

OUT OF CONTROL

HOW THE FEDS HAVE GRAPPLED WITH CONTROLLED SUBSTANCES,
WHILE KEEPING THE MEDICAL COMMUNITY AT BAY | BY EDWIN KIESTER JR.



HARRY J. ANSLINGER COLLECTION, COURTESY OF HISTORICAL COLLECTIONS AND LABOR ARCHIVES, EBERLY FAMILY SPECIAL COLLECTIONS LIBRARY, THE PENNSYLVANIA STATE UNIVERSITY, UNIVERSITY PARK, PA.

He was a nice young man, a student from a good family in St. Louis. But then, Federal Narcotics Commissioner Harry Anslinger told horrified legislators in 1937, the young man began smoking marijuana cigarettes. Before long, the boy had been driven insane and confined to a mental hospital, his once promising future in tatters. Anslinger went on to other scary stories of a young woman raped, a boy who'd murdered his entire family—all because of marijuana.

“Those were lies,” Jonathon Erlen says. “Anslinger basically made things up to serve his purposes. He created horror stories about marijuana causing insanity or worse, and people believed them. Our drug policy today is directly based on his myths of 60 or 70 years ago.”

Erlen is history of medicine librarian for the University of Pittsburgh's Health Sciences Library System and teaches in the School of Medicine and the Graduate School of Public Health. With Joseph Spillane of the University of Florida, Erlen coedited the newly published *Federal Drug Control: The Evolution of Policy and Practice* (Haworth Press). The book traces 100 zigzag years of the U.S. government's war against illicit drugs, highlighting what Erlen calls “the unhealthy tension” between those who believe substance abusers should be punished and those, including many physicians, who emphasize treatment or a combination of both. (Erlen falls in the latter category: Both carrot and stick are needed, he says.)

Millions of Americans are addicted to powerful and illegal drugs, and prisons bulge with those convicted of drug-related crimes. “Every one of us is impacted every day by the drug question,” says Erlen, “if only in the taxes we pay to build more prisons.” *Federal Drug Control* shows how America's

ABOVE: Drug czar Anslinger with confiscated drugs. A recent book by a Pitt historian chronicles the feds' unhealthy tension with doctors and others over control of illicit substances.

political history has further crippled its ability to deal with drugs as a health menace. How did we get to this point? Erlen and Spillane have taken it upon themselves as historians to wonder aloud.

Drugs were a back-burner issue in America until 1914, when Congress passed the Harrison Narcotics Act, requiring those who dealt in opiates and cocaine to register and pay a tax. Some federal officials interpreted the act as supporting drug clinics, where doctors treated addicts with maintenance doses to keep their habits under control. This view became less popular as government became more conservative; by 1923, the last public clinic closed. In 1930, a Prohibition-minded Congress passed a new antidrug law and established a Federal Bureau of Narcotics (FBN) to enforce it. Anslinger was a native of Hollidaysburg with a two-year Penn State certificate in agriculture; he'd stair-stepped his way up the bureaucracy to assistant commissioner in the Prohibition Bureau and was named FBN's first chief. He quickly built an empire that lasted 32 years.

Anslinger saw drugs as not only a criminal but a moral issue and campaigned for stiffer sentences both for users and dealers, says Rebecca Carroll, of St. Mary's College of California, who earned her PhD in rhetoric and communication from Pitt in 1991. Carroll's dissertation topic, with Erlen as an adviser, was on the rhetoric used by Anslinger. Her two chapters in *Federal Drug Control* scathingly review the Anslinger years. In session after congressional session—encouraged by politicians who believed being tough on drugs paid off at the polls—Anslinger warned that drugs threatened the very fabric of society. He fed the legislators a fanciful, nonstop litany of bogus tales, including the assertion that most crimes could be traced to criminals high on illicit drugs. He said that marijuana was, as Erlen puts it, “a mandatory force drug—one joint and you were 100 percent certain to go on to cocaine or heroin.”

During World War II, he claimed that the widespread use of marijuana in U.S. Army camps involved 20,000 FBN man-hours, with 3,000 investigations pending, and required the full-time attention of 25 agents. (He offered this at a time when Congress appeared ready to divert part of the FBN budget to the war effort. The

money was quickly restored.)

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Anslinger “discovered” marijuana, *Federal Drug Control* reports, only in 1935. Before that, he had considered pot smoking benign. But then use of hard drugs stabilized in the population, and FBN agents risked becoming irrelevant. So Anslinger found a new target.

Doctors and others respectfully raised objections to Anslinger's more extreme claims. They noted, for instance, that no scientific study had ever found a link between drug use and violence. He quickly silenced them—“he beat them bloody on the floor of Congress,” Erlen says. Physicians had earlier recognized the palliative properties of cannabis, and sometimes prescribed it for terminally ill patients. FBN threatened, and

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most gave it up. The New York Academy of Medicine proposed a rigorous experimental clinic where heroin and cocaine addicts would receive maintenance-level drugs. Anslinger publicly condemned the academy for proposing free drugs to criminals, and the idea died. A joint committee of the American Bar Association and American Medical Association undertook a major study of the legal and medical aspects of drug policy. Anslinger attacked it as “full of glaring inaccuracies.” The chastened groups withdrew.

In 1937 Congress passed the Marihuana Tax Act, punishing even first-time or mild offenders. It was the first of three increasingly “draconian” (Erlen's term) and fiercely enforced measures adopted during Anslinger's tenure. When Anslinger retired in 1962, he was hailed as the world's leading expert on illicit drugs and drug trafficking.

More psychoactive drugs, “designer” drugs, amphetamines, and barbiturates hit the streets. As drug wars and murders demonstrated the violent, million-dollar international interweaving of drugs and crime, the Controlled

Substances Act, which still governs, was passed. One effect of the 1970 legislation was to incorporate Anslinger's old agency into a new Drug Enforcement Administration.

Conflicts about policy continued. As medicine began to look more closely at pain control and palliative measures, a movement sprang up to allow patient access to marijuana. In 1996, voters in California overwhelmingly approved the use of marijuana as medicine—10 other states followed suit—allowing clinics to be established where marijuana could be procured with a doctor's recommendation. Subsequently, the Institute of Medicine undertook a lengthy study. Its carefully measured report, *Marijuana and Medicine: Assessing the Science Base*, declared: “The accumulated data suggest a variety of indications, particularly for pain relief, antiemesis, and appetite stimulation. For patients such as those with AIDS or undergoing chemotherapy, who suffer simultaneously from severe pain, nausea, and

appetite loss, cannabinoid drugs might offer broad spectrum relief not found in any other single medication.” The report cautioned, “Marijuana is not a completely benign substance, but a powerful drug with a variety of effects.” Meanwhile, federal agents raided the clinics and medical marijuana gardens, claiming patients were retailing their doses on the streets.

Anslinger's horror stories were fictional rubbish, according to Erlen, yet researchers have long suspected a link between heavy pot smoking and mental disturbances, and recent European research indicates that a fraction of those who use marijuana as youth may be susceptible to the development of psychoses, such as schizophrenia, later in life. (Those with a family history of schizophrenia are particularly at risk.)

What's the future of federal drug control policy? Will doctors be included in its evolution? Erlen doesn't foresee any changes soon. He has just this to offer: “What history tells us is how frustrating are efforts to properly control drug use.” ■