

CONSTRAINT, AUTOMONY, AND STATE POLICY:

Notes Toward a Theory of Controls on
Consciousness Alteration

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Because there is no necessary relationship between the presence of drug problems and the enactment of drug controls, and because there is a relationship between controls and subsequent problems, policy patterns are a phenomena deserving study in their own right. The emergence of a political perspective which attempts this is reviewed and some of its theoretical difficulties noted. A framework is then sketched which employs theories of the capitalist state. The paper suggests that patterns in drug control policies cannot be understood apart from the general contradictory constraints within which the state must work, nor apart from the autonomy required to do so.

Introduction

Historical literature on the use and control of consciousness-altering substances demonstrates that state control policies do not necessarily follow from drug-related problems, and, that such controls, because they influence settings and patterns of use, are integral features of a society's drug problems. Part I of this paper argues, therefore, that instances and patterns of state control policies are important and problematic phenomena deserving systematic analysis in their own right.

Part II briefly describes the emergence of a body of research on drug control policies—"drug politics theory"—which attempts to account for controls by using a political-economic framework. Some problems with this research are discussed and refinements suggested. These suggestions sketch a theoretical approach which situates drug controls in the context of state policy in general. Drawing upon Neo-Marxian theories of the state, it suggests that drug controls may be fruitfully understood as products of the conflicting functions capitalist states are called upon to serve—functions

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mediated by the historically-specific constellations of class/cultural conflicts and state crises.

I. Why Study Controls?: Pharmacology vs. Politics

The proliferation of drug use in the 1960s and early 1970s, coupled with what may safely be called the lackluster success of control and treatment policies, engendered increasing public alarm over and professional interest in drug issues. The National Institute of Drug Abuse and the White House Special Action Office on Drug Abuse Prevention were created. Such state agencies helped fund a multi-million dollar, multi-modal research effort. Several new journals, including this one, commenced publication.

The resulting growth of knowledge included many findings that contradicted prevailing wisdom, e.g., the alleged harmful effects of marijuana use simply failed to materialize among most users (NIDA, 76). Moreover, the rise of widespread drug use in the middle class counter-culture—a group generally unapologetic about their drug-taking behavior and more difficult to stigmatize and silence—helped drag drug issues out of the professional province of medicine and law enforcement and into the political arena (Goode, 1969; see also Himmelstein, 1978, on this "erosion of consensus"). In this newly contested terrain, the ironies and contradictions of drug control policies were brought to the fore, e.g., the ubiquitous, state-sanctioned use of legal but dangerous drugs like tobacco and alcohol, and the lawful over-prescription of many of the most often abused drugs like valium, barbiturates, and amphetamines (see Lennard, 1971).

It became increasingly clear that distinctions between "good" and "bad" drugs were rooted in ideology as much as in evidence of inherent risk, and that even the motivations for drug taking and the range of consequences cut across licit and illicit categories. That is, clear patterns of abuse and ill-effects, as well as controlled use and positive effects, occurred in both. In short, there was a growing belief that the presumed correspondence between the inherent risks of ill effects for users or aggregate harm for society and the presence of repressive controls did not withstand empirical scrutiny (see, e.g., Brecher, *et al.*, 1972).

With new varieties of drug use rising and control orthodoxy no longer certain, there was renewed interest in naturalistic and ethnographic research. Such studies frequently showed how traditional etiologic research could distort our understanding of both motivation for and effects of use (e.g., Becker, 1963; Feldman, 1969; Waldorf and Reinerman, 1975). The presupposition of psycho- or sociopathology was often found to be unwarranted when drug use was studied in naturally occurring subcultural milieux. Similarly, Becker's (1967) study of LSD-induced psychoses, for example, showed how the development of "folk knowledge" or "user research" on appropriate dosage and settings for use led to a steady decline of reported ill effects, after criminalization and media hysteria about chromosome damage had failed to do so (see also, Becker, 1963, 1973).

This author has reported elsewhere (1979) the practices of cocaine users who take pains to learn and teach protective rituals which minimize ill effects and maximize the utility of their drugs through rational self-controls. Recent research by Waldorf and Biernacki (1979) has uncovered the existence of heretofore hidden occasional heroin users ("chippers") who have managed to

be self-regulating and addicts who have naturally terminated use (see al Robbins, 1977). In a parallel vein, Apsler, *et al.*, (1979) have found the most experienced users to be the most likely to abstain for health reasons, rather than the most likely to encounter health problems?

If, therefore, the mere use of illicit drugs does not automatically constitute their abuse, and if the severity of state control policies is not necessarily related to the objective dangerousness of drugs, then the conditions under which different forms of drug use become subject to state controls are problems and a topic worthy of investigation.

There is a second, correlative rationale for studying drug control policies as independent phenomena: controls shape the nature of use and thus factors in a society's drug-related problems. Drugs have been used to a consciousness in virtually all cultures and periods of history. As Weil (19 and others have shown, whether such use will result in positive or negative personal and social effects depends at least as much on subjective psychological "set" of users and the cultural setting of use as it does on object pharmacological properties. The latter provide only the raw materials of consciousness alteration. Felt effects and behavioral consequences are products of a complex of other factors, many related to a society's rules and norms regarding drug use (see, e.g., Szasz, 1975).

In their cross-cultural study of alcohol use, McAndrews and Edgar (1969) found that behavioral effects varied according to differences in culturally-imparted norms, variations which could not be explained by physical effects of alcohol. Heroin use is another obvious example. Many of the problems associated with addiction—crime and ill health for instance have been shown to be related to the historically- and culturally-specific circumstances under which it is used. Inflated black market prices, impurities from "cuts," and unsterile injection techniques are a function of use patterns shaped by repressive controls (Lindesmith, 1965; Duster, 1970; Brecher, 1971). "The life" in which modern addicts find themselves imbedded is not all their own making. Both the British system of heroin maintenance and American experiences with morphine maintenance in the 1920s show nature of addiction to be quite different when supplies are legally available. Neither crime nor physical or mental degeneration are related to addiction *per se.* (C.F., Judson, 1973; Musto, 1973; Waldorf, *et al.*, 1974; and Jaffe, 1974).

Just as Prohibition pushed alcohol underground, encouraging dangerous forms of home production, so, too, modern drug controls have unintended consequences. Policies designed to reduce the supplies of marijuana from Mexico and Colombia have encouraged the systematic production of more potent domestic varieties like Sinsemilla, now California's top cash crop. Raising taxes on beer in Thailand have similarly led to a marked increase in whiskey consumption in recent years (Beech, 1980). The work of Bruun, *et al.* (1975) on the history of United Nations' drug control treaties provides many analogous examples of such ironic consequences at the international level.

The same kind of problems appear in the sphere of drug consumption. Early propaganda films like *Reefer Madness* are now not only ineffective, but have become popular satires among drug users. While this in itself may not be a problem, it does serve to inculcate users against other forms of drug abuse prevention and warnings about real dangers. Cocaine, for example, has been misclassified as an "addicting narcotic," and its use treated accordingly

the state, since 1922 (Helms, *et al.*, 1975). Yet once users are exposed to it they quickly discover it is neither physically addicting nor narcotic. As a result, they tend to "throw the baby out with the bathwater," i.e., dismiss information about the actual health hazards which can arise with repeated use, thereby increasing the risk of ill effects (Reinarman, 1979). Conversely, the ideological slant implicit in most drug policy tends to insulate researchers from concrete "user knowledge" about how drugs are used in ways that avoid potential hazards (see, e.g., Zinberg and Harding, 1979).

I do not wish to suggest here that there are not real dangers associated with drug use. Any substance, especially powerful psychoactive drugs, can be harmful and even fatal if taken improperly or in sufficient quantity. The point is that the nature of use as much as the drug itself shape the consequences. And, historically, state control policies have significantly influenced the context and thus the nature of drug use. State control policies are, then, part and parcel of a society's "drug problem," and their origins, variations, and persistence require explanation.

The Emergence of Drug Politics Theory

Over and above the two aforementioned analytical arguments for studying the phenomena of drug controls, the growth of critical knowledge about drug use and drug control policies occurred in a particular historical context. First, as mentioned above, the rapid growth of drug use among relatively privileged classes clearly altered the "politics of reality" about drugs, both culturally and politically. More broadly, during the Kennedy and Johnson administrations, the civil rights movement, urban protests, and the student movement engendered a liberal social policy typified by the War on Poverty programs. But, by 1969 and 1970 the Nixonian interpretation of domestic issues had removed the floodlights from poverty and inequality and placed them instead on crime and civil order in the cities (Piven and Cloward, 1971, 1977). Because drug use had for so long been linked to crime (and, one suspects, to groups critical of Nixon's policies at home and abroad), by 1971 it had become "public enemy #1" according to the President. Fiscal support for drug use prevention increased from \$29 million in 1967 to \$777 million in 1974 (DuPont, 1978). One critical subcurrent of all the resulting research came to focus, intentionally or unintentionally, on the history of drug control policies. This helped to illuminate many of the ironies and contradictions mentioned above.

During the same period, the discipline of sociology was undergoing changes relevant to the study of social control. Labeling theory had shifted attention away from deviants and toward control agents. Social problem theory similarly had demonstrated the need for systematic work on the social construction of "problems" (C.f., Blumer, 1971; Reardon, 1974), stressing the distinction between behavioral phenomena and their designation as social problems. While such approaches were criticized as overly subjectivist and for ignoring the political, economic, and structural factors involved in the power to frame and define deviance, other theoretical developments addressed just such factors (Gouldner, 1968; Linz, 1972; Taylor, *et al.*, 1973). The rise of conflict theory and neo-Marxian frameworks re-inserted political power back into sociology and drove additional nails into the coffin of Parsonian functionalism (Friedrichs, 1970; Flacks and Terkel, 1978). Recent work on the

sociology of law by Berk, *et al.* (1977) on the politics of penal code change, a Black (1978) on the behavior of law over time and across cultures, have refined and extended these trends.⁴

While not all research on drug control policies began with or resulted in political-economic interpretation, given the attention paid to drug issues this climate, an increasing number did.⁵ Hence, by the mid-1970's a significant body of historical materials had been developed supporting what Himmelstein called "drug politics theory." In his synthesis of these developments, he offers a rough summary of the perspective:

The incidence and nature of drug controls have more to do with the structure of class, status, and power—the "privilege structure"—of society than with the inherent characteristics of the drug being controlled. Repressive controls both reflect and reinforce this privilege structure: They are more likely to be placed on drugs associated with groups at the bottom of the privilege structure than drugs associated with groups at the middle or top. They are efforts—both symbolic and substantive—to buttress the privilege structure and thus reinforce the position of those who are dominant (1978: 44).

The history of drug control laws indeed attests to such a pattern. Opiates were criminalized after they became associated with "criminal elements" or "coolies," but not before when they were used largely by middle class white women (Terry and Pellens, 1928; Duster, 1970; Waldorf, *et al.*, 1974). The early campaign to suppress cocaine use flagrantly played upon racism against blacks, who were accused of becoming violent and raping white women who being "addicted" to a drug they rarely used (Musto, 1973; Phillips, 1977; Grinspoon and Bakalar, 1976). Gusfield's (1963) study of the Temperance Movement demonstrates likewise that alcohol was prohibited in large part because its use was linked to working class immigrant groups who were perceived as a threat to the moral status, political power, and economic interests of the native-born middle class. And, the first law against marijuana, passed during the Depression, was supported by propaganda which made frequent reference to Mexican immigrants who then competed with whites for scarce jobs (Lindesmith, 1965; Kaplan, 1971; Helmer, 1975). This law was broadened by further controls in the 1960's when burgeoning counter-culture marijuana use was perceived by most of adult America as a menace to the work ethic, law and order, and all patriotic, system-sustaining definitions of reality.

Although Himmelstein's synthesis is an excellent starting point, he himself notes that there are a number of problems with drug politics theory at its present stage of development. Considerable variation exists in the patterns, targets, and styles of control, as well as in the quality and quantity of ideological fervor which characterized different drug control campaigns. He argues, astutely in my view, that although drug politics theory is a promising framework for understanding why drugs are controlled as they are, there are deviant cases which cannot be adequately explained. For example, the moral entrepreneur role played by the Federal Bureau of Narcotics (FBN) in building support for the Marijuana Tax Act of 1937 had as much to do with the fiscal survival of that state agency as with the interests of dominant

classes (C.f., Becker, 1963; Dickson, 1968; Galliher and Walker, 1977). The same kind of problem arises in the case of the early competition between physicians and the FBN over whether opiate addiction should be defined as sickness or crime (Musto, 1973; Reasons, 1974). More generally, as I will suggest, the specific motivations of interest groups and policy makers can be overshadowed by the social control functions such policies seem to serve when viewed in broader historical sweep. Finally, drug politics theory is comprised primarily of individual case studies whose authors did not take theory-building as their objective or political-economy as their perspective.

Thus, despite its promise, drug politics theory does not yet constitute a coherent general theory of state drug control policies. The following discussion, then, attempts to identify the central problems such a theory will face, and to offer suggestions which build on Himmelstein's (1978) review and work toward such theoretical coherence. It should be noted that while much of what follows will be critical of both the drug politics perspective and neo-Marxian theories of the State, this means only that I have found both to be essential for any systematic analysis of drug control policies.

II. Toward a Political-Economic View of State Drug Controls

1. *The Nature of Drug Use*—Many forms of drug use are simultaneously oppositional and accommodating vis-a-vis the dominant order, and this seriously complicates state control policies. The Irish novelist and playwright Brendan Behan once remarked:

As regards drink, I can only say that in Dublin, during the depression when I was growing up, drunkenness was not regarded as a social disgrace. To get enough to eat was regarded as an achievement. To get drunk was a victory (1958).

He went on to suggest that one can experience through drunkenness an exhilarating moment of freedom from the bonds of both poverty and civility. During the rise of industrial capitalism in England such moments became increasingly problematic insofar as they came into conflict with the needs of capital for a disciplined and habituated workforce (Harrison, 1971). Yet at the same time, alcohol provided a critical release from the newly-imposed rhythm of the factories. While the need to control alcohol use was great from the point of view of the dominant classes,⁶ the cultural momentum of drinking as ritual and the political power of the "drinking classes" were forces to be reckoned with, and the drinking persisted within the normative boundaries of that culture despite a rash of new temperance laws.

In contemporary America a wide assortment of tranquilizers are used in ways which help users adjust or accommodate themselves to their life circumstances. Yet the fact that billions of such pills are ingested annually constitutes, although implicitly, a "critique" of those users' social circumstances (see Lennard, 1971; and, more generally, Marcuse, 1964).

That is, if newly-invented drugs like valium immediately rise to the top of the sales charts, one must ask "What is it about these millions of Americans, their lives, their problems, which can account for such massive drug use?" Such a question, I would argue, leads to an examination of the political, economic, and sociological underpinnings of everyday life. To grasp why

huge chunks of our citizenry find it useful to be tranquilized, we must know about the social etiology of "stress." We must, as Mills (1959) urged us to, rediscover the relationships between "private troubles and public issues."

With respect to control policies, there are serious problems of abuse, addiction, and widespread over-prescription in and diversion from "legitimate" physician-patient channels. But the largely middle class character of the user population along with the privatized, medically-supervised nature of use mitigates against harsh controls. Thus, under existing policies, the implicit "critique" never becomes explicit (Bernstein and Lennard, 1975; Nyswander, 1975).

This is not true of marijuana use. Long associated with marginal groups and criminalized since the Depression, it is now obtained only through illicit channels and continues to be perceived as a law enforcement problem. Such outlaw status should not, however, lead us to oversimplify the nature of marijuana use. Aronowitz, for example, reports that young auto workers, who tend to dislike both corporate and union hierarchies, regularly stay stoned on marijuana (1973). This is rather accommodating on one hand, in that such drug use helps them get through the day on the assembly line with less overt resistance. On the other hand, it constitutes a drug-induced form of relief from production induced monotony. In this sense marijuana use is covertly oppositional since it affords users some "free space" in the realm of consciousness which is otherwise unavailable in the realm of work.

Variations in control policy have led some Leftist critics to suggest that the dominant classes, through the state, allow a steady supply of drugs because they are accommodating, while they adjust controls so as to maximize social control over troublesome users or forms of use which are oppositional. They interpret heroin use, for example, as a "ghetto safety valve" which keeps thousands of poor people "on the nod"—escaping their oppression rather than struggling against it (see, for example, Karmen, 1979). The state here is seen as complicitous in that small-time users and dealers serve prison terms while major importers often remain untouched, thus leaving a flow of heroin into urban neighborhoods undisturbed.

The problems with such a view are many. It affords dominant classes undue credit and focuses too heavily on the accommodational features of use. Moreover, the majority of non-users do not overtly struggle against their oppression either, so the absence of rebellion cannot be attributed easily to heroin. Secondly, addicts are not always "on the nod," nor are they necessarily adjusted to their plight by virtue of their use. While addiction does exact a heavy toll, such a view does an injustice to the enterprise (however illegal and socially injurious) and the ingenuity (however misdirected) of addicts, and to the delegitimizing consequences of their outlaw subculture (Feldman, 1973; Prebble and Casey, 1969). Although heroin use often debilitates lives, especially under current control policies, this does not mean that it is not a means of opposition—only that it is a failed one. Nor does it follow that because heroin addiction can function as a safety valve against political unrest in ghettos that the state functions so as to encourage such addiction. The consequences of addiction on public health, families, private property, neighborhoods, etc., could not be ignored even if the state and dominant classes were sufficiently conspiratorial.

These examples were intended simply to suggest that the peculiar (and

historically-specific) balance between drug use as opposition and as accommodation which is struck by any set of users influences both the character of "drug problems" which come to be perceived by the state as requiring control, and the character of that control. If the goal of drug politics theory is a systematic framework for understanding patterns of state control policies, then it must be informed by a sensitivity to how the choices of drug users themselves, however constrained by circumstances they did not choose, complicate the state's social control calculus. Even if the state were simply an instrument of domination which manipulated drug controls to maintain the current "privilege structure," the contradictory nature of drug use would make either a conspiracy of silence or one of repression difficult.

2. *Drug Use as a Myriad Threat*—As drug politics theory implies, whatever other purposes they may have, drug laws have indeed served as social controls on subordinate groups and classes. At the turn of the century, opiate addiction among the middle class was a non-issue—pitiable perhaps, but well within the boundaries of medical problems. This of course was not the case a few years later as opiate use spread to the "dangerous classes" and was criminalized.

It is important to note, however, that not all forms of drug use among such groups are used by dominant classes as pretexts for broader social control through drug laws. Nor do most members of subordinate classes disagree with the manifest intent of such laws. The anti-drug values implicit in control policies are widely shared among working class and minority groups. Moreover, many business elites were touched by the long arm of Prohibition. Bohemians and later hippies and other young people were subjected to manifold control policies surrounding marijuana use, yet such groups did not generally pose grave threats to class power. Similarly, the current wave of cocaine use in affluent subcultures has fostered the image of an easy, hedonistic lifestyle which is a moral affront to the "hard-working, sober" citizens in all classes who tend to see such "decadence" as demeaning their own sacrifices (C.f., Sennett and Cobb, 1973). Thus, attention to perceived threats which are not directly tied to class seems especially important now given a political climate in which new moral entrepreneurs have launched a crusade to reinstate "traditional moral values" as hegemonic (e.g., the "Moral Majority" and other New Right sects). Clearly, some national political elites and corporate groups support these efforts. But others are understandably fearful of them. Like previous crusades, this one is largely the work of middle-class and religious organizations who see threats to their values stemming as much from the monopoly capitalist state and mass consumption culture as from a volatile working class. The form, therefore, if not the ultimate origin of this crusade, is moral-cultural rather than political economic.

A more appropriate formulation of the threat posed by drug use has been offered by Blum:

It is a discriminating demonology which posits more evil per drop in some preparations than in others. . . . Such . . . discrimination is a bit awkward on strictly pharmacological grounds, but if the characteristics of users and settings is considered, we see that the attribution of menace is linked closely to the degree to which the committed user of each drug advertises his escape from the fold (1969: 332).

The spread of youthful drug use in the 1960's, for example, served for many parents as an "outside agitator," a convenient scapegoat for a variety of intergenerational conflicts which threatened the traditional structure of authority in the family. If Blum's broader conception of threat is employed, we can recognize why low-status groups are more likely to suffer under controls as give the preservation of the *status quo* an important role; but we can also remain alive to the myriad ways in which drug use can be indirectly threatening to other facets of the social order.

One theoretical requirement, then, for an adequate drug politics framework is a sensitivity both to the state's need to uphold the moral status groups which are important to its overall legitimacy, and to other facets of the social order which, while not reducible to class, may be threatened by drug use or users.

3. *The Uses of Ideology*—Whereas science typically pretends that drug controls naturally follow from drug problems and that political ideology has nothing to do with policy, some writers in the drug politics tradition insist that ideology has everything to do with policy, i.e., that drug controls are but an expression and a tool of hegemonic ideology, and have nothing to do with drug problems. We can see that historically drug controls have served as part of the ideological apparatus of the dominant. The arguments used to enforce controls have all focused on threatening groups, and have usually linked drugs to crime, immorality, "dangerous classes," and the breakdown of law and order, whether or not such links actually existed.

During the Progressive Era, one frequently-cited popular article asserted that ". . . most of the attacks on white women of the South are the direct result of a cocaine-crazed Negro brain" (*Literary Digest*, 1914). A decade later the conflict, and the rhetoric, had shifted from blacks to European immigrants. The President of the California State Law Enforcement League, in a less a publication than the *American Journal of Sociology*, made clear about the threat posed by immigrants which had great resonance for Temperance Movement leaders:

It is the law-breaking foreigners who we are talking about now. Schooled in low standards of morality, they seek to impose their European customs on their new-found Land of Liberty. . . . Foreigners are predominant in all the big movements of lawlessness and those movements are aimed at anarchy (quoted in Reardon, 1974: 390).

In short, whatever foreign or domestic enemy of the *status quo* was popular at the time—the "yellow peril," Germans, Japanese, "communists" etc.—was said to be conspiring to enslave us with some form of drug addiction, ruin our moral fiber, and end our "great freedoms" forever (C. Musto, 1973; King, 1978).

That drug politics theory is on firm historical ground here cannot be denied. Drug controls almost universally have reflected and perpetuated dominant ideology. But it seems important nonetheless to complicate the role of ideology in state control policies. First, drug users themselves are not simply the passive objects of ideological attacks. As was clear in the case of alcohol prohibition, popular culture is a political and ideological battleground on which drug users are often vulnerable, but rarely unarmed. Second, not

strains of ideology are consonant with ruling class ideology. Physicians, for example, fought against the moral transformation of opiate and cocaine use from a medical to a law enforcement problem on both humanistic and self-interest grounds. More recently, when many legislators have recognized the fiscal burdens and de-legitimizing effects of draconian marijuana laws, the relative autonomy of middle class moral ideology (Morgan, 1978) has made it electorally risky to soften or repeal them. Thus, even when such laws go largely unenforced, they remain on the books as a criminal justice bargaining chip or as symbolic reassurance (see Danacenu, 1974; Edelman, 1964).

Finally, if dominant ideology is not all of a piece, then hegemonic results are *social accomplishments* that we must examine empirically. It is not unimportant, for example, that moral reformers of the right *and* the left were influential in lobbying for the Pure Food and Drug Act and the Harrison Act—two of the first federal drug control laws. To grasp the role of ideology, it is critical to distinguish between the Harrison Act as passed in 1914 (a mild tax measure) and the uses to which it was subsequently put when FBN circumvented the legislative process by using the courts to render a harsher interpretation of it. Although the technical features of the law remained the same, the ideology surrounding its use was radically different by the 1920's (Duster, 1970; Musto, 1973; Reardon, 1974).

If, then, the ideological content of policy outcomes is something more or different than the ideological contents of the interests which shaped the policy originally, if, that is, conservative, hegemonic *results* are obtained from a mix of ideological inputs, then we must study policy as practice. If, historically, drug controls have served the ideological purposes of the dominant, it is not often because of an absence of a plurality of competing ideologies, but rather in spite of such a plurality. Critics of the pluralist model of the state do not deny the interplay of different ideologies and interests. They argue only that such a model is hopelessly incomplete without a structural notion of class power. The advantage of neo-Marxian models lies in their ability to show how policies infused with dominant ideology, are the *end product* rather than the raw materials of the state policy process. Drug politics theory, thus, would do well to conceive of the relation between ideology and the state as problematic—neither all-important nor unimportant, both structural and processual—and to situate ideological factors on a continuum from relatively autonomous to relatively hegemonic.

4. *Conflicting Interest Groups*—Drug politics theory suggests that the general historical pattern of state controls has upheld the privilege structure of society at large. From the point of view of illicit users, the established institutions from the state and the police through the medical profession do appear uniform in their opposition to drug use. Republican and Democratic presidents alike since at least Kennedy have all trumpeted the same warning against drug use, and it is a rare state- or local-level politician who ever questions the dominant assumptions of traditional drug control policies. And since such policies typically leave users criminalized and isolated as individuals before the criminal justice system, no effective political power has accrued to them as users. Those conflicts over policy that have arisen have concerned only *how* or *who* to control, not *whether* to do so.

This monolithic appearance, however, should not blind us to the conflicts

of interest that have arisen, since these have had significant effects on the nature of control policy from the very beginning. This was most clear in case of alcohol prohibition when the liquor trades and "wet" legislators battled the Temperance Movement and "dry" legislators (Sinclair, 1962). In the end, big producers and shippers rather than drinkers themselves became the targets of 'Elliot Ness,' the opposite of most state drug controls before since. In the years prior to the Harrison Act, the State Department, moral reformers, and international trading companies all supported the drive controls on opiates and cocaine (although for separate reasons). Even formidable a coalition, however, made little headway against the lobby for the pharmaceutical industry, retail druggists, and the medical profession. Even after the latter groups had succeeded in watering down the bi provisions to suit their parochial interests, Southern Democrats continued to resist on "states' rights" grounds, eventually persuaded by racist appeals about black drug users (Musto, 1973). Again in the late 1950's and early 1960's it took the tireless efforts of Senator Kefauver and the shockwaves of the Thalidomide scandal to overcome the recalcitrance of a Congress divided by conflicting interest group pressures and to enact a modicum of controls on an expanding pharmaceutical industry.

More recently that industry successfully altered proposed controls on amphetamines and barbiturates such that only the most obvious illicit "spooks" who "mainlined" the drug were subject to criminal penalties (Graham, 1972). The Comprehensive Drug Abuse Prevention and Control Act of 1970, in the form finally signed by President Nixon, turned a blind eye to documented abuse of prescriptive powers and diversion from licit to illicit channels. In that case as in most of the others, the state's policy makers were buffeted by law enforcement interests and professional interests, and torn by the contradiction between their pro-business and anti-drug loyalties.

Finally, state controls have been influenced by intra-state conflicts of interest. There has been a long-standing debate between law enforcement approaches stressing jail and the drug treatment industry advocating diversion from the criminal justice system and social services. Moreover, given 150,000 professionals in the field of drug abuse prevention (DuPont, 1978), there has been competition over "ownership of the problem" (Gusfield, 1980), over shares of federal, state, and local funding for programs, and between abstinence and methadone factions.

Thus, given the wide range of conflicting interests which have influenced state drug controls, drug politics theory must avoid models of the state which depict it simply as an instrument of ruling class control. But, given the historical pattern of controls which overemphasize the drug use of subordinate groups and underemphasize that of dominant groups, our theory must depict the state as more or less a mechanism which amalgamates various interests such that policies are *generally* harmonious with the overall structure of power in society. That is to say, drug controls are not just the product of a plurality of interest groups either. Our theory of the state, then, must be sensitive to the play of conflicting interest groups while recognizing that some interests get organized into the policy-making process and others are organized out. This depends upon, for example, the degree to which various groups share the dominant ideology on drug use, and the relative political

power they command. Thus, with drug controls, as with other policies, the state cannot be understood apart from the web of powerful interests and structural constraints and contradictions within which it operates.

5. *The Centrality of Political-Economic Context*—As Himmelstein (1978) and others have shown, drug controls tend to be enacted in periods of political-economic crisis and often buttress the means of social control used by the dominant to ensure their privileges, status or power. The early anti-opium laws were enacted in a recessionary era rife with anti-Chinese sentiment aroused by the labor market competition between "coolies" and working class whites (see, for example, Morgan, 1978a). In addition, the propaganda used in the campaign for the first federal narcotics law also made extensive use of racial prejudice against blacks (Musto, 1973; Grinspoon and Bakalar, 1976). Presumably this was thought to be effective because the migration of blacks to northern cities, and, thus into competition over scarce jobs with white workers during the recession of 1907-08, had heightened racial conflict (see Helmer, 1975). And, as noted above, the influence of such political-economic factors was also important in the eventual success of the Temperance Movement which had labored in vain for decades until class and cultural conflict gave its efforts new meaning (Gusfield, 1963; Sinclair, 1962).

While it is clear that political-economic factors like labor market conditions have influenced drug control policies, we must guard against economic reductionism. Drug laws have been significant resources for social control of "dangerous classes," but drug politics theory would risk a functionalist tautology if it depicted such controls as part of a ruling class conspiracy. The Marijuana Tax Act was passed during the Great Depression (as were nearly thirty individual state drug laws) when the American working class was a serious threat, and it did enhance the state's ability for social control. Yet, the major moral entrepreneur behind the legislation, Anslinger's Federal Bureau of Narcotics, had a variety of motivations aside from ruling class control. The Bureau was in need of a new *raison d'être* for continued funding (Dickson, 1968). It was in competition with Hoover's FBI for headlines (King, 1978). Moreover, neither newspapers nor the *Congressional Record* show evidence of a direct connection between class conflict and marijuana control, and the smooth passage of the bill was assured in part because it was a simple symbolic measure with which all agreed and would require no additional enforcement expenditure (Gallihier and Walker, 1977).

That the class conflict of the Depression era had placed law and order on the elite agenda is clear. And because the Marijuana Tax Act was a small part of a federal push for uniform state laws, it is reasonable to situate it within the broad, New Deal tendencies of the capitalist state toward greater centralized control as a response to political-economic crisis. Beyond this kind of structural sensibility, however, drug politics theory must be attentive to the concrete particulars, the phenomenal form, of policy-making.

On the other hand, the tangibly important role played by moral reformers in the campaign for the Harrison Act often has obscured the structural, political-economic context which made their efforts efficacious. In response to growing agitation from the have-not's near the end of the 19th century, the systematic development of foreign trade was adopted as a solution by what Wolfe (1977) has termed the "Expansionist State." One of the most highly-prized new markets in this strategy was China. Yet, because the opium habit

was felt to be at the root of China's "backwardness," thus eroding its commercial potential, there developed a strong affinity of interests between U.S. business and moral reformers. Although moral issues remained high visible and reformers active during this, the Progressive Era, even the trends cannot be severed from the massive immigration and class and cultural conflict brought on by urban industrial development. And it was precisely the centrality of international trade as an economic solution to such problems that placed the State Department in the leading role in the campaign for the Harrison Act, a law designed as a symbol of international good will toward potential trading partners (Taylor, 1969; Musto, 1973; Mar 1975; Watts, 1977).

But, the original intent of a law is one thing; subsequent use of it another. Here, too, the political-economic context was critical, but in a different way. As noted above, for several years after its enactment the Harrison Act remained a rather innocuous tax and regulatory measure which had little utility as a means of social control. However, in the post-war crisis of 1919—replete with general strikes, massive and militant unionization, newspaper warnings that "Lenin and Trotsky are on their way" (J. Breche 1972), and a variety of threats to the dominant moral status of the native-born middle class—the spirit, if not the letter of the law, changed. Through a series of court decisions the Harrison Act was reinterpreted and became the legal pretext for criminalization of drug use and a significant widening of the net of social control. Political-economic crisis, then, helped give an expressly instrumental character to what had been a symbolic law (see Duster, 1970; Musto 1973)''.

While Himmelstein's (1978) synthesis of Drug Politics Theory emphasizes these broad political-economic factors, other discussions of control policies have focused predominantly on the narrow interplay of interest groups and moral entrepreneurs without making systematic attempts to integrate structural variables into their accounts. The historically complex relationship between the particulars of policy-making and the structural constraint which impinge upon and undergird them has not been adequately conceptualized. To spell out the "how" of the relation between these two spheres is important. By developing a model of the state which avoids both the risk of functionalist tautology possible with a structuralist approach, and the risk of structural myopia possible with a naive pluralist approach, drug politics theory can make an important contribution to both the study of drug control and to the literature on the capitalist state in general.

6. *The State: Relatively Autonomous and Structurally Constrained*—Given the contradictory nature of drug use and of the various threats posed by drug users, and given the complexity of the ideological, political-economic and interest group pressures bearing upon the state, drug politics theorist may be in an empirical quagmire. Since the range, type, and efficacy of political forces impinging on any given piece of drug control legislation vary at each stage in the policy process, it would seem that there is no necessary relationship between inputs and outputs, or even between outputs and the nature of subsequent enforcement.

Recent theories of the capitalist state, however, could be most helpful in this regard.¹¹ These theories suggest that *in order* to do its work, the state historically has required "room to maneuver" (Macpherson, 1977), or "rela

tive autonomy" from vested interests and dominant classes (C.f., Poulantzas, 1973; and Magrass, 1982). The state's dependence upon the long-term interests of capital and the dominant classes requires that it be attentive to structural or systemic needs which are not always directly relevant to a particular policy matter such as drug controls. Nor, given these structural constraints, can the state always serve the short-term interests of the dominant or the interests of fractions of dominant classes (e.g., one industry). This is all the more so to the extent that subordinate groups overtly or covertly resist and oppose state policies. According to one strain of these theories called the "political class struggle" model of the state, powerful interests or dominant classes "may manipulate the state, but they do not do so just any way they please" (Epsing-Anderson, *et al.* 1976). These theories, then, afford us an analytic framework within which to view the state which does justice to the complexities we have identified in drug politics. The relation between dominant classes and the state is often clear, but it is conceptualized in such a way as to provide for the "continuous possibility of other outcomes" (Block, 1977), i.e., policies independent of direct control by dominant classes. In short, theories of the capitalist state can help us make order out of what appears to be chaos without pretending the chaos does not exist, or that the chaos is "really" only class conflict.

Let us take state policy on tobacco as an illustration. On the one hand, the Department of Health and Human Services spends millions of dollars warning citizen-consumers about the health risks of smoking, and millions more for research on lung cancer treatment. On the other hand, the Department of Agriculture spends millions subsidizing tobacco growers so that a major industry in the Southeast will function smoothly. By situating such ostensibly contradictory policies in the broad context of the capitalist state as a totality, they are rendered more understandable. That is, the state is obliged to mitigate a devastating public health hazard, but it is obliged to do so in a way which preserves the profits and jobs upon which one region of the nation depends. One important inference for drug politics theory, then, is that we must not confine our analysis to coercive controls designed to discourage drug use. As Brecher (1972), Bruun, *et al.* (1975), and Himmelstein (1978) all note, many states have *encouraged* the production and consumption of dangerous drugs. (As will be discussed below, some facets of U.S. alcohol policy do this).

O'Connor's *The Fiscal Crisis of the State* (1973) provides perhaps the best formulation for our purposes. In his theory the state in capitalist society has two basic functions, accumulation and legitimation. First, the state must see to it that business can accumulate the capital which is the source of jobs, products, and taxes. We might hypothesize, therefore, that if the production of a drug contributed to accumulation it would tend to fall on the mild, regulatory side of the control continuum. Of course, factors such as the degree of threat posed by its users, the position of dominant ideology toward it, the demands of powerful interests, etc., would mediate that tendency. Second, to serve its legitimation function, the state must enact forms of social policy and spending which reproduce the culture and the system of social relations necessary for accumulation and overall system maintenance. Thus, we might hypothesize that forms of drug use which affect users' perceptions of social reality in ways which can subvert or delegitimize dominant definitions of that reality, or which have behavioral consequences perceived by the state to

be dysfunctional for the system of social relations, would tend to be subject to coercive controls. Such a tendency would be stronger to the extent that the production of such a drug did not contribute to accumulation (e.g., hallucinogens). Conversely, other drugs which tend to be used in ways which reinforce, help reproduce, or legitimate that reality or those social relations, especially if their production contributed to accumulation, would tend to be subject to more mild, non-coercive controls, e.g., tranquilizers (see, Lennard, 1971; Bernstein and Lennard, 1973; and Becker, 1973).

But here, too, we must guard against theoretical elegance if it is gained at the expense of a full, dialectical understanding of consciousness alteration and its control by the state. As suggested earlier, most drugs are used *both* as a means of resisting the strictures of the dominant order *and* simultaneously as a means of adapting to them (C.f., Willis, 1977; Morgan, 1981; Room, 1980). To the extent that such a sensibility about drug use is accurate, the state's legitimation problems alone become quite complex. When its accumulation function is added to the policy equation, drug politics is further complicated. Yet, when the two are analyzed in relation to each other, what have appeared to be contradictory policies begin to look like a division of labor within the state (e.g., tobacco).

This is most clear in the case of alcohol policy. On one hand, there are laws intended to provide social control of alcohol users and public health policies designed to discourage use, mitigate ill effects, and treat addiction. (Note that accumulation problems are also involved here insofar as labor absenteeism and lost productivity are related to use). On the other hand, the policies of Congress, the Internal Revenue Service, and the Tax Courts have consistently, albeit tacitly, encouraged use by allowing billions in tax deductions for "business related" alcohol use. This amounts to an indirect subsidy to the private sector in general, and support for accumulation in the alcohol and restaurant industries in particular (Mottl, 1980). To judge from alcohol policy as a whole, then, the state seems committed to accumulation, even at the expense, ironically, of its own fiscal needs (lost tax revenues) and legitimation interests (public health and law enforcement costs for attendant social problems). However, such ironic policy outcomes could be made more comprehensible and less schematic if we took into account ideological factors like the role of drinking in American popular culture and the power of relevant interest groups (see Parker, 1980).

Thus, because the state is buffeted within and without by industries, professions, classes and class fractions, all with historically varying moral-ideological and material axes to grind, the state becomes a relatively autonomous "mediator" (Morgan, 1980). As such, its policy outcomes are not reducible to the interests of the dominant classes in profits (accumulation) or in social control (legitimation). Yet our theoretical grasp of the complexities and contradictions in the pattern of state drug controls depends upon a theoretical model of the state which incorporates the conflicts between its accumulation and legitimation functions. The ways in which these conflicts have been managed historically have, in turn, engendered a legacy of constraints—fiscal, bureaucratic, ideological, and cultural. Because they define the *terrain* on which ideologies and interests compete and policies are hammered out, such structural constraints are a critical component of an adequate theory of drug control politics.

Summary

The elements of a drug politics theory which have emerged from recent historical work on drug controls are both important and limited. They have sensitized us to the salience of political, economic and ideological factors which shape policies independent of any particular "drug problem." Yet they fall short of meeting the requirements of an historically-grounded theory of drug controls to the extent that they are not integrated into a theory of the state as a whole. I have tried to identify some key problems with the drug politics perspective, and to suggest ways of dealing with them which move us closer to a theory of state controls on consciousness alteration.

For drug users, such alteration is a means of resistance and a means of accommodation to the social order as it impinges on their lives. That it is both is a fact which affects not only the kinds of problems users experience but also the kinds of controls that are enacted to address them.

That such policies have served social control functions which support the status quo, however, does not mean they are strictly a weapon of ruling class domination. Drug-induced consciousness alteration can threaten different aspects of social order in different ways, and state policies must be autonomous enough to assuage such threats. Similarly, drug controls have been born of and form part of an ideological apparatus which serves dominant interests. Yet if we are to do justice to the details of the policy process, this must be seen as a contingent accomplishment of that process. Dominant ideology is not monolithic, nor are dominant groups the only ones who have ideologies to which the state must be free to respond.

The same logic must be used on the issue of conflicting interest groups. Policy makers are often torn between inter- and intra-state law enforcement, professional, and business interests. If the resulting control policies more or less serve the overall interests of dominant groups, then our model of the state must show *how* structural constraints have done this. That is, our theory must account for the mechanisms which amalgamate conflicting interests such that the "privilege structure" of society is preserved. (This would also entail showing how, under different conditions, state policy could fail to do this.)

All of these complications suggest that certain conditions facilitate and others impede the processes through which control policies come to serve dominant interests. Hence the importance of historical context. Social control becomes especially important, for example, during political-economic crises because it is most problematic then. Yet it follows that there must be crisis conditions under which social control breaks down and the ability of the state to shore it up is minimal.

Finally, I have argued that a theory of state control policies must be built upon a conception of the state in general which is capable of accounting for such complications and the ways in which they impinge upon and are mediated by the state. The contradictions in the pattern of control policies become comprehensible only when they are seen as the products of a capitalist state which is constrained to serve contradictory functions.

NOTES

¹ Because the bulk of state-level and local level drug control policies are derived from

and have been made uniform with their federal counterparts, the term "state" as used herein is intended to mean national government in the generic sense. "Controls" or "control policies" are used to denote the broad range of laws, policies, and education and prevention programs enacted by state bodies. While both sets of terms refer to the United States, some examples are drawn from, and the analysis has some relevance for other industrial capitalist democracies.

² Interested readers should see Volume 9, Number 2 (1979) of the *Journal of Drug Issues* for a variety of recent reports on self-controlled drug use.

³ It should be noted that the 1960's were also a period of rapid growth in the pharmaceutical industry. Hundreds of new drugs were marketed, some of which engendered new forms of abuse (see Lennard, 1971; Pekkanen, 1973; and Silverman and Lee, 1974).

⁴ Another relevant example of neo-Marxian historical work in the sociology of law which offers insightful materials on England is Hay, *et al.*, 1975.

⁵ See, for example, the developing importance of political and economic factors in Gusfield, 1963; Goode, 1969; Duster, 1970; Graham, 1972; Musto, 1973; Reardon, 1977; Mark, 1975; and Morgan, 1978a.

⁶ In order to avoid a contentious discussion on the modern applicability of terms like "bourgeoisie," "Proletariat," and "ruling class," I have deliberately chosen more vague terms like "dominant" and "subordinate" when referring to classes or groups. Not that the ruling class does not exist (see Domhoff, 1978), but only that, as I hope to show, social policy and the state are not solely its instruments (see Epsing-Anderson, *et al.*, 1976; and Block, 1977). This should not be taken to mean that I see the latter terms as adequate concepts for describing class relations. Rather, I have found classical Marxian language both confusing to non-Marxists and of limited value for analyzing the current cultural and political issues surrounding the control of consciousness alteration. (Given the space and the chutzpah, I might be able to employ Marx' own critique of the temporally-bound terms of classical political-economy in defense of this choice.)

⁷ The origin and transmission of these values, of course, is another matter. But rather than employ the notion of cultural or ideological hegemony, I prefer to assume that despite hegemonic processes, working class and minority groups create—within limits—their own relatively autonomous culture. Moreover, dominant groups have no reputation for abstinence or related values.

⁸ One need not slight Marx' theoretical insights on the centrality of class, class struggle and class domination of the state in order to, e.g., take advantage of Weber's descriptive insights on the independent importance of status and legitimacy. Marx himself offered similar descriptive work in his empirical studies of class struggles in mid-nineteenth century France (see, e.g., Marx, 1974).

⁹ While I have mentioned only intra-state conflicts of interest, it should be clear that inter-state conflicts often affect controls as well. In recent years, for example, international relations between the U.S. and the Middle East, Southeast Asia, and much of Latin America have been complicated by our desire to stop production of drug crops in those regions. See Braun, *et al.*, 1975; and Musto, 1973.

¹⁰ Readers will note that throughout this paper I have not addressed the ways in which political-economic crises and the effects of the business cycle impact communities living standards, and life experiences. Obviously these factors are related to both the availability and the appeal of drugs for the classes or groups affected. However, the complexities of such relationships and the voluminous literature on them render even an adequate summary beyond the scope of this paper. This omission should not be taken to mean that they are not important for understanding fluctuations in both use patterns and in state policies.

¹¹ See Gold, Lo, and Wright (1975) for a brief review of the varieties of Marxist theories of the capitalist state. While these theories were developed to explain the behavior of specifically capitalist states, and, therefore, cannot be applied automatically to other

political formations, I suspect that the general functions of accumulation and legitimation (as well as fiscal constraints) also must be fulfilled in dictatorships, socialist states, etc. An important reason for utilizing such theories is that, unlike the traditional pluralist theories in political science, they do not take the structure of the state for granted or focus on the interplay of interests. Marxist theories not only offer an historical conception of the state as a whole, they contain conceptions of power which are structural in nature.

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ILL AND AGAINST THE LAW: THE SOCIAL AND MEDICAL CONTROL OF HEROIN USERS

Dorie Klein*

This discussion focuses on the criminalization and medicalization of heroin users in the United States in two historical periods: the late teens to early twenties, and the late sixties to early seventies. Comparative analysis reveals that while different social circumstances have stimulated specific state responses, class and ethnic patterns of drug use have played a leading role in shaping overall policy. Continuous clashes and adjustments between licit and illicit markets have reflected deeper economic and ideological conflicts. The essence of official policy, whether under a public health or a criminal justice rubric, has been the attempt to effect a real and symbolic order. Claims to the contrary notwithstanding, the advocates of reform and of the medical approach to addiction have accommodated more than they have challenged law enforcement. Doctors' professional interests and the uses of medical rhetoric to justify state policy have changed, but the control aspects within the medical model stand out sharply. This analysis of the limits of conflict and structures of resolution between specific heroin policymakers draws on an appreciation of more general political, economic, and social forces which shape the interplay of "deviance" and the official reaction to it. This theoretical orientation departs from the leading paradigms in the sociology of drug control developed within labelling and interest-group frameworks.

Introduction

In the 1960's, when drug abuse became a national issue, a sociology of drug control emerged with a core of assumptions about the history of drug use patterns, origins of policy, and the prerequisites for formulating a reform-minded response.¹

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