

Response

Capitalism, prohibitionism, and the drug policy reform  
movement: theses on Friedman et al.

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The New Left of the 1960s was new in part because it recognized that capitalism was no more the cause of every problem than communism was the solution. The Old Left had been slow to understand that racism, sexism, and many other forms of inequality and inhumanity were not reducible to economic exploitation, and that “the working class” was not always progressive on every issue. Similarly, repressive drug policies are about more than economic inequality and “the working class” is not necessarily a natural ally in the drug policy reform movement. Just as race and gender issues cut across and confound class issues, so does the fear and moralism undergirding prohibition.

Friedman et al., 2001 are to be thanked for posing important questions about the relationship between progressive political forces and the harm reduction and drug policy reform movement. The goal of their article – to “encourage working with broader movements” on the Left to protect and strengthen harm reduction – could hardly be more

worthwhile. That said, however, I will argue that to speak of political strategy and the future of harm reduction in terms of class politics, as they do, will lead us to misunderstand who we are and what we are up against.

**The fetishism of class categories**

The struggle for more humane and effective drug policies like harm reduction needs every working class supporter it can attract. It also needs every middle-class supporter and every ruling class supporter it can attract. It is wishful thinking to call “rank and file workers” – many of whom voted enthusiastically for Reagan and Thatcher and who support Draconian drug policies – a “force of general social unrest”, unrest which somehow will lead to drug policy reform. The strikes of recent years are heartening, but none of them was protest against repressive drug laws. Friedman et al. are entitled to their romantic hope that the proletariat may still take its rightful place on the historical

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stage and overthrow capitalism. But even if this were to happen it would not necessarily result in an enlightened drug policy; it might even result in a government that defined drug use as “bourgeois decadence” and sent users to the gulag.

Drug politics have never fallen neatly into class categories and seem unlikely to do so in the future. Friedman et al. assert that “in the USA, there has been a strong mobilization of reactionary forces against needle exchange”. But who exactly are these reactionary forces and who is doing this mobilizing? Conspiratorial Communist Party-style sloganeering doesn’t teach us anything about the nature of the opposition to needle exchange or the fears different groups of citizens have about drugs. There is no evidence that the working class is any more sympathetic to drug policy reform than the middle or upper classes. In fact, the millions of dollars donated by numerous members of the ruling class have been a major help to the movement. Democrats are the closest thing to a labor party the US has, but they have been almost as “reactionary” on needle exchange and drug policy as Republicans. Nobel Prize-winning economist Milton Friedman (no relation) has been a highly visible critic of repressive drug policies, yet he is a cheerleader for capitalism who supports reactionary social and economic policies. Harm reduction and drug policy reform are political hybrids that cannot be forced into the ossified categories of 19th century revolutionary theory.

That US politicians scapegoat drug users is beyond question. But Friedman et al. claim that the US “scapegoats drug users as a major way to divide and rule”. This makes drug scapegoating itself a scapegoat for divisions in the working class, as if the working class would be united and overthrowing capitalism were it not for such Machiavellian machinations. While we wait for the working

class to throw off the shackles of such divisive scapegoats, awaken to its true interests, and unite, we should remember that capitalism itself has constantly reconstituted the working class throughout the history of capitalism. The US working class has never been all that unified or class-conscious because it has always been divided by race, region, religion, gender, and craft (Aronowitz, 1973). Politicians of the Left as well as the Right scapegoat drugs and users, whether or not this helps them “contain or re-direct the resentment and anger” of the working class, and they do this in good economic times and bad. To depict repressive drug policy as a ruling class conspiracy is to mislead the movement about the nature and origins of punitive prohibition (e.g. Bewley-Taylor, 1999).

Marx defined classes in terms of their members’ shared relationship to the means of economic production. The working classes are those who own nothing but their labor, which they must sell to capital in order to live. Marx put class at center stage because he was trying to understand the development of capitalist society and to build a movement to transform it. One of the reasons Marx’s predicted proletarian revolution has not come about is that his concept of class was muscle-bound while his analysis of culture and character was anemic. People have lots of interests other than their “material”, class interests, and their political behavior usually reflects this complexity.

Drug users as a group are defined by their relationship to the state, although for most drug users this is far less central in their lives than their economic status. While all illicit drug users are criminalized by the state, all do not belong to one unified “drug culture”. There are many subcultures in which drugs are used. These are defined by age, ethnicity, drug of choice, and other factors, which af-

fect risks, including the risk of criminal sanction by the state.

This diversity makes movement organizing more complicated, but employing the simplistic categories of the Old Left won't make it less so. Because harm reduction is not rooted in class politics, we should no more expect the working class to favor drug policy reform than any other slice of society. Besides, the movement is stronger in some ways for its hybridity – for having so many drug users active in it, for having some ruling class money supporting it, and for having the skills of so many middle-class professionals like nurses, doctors, researchers, social workers, and lawyers.

Friedman et al. are absolutely correct that “the movement needs to be inclusive” and “aware” of how class differences within the movement can affect it. But they scarcely mention racial and gender differences which demand at least as much awareness. Such inclusiveness and awareness are essential for building the mass base of the movement, but sheer numbers at the grassroots, while important, have not been the key ingredient in whatever success the drug policy reform movement has enjoyed so far. Needle exchanges were founded by small bands of brave outreach workers who did what was necessary to save lives and later enlisted support from key local officials and experts. Medical marijuana, anti-forfeiture, and treatment-instead-of-prison initiatives passed in the US more because brilliant political campaign strategists got the resources to run professional campaigns than because the have-nots mobilized. Experts and health service professionals worked with users and activists to create hygienic injection rooms and heroin maintenance in Switzerland, Germany, and The Netherlands. Odd alliances between experts and elites on one hand and users and activists on the other may not have

the nostalgic glow of class-consciousness, but it does have the virtue of accuracy.

### **The poverty of ideology**

The notion that “opposition to harm reduction and attacks on drug users are, in part, a reflection of the intensification of the ... crisis of capitalism” is misleading. Marxists have spoken of various “crises” of capitalism since Marx, but capitalism seems to have limped through these and emerged in rather robust form. The drug policy reform movement does need a rigorous analysis of the conditions under which state budgets and harm reduction services get squeezed (e.g., O'Connor, 1973) and the conditions under which scapegoating is most likely (Reinerman, 1983). But there is little evidence that being hard on drug users in these ways is unique to or caused by capitalism.

Friedman et al. suggest that some “threat to the labor force” is what “decision makers” respond to, but there is little evidence to suggest this is true in any policy sphere, much less that it drives drug policy. Indeed, one consequence of globalization is that political elites need to care less and less about the working class in any one country, for the core characteristic of globalization is the free flow of capital to low-wage developing countries. The quaint Marxian notion that the behavior of the governing class can be understood in terms of “threats” to the capitalist system attributes more prescience to the ruling class they have actually demonstrated. Politicians spout whatever issue positions sell, even reactionary positions that are not especially good for capitalism.

It is true that the US government finally admitted the effectiveness of needle exchange and yet still refused to support it. However, it does not follow that US politicians chose this

deadly, repressive response “in behalf of competitive efficiency”, as Friedman et al. suggest. On the contrary, in terms of “efficiency” 10 000 sterile syringes are a bargain next to the costs of a single AIDS case, and treatment is not only more effective than prison, it causes far less strain on state budgets. The drug war is not fundamentally about the systemic efficiency of capitalism; it is closer to a religious crusade, which is why it is so irrational.

Drug users have an easy time getting scapegoated and a hard time getting services under labor, social democratic, and socialist regimes as well as under capitalist ones (Levine, 1997). Sweden’s strong and mostly progressive welfare state embraces repressive drug policies at home and internationally (van Solinge, 1997). Punitive prohibition (Reinerman and Levine, 1997) has been welcomed uncritically in democracies and dictatorships alike. Fascists like Franco in Spain supported drug prohibition, but so did France’s socialist President Mitterand. US President Jimmy Carter went farther than any other US President in questioning the wisdom of punitive prohibition, yet as a member of the Trilateral Commission he was far more capitalist than Charles Rangel, an otherwise progressive, left-wing Democratic Congressman from New York City who has been a leading drug warrior.

To claim that political elites enact and enforce repressive drug policies with omniscient foresight implies that the ruling class needs to engage in such conspiracies to serve capitalism well. But this is neither logical nor empirically supportable. Friedman et al.’s plea that the “users’ movement not repeat the mistakes of other movements and ignore the dynamics of class” is a point well taken. But they seem to risk repeating mistakes of class-based movements, namely ignoring the fact that class is not always the most salient factor in people’s lives or politics.

Harm reduction as a public health strategy and as the core of a broader drug policy reform movement arose in capitalist democracies where a peculiar pastiche of activists and experts used their rights and attracted resources. Rather than rooting romantically for the working class, the movement might be better served by testing the hypothesis that the most fertile political–economic soil for drug policy reform is the combination of strong welfare states and strong civil liberties.

Drug policy reform has always been more a struggle for basic human rights than a working-class struggle. The oppressors have been states more than capitalists or even states doing the bidding of capitalists, and all types of states have come to love the social controls afforded by drug prohibition (Reinerman and Levine, 1997, pp. 319–329). In building the movement for harm reduction and drug policy reform, we need rigorous case studies of what makes alliances succeed and fail. We also need a sophisticated analysis of the relationship between capitalism and prohibitionism that avoids shoving the complex details of drug politics through the rusty sieve of Old Left ideology.

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