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THE HISTORY OF DRUG CONTROL LAWS: AMERICAN ASPECTS

by PROFESSOR NICHOLAS N. KITTRIE*

Now that I have my addictive substances, including my pipe and a cigar, to my right, I am prepared to talk about addiction.

First, I would like to start where my colleague, Cherif Bassiouni, left off. He furnished us with a panoramic view: the response of the world community and of international law to the drug problem. I would like, if I might, to supply you with an American *time* perspective regarding drugs, a dimension which most of us lack. Viewing drugs this way, in perspectives of both space and time, might advance our understanding.

I remember a book written by sociologist Kai Erickson called *Wayward Puritans*. Erickson describes the witch hunts which took place in New England in our early history, and seeks to understand the witches of Salem.

When you read this book in an effort to decide what had transpired in Salem at the time, when you ask what it was all about, you find yourself at a great loss. My own first questions were: (a) had there indeed been witches and, if so, (b) what has happened to witches since? All through the book these questions continued to haunt me: Who were the witches? How did they come about, or how were they selected? And if there were not witches what precisely was the whole commotion about?

Erickson concludes by suggesting that the movement to define, identify, isolate and prosecute witches was an exercise in American self-definition. We needed at that time in history to decide who was in and who was out, who was a proper citizen of

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Salem and who was not. The population felt threatened by the social flux in the new world. They had all left behind the established social order of England. Now they had Quakers and other new unorthodox minorities they didn't know what to do about, and Quakers and the rest looked like very dangerous elements. The focus upon the witches was a mere effort to define that society's dangerous elements.

Erickson suggests that all of the Salem mass hysteria, the whole movement to identify those possessed by demons, was a result of the need of Americans and America to identify the boundaries of normalcy and deviance, of what is right and what is wrong.

If a man from outer space had landed here and had observed in 1970, 1971, 1972 or 1973, what was transpiring in the United States at the height of the drug panic, what would he have seen? He would have found that about 74 million Americans were having alcohol experiences, 53 million were having tobacco experiences, and then he would have been told: "Forget about the 74 million American alcohol users and the 53 million American tobacco users, and concentrate on the 22 million Americans who have made some use of marijuana."

He would have been assured: "These marijuana witches are the ones you should worry about. Ignore all other addictions. They really are not the problem. The problems are these particular ones we have selected."

The visitor from outer space would also have found that while some 30 million Americans regularly buy either tranquilizers or stimulants over the counter or by prescription, the real problem of America was not them, but the 2 million who have had some heroin experience, or the 4 million who had experienced cocaine.

If that man from outer space would then ask his question the way we ask about the witch hunts of Salem, if he would say: "What is all this insanity about? What indeed is going on? Why are you selecting these people or practices, rather than the others, to condemn?" I think we probably would have to admit that we were again observing an American exercise of self-definition. With drugs we instituted a new experiment at drawing lines between traditional authority and rebellion. Drugs in the 1970's assumed the symbolic value of the witches in the Salem of old. Drugs became the test for separating deviants from the "decent" population.

The question, indeed, posed to our youth in the 1970's was: "Will you join us at our preferred vices, alcohol, tobacco and whatnot, or will you insist on creating new vices all of your

own? Because, indeed, if you do not like our vices, you obviously must also be otherwise troublesome. You must be a great threat to society.”

In both choosing the vices we officially sanction and in listing the ones we do not approve of, we seek to embrace those segments of the population that are part of the established order and accept the established order's vice preferences, and to exclude those elements that dare challenge the majority's vices.

This societal hypocrisy of values is quite reminiscent of the father who brags of his son's experience with a prostitute, since this certainly establishes that he is not a homosexual.

All this demonstrates, I hope, how new vices become the symbols of radicalism, of rebellion against the established order. Vices thus serve as rallying symbols both to society and to those who proclaim the new vices.

It is because drugs have become such a symbol that it has been very difficult to talk rationally in this area. One is soon labeled as being a radical, a long-hair, and consequently soft on crime, if he merely asks for a rational attitude towards drugs. Admittedly, the drug scene is an area where class distinctions, class interests, political and ideological factors play a major role. Indeed, this is an arena in which those who make the laws do not necessarily represent those segments of the population that are most involved with drug abuses. To white youths drugs might be symbols of liberation, to black leaders drugs carry the threat of black apathy and enslavement. It is here that black leaders have frequently called for stringent controls, while white liberals have complained of governmental invasions of constitutional rights.

As a result of these symbolic attributes, it has been very difficult to obtain accurate facts as to the size of the drug problem, its nature, or appropriate responses to the problem.

The confusion is not only with regard to data; it is also in the law itself. For nearly forty years, we tolerated laws in which marijuana was officially classified as a narcotic when scientifically this is not the fact. If you insist upon calling marijuana a narcotic, and ignore the accepted criteria for this term, you could equally pick anybody in Salem and call him or her a witch. In both instances one engages in pseudo-science.

In 1970 I took a trip to South Carolina to participate in a conference on the drug problem and found myself on the same platform with the Attorney General of the state. I had examined the state's drug laws and learned that the code did not distinguish at all between heroin, cocaine and marijuana. All were classified as narcotics. I reported this at the conference

and the state's highest law officer looked at me with amazement and admitted that that was the first time he had realized the law's classification error. Yet, the law continued to be enforced.

It would not surprise you if I suggested that the drug scene is also the scene of the "big lie." It used to be the government's position, until the end of the 1960's, that drug use in the country was very much under control. For a long time the Government wanted to establish that the creation of the Bureau of Narcotics, the passage of the Harrison Act in 1914, and the passage of the Marijuana Control Laws in 1937 had been very effective. That was the official position.

Accordingly, it was stressed by government sources that before 1914, when the first regulation of narcotics came about, there were somewhere between 100,000 and 300,000 addicts in the United States. At that time the country's population was about 100 million. After the Harrison Act, drug abuse supposedly declined constantly. As late as 1960, the United States, in submitting its report to the U.N. on the size of narcotic addiction in the United States, claimed that total narcotic addiction in the United States was 45,000. What they sought to establish was: "Look, with our tight controls we have reduced the pre-1914 figures of at least 100,000 addicts to a low of 45,000."

I would like to suggest that the 45,000 statistic was probably a lie, because at the very same time, in California alone, total yearly drug arrests exceeded 16,000. But it was the government's business at that time to underestimate the drug scene. The Bureau of Narcotics was satisfied with its budget and sought no more. It was still engaged in the game of proving that a tough law works.

Suddenly the narcotics bureaucrats discovered that the "big lie" ought to go the other way. Instead of small numbers, they sought to exaggerate in the other direction. They discovered that if one can exaggerate the size of a problem, one can get more money for solving it. One can have a bigger machinery of control. Why claim your machinery works? If you claim it works, it means you do not need to expand the control machinery. It is better to say, no, it really doesn't work.

Abruptly, from 1960 statistics, which indicated that the total number of addicts in the United States was 45,000, the figures increased. In 1971 the papers reported government estimates that 12 percent of the 6 million Vietnam veterans were addicts. That is 720,000 addicts in one stroke of a publicity pen. This increase in excess of 1500% came only out of Vietnam, and does not include all the addicts in the ghettos and in the new suburban marijuana and opium dens. Indeed, it was now fashionable

to claim that the total number of addicts in the United States was a million, a million and a half, maybe two or three million. It is imperative, therefore, when examining statistical data, to recognize how the self-interests of the drug control system make reports on the size of the problem highly unreliable.

One must next consider the hazards of drug abuse. Before the Harrison Act of 1914 there were no claims of any correlation between drug addiction and crime. There was nothing in the literature, no research studies, no empirical studies, not even true confessions claiming a causal connection between drug abuse and criminal conduct.

Indeed, before 1914 it was reported that the typical addict was white, Southern, rural, and male, and that his morphine was usually supplied through some legal medical source. Suddenly the portrait of the drug addict changed drastically. All at once it was asserted that he was a major crime source.

But if the connection between drugs and crime was not originally claimed or demonstrated, how was it that we developed such an elaborate machinery for the control of drugs? We might find the answer through a specific case illustration. How did it happen that marijuana, which is not addictive and which is basically a mild hallucinogen, became labeled as a narcotic?

It happened in 1937, after the House of Representatives had hearings which consumed about one and a half days and the Senate had hearings which lasted two hours. It took that much deliberative, legislative investigation and discussion to turn millions of existing and prospective marijuana users in this country into criminals.

By contrast, in 1894 the British government created a royal commission to look into the hemp and marijuana use in India. That commission sat for two years, listened to 1,193 witnesses, and decided against the criminalization of marijuana in India. The commission was concerned with some of the very same issues which remain relevant today:

(1) the possibilities of controlling drug abuse by licensing, taxation or other non-criminal methods; (2) 'the danger lest prohibition or other restrictive measures . . . may give rise to serious discontent and be resented by the people . . . ' and (3) 'the probability or possibility that if the use of hemp drugs is prohibited, those who would otherwise continue to use them may be driven to have recourse to alcohol or other stimulants or narcotics which may be more deleterious.'

The Hemp Commission concluded in 1895 that allegations of the connection between marijuana and crime were unsupported and that moderate use usually relieved anxieties and produced no adverse effects upon the character of the consumer. Similar-

ly negative was the conclusion on a connection between marijuana and mental illness.

What data was considered to produce a completely opposite result in the United States in 1937? How is it that the law and the public were made to accept a belief that narcotics—marijuana included—are stimulants, that they might be aphrodisiacs, that they probably have a causal connection to crime, and that they encourage idleness, while turning users into very dangerous instrumentalities? Where does the supportive evidence come from?

The United States congressional inquiry into the need to outlaw marijuana consumed parts of five days. Of the twelve witnesses heard, three represented the hemp seed industry. Four others represented the United States Treasury Department, which was proposing the law.

Henry Anslinger, Director of the Bureau of Narcotics, was the chief spokesman urging the passage of the new bill, and even though only five years had passed since the repeal of prohibition, there was little concern for this new venturing into moral legislation.

Congress did have the benefit of testimony by Dr. William C. Woodward, Legislative Counsel of the American Medical Association, who asserted that there was no evidence to support the need for the proposed federal legislation and, furthermore, that the new law would likely prove even more unenforceable than the existing Harrison Narcotics Act. But even this limited suggestion of dissent on the issue of marijuana criminalization was denounced as typical of the conservative American Medical Association's opposition to all New Deal laws.

The major plea of the Bureau of Narcotics was that marijuana should be outlawed because of its two adverse effects: first, it induced its users to commit violent crimes, and second, it produced insanity. The Commissioner of Narcotics did, however, disavow the most common reason currently given for the prohibition of marijuana—that it provides a stepping stone for heroin, cocaine, and other hard narcotics.

Congressman Dingell: I am just wondering whether a marijuana addict graduates into heroin, or opium, or a cocaine user.

Mr. Anslinger: No Sir, I have not heard of a case of that kind. I think it is an entirely different class. The marijuana addict does not go in that direction.

To support the claim of marijuana's propensity to cause crime and insanity, Mr. Anslinger had no independent research findings or reports equivalent to the unbiased Indian Hemp Commission. Instead, he relied on history, supporting newspaper

editorials, and several letters from law enforcement officials and others. The scientific reliability of the Anslinger testimony is typified by his assertion that "in Persia, a thousand years before Christ, there were a religious and military order . . . called the Assassins, and they derived their name from the drug called hashish which is now known . . . as marijuana. . . . They were known for their acts of cruelty. . . ." The government's chief witness was at least two thousand years off-base in his dating of the Assassins—who came into being in 1090 A.D.

The overall tone of the congressional inquiry is illustrated by several exchanges between witness Anslinger and his senatorial questioners:

Senator Davis: How many [marijuana] cigarettes would you have to smoke before you got this vicious mental attitude toward your neighbor?

Mr. Anslinger: I believe in some cases one cigarette might develop a homicidal maniac, who probably would kill his brother. . . . Probably some people could smoke five before it takes effect, but the experts agree that the continued use leads to insanity. There are many cases of insanity.

Congress enacted the law.

Why are we so much concerned with drug use, other than for the symbolic threat it presents to our social order?

One of the arguments against drugs is their effect upon public safety by their impact on criminality. Yet, statistics demonstrate that 72 percent of the drug addicts studied have had a previous criminal record. That is, these addicts had a criminal record prior to their becoming drug addicts.

Indeed, before the recent drug scare in the United States, little claim was made for the special criminal propensities of addicts. In New York City, a city of no negligible criminality, of all arrests for property felonies in 1965, some 11 percent were drug users. Of those arrested for petty larceny, about 9 percent were drug users. Of those arrested for felonies against the person, only 2 percent were drug users.

This fails to demonstrate that the drug user is the kind of public enemy against whom a massive war needs to be developed. Have drug users become more dangerous in recent years?

The President's Commission on Marijuana and Drug Abuse, to which I served as a consultant, specifically found in 1972 that drug users had not become any more dangerous than before. Indeed, most studies indicate that addicts usually commit property crimes in order to get money for drugs. It is the high cost of the drugs and their unavailability which often produce the reported criminal behavior.

Consequently, even if the new great war against drugs and addiction was to be successful, even if we were to cure most drug addicts, the total impact of this success on serious crime in America is likely to be limited. Even the impact on the lesser property crimes will be less than expected.

More than a decade ago I did a study on the connection between alcoholism and crime. This was before the drug scare. Everywhere I went, I was told that the problem with crime was alcoholism: people get drunk, and then commit crimes.

In the mid-1950's, there was a study which indicated that 66 percent of all prison inmates had some connection with alcohol at the time they committed their offenses. In recent years it has become fashionable to say that a high percentage of all criminals—possibly two-thirds—are connected with drugs. Indeed, 66 percent of all criminals have a connection with something or another. I would not be too courageous to say that 100 percent of the offenders have a connection with crime. But this is where criminological causality stops. Most of what we know about offenders is their connection with crime.

Criminal behavior is grounded in complex genetic, social and economic factors; it is affected by exposure and environment, by situational factors and by anything else which transpires inside and outside of us. To blame drugs or alcohol is a very simplistic approach to crime. To believe that we will cure crime by modifying these external behavioral manifestations is both naive and misleading to the public.

The second reason society has been concerned with narcotics is their supposed impact on the labor force, our work ethic, and the family. One just cannot be all that productive, cannot do his job, and carry on his other responsibilities while under the influence of drugs. Both the national product and the family structure will suffer from the addiction of members.

Finally, we resent those who seek to drop out of society. We really don't think they are entitled to this escape route, to this crutch. We all have to suffer and go through life without too many euphorias, so why can't others accept life as it is? As Professor Blum has stated:

On cultural grounds drug use is . . . also the subject of ambivalent feelings. In the Anglo-Saxon value system at least, stoicism under pain and 'taking it on the chin' are marks of the man. To use a drug can be a sign of weakness, indeed even going to the doctor . . . [need] be resisted lest it be taken as self-indulgence or a sissy's way out. Similarly our culture . . . has several contradictory ways of looking at pleasure. In Puritan thinking pleasure itself is suspect and the use of any substance to obtain 'kicks' or euphoria is evil. . . . Dependency itself

is another area in which the culture provides us with built-in conflicts within ourselves and among one another. . . . 'He shouldn't need a crutch,' they say, or 'why doesn't he stand on his own two feet?' . . . Ours is a social world in which men earn their way and live amongst other men. We contribute ourselves to one another and ordinarily eschew being hermits, mystics, catatonics, misanthropes, or comatose. Does a man have the right to reverse the order and glorify inner experience and become disinterested in the world of other men?

Having explored our irrational history of drug control, and the inventory of social objections to drugs, let us seek a rational assessment of the current drug control scene. What I am proposing is that we articulate the major issues which should determine whether criminal sanctions should be resorted to in any given area of social conduct. These issues are: 1. What is the social or public danger sought to be prevented? 2. What are the adverse side-effects of criminalization? and 3. Can the criminal process offer effective solutions?

What is the social harm inherent in drugs? How serious and direct a social danger is posed by addiction? I would like to submit that one could suggest three major justifications for criminal intervention. One is that drugs produce criminality. But, as indicated earlier, crime statistics are not compelling in this regard. Another consideration is that drug dependence makes people lazy. Addicts tend toward welfarism. They become dependent on the welfare state. The third justification is brotherly love. We just can't stand the vision of addicts going through the agonies of addiction, withdrawal, and alienation.

I should like to submit that I do not believe that the saving of our brothers is enough of a justification for criminalizing and incarcerating them.

Neither am I certain that welfarism is the result of drug addiction. I believe that it is the same people who need welfare assistance who also are drug addicts, who also are alcoholics, and who also have broken families. I do not think they first become drug addicts and then need welfare. I believe that if they need welfare, they also are likely to become drug addicts. Addiction is merely a symptom of defective social functioning, not its cause.

If the fear of welfarism and the claim of brotherly love do not justify our intervention, the connection with criminality becomes the only remaining justification for the criminalization of drugs. And here, as in the case of any other proposed criminal controls, it is the responsibility of the state to establish the existence of the public danger. With regard to drugs I don't think the state has met its burden of proof.

The next issue requiring assessment, for a rational drug policy, concerns the adverse side-effects which result from the criminalization of drugs. The enforcement of all victimless crimes, or more accurately complaint-less crimes, produces adverse social side-effects. Since we do not have a typical complaining witness, who seeks justice in the victimless crime area, the system must invade privacy, engage in wiretapping, and rely on both informers and entrapment. With the affected parties reasonably satisfied, and not about to report victimless crime, the police must play the role of the agent-provocateur. Indeed, if the Government wants to enforce the law, it has to engage in procedures which most of us do not like to see in a democratic system.

The final test with regard to the criminalization of drugs relates to the issue of effectiveness. If a program for the criminal control of drugs cannot hope to be effective, is there a need or justification to impose it? I should like to suggest that too much of a profit expectation has been created in the drug market. We have produced, through criminalization, so much of an artificial price and profit—for the benefit of organized crime, as well as the individual entrepreneur—that no law enforcement can be very effective.

The illicit yearly world production of opium is about 1,400 tons. The annual illicit American consumption is only about 5 tons. We require about one-third of one percent of the total production. Regardless of how much of the illicit supplies we stop at the border, the one-third of one percent of the world production required here will still arrive. If we make the underground traffic more difficult, prices will go up, and it will be even more expensive and difficult for the drug addict to meet his habit through lawful work. He will need to steal even more in order to keep his habit going.

The Indian Hemp Commission, after studying the marijuana situation, concluded against criminalization on the ground that too much consumer demand and too much rebellion on the part of the consumer would result from any effort to control consumption. Certainly with regard to marijuana there is still too much consumer demand to believe that effective controls are feasible.

Let us examine the function of criminal penalties in the control of drugs. Most states now have very stiff sanctions. But are they workable? As we examine the sentencing realities two contradictory conclusions may be reached: the penalties are both too weak and too strong.

In New York, where stiff penalties are legally mandated,

only 2 percent of those arrested for drug felonies are sent to prison. Courts and juries are either unwilling, reluctant, or unable to convict in large numbers. Furthermore, prosecutors find that evidence is difficult to get. If the total sample of effective law enforcement is a mere 2 percent, it is unlikely to have much of a deterring effect on the illicit drug business.

On the other hand, if one should plead for stricter enforcement, he would have to face other correctional realities. The 1973 estimates claimed that there were 1.8 million heroin users in the United States and 4 1/2 million cocaine users. Suppose we could send them all to prison. The total available spaces for all prisoners in American prisons is a meager 250,000. That is the total number of places we have for all felons in the United States. So, how many of these more than six million Americans who have used narcotics are to be sent to prison? We could build new facilities for them, but are we truly desirous of doing so?

The system of strict criminal controls also fails to work because frequently the user is also the distributor or peddler. We used to believe that there were evil pushers on the one hand, and innocent users on the other. We were led to believe that if we could deal with the pushers harshly, while treating the users leniently, all would be well.

Now it is your son, my son, your friend and neighbor, who is both user and dealer. Drawing the line, deciding where the law enforcement emphasis ought to be, is not all that easy anymore.

If criminal controls are destined to fail, what are the alternatives to criminalization? One is resort to what has been described as a therapeutic model. You isolate the drug addicts, confining them for treatment and therapy. You create compulsory health camps, concentration camps for treatment, if you will. And while we do so, we proclaim, "we are not penalizing you; we are merely treating you." The key problem is that very little effective treatment and cure can be imposed in such a compulsory fashion.

A second approach is to leave drug addicts alone and allow them to purchase their drug supplies more or less freely. Under this approach the artificially high drug prices would be reduced, at the very least, and health controls could be imposed upon the products.

A third solution is to establish a governmentally supervised maintenance program. Without legalization of drugs, a government monopoly would be established to dispense drugs to those who require them, either through central government facilities or through private medical clinics.

In my opinion, the promise of therapy or treatment—certainly compulsory therapy—is misleading. I don't believe that there is such a thing as the cure of a drug habit. You can dry somebody out and detoxify him, but you then have to find him a suitable place in society in which to live, work, and function. The major problem is not drug rehabilitation, but is reintegrating the individual into society. In New York City alone, 40,000 jobs were needed in 1972 for ex-addicts who had completed therapy. Unfortunately, the employment market is not unlimited.

Any emphasis on the manipulation of one's psyche while in confinement, whether in prison or hospital, is the wrong emphasis. One's psyche can be manipulated while under treatment, but unless environmental change awaits his return to society, very little has been accomplished. What is needed, therefore, is more environmental modification, and less behavioral modification.

Where do we go from here? With regard to mild substances, such as marijuana, I would leave the dispensing fairly open. Individuals would be permitted to purchase, sell, and use these mild drugs freely, while controls similar to those placed on alcohol could be imposed by either the central or local units of government. I do not believe that criminal sanctions, or any controls stronger than those currently applied to alcoholics, should be imposed on marijuana users.

With regard to substances which are deemed to be addictive, unlike marijuana, there should be established a governmentally supervised maintenance program. Under this approach, which has been used in America to distribute methadone, regulated maintenance doses of drugs are given out, while the effort continues to furnish the user supportive services leading to his return to the community.

The system I advocate is not very radical, and indeed, has already begun to occur. In many jurisdictions, police and prosecutor discretion is so exercised as to practically eliminate marijuana prosecutions. Two states have reduced marijuana violations to civil offenses; others allow the traffic to proceed undisturbed. We nevertheless persist in our official hypocrisy and remain unwilling to admit that we will tolerate this new vice as we have tolerated alcohol and tobacco.

Regarding the proposal of allowing maintenance of the habit for harder drugs, it should be noted that we have gone this route before. In our hypocrisy we have opted to maintain with methadone rather than with heroin or another of the traditional narcotics, even though there is nothing scientific to justify

methadone maintenance anymore than heroin maintenance. By choosing the limited methadone route, however, we fail to affect the underground traffic and prices of hard narcotics. As a result, heroin continues as the drug of preference and organized crime continues to reap the profits from its sale.

The review of the American drug control history is reminiscent of a study by a Mexican psychiatrist, Dr. Narveaz Calderon. Dr. Calderon studied the problem of alcoholism by the Aztecs prior to the arrival of the white man. The Aztecs became increasingly concerned with alcoholism and decided that they had to do something about it. The first response was to shave the heads of those who were excessive drinkers. It was believed that the feeling of shame would control and deter others. Not surprisingly, shaven heads may have had some impact, but not enough.

Later, more severe penalties were instituted, eventually resulting in the introduction of capital punishment. That, as you can imagine, worked. It certainly worked to cure those who were executed.

But even death did not deter everyone, and a movement of reform and humanitarianism followed. The Aztecs developed what could be best described as a system of occupational therapy. They imposed mandatory sports on those who were alcoholics, thinking: "If we give them some other outlets, if we occupy them with sports and games, they will not drink." This therapy, again, worked with some, but not all.

Then came the final stage. It was decided that anybody over a given age would be allowed to remain an alcoholic. That is, once your debt to society was paid by doing enough work, you would be allowed to stay inebriated.

We do not know what they would have done next, because progress arrived in the form of the white man. I suspect that the same or a similar hierarchy of experiments in social controls was freshly instituted.

It is clear that these same stages—social pressure, criminal sanctions, occupational therapy, tolerance—have occurred in different parts of the world, at different times in history. In Iran, which has a great problem of drug addiction, the Shah recently authorized anybody over 60, who demonstrates that he is a drug addict, to get a card entitling him to free drugs. Anyone else engaged in drug traffic is subject to severe penalties. Commercial traffickers might be shot on the spot.

At what stage of development is the American drug policy? We have been shifting from criminal sanctions to therapy, but may be beginning to develop an attitude of greater tolerance.

The crisis of national and internal identity, which produced much of our recent preoccupation with drugs and addicts, may be slowly disappearing. The Vietnam War no longer exists. Many of the other objects of youth and racial rebellion are no longer present. It may be that our socio-psychological need to label people as deviants, and to draw lines of demarcation, is less likely to be manifested. With these changes, hopefully, we might respond more rationally to the pressing need to reevaluate drug policies.