

1 Drug prohibition and the 'assassin of youth'

Prohibition sees drugs as a danger to the individual and a threat to the community. Drugs are defined as 'bad' or 'evil', and therefore prohibition seeks the complete removal of illicit drugs from society. The rationale put forward by prohibition is the need for the state or global organizations, such as the United Nations, to protect society. A key theme of this chapter is that drug prohibition is about power, control and contradiction. Drug prohibition defines its objectives on the basis of rationality and scientific evidence, but it also promotes itself as visionary in terms of wanting to improve society. This total concern leads Jacques Derrida (1993: 19) to argue that prohibition puts forward claims to 'truth' and morality that demonstrate that drug prohibition is not based on science, it is a political act based on a particular moral standpoint.

This chapter examines the social and cultural politics of the drug prohibition movement. I shall start by looking at the legitimate colonial drug trade in the eighteenth and nineteenth centuries as part of capitalist development. The modern drug prohibition movement emerged during this period, when the economy and government were centrally involved in drug production and distribution as major sources of revenue. I will then assess the impact of American punitive drug legislation on the development of the 'British System' of drug controls and the supporting role played by the media through images of young people as drug victims, thus affirming the need for criminal drug control. I shall explore the way that key figures within prohibition, such as Hamilton Wright, Richmond Pearson Hobson and Harry Anslinger, have been motivated by a morality of social improvement. I will then argue that historically drug prohibition in the USA and Britain has consistently employed a racist theory of the 'other' which has promoted negative representations of drug users as Arab, Chinese, black or Mexican (Helmer 1975). At the centre of drug prohibition has been the myth of drugs as the 'assassin of youth' which propagates fearful images of degradation threatening the western way of life.

The legitimate colonial drug trade

The twentieth century can be described as the 'age of prohibition', but drugs and attempts to restrict drug production, importation and consumption began with the modern growth of European colonialism and the start of global capitalism in the sixteenth century. The modern western demand for prohibition is closely connected to a racial 'othering'. For the Church and the state drug products from the Americas or Asia were derived from non-white origins and believed to be the work of the devil which could encourage social disorder or resistance to imperial control (Inglis 1975: 51; Berkhout and Robinson 1999: 39). Divine monarchs from the Holy Roman Empire and Great Britain were quick to realize the financial benefits of drugs to the Church, colonial economy and state. At first exotic substances were limited to the merchant, political and administrative elites, but slowly the growth of new commercial substances of coffee, tea, tobacco, chocolate and opium became transformed from luxury goods into large-scale commercial commodities. Rudi Matthee (1995: 36) argues that by the early 1700s the government norm towards new products was not prohibition but taxation. For example, in England, King James I in his pamphlet, *A Counterblaste to Tobacco*, and later his son Charles I saw the product as an unhealthy and dangerous foreign import, but reluctant to ban it they preferred to elicit revenue by subjecting the drug to taxation.

Government bureaucrats and merchants quickly realized the potential for extraction of profit from people either at home or abroad from addictive substances. All European nations took a leading and developmental role in the growth of the modern drug trade. Rowntree (1905: 285) and Owen (1934: 52) argue that by 1839 opium had become the world's most valuable single commodity of trade.¹ Perhaps the highest stage of international drug trading was reached by Britain through the East India Company. According to John Newsinger (2002: 125), this provided 'massive profit for London companies and substantial revenues for the state'. Britain faced economic competition from the Dutch and Americans who were developing their vast fleets of opium ships called clippers and the use of fast slave ships (McCoy 1991: 82). British merchants with support of the British government illegally supplied opium to China, against the wishes of the Chinese emperor. During the nineteenth century Britain fought two Opium Wars with the aim of gaining access to Chinese markets by overthrowing Chinese sovereignty. The Nanking Treaty (1842) and the Treaty of Tientsin (1858) brought the British government land and the legalization of opium. As a result Johnson (1975: 306) states that 'Britain forced opium upon China'.

European colonial rulers effectively used addiction revenues to finance the construction of modern urban states, making drugs a valuable commodity

in the expansion of global capital accumulation. Imperialism established new Third World economies on a dependent basis whereby the colony bought knowledge and commodities from the colonizer. This also included promotion of an ideology of international drug suppression while selling drugs back to the colonies at huge profits (Wong 1998). At the start of the twentieth century western governments were 'the biggest drug pushers in history' (Himmelstein 1978: 48). The legitimate trade in drugs such as heroin, cocaine and cannabis represented a series of major commodities that sustained global commerce among the growers, manufactures and consumers. The success of the western colonial drug trade was to generate revenues for colonial development and to provide profits for European stockholders while at the same time politically to oppress indigenous populations by subjecting millions of people to opium addiction. Western colonial control of countries in Asia led to mass addictions and strengthened the finances of colonial governments (Mill 1990).

The consequence of military victories enabled colonial rulers to promote their self-generated superiority, permitting administrators to impose their principles of beliefs and social organization on the defeated (Fanon 1959/1965: 122). Profits from mass consumption of drugs and even government stimulation of addiction were seen as laudable and conducive to maintenance of effective colonial rule.² In this sense drugs were supportive to the development of imperial capitalism and held in check demands for social reform from indigenous people. Western governments were relatively unconcerned with the emergence of drug use abroad, as the colonies were thought of as 'primitive' due to their lack of an apparent democracy or rational utilitarian principles of social progress. Encouragement of drug use amongst so-called 'foreigners' supported imperialist assumptions about their underdevelopment and served to justify colonial domination.

Emergent moral movement of prohibition

Contemporary anti-drug and anti-alcohol movements have a long ancestry. Religious groups such as the Quakers had long advocated the abolition of slavery from the 1650s and frequently criticized British colonial policy as one of revenue before righteousness. The American Temperance Society was founded in 1826. It had support from religious groups in conducting their revival style meetings and, according to Berkhout and Robinson (1999: 37), was 'similar to the new Protestant sects in trying to impose a muscular Christianity on the denial of pleasure'. Brian Inglis (1975) points out that in the nineteenth century there was a close alliance between anti-tobacco campaigners, the temperance movement and the anti-opiumists. During this period the Quakers took on a central role in drug prohibition on a global basis,

often containing members who overlapped in different campaigning organizations.

The first financially viable anti-drug group was the (Anglo-Oriental) Society for the Suppression of the Opium Trade (SSOT). It was formed in 1874 in Birmingham, later moving to London, by Edward Pease, Arthur Pease, Thomas Hansbury, Arthur Albright and F. Storrs-Turner, who were affluent Quaker missionaries, merchants and bankers. The Quakers international prohibition strategy of moral persuasion took two forms: first, through their well-respected corporate identity deriving from their organizational body the Society of Friends (Harding (1998: 7); second, through the establishment of their journal in 1875, the *Friend of China*. Johnson (1975) argues:

[SSOT] published the proceedings of annual meetings, decisions of the Executive Committee, speeches by missionaries, MPs and doctors. It listed public meetings held under SSOT auspices. It also summarized, reprinted, and analysed miscellaneous opium information: newspaper articles, articles in missionary newspapers, medical reports, government statistics and policy decisions, criticisms by pro-opiumists, and correspondence with anti-opium groups in Holland, the United States, Australia, New Zealand, Japan etc. Several informational pamphlets and/or books were published; leaflets were prepared for distribution at public meetings. In addition, SSOT members wrote letters and articles to leading newspapers, magazines and professional journals.

(Johnson 1975: 309)

The prohibition work of the SSOT was international, although only in English, and presented its moral message on a highly repetitive basis. This modern organizational basis enabled the Quakers to distribute information quickly, thereby presenting itself as a body observing and responding to public feelings. However, to claim that it was a popular apparatus for the public surveillance of society's morality, according to Berridge and Edwards (1987: 180), is a fiction: 'the public opinion it sought to create was not broad based, but the opinion of the influential elites in society'. The anti-opium movement remained steadfastly elitist and this was reflected in their combination of moralistic and medical judgements which were the basis of their professional support. Morality and health were closely defined in terms of an individual's capacity for self-discipline and through the SSOT's close association with the temperance movement drug use came to be defined as a disease of moral weakness.

Within the prohibition movement, medical judgements informed moral assessments to enable drug use to be defined as a failure of personal responsibility. In public policy terms there was a symbiotic relationship between the

rise of drug control and the professionalization of medicine. Reeves and Campbell (1994: 45) argue that 'the rhetoric of this orthodox medicine was a rhetoric of science and reform that succeeded in masking not only political and racial agendas, but also economic self-interest of the medical profession and the pharmaceutical industry'. Medicine quickly colonized new fields of personal, social and political spheres indirectly related to medical science, combining social regulation and medical intervention on a moral basis. For the prohibition movement, recognition of this new expertise enabled medical solutions to moral problems to be transformed into technical strategies for treatment or to form a scientific basis for the criminalization of the drug user. The success of prohibition with its apparent medical science to achieve legitimacy was a result of its professionalization but especially its social and political connections.

Modern American drug prevention

During the nineteenth century Britain and the USA introduced legislation to restrict access to the consumption of drugs, including the 1868 Pharmacy Act and the 1906 Food and Drugs Act, but these measures were largely piecemeal and dealt with the prescription system and poisons. The first anti-drug legislation introduced by the San Francisco Board of Supervisors in 1875 was a local ordinance aimed at Chinese immigrants who consumed opium within opium dens.³ The local ordinances were also aimed at the perceived threat of black and Mexican drug consumers (Cockburn and St. Clair 1998). This early anti-drug legislation was ethnocentric and centred on the fears of sexual corruption of young women and men by 'foreigners' who were seen by politicians and the media as polluting the purity of the race. Under missionary zeal this local xenophobia was translated into a national concern and the 'protection of native races' became a foundation for the first international meeting to discuss the regulation of drugs. Global drug prohibition started with the 1909 Shanghai drug conference 'World War on Opium Traffic', which resulted in the Hague Convention of 1911. The cornerstone of global drug prohibition began with the Harrison Act in 1914, introduced by Francis Burton Harrison as a result of intensive lobbying by Dr Hamilton Wright.

The USA became a colonial power with the acquisition of the Philippines through its victory in the 1898 Spanish–America War. David Musto (1973: 26) argues that almost immediately US missionaries entered the Far East and saw their role as stopping the opium trade. Under the moral stewardship of the Right Reverend Charles Brent, Dr Hamilton Wright and Dr Charles C. Tenney, a former missionary in China, the USA began to formulate global drug control policies. These key moral reformers, particularly Brent and Wright, were also the US representatives at the International Shanghai Opium Conference in 1909.

Wright was also responsible for the failed pre-Harrison anti-narcotics Foster Bill in 1910. These drug prohibitionists launched far-reaching anti-opium campaigns on the basis that drugs brought a decline in morals through contamination with 'degenerate races' (Lusane 1991).

Dr Hamilton Wright promoted notions of 'otherness' and racial degeneracy by suggesting that young American white women were being seduced by Chinese men through use of opium and that cocaine led black men to rape white women (Musto 1973: 43–4). In a similar vein he charged drugs 'to be a creator of criminals'. In the USA racist laws were passed such as the Chinese Exclusion Act of 1882, followed by the federal government ban on opium importation and smoking among the Chinese, while white Americans were not banned from consumption. John Helmer (1975) shows that in America the media also promoted racist discrimination which differed little from comments by moralists like Wright, Brent and Hobson who were guilty of inflating statistics and spreading horror stories. This point is elaborated by David Courtwright who states that the moral crusaders had two problems:

Smoking cocaine was uncommon in the early twentieth century and few Blacks, criminals or otherwise, injected the drug. The second problem is that there is little concrete evidence of such crimes. Those who alleged a cocaine-inspired crime-wave tended to be long on generalities and short on specifics.

(Courtwright 1995: 212)

Undaunted, the moral crusaders' generation of fear was beginning to prompt legislation and their fantasized debauchery was commonly supported by a racist and xenophobic press. The press chose to promote fictitious stories in order to boost circulation such as 'New York Girls Doped and Kidnapped for White Slave Trade'. Such was the power of fiction, as Lusane (1991: 34) reveals, that the *New York Times* asserted that 'Southern sheriffs had switched from .32-caliber guns to .38-caliber pistols to protect themselves from drug-empowered Blacks'. Cocaine fiction had reached the point where drug users themselves had become bulletproof.

Bertram et al. (1996) see the anti-drug crusade movement as being rooted in the puritanical strain of American culture which demands public control to foster moral and model behaviour. Two leading drug prohibitionists who used the 'other' theory were Congressman Richmond Pearson Hobson 1870–1937, and Harry J. Anslinger, Commissioner for the Federal Bureau of Narcotics (FBN). Hobson and Anslinger were supported by the dominant elite in US society and were able successfully to promote the contemporary myth that America's drug problem stemmed from threats within society by foreign minority cultures pursuing immorality and from outside the state by hostile nations. Hobson and Anslinger were part of the anti-alcohol prohibition

movement (King 1972: 70). Hobson began his career as a leader of the temperance movement through his fundraising for the Anti-Saloon League. Woodiwiss (1998: 15) argues that the crusader received a percentage of the money donated and 'decided that moral crusading was a lucrative career to pursue'. In 1911 he proposed the first national prohibition legislation, which was unsuccessful, but after the Volstead Act 1919 was passed, he moved from prohibition of alcohol to prohibition of drugs. His moral propaganda was effective and strategic and he founded a series of organizations reflecting global aims: International Narcotic Education Association 1923, World Conference on Narcotic Education 1926, World Narcotic Defense Association 1927.

The importance of Hobson's crusade is that it fused what Bewley-Taylor (1999: 36) refers to as 'a quasi-medical approach to heighten anti-drug sentiment' derived from the nineteenth-century anti-opium movement, with contemporary forms of mass propaganda to millions through publication of school textbooks, and newspaper and radio programmes aimed at young people. Hobson's personal discrimination against foreigners and dislike of the ethnic minorities and the lower class became the basis for his 'othering' strategy. As a populist moralizer his aim was to shock through exaggeration that played on people's sexual and racial fears from a position which announced that civilization and the destiny of the world was at stake due to drugs. His liberal use of negative and biblical descriptions have a contemporary resonance. He asserted that drugs were a 'contagion' and that users were 'lepers among our people', further suggesting that 'drug addiction is far more incurable than leprosy, far more tragic to its victims, and is spreading like a moral and physical scourge', warning that young 'drug addicts are the principal carriers of vice diseases'.⁴ Diana Gordon (1994: 194) highlights in particular that Hobson's metaphor to describe heroin users as 'the living dead' was a means to summon moral perversion and unconscious fear of the physical deterioration of the young body.

In politics and the media discriminatory beliefs were the common order of the day. Young black men were referred to as 'crazy niggers' and the Chinese population was collectively described as the 'yellow peril'. These exaggerated racist claims were part of the misconceived ideals of social Darwinism and the eugenics movement. The prohibitionists were not alone in their espousal of extreme ideas. The opinions and values of xenophobic crusaders were widely proposed and given space within the popular press (Williams 1980). Anti-drug crusading became respectable and profitable. Newspaper editors, industrial manufacturers and business leaders saw money and political influence in moral campaigns. Bertram et al. (1996) show that high status social groups such as masonic lodges and charitable clubs⁵ used their influence to promote their public relations as fighting this contagious social sickness. Leading organizations and political figures of American drug

prohibition demonstrate that demands for moral reform are fundamentally political in nature because their aim is to achieve social reform from their set position. The moral campaign spearheaded by Harry J. Anslinger as the new Commissioner of the FBN claimed drugs were the true demons of 'evil', 'disgust' and 'vice'. Moral crusaders often operate with an absolute ethic or a totality view: from their perspective what they see is completely evil or wrong. This approach asserts self-righteousness and correction without qualification and where the crusade is validated by religion it combines superiority with holiness. This makes bourgeois moral reformers idealist in their ambition to change people and improve social conditions, but this humanitarianism can also be seen as a mask for their forced morality.⁶ Antonio Gramsci argues that American moralists held aspirations to achieve a control culture through intervention and surveillance. He cites the

attempts by Henry Ford, with the aid of a body of inspectors, to intervene in the private lives of his employees to control how they spent their wages and how they lived. . . . Though these tendencies are still only 'private' or only latent, they could become, at a certain point, state ideologies, inserting themselves into traditional Puritanism and presenting themselves as a renaissance of the pioneer morality and as the 'true' America.

(Gramsci 1971: 304)

Thus during the twentieth century the modern 'anti-drug consensus' created by public charity campaigns, media representations and government intervention was based on the assumption that public policy and public interest were one and the same.

Anslinger and the 'assassin of youth'

The leading figure of drug prohibition in the twentieth century was Harry J. Anslinger, head of the FBN from 1930 to 1962. His impact on national and global drug policy was profound and complex.⁷ Kinder (1991) considers that Anslinger's racism was an everyday part of his drug prohibition strategy, which identified ethnic minority groups and foreigners as responsible for America's drug addiction problem (Kinder and Walker 1986). The power of Anslinger's discriminatory beliefs depended not merely upon repeatedly asserting his comments, but such xenophobia was actively supported within institutional frameworks of popular culture, for example the popular press, and also at local level within moral reform groups such as temperance organizations and racist groups like the Klu Klux Klan. Anslinger was regarded as a popular public figure through his radio and TV appearances and he was

supported by the political elite for his extreme views. Anslinger was praised by conservative newspapers published by the Hearst empire, magazines of the temperance and prohibition movements, and the Methodist Church. He had strong admirers in Congress for his oppressive policies and received public praise. McWilliams (1990: 19) notes that this was typical of the 'adulation bestowed on Anslinger' at both national and international levels.

It would be wrong to accuse Anslinger of establishing the ideological connection between youth, race and drugs because from the nineteenth century, racial fears had played a central part in the discourse of anti-drug campaigners including Wright and Hobson. This can be seen through the coverage of the William Randolph Hearst newspaper empire, for example, in articles by Winifred Black who also wrote under the name of Annie Laurie.⁸ She supported the anti-drug policies of the Italian fascist dictator Benito Mussolini, in her article of 9 March 1928: 'Mussolini Leads Way in Crushing Dope Evil'. She affirmed Mussolini's warning by adding that drugs are a 'hideous contagion like a leprosy in the community'. For over 20 years on a near daily basis she relentlessly constructed a fearful representation of the drug fiend threatening young people and American civilization. She poured forth a steady series of sentimentalized melodramas about the seduction of young white children and women by Mexican marihuana and posited that crime was a result of black people made 'crazy' by cocaine. However, beyond the popular 'adventure' stories of moral xenophobia were more serious cases of brutal racist murders, burnings and torture. Lusane (1991: 34–5) argues there was both 'harmony' and 'alliance formed between temperance groups and racist organizations such as the Klan'. The newspaper empire of William Randolph Hearst ran drug stories as racist tales where the 'evil' hemp drug was used on young people by seductive black-eyed 'senoritas' who were 'wanton women' (Silver and Aldrich 1979). Hearst's papers brought an alteration of language to hemp by renaming marihuana as 'marijuana' in order to make a stronger connection with the Mexican racial minority group (Cockburn and St.Clair 1998). In 1937 Anslinger wrote 'Marijuana: Assassin of Youth'. Murder and xenophobia have been consistently combined through fact and fiction as key ideological strategies of the prohibition and moral reform movement.

Anslinger used xenophobia and the image of young people as the victim of drugs as a means to achieve his personal goal of absolutism. The key factor which Anslinger promoted through his 'legendary hatred of people of colour'⁹ was the highly disturbing message of brutal murder. Anslinger's first major piece of prohibition legislation was the Marihuana Tax Act 1937. In promoting the permanent prohibition of cannabis, Anslinger combined the cocktail of racial minorities exploiting youth, the seduction of young women into immorality and murder. Anslinger's (1937: 150) 'Assassin of Youth' paper gives a useful insight into his use of 'othering'. Anslinger was not the first

drug prohibitionist to exploit the myth of the 'assassin'. For example, Dr A. E. Fossier (1931: 247) morbidly details how Arabs used hashish for 'every sensual pleasure', committed 'ruthless atrocities' and 'massacred Christians'. He argued that 'Indian Hemp' brought the 'worst addiction, the most brutal and bestial crimes'. Anslinger's paper identifies the origin of cannabis use as non-American. He argues that it was first used by 'Ancient Egyptians', Persians and the military order of the Assassins where the purpose was, according to Anslinger, to turn young men 'into swine', and 'under the influence of hashish, for them to engage in violent and bloody deeds'. Anslinger then provides a succession of case studies on the impact of cannabis in support of his claim that cannabis is the 'killer weed' which leads to rape, insanity and the murder of children, young people, parents and police officers.

These selected narratives of the young 'assassins' were repeatedly told in newspapers and magazines, on radio and the television by Anslinger and his colleagues on a wide basis as everyday stories of drugs (Becker 1963). A good example of the power of Anslinger's dogma over proof of evidence is detailed by McWilliams (1991). He argues that Anslinger's favourite case was that of 21-year-old Victor Licata, a young Mexican in Florida who hacked to death with an axe his mother, father, two brothers and sister. Licata did smoke cannabis and did murder his whole family with an axe. McWilliams (1991: 367) states:

Anslinger's testimony was factual, but it was not complete. He did not mention that eleven days after the murder a psychiatric examination report appeared in the Tampa Times confirming that Licata was criminally insane and subject to 'hallucinations accompanied by homicidal impulses'. Authorities also concluded that his insanity was most likely inherited and was not marijuana-induced.

It is now recognized that the term 'assassins' is an ideological construction which Albert Hourani (1991: 96) states was 'brought back to Europe during the time of the Crusades'. A key figure in spreading the message was Marco Polo who in the thirteenth century described a cult organization called the Assassins, who were a sort of medieval death squad sent to kill specific leaders. Polo maintains that the leader of the Assassins was Alaodin, a greatly feared Sheikh of the Mountains in Mulehet. He details how the sheikh created an artificial paradise whereby he tricked all the strong male youths from 12 to 20 through administering a potion that makes them sleep. They were then placed in the created paradise garden at Alamut where Polo (1958: 71) states 'the ladies and damsels stayed with them all the time, singing and making music for their delight and ministering to all their desires'. After a few days of pleasurable excess the male youths would be transported out of the paradise

believing that Alaodin was a prophet and were then prepared to follow any order given by the sheikh. The young Assassins eagerly enacted each act of murder according to Polo so that they would be able to return the sensual paradise fuelled by hashish.¹⁰

Polo's description of sexual immorality, intoxication and brutal murder carried out by non-white people has been the basis of enduring stereotypes of fear and infatuation for centuries (Jay 2000). Polo's focus on the erotic and exotic potential of intoxication was affirmed by Samuel Purchas in his 1626 tales: 'Purchas His Pilgrimage'. The modern etymological root of the word 'assassin' linked to hashish comes from Silvestre de Sacy in 1801, as a result of his contact with Napoleonic soldiers returning home from the Egyptian campaigns with cannabis (Rudgley 1993). Rosenthal (1971) is critical of Marco Polo's poetic licence and de Sacy's racial construction. He argues that Hashishiyah was a slang term for a lower class of people with a disreputable character. The derogatory nickname of hashish eaters was well established and in general use by the twelfth century. Thus he argues (1971: 43) that this implies 'doubt as to whether the name Assassin is really to be connected with the meaning "hashish" among the many possible connotations of the Arabic word'. De Sacy's theory of the origin of the word assassin is now understood to be inaccurate as it reproduces a racial othering. However, its use as a metaphor to evoke pleasurable fear rapidly entered into literary and popular culture through the writings of Fritz Hugh Ludlow, Bayard Taylor¹¹ and Alexandre Dumas's (1845) *The Count of Monte Cristo*. De Sacy's vision of the Orient had a significant impact within high European culture especially his 'Chrestomathie arabe' 1806 and 1826,¹² of which Edward Said (1978: 129) argues that De Sacy praises the ecstasies of cannabis in the Garden of Cafour. He constructs lurid descriptions of Arab people consumed by sex and violence. The connection between orientalism and drug intoxication was enhanced through nineteenth-century painting focusing on the pleasurable voyeuristic gaze lingering over youthful bodies visualizing drugs and decadence, for example, in paintings by Delacroix, Ingres, Gerome and Trouillebert. For Edward Said (1978: 127–130), de Sacy 'was the father of Orientalism'. In the twentieth century Anslinger used 'orientalism' through the metaphor of drugs as the 'assassin of youth', and brought a new and intentionally disturbing message to drug prohibition. But paradoxically the metaphor has been a consistent and productive image employed by both anti- and pro-drug campaigners.¹³ In the twenty-first century drugs as the 'assassin of youth' are commodified into an attractive 'coffee-table book', for example, Sherman et al.'s (1999) *Highlights: An Illustrated History of Cannabis*. The text offers an alluring cocktail of youth, sex, drugs and danger while it also reproduces racist propaganda and western imperialism.

Harry Anslinger conducted a militarized propaganda campaign against cannabis which became a personal obsession. McWilliams (1991: 367–8)

argues that from his appointment Harry Anslinger was the recognized authority on drug problems who withheld statistics and manipulated records to establish the US government's position that cannabis caused insanity. Anslinger's intention was to gain an emotional response to the disturbing effects of the drug. This resulted in marihuana prohibition and created a new group of criminals to serve the purpose of sustaining Anslinger's position and funding for his Bureau of Narcotics. During Anslinger's reign there were few critical voices. One of his most consistent critics was Indiana University sociology professor Alfred R. Lindesmith. He published an article in 1940 titled 'Dope Fiend Mythology' stating: 'The "dope fiend mythology" serves, in short, as a rationalization of the status quo. It is a body of superstition, half-truths and misinformation which bolsters up an indefensible repressive law' (p.208).

A key strategy of the bureau was to discredit opposition to their drug policy, for example, from individual academics such as Lindesmith or professional associations such as the American Bar Association (ABA) and the American Medical Association (AMA). In particular, the *La Guardia Report* (1945) brought an extreme response from the bureau which viewed its findings as a hindrance to law enforcement since it contradicted their negative view of marihuana. The report challenged the connection between marihuana and mental illness. Users were found to be neither violent nor erotic, nor did they progress to more dangerous drugs. As King (1972: 71) argues:

Anslinger opposed all public discussion aimed at enlightening Americans about the drug problem or exploring alternatives to his over-bearing policies, on the ground that anything akin to education or open-mindedness would aggravate the situation and stir the curiosity of potential new victims. Those who questioned his Bureau were denounced as 'self-style experts', bleeding-hearts, ax-grinders, and 'meddling do-gooders'.

The hegemonic power of Anslinger's bureau was pervasive. Not only was it able to publicly discredit the findings of the *La Guardia Report*, but Boonie and Whitbread (1974: 201) argue that it forced the AMA to withdraw its formal approval of the report. Further, they state that the editorial of the *AMA Journal* suddenly launched a surprising and hostile condemnation of marihuana which 'was probably written by Anslinger himself'.

Anslinger's representation of marihuana as the 'killer weed', heightening intoxication leading to the sexual violation of 'white young virgin girls' by foreign men, or the 'decapitation of a young man's best friend', establishes what Julia Kristeva (1982) calls the power of horror. Hearst's newspapers, Anslinger's bureau and the US government through their repetitive use of such images can be seen as feasting on abjection through the creation of repulsive images and officially sanctioned announcements of fear.

What Kristeva usefully elaborates is the way that institutions use a dynamic combination of abomination and fascination through a sustained focus on death, sex and excess as a means of attraction and repulsion to intensify control. Evidence for the construction of horror within drug prohibition can be found from the selected atrocity tales told by the victims of drugs and also government decision-makers such as the drug czar William Bennett, who on the American television programme *The Larry King Show* affirmed that beheading was a suitable punishment for drug dealers. He said: 'Yeah. Morally, I don't have any problem with that.'¹⁴

Drug prohibitionists sought to use horror to demand harsh sentences and punishment which became enacted in the Boggs Act 1951 and the Narcotic Control Act of 1956. Under these measures mandatory minimum penalties were raised from 5 to 20 years for the second offence and from 10 to 40 years for the third offence. Drug use had not merely become a life sentence, under the 1956 Act it had also become a death sentence, where juries could impose the death penalty on any adult who sold heroin to a minor. Yet by the late 1950s American society began to change. This is shown especially through the modern Kennedy presidential campaign. Hemmelstein (1983) argues that the bureau faced inept stagnation through its inability to respond to new social and cultural changes. The repeated warnings concerning cannabis as leading to murder, immorality or violence asserted by the bureau failed to materialize as drug consumption slowly grew to become a recognized popular recreational activity amongst young people. The bureau's inertia was dramatically overthrown when it created a new threatening image of youth and drugs as leading to political subversion of society: the new fear was that drugs could permanently alter consciousness against traditional American values.

Drug control and the British military state

During the First World War, British drug policy arrived under a military state through DORA 40B (Defence of the Realm Act), issued on 28 June 1916. This section argues that emergent British drug policy was shaped by Sir Malcolm Delevinge, Under-Secretary at the Home Office who secured punitive drug controls in Britain. Strang and Gossop (1994: 343) state: 'The Home Office used its influence to try to push Britain towards a similar system as the US and a reliance upon an entirely penal approach with criminal sanctions against both users and prescribing doctors.' During the establishment of the British system of drug control, the media played a supporting role through their moralistic and sensational portrayal of drug use and their criminalization of the drug user. Before DORA 40B it was possible to purchase drugs from the best shops in London such as Harrods.

It is possible to identify three key establishment figures who played an

influential role in making drugs a criminal matter: Sir Malcolm Delevinge, Under-Secretary at the Home Office; Sir Edward Henry, Metropolitan Police Commissioner; and Sir Francis Lloyd, General Army Officer Commanding the London District. DORA 40B was an extension of legislation to the general public which had already been introduced by the Army Council applying only to armed service personnel. Carol Smart (1984: 35) argues that it was now a criminal offence for an individual to be in possession of drugs without professional authorization: this act established British drug prohibition. Under wartime conditions the drug issue became strongly linked to national security and the media were quick to alert the public to dangers of wild drug parties, sexual immorality and secrets recklessly given to the German enemy.¹⁵

Sir Malcolm Delevinge and Sir Edward Henry pursued the drugs issue to consolidate their professional autonomy and to bring drugs under the jurisdiction of criminal law. As Metropolitan Police Commissioner, Henry saw drugs as a cause of crime and argued that drug users should be convicted. He stated: 'It might then be possible to deal severely with the unauthorized persons who, using as their tools burglars, thieves, prostitutes, sodomites, men living upon the earnings of women and other nefarious persons, are at present with impunity doing such infinite harm.'¹⁶ While Henry advocated prison for the drug consumer, he was opposed to sanctions against opium because it provided important trade revenue for the British empire.¹⁷ Henry and Delevinge may have pursued prohibition policies, but Brian Inglis (1975: 165) states that while 'the British Government was professing to be taking measures to reduce consumption of opium and hemp drugs, its agents in India were in fact busy pushing sales in order to increase the colonies revenue'. Parssinen (1983: 186) argues it was Delevinge who drafted the original DORA document which became the basis of the Dangerous Drugs Act, 'as well as the 1921 regulations, with no prior consultations with medical men or pharmacists, much against the wishes of the Ministry of Health officials'. Berridge (1984) reveals there was little evidence that a drug problem existed. She highlights the Report of the Parliamentary Committee on the Use of Cocaine in Dentistry (1917) which argued there was little need to continue the restrictions imposed by DORA. The Committee stated: 'We are unanimously of the opinion that there is no evidence of any kind to show that there is any serious, or, perhaps, even noticeable prevalence of the cocaine habit amongst the civilian or military population of Great Britain.'¹⁸ This evidence was not publicly debated due to its unpopularity amongst elite professional groups and figures, including Delevinge, as it would undermine their institutional expansion. Delevinge tried to keep public politics out of drugs and secured the criminalization of the drug user, which although challenged by the medical profession ultimately brought forth not merely a British compromise but increased institutional regulation of social behaviour.

British media representation of drugs as the 'assassin of youth'

Berridge and Edwards (1987) suggest that it was not until literary representations appeared in the writings of Charles Dickens, Edgar Allen Poe and Oscar Wilde that the opium den took on a more mysterious, sexually threatening appeal. The media showed only a minor interest in the small avant-garde cliques of the 1890s who experimented with drugs, and struggled to present this bourgeois circle of radical bohemians to the public. The British popular press preferred to direct its hostility against the Chinese male population, resulting in structural discrimination against the Chinese in the 1909 London County Council by-law which prohibited opium smoking in licensed sailors' boarding houses.

The American press had led the way and the British press soon followed and increased their readership through fantasized depiction of ethnic men seducing young white women with drugs. A preoccupation with cross-racial sexual relationships, xenophobia and fear for the purity of the white race was an everyday part of western culture in the early twentieth century. Parssinen (1983: 117–18) argues that in newspapers a 'potent symbol' was that of the 'young white virgin, drawn to her demise by rigged gambling games and opium'. Headlines told stories of 'White Girls Hypnotized by Yellow Men', 'East End Dens of Vice/Babies of Every Colour', or 'The Lure of the Yellow Man/English Girls', 'Moral Suicide'/Fatal Fascination'. Similar headlines sold newspapers after the First World War, and these themes were repeated in pulp fiction novels and films throughout the 1920s and beyond (Tracy 1978). British imperial racism and bourgeois literary culture created the myth of drug enslavement as a popular 'otherness', which became a pleasurable horror for the masses through modern film and pulp literature, for example, in the writings of Sax Rohmer. The culture industry packaged drug danger as an attractive and thrilling commodity where consumers bought into the intoxication of drugs as the new 'assassin of youth'.

During the early 1900s, drugs were not a common political issue and there were few voices in support of recreational drug use. Perhaps the most prominent advocate was Aleister Crowley. According to Marek Kohn (1992) in his study on *Dope Girls* the media's interest in arousing public anxiety through the combination of drugs and young women started during the period 1900 to 1925 where he examines the tragic deaths of four young women related to their drug use: Edith and Ida Yeoland, Billie Carleton and Freda Kempton, all of whom were actresses, models and dancers. In the 1920s photographs used in newspapers of both Billie Carleton and Freda Kempton emphasized their feminine beauty, sexual attractiveness¹⁹ and innocence.²⁰

The drug-related deaths of actress Billie Carleton in 1918 and dancer

Freda Kempton in 1922 became the first contemporary British drug scandals.²¹ Both were independent young women of different social standing who were recreated within the media as innocent young victims and denied their modern female autonomy. From the 1920s onwards the British media and government saw drugs as a vehicle for wider social, cultural and medical intervention, not only to restrict modernity, reassert tradition and regulate female actions but to reinforce the criminal explanation of drug use. For Marek Kohn, Carleton and Kempton were independent young women who challenged feminine passivity and whose use of drugs was undermined and inverted. The press acted as a male conservative force against social change. Berridge (1980: 16) argues that it was always young 'emancipated women [who] were regarded as particularly at risk from drugs'. Thus these young women became negative icons, manipulated to represent emblems of society's corruption.

The dominance of the criminal explanation for drug use over the medical or disease understanding was supported by tabloid hysteria focusing on the apparent ease with which the bourgeoisie could be corrupted by drugs. The fear of drugs took a new and more dangerous imagery after the Kempton case as a result of the criminal drug trials of Edgar Manning, a West Indian man, and Brilliant Chang, a Chinese man. By 1926 drugs had firmly become associated with immoral criminals, for example, the *World's Pictorial News* serialized 'revelations' by Eddie Manning, the self-titled 'Dope King of London'. In eight instalments the ex-prisoner spoke of sexual orgies, the drug deaths of young socialites, the corruption of young upper-class women and the ruination of business men and lawyers to drugs. During the twentieth century under British law drug use was criminalized and came to be seen as a matter for the Home Office and the police.

The 'British System' of drug control, 1920 to 1968

This section explores what is known as the 'British System' of drug control from 1920 to 1968 which assumes that regulation of drug use took place through medicine as a form of treatment. Rutherford and Green (1989: 385) argue the Rolleston Committee's (1926) main recommendation that 'a prescription shall only be given by a duly qualified medical practitioner when required for purposes of medical treatment firmly established the role of the medical profession in British drugs policy for almost forty years'. For Gerry Stimson and Rachel Lart (1994: 331) there never was a system for dealing with drug problems. For them the 'British System' was created by its commentators. The term was coined by E. W. Adams, who served as the secretary to the Rolleston Committee. Furthermore, Nigel South (1999: 89–90) challenges the argument that medical autonomy was provided by the recommendations of

the Rolleston Report 1926 because 'its framework was ultimately regulated by the Home Office and the police; its parameters if not its everyday practice were, at the end of the day, marked out by controls not treatment'. The British System may have been a myth but during this period the medical establishment were able to consolidate and advance disease theory as a 'scientific' approach to the social problem of drugs and this in turn legitimated their authority. The attraction of this theory was its flexible integration of medical and moral understandings which defined drugs as a criminal or medical matter not a political issue (Pearson 1991: 167).

The 'British System' was a secretive creation formed, according to Berridge (1984: 27) with 'little political or public input'.²² The end result of the Dangerous Drugs Acts 1920 and 1923 was that the control of drugs became a matter for the police and therefore drug users became criminalized in the American manner. However, after the Rolleston Report 1926 the medical profession gained an institutional and intellectual power base by being able to control specialist understandings and treatment related to drug addiction. The struggle of institutional power relations amongst the bourgeoisie was partly responsible for the contradictory appearance of British drug policy, which is described by Philip Bean (1974) as pretending to do one thing while actually doing another; in other words to assert medical control but really to operate criminal control.

The real issue of the 'British System' was not one of contradiction, but of class distinction. As an area of social discourse the medical profession defined its specialism in pursuit of class self-interest and was able to safeguard its power to control drug users through its monopoly of knowledge on drug addiction. The new knowledge asserted its regime of truth through the science of disease theory and the emergent psychiatry profession which sympathetically allied itself towards the doctors. Berridge (1984: 28) states: 'Medical humanitarianism was maintained only so long as there was a limited middle class and respectable adult clientele.'²³ The class-based nature of British drug policy is seen by Berridge (1984: 33) to start from its origin. She argues: 'The prison doctors who gave evidence to Rolleston and who saw a different class of addict took a distinctly harsher line, generally following the old penal line of abrupt withdrawal.' Disease theory of drug use was not an emancipating truth; it served the discriminatory power of professional class privilege. Foucault (1984) argues that medical truth is produced and transmitted under forms of control and that it is possible to identify key players who have professional interests which serve one aspect of power. But at the same time the various factions within the bourgeoisie may experience professional conflicts of interest with other status groups. The medical profession armed with its disease theory of drug use was able to legitimate its intervention into the area of the social and moral by defining the drug user as a 'sick' person.

Both Berridge and Parssinen note that models of scientific progress – particularly those linked to control of people’s use of drugs and alcohol – consistently contain a rigorous morality. This was demonstrated through the close links of medical specialists with moral reform groups such as the temperance movement, the SSOT and the Quakers. The dual influence of medicine and morality was explicit within the construction of theory and explanation put forward on the apparent drug disease. In this way scientific theory came to reflect not merely the concerns of the moral movement for reform but also became its causal evidence. The advancement of disease theory is key to understanding the medical profession’s distinction between medical and non medical use of drugs. The drug prohibition movement could accept no conception of moderation in drug use, and in this way disease theory reflected this total concern by articulating the drug user as in a state of neurosis suffering from a disease of the will. By defining a form of social behaviour as representing a disease, doctors joined their fellow supporters as moral crusaders to fight immorality with science. At its core Rolleston’s notion of the drug user as a ‘sick’ individual reflects the nineteenth-century understanding that an individual’s pleasure or vice were a moral problem for society.

In the twentieth century, Carol Smart (1984: 35) argues that the medical profession transformed this ‘individual evil into a “scientifically” identified threat to the fabric of society’. The conceptualization of social behaviour as contributing to disease naturally led to the concept of treatment. The institutional convergence between the medical establishment and government enabled the rationale and creation of treatment provisions sanctioned by legislation imposing drug controls. The success of the medical profession in establishing its legitimacy in this area also enabled the growing psychiatric movement to develop more advanced forms of control over the individual by extending the model of insanity to drug use.

Drug ‘hypnotism’ and insanity

In the 1950s the accusation that drug use led to mental health problems was not new; it began with De Quincey’s (1821) *Confessions of an Opium Eater*. In Britain during the 1950s the link between cannabis and madness was re-launched by Dr Donald Johnson (1952, 1953) in his studies on ‘insanity-producing drugs’ which Antonio Melechi (1997: 21) describes as ‘two deeply paranoiac booklets on the subject of hallucinogenic drugs and mental health’. Johnson’s hostility towards cannabis is supported in the foreword by H. Pullar-Strecker, MD, Hon. Secretary, Society for the Study of Addiction. Johnson states:

Hashish. This outlandish drug has no medical value and is taken for its pleasurable effects only. Unlike the pain-killers, it has no duties to perform, no blessing to confer. Hashish is an antisocial drug; it is not without reason that it gave the word 'assassin' to our language.

(Johnson 1952: 5)

Pullar-Strecker and Johnson deliberately ignore the nineteenth-century studies on the therapeutic value of cannabis by Dr William Brooke O'Shaughnessy (1843), Dr J. Russell Reynolds (1890), the American medical companies Eli Lilly and Parke-Davis and medical prescriptions for cannabis prepared by the London pharmacist Peter Squire of Oxford Street. Moreover, Pullar-Strecker (1952: 6) incorrectly argues that cannabis 'is a newcomer to this country. Very little was known about it here, even amongst doctors'.²⁴ This level of ignorance is astounding given that accounts of the therapeutic and social use of cannabis date from the works of Herodotus and Claudius Galen.²⁵ Throughout the foreword, Pullar-Strecker's medical focus is on morality and a particular concern to assert that youthful drug use is associated with an apparent 'underclass' which may induce the downfall of society. The text is a moralistic monologue from a respectable high-status medical professional.

Both propaganda and ignorance are combined in Pullar-Strecker's and Johnson's assessment that cannabis use is a vice that encourages mental illness, murder and sexual malaise. Johnson, fuelled on by lascivious accounts in the *English Sunday Graphic*, *Daily Express* and *Evening Standard* during 1951, cites the drug prohibition work of Harry Anslinger as an example of good practice.²⁶ He translates Anslinger's xenophobia and moral stereotyping into Britain, arguing that drug use started 'amongst the coloured population'. Johnson predicts the downfall of civilization and society. Young people are described as drawn to the attraction of 'dancing girls' who are defined as vulnerable to 'sinister ends' connected with 'hypnotism' through 'hot jazz dancing clubs'. He affirms his vision by asserting 'there is a link' between drugs and dancing, a 'compulsive urge to move their bodies in sympathy' to the 'Devil's Weed'. These accounts were lent credibility because they were presented as scientific and objective, but it is that clear these medical professionals exploited the tabloid portrayal of cannabis as lowering morality and increasing sexual temptation across racial groups through intoxication. What is also absent in their accounts is the historical knowledge that sustained consumption of cannabis reduces sexual potency, as detailed by Dioscorides,²⁷ Galen,²⁸ and Pliny.²⁹ For his evidence Johnson uses the erotic and exotic imagination of French symbolists such as Baudelaire and American writer Fritz Hugh Ludlow to demonstrate his case that cannabis encourages vice amongst the young.

American idealization of the 'British System'

In the USA during the 1960s there were calls for reform of drug policies. It was argued that criminalization of the drug user had increased drug abuse and crime. The American demand for a medical approach towards the drug problem led to what Gerry Stimson and Rachel Lart (1994: 331) understand as the discovery of the 'British System' of drug control. American theorists Rufus King, Alfred Lindesmith and Edwin Schur³⁰ articulated the achievements of the 'British System' and commented on Britain's lack of a drug problem. This assessment amounts to a 'myth of praise'. Berridge (1984: 18) argues: 'The British System of control and its apparent success was ... looked to as a shining example of what could be achieved by a medical form of control.' American drug reformers tended to romance the 'British System' of drug control because of its apparent flexibility and compassion focusing on scientific rationality and medicine rather than enforcement and criminalization. During the early 1960s this idealization became a central element in the campaign of American drug reformists calling for more liberal drug policies. For Edwin Schur (1964: 81) the case for reform was proven: 'it is clear that American policy cannot achieve its stated aim'. American worship of the 'British System' created an atmosphere of self-congratulation and complacency within the British medical elite who were against taking panic measures.³¹ In the mid-1960s Glatt et al. (1967: 105) stated: 'The British System seemed even more attractive when reports appeared of successful therapeutic methods based on it.' However, the 'British System' of drug control fully collapsed as a myth as a result of the growth in young heroin users and the large-scale emergence in the 1960s of new drugs such as LSD and purple hearts which were consumed by young people across the class structure not on the basis of 'sickness' but leisure (Yates 2002).³²

Idealization of the 'British System' brought misinformation. It suggested that historically Britain did not develop a punitive drug policy and it failed to address the conflict and competition between elite ideologies within an institutional framework where competing groups pursued their own professional self-interest and survival. The oversimplification is to assert that the Home Office was at war with the medical profession for control over an area of practice and policy, i.e. drug control. This flawed formulation asserts a heroic battle between the forces for liberalism represented by the medical profession and conservatism represented by the Home Office. But it was not a case of win or lose for medicine or the police because both sides won in their ability to increase control over the individual, and consolidate professional self-interest and their position of legitimacy. This misconception avoids considering how knowledge is used to support existing power relations. Foucault (1984: 73) argues that capitalist societies operate on the basis of a

political economy of truth, where 'truth is centred on the form of scientific discourse and the institutions which produce it; it is subject to constant economic and political incitements'. Looking closely at the 'British System', David Downes (1977: 89) argued it was not a case of reform or incarceration because 'this system has now been well and truly exposed as little more than masterly inactivity'.³³

The myth of the successful 'British System' is a political construction which supported the interests of elite cultural groups.³⁴ As Foucault (1984: 74) asserts, it should not be understood in terms of science or medicine, but in terms of the pursuit of truth and power gained by the profession. Drugs as an area of discourse were subject to an 'economy of truth', in that certain types of knowledge become legitimate and self-reinforcing, irrespective of their value, because they are supportive of the bourgeois economy and its professional classes. Prohibition brought an expansion of institutional regulation where the bureaucracies of medicine and punishment defined the legitimacy of their intervention and brought forth their own procedures and protocols. Institutional regimes such as the 'British System' superficially gave the appearance of pragmatic reform, accommodating social change whilst maintaining the status quo.

Conclusion

This chapter has explored the contradictory legacy of drug prohibition, specifically looking at the metaphor of drugs as the 'assassin of youth'. The contradictions underlying drug control policy are apparent in government involvement in the colonial drug trade, leading prohibitionists' use of a racist theory of the 'other', the medical profession and their development of the disease theory of drug use which defined the drug consumer as 'socially sick' and requiring medical intervention, and finally the bureaucratic power of law enforcement institutions which sought to define the drug user as a criminal. In each of these cases, drugs were used as a discourse to legitimate professional self-interest and also as a strategy to expand power where interventions were fused with moral precepts.

I then examined the way in which the prohibition movement brought about the criminalization of drug use through their moral campaign to both change and protect society. Their anti-drug propaganda was based on an ideology of racial purity, which was driven by the construction of a dangerous 'other' in the form of sexualized 'foreigners' and intoxicating 'drugs' which corrupted young people's morality and thus made drugs a threat to the future of society. Finally, I argued that government, media and the culture industry have mutually reinforced a voyeuristic image of drugs as dangerously exotic, erotic and fearful through the metaphor of drugs as the 'assassin of youth'.