham, and assistant secretaries from the Departments of State, Treasury, Defense, Justice, and Health, Education, and Welfare (HEW) served as liaisons.

The commission's report was completed just weeks before President Kennedy was assassinated. Although the published version is dated 1 November 1963, the report was not released by Kennedy before his death, and it remained in confidential draft form until 24 January 1964, when it was officially accepted by Lyndon Johnson and released to the press.

The commission summed up its guiding principles as follows:

1. The illegal traffic in drugs should be attacked with the full power of the federal government. The price for participation in this traffic should be prohibitive. It should be made too dangerous to be attractive.
2. The individual abuser should be rehabilitated. Every possible effort should be exerted by all governments—federal, state, and local—and by every community toward this end. Where necessary to protect society, this may have to be done at times against the abuser's will. Pertinent to all, the causes of drug abuse must be found and eradicated.
3. Drug users who violate the law by small purchases or sales should be made to recognize what society demands of them. In these instances, penalties should be applied according to the principles of our present code of justice. When the penalties involve imprisonment, however, the rehabilitation of the individual, rather than retributive punishment, should be the major objective.¹¹

Twenty-five recommendations followed from these principles. The commission made no fewer than seven recommendations for reorganization of bureaucratic entities, the main thrust of which was that all enforcement activities could be more effective if located in the Justice Department. They also emphasized the need for effective interagency coordination, new scientific research, and information gathering and dissemination. They offered a total of seven suggestions for rehabilitation of drug abusers, leaving no doubt of the importance they placed on treatment—even of incarcerated drug offenders. Three recommendations for international diplomatic measures were made, and two dealt with the reform of federal legislation.

The importance of the Prettyman report lies in the fact that it articulated the general outline of a coherent approach to the narcotics problem that acknowledged emerging thinking on the subject while avoiding radical proposals that would conflict with widely held, extremely negative opinion with respect to drug use. W. B. Eldridge, author of *Narcotics and the Law* and director of narcotic study for the American Bar Foundation, criticized the report in a postscript to his book, saying that “without examination, without explanation, the commission has, for most purposes, equated drug use and drug abuse. The goal has been set at termination of drug use rather than at a satisfactory social adaptation of those persons presently considered to be abusing drugs.”¹² As material to be discussed in later chapters will also indicate, the goal that Eldridge criticizes has been fundamental to drug control in the United States since the early

twentieth century. No policy goal other than “termination of drug use” has ever achieved the necessary political support to see it through to implementation. The American public has been more or less tolerant of drug use at various periods of history, but even in times of relative acceptance of such behavior, tolerance is characteristic only of a large minority of citizens.¹³ Eldridge himself observes that “no matter how cogent the arguments analogizing the use of narcotics to the use of alcohol, or even to tobacco and coffee, the use of narcotics, by and large, exceeds social tolerance. Whatever the reasons—social, scientific, emotional, religious—the public is strongly united in its opposition to drug use and in its demand for prevention and control.”¹⁴ The staying power of the concepts articulated by the Prettyman Commission is illustrated in the Appendix. Nearly all its recommendations found expression in one form or another in federal policy over the next four administrations and were adapted under later presidents; many are discernible today.

PRETTYMAN AND THE FBN: BUREAUCRACY AND POLICY INNOVATION

The Prettyman report was deeply disturbing to those imbued with the FBN’s institutional culture and tradition. During the deliberations of the commission, Henry Giordano’s office had put together a paper that was meant to rebut the notion that a reconsideration of drug policy was necessary at all. According to the FBN,

During recent years, an extremely vocal effort has been made by a few members of the medical and legal professions to convince the public that the current laws and policies relating to narcotic drugs have resulted in complete failure; that addiction everywhere is on the increase and that we should abandon present methods in favor of a “more enlightened” approach.¹⁵

Since 1953, The Bureau of Narcotics has been recording and compiling records on active addicts and to date their figures total 46,697. Recognizing that no system of reporting addicts can be absolutely foolproof, the actual count of addicts may be higher. In any event, the Bureau of Narcotics is convinced that the top figure would not exceed 60,000. It should be remembered, however, that the population of the country is now well over 180,000,000.¹⁶

Assistant Secretary of the Treasury James A. Reed, writing to Judge Prettyman, expressed an opinion held by most in his department that apparent declines in the prevalence of dramatic withdrawal symptoms among addicts in treatment



Narcotics agents pose with packages of marijuana in suitcases, 1963. (New York World Telegram and Sun Newspaper Photograph Collection, Library of Congress. Staff photo by Ed Ford.)