

THE WAR AGAINST DRUGS

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This paper places the concept of the use of coercion in the prevention and treatment of drug abuse within a political context. Coercive measures are used for control rather than rehabilitation. Whatever the rationale, use of coercion by the state stands in direct opposition to individual liberty.

In 1980, crime and violence, long endemic to New York City, erupted in a new epidemic. Singly and in packs, hoodlums rampaged through the subways and the commuter trains, ripping gold chains off the necks of women. A typical newspaper story described one such public mass-robbery as follows: "Seconds after a packed Amtrak passenger train collided with a freight train last night, a wave of chain-snatching broke out at the scene. Gold chains and purses were ripped from commuters in a second passenger train, which screeched to a halt behind the Amtrak wreck near Dobbs Ferry" (New York Post, 1980:5).

The public was horrified. The police were helpless. Although (New York State) Governor Hugh Carey could offer neither protection for the public nor compensation for the victims, he could—and did—offer an explanation for this mayhem. "The epidemic of gold-snatching in the city," he declared, "is the result of a Russian design to wreck America by flooding the nation with deadly heroin. In the streets, you know what's going on. Women are afraid to walk with a chain around their neck. Why? Somebody's grabbing that chain to get enough money for a fix" (Greenspan, 1980:10). If the Russians "were using nerve gas on us," the Governor continued, "we'd certainly call out the troops. This is more insidious than nerve gas. Nerve gas passes off. This doesn't. It kills. I'm not overstating the case" (Greenspan, 1980:10). Governor Carey made these remarks on September 25, 1980, at a press conference in New York City announcing his plan to create a new commission to "fight the drug menace. He will name it "The Citizens Action to Combat Heroin" (Greenspan, 1980:10).

When Governor Carey spoke these words, the American war against "dangerous drugs"—especially heroin—had been going on for more than a quarter of a century. The political rhetoric about "drug abuse," the medical mendacity about "drug rehabilitation," the legislative prohibition of "illicit drugs," and the judicial persecution of drug users ("addicts") and drug sellers ("pushers"), aided and abetted by the popular media intoxicated with a blind faith in a holy war against unholy drugs—all this had been going on for much longer than the First and Second World Wars, combined; much longer than

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Prohibition, or Nazism, or the war in Vietnam. Still, America's war against "dangerous drugs"—which has spread to Europe, to Australia, to Japan—shows no signs of letting up. There is no light at the end of the tunnel.

Just what is this war about? Ostensibly, it is a war against "dangerous drugs." But drugs are the products of human inventiveness and technology; they are material objects, like buttons or baseball bats. How can human beings wage a war against such *things*? One would have to be blind—and deaf and dumb to boot—not to see and hear that this is a metaphorical war. But that cannot be the whole story. Millions upon millions of well-educated and intelligent Americans now believe that "drugs" are a danger to America—just as fifty years ago millions upon millions of well-educated and intelligent Germans believed that "Jews" were a danger to Germany. If history teaches us anything at all, it teaches us that human beings have a powerful need to form groups, and that the sacrificial victimization of scapegoats is often an indispensable ingredient for maintaining social cohesion among the members of such groups. Perceived as the very embodiment of evil, the scapegoat's actual characteristics or behavior are thus impervious to rational analysis. Since the scapegoat *is* evil, the good citizen's task is not to understand him (or her, or it), but to hate him and to rid the community of him. The German saying "Verstehen ist verboten" ("To understand is forbidden") applies quite literally to this situation: Attempts to analyze and grasp such a ritual purgation of society of its scapegoats is perceived as disloyalty to, or even an attack on, the "compact majority" and its best interests.

It seems to me that the American war against "dangerous drugs" represent merely a new variation in humanity's age-old passion to "purge" itself of its "impurities" by staging vast dramas of scapegoat-persecutions. (See Szasz, 1970 and 1974). In the past, we have witnessed religious or "holy" wars, such as the witch-hunts—waged against people who professed the wrong faith. More recently, we have witnessed racial or "eugenic" wars, such as Nazism—waged against people who possessed the wrong genetic makeup. Now we are witnessing a medical or "therapeutic" war—waged against people who use the wrong drugs.

Like all spectacular scapegoat-persecutions, the war against "drugs" is enacted on the classic model of Saint George slaying the dragon. Thus we witness an endless succession of politicians riding forth on the backs of their faithful steed—the law-abiding, tax-paying citizens—promising to slay the phantom-enemy. Governor Carey, the *New York Times* informs us, is now "calling for an all-out offensive against what he believes to be a Russian-inspired flood of heroin in the nation. It is the root cause of crime and is destroying an entire generation of youth, particularly among the poor" (Meislin, 1980).

While the American "war" against drugs resembles Nazism, Governor Carey's recent call for more vigorous action against heroin invites comparison with Adolf Hitler's call for more vigorous action against the Jews during the closing years of the Second World War. In each case, we are faced with a self-intoxicated politician projecting an image of himself as the protector of his people. In each case, the people are indeed gravely endangered—but not by the threat from which the politician promises protection: then, the people killing Germans were not Jews, but Allied soldiers; now the people

robbing, maiming, and killing Americans are not Russian “drug pushers” (or American “drug pushers,” for that matter), but young Americans taking advantage of an absurd system of crime-controls. Furthermore, in each case, the deceitful and vainglorious scapegoat-monger is actually quite unable to protect the people from the dangers that, in large part, he himself (together with his fellow politicians) has helped to create and unleash on them. Obviously, for anyone not in the grips of the scapegoater’s ideology, each exhortation—whether it be Hitler’s against the Jews toward the end of the Second World War or Carey’s against “drugs” today—is nothing but propaganda of the cheapest sort. To appreciate the historical context in which Carey offered his remarks, I cite below a few comments about the war against drugs that appeared in the American press during the 1960s and 1970s:

1966. C. W. Sandman, Jr., chairman of the New Jersey Narcotic Drug Study Commission, declares: “LSD is the greatest threat facing the country today . . . more dangerous than the Vietnam War” (see Szasz, 1974:205).

1967. The New York State Narcotics Addiction Control Commission, proposed by Governor Nelson Rockefeller, goes into effect. Rockefeller hails it as “the start of an unending war” (see Szasz, 1974:205).

1971. President Richard Nixon declares that “America’s Public enemy No. 1 is drug abuse.” He creates a “Special Action Office of Drug Abuse Prevention” (see Szasz, 1974:209).

1972. Myles G. Ambrose, Special Assistant Attorney General of the United States, declares: “As of 1960, the Bureau of Narcotics estimated that we had somewhere in the neighborhood of 55,000 heroin addicts. . . . they estimate now the figure to be 550,000 addicts” (see Szasz, 1974:210).

1973. A public opinion poll reveals that 67 percent of the adults interviewed “support the proposal of New York Governor Nelson Rockefeller that all sellers of hard drugs be given life imprisonment without the possibility of parole.” A typical comment: “The seller of drugs is not human . . .” Many authorities propose the death penalty for “drug trafficking” (see Szasz, 1974:212).

However, these excerpts only hint at the duration and magnitude of the war against drugs that forms the backdrop against which Governor Carey’s incredible intemperacy—that no one challenged or criticized—must be seen. The scope of that war is perhaps best illustrated by the unbridled legislative enthusiasm and the vast sums that have supported it.¹

For example, in 1965, when President Lyndon Johnson sought legislation imposing tight federal controls over “pep pills” and “goof balls,” the bill cleared the House by a unanimous vote, 402 to 0 (see Szasz, 1977:29-48). In October, 1970, the Senate passed, again by a unanimous vote, 54 to 0, “a major narcotics crackdown bill hailed as a keystone in President Nixon’s anticrime program. Added to the bill were strong new measures for the treatment and rehabilitation of drug abusers” (see Szasz, 1977:29-44). In 1971,

the Senate approved, by a unanimous vote of 92 to 0, a "\$1 billion-plus bill to mount the nation's first all-out, coordinated attack on the insidious menace of drug abuse." Fifteen months later, in February, 1972, the House voted 380 to 0 for a \$411 million, three-year program to combat drug abuse. And in March, 1972, the House voted, 366 to 0, to authorize a \$1 billion three-year federal attack on drug abuse (Szasz, 1977:29-44).

The resemblance, once again, between the unanimity with which society's leaders formerly supported "protective" measures against Jews and now support such measures against "drugs" and "drug abusers" is both obvious and ominous.

Fifty years ago, Adolf Hitler incited the German people against the Jews—by "explaining" the various ways in which the Jews were "dangerous" to the Germans individually and to Germany as a nation. Millions of Germans—among them the leaders in science, in medicine, in law, in the media—believed in the reality of the "dangerous Jews." Indeed, they more than believed in it: they loved the imagery of that racial myth, they felt exhilarated by the increased self-esteem and solidarity it gave them, and they were thrilled by the prospect of "cleansing" the nation of its "racial impurities." Today, hardly anyone in Germany believes in the myth of the "dangerous Jew"—a change in point of view that surely had nothing to do with more research on, or fresh scientific discoveries about, the problem of "dangerous Jews."

Mutatis mutandis, every American president since John F. Kennedy—and countless other American politicians, especially Governor Nelson Rockefeller (who was elected to four terms largely on the basis of his anti-drug propaganda)—have incited the American people against "dangerous drugs"—by "explaining" the various ways in which such drugs threaten Americans individually and the United States as a nation. Millions of Americans—among them the leaders in science, in medicine, in law, in the media—believe in the reality of "dangerous drugs." Indeed, they more than believe in it: they love the imagery of this pharmacological myth, they feel exhilarated by the increased self-esteem and solidarity it gives them, and they are thrilled by the prospect of "ridding" the nation of its sinister "mind-altering drugs."

Of course, in the end, the hematomythological quest to make Germany "Judenfrei" (free of Jews) proved to be extremely costly and self-destructive for the Germans. The pharmacomythological quest to make America free of heroin is proving to be similarly costly and self-destructive for us. For example, a recent study of crime in Miami "concluded that 239 heroin addicts were known to be responsible for an incredible total of 80,000 criminal offenses." Another study "showed that over an 11-year period 243 addicts accounted for an estimated 473,000 crimes" (Anderson, 1980). Today, Germans know that the Nazis lied about the Jews—that Jews were scapegoats deliberately sacrificed for the greater glory of the National Socialist State. But hardly anyone in America now seems to know, or to acknowledge, that the "drug educators" lie about drugs—that "dangerous drugs" (and those who use and sell them) are deliberately sacrificed for the greater glory of the Therapeutic State.

Looking back to the 1930s, a young person in Germany today might wonder in what way the Jews were a danger to the Reich, as Nazi propaganda

had it. What did Jewish doctors and lawyers, or shopkeepers and students in Germany do that was so different from what their non-Jewish counterparts did? And if the German Jews were such a grave danger to the Reich in 1933, why were German Jews not a danger to Germany in, say 1913 or 1893? Why were Jews not a danger to England or America? I trust that these questions will be heard as they are intended—rhetorical queries whose purpose is to show that certain political appeals about the “dangerousness” of particular persons or things have no basis in facts and are not supposed to have any. Instead, their purpose is to unite people against a common enemy and to mobilize them to wage a “holy war” against that enemy.

As the Nazis declared the Jews to be “Public Enemy Number One” in Germany, so American Presidents and politicians have declared “drugs” to be “Public Enemy Number One” in the United States. But let us ask: In what ways are drugs a danger to Americans individually or to the United States as a nation? What do the officially persecuted drugs—especially, heroin, cocaine, and marijuana—do that is so different from what other drugs do? If these drugs are such a grave danger to Americans in 1980, why were they not a danger to them in, say, 1940 or 1900?² These, too, are rhetorical questions. Anyone who reflects on these matters must realize that our culturally accepted drugs—in particular, alcohol, tobacco, and “mind-altering” drugs legitimated as “psychotherapeutic”—pose a much graver threat, and cause much more demonstrable harm, to people than do the prohibited (and so-called) “dangerous drugs.”

There are, of course, complex religious, historical, and economic reasons (which I cannot discuss here) that play a part in determining which drugs people use and which they avoid. But regardless of such cultural-historical determinants, and regardless of the pharmacological properties of the “dangerous drugs” in question, one simple fact remains—namely, that no one has to ingest, inject, or smoke any of these drugs unless he or she wants to do so. This simple fact compels one to see the “drug problem” in a totally different light than that in which it is now officially portrayed. The official line is that “dangerous drugs” pose an “external” threat to people—that is, a threat like a natural disaster, such as an erupting volcano or a hurricane. The inference drawn from this image is that it is the duty of a modern scientifically-enlightened State to protect its citizens from such dangers, and it is the duty of the citizens to submit to the protections so imposed on them for the benefit of the community as a whole.

But “dangerous drugs” pose no such threat. Obviously no drug poses a threat to anyone who chooses to leave it alone.³ In short, the danger posed by so-called “dangerous drugs” is quite unlike that posed by hurricanes or plagues, but is rather like the danger posed (to some people) by, say, eating pork or masturbating. What I mean is that certain threats—so-called natural disasters, in particular—strike us down as “passive victims,” as it were; whereas certain other threats—for example, “forbidden” foods or sexual acts—strike us down as “active victims,” only if we succumb to their temptation. Thus, an orthodox Jew may be tempted to get a ham sandwich and a Catholic may be tempted to use artificial contraception—but that does not make most of us view pork products or birth control devices as “dangers” from which the state should protect us. On the contrary, we believe that free

access to such foods and devices is our right (or "constitutional right," as Americans put it). It is in such a way, and in such a way only, that so-called "dangerous drugs" are dangerous.

In actuality—that is, at the present time, and especially in the United States—the so-called "drug problem" has several distinct dimensions: First, there is the problem posed by the pharmacological properties of the drugs in question. This problem is technical: all new scientific or practical inventions offer us not only certain "solutions" for old problems, but also create new problems for us. Drugs are no exception. Secondly, there is the problem posed by the temptation which certain drugs—especially those believed to possess the power to "give" pleasure—present. This problem is moral and psychological: some drugs offer us certain new temptations that we must learn to resist or enjoy in moderation. Drugs are, again, no exception. Thirdly, there is the problem posed by the prohibition of certain drugs. This problem is partly political and economic, and partly moral and psychological. Drug-prohibition and persecution constitutes a type of scapegoating, as discussed earlier. In addition, the prohibition itself generates certain otherwise unavailable economic and existential options: for example, it offers "meaning" and "jobs" to many people, especially children and unemployable persons; it also offers an opportunity to ambitious but untalented individuals for easily dramatizing their lives and aggrandizing their individuality by defying certain modern "medical" taboos.

The role of defiance in so-called "drug abuse" is, indeed, quite obvious. It is clearly displayed in the contemporary counter-culture's righteous rejection of conventional or legal drugs and its passionate embrace of the use of unconventional or illegal drugs. The perennial confrontation between authority and autonomy, the permanent tension between behavior based on submission to coercion and the free choice of one's own course in life—these basic themes of human morality and psychology are now enacted on a stage on which the principal props are drugs and laws against drugs. The following tragedy—typical of countless similar stories reported in the press—is especially revealing:

A young couple about to be sentenced on drug charges horrified a packed courtroom when they swallowed cyanide and fell dying to the floor. After the probation judge refused to grant probation, William Melton, 27, put a white powder in his mouth and collapsed seconds later. His wife, Tracey Lee, 21, walked over to her husband and patted him softly on the head [and then put some cyanide powder in her own mouth]. . . They died in a local hospital. "It was crazy. It was as if they were going to the gas chamber . . .," said court clerk Howard Smith. "They weren't even going to get a long sentence." Melton had been convicted of possessing marijuana and cocaine and his wife was convicted of possession of marijuana, cocaine and LSD (New York Post, 1980:4).

It does not matter how transparently clear such power-games are. If people want to deny the conflict between self-control and being coerced, they will deny it. And having denied it, they will, if they want to, convince themselves that "their problem" is historically novel and that it is a matter of disease and treatment. So "enlightened," they can even manage to not see that they are merely re-enacting the biblical parable of the Fall. Did Eve, tempted by the

Serpent, seduce Adam, who then lost control of himself and succumbed to evil? Or did Adam, facing a choice between obedience to the authority of God and the challenge of his own destiny, chose self-control? Or did Adam and Eve suffer from "substance abuse"?

How, then, shall we view the situation of the so-called drug abuser or drug addict? As a stupid, sick, and helpless child—who, tempted by pushers, peers, and the pleasures of drugs, succumbs to the lure and loses control of himself? Or as a person in control of himself—who, like Adam, chooses the forbidden fruit as a way of pitting himself against authority?

There is no empirical or scientific way of choosing between these two answers, of deciding which is right and which is wrong. The questions frame two different moral perspectives, and the answers define two different moral strategies. If we side with authority and wish to repress the individual, we shall treat him *as if* he were helpless, the innocent victim of overwhelming temptation; and we shall then "protect" him from further temptation—by treating him as a child or mental patient. If we side with the individual and wish to refute the legitimacy and reject the power of any authority to infantilize or "diagnose" him, we shall treat him *as if* he were in command of himself, the executor of responsible decisions; and we shall then demand that he respect others as he respects himself—by treating him as an adult, a free and rational person.

NOTES

¹For additional examples of other "Wars Against Drugs" since the 17th century see: Szasz, *Ceremonial Chemistry*, 1974:185-212.

²Cocaine and marijuana have, of course, been around for a very long time. Heroin (diacetylmorphine) was first synthesized in 1898, and was immediately hailed as a "safe preparation free from addiction-forming properties" (Montagu:1966:8). The treatment of heroin addiction with methadone, which is an even more potent narcotic than heroin, proves that history does repeat itself.

³To be sure, drugs can be used to *poison other people* and, in that way, do constitute a danger. But the contemporary anti-drug ideology and the policies it inspires are motivated not by the threat of using drugs for *poisoning others*, but by the threat of using them for "*self-poisoning*." It is astonishing, in this connection, how profoundly unaware people are of the similarities—medically as well as morally—between the behavior that used to be called "self-abuse" (forbidden sexual self-stimulation) and the behavior that is now called "drug abuse" (self-medication with forbidden chemicals). (see Szasz, 1980)

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