RUTGERS UNIVERSITY
A History Honors Thesis

From Deity to Demon:
The Social Implications of Opiate Addiction in Late Nineteenth and Early Twentieth Century America

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Introduction

“The shadow of the dome of pleasure
Floated midway on the waves;
Where was heard the mingled measure
From the fountain and the caves.”

*Kubla Khan*¹

Opiate use during the nineteenth century seemed much as Coleridge describes it above, in his work *Kubla Khan*, bringing pleasure to all who consumed it, a dreamlike substance seemingly too good to be true. The reality of that truth would eventually consume a whole generation of people, whether literally through their own addiction, or in their ardent support or rejection of the substance. Opiate addiction became a focal point for late nineteenth and early twentieth century society, something, by which the moral, religious, and political perspectives of Americans could be gauged through. The measure of American society during that time period can be achieved through an understanding of opiates and opiate addiction, and therein lies the importance in its study.

The problem of opiate addiction is one that has significantly persisted in America for more than a century. For nearly as long, there has been significant research into its causes and effects. Early researchers were primarily concerned with the medical implications of what they then called addiction, the opium habit. This alternative description may seem trivial, but in the mid-nineteenth century, the concept of addiction had not yet been brought to fruition. Those in the medical field, who took notice of the persistent nature of opium users to require greater and greater doses to bring about the

same effects, were among the first to classify habituation. When opium was removed from its habitué for an extended period of time, adverse effects of withdrawal and the need to perpetuate opium’s use became apparent. This created the need for further research into both the properties of the drug, and its derivatives, as well as into the users.

These early studies became the basis for future research into the earliest existence of opiate addiction in America, and furthermore provided a great deal of primary source material for analysis. Soon it became clear that opiate addiction was proliferating finding its way into the homes of the most affluent members of society as well as the most undesirable derelicts. Modern studies of this time period, the mid-to-late nineteenth century, have postulated about the underlying causes of what made the time ripe for a rapid increase in opiate addiction.

Medical advancements and social pressures can surely be attributed part of the blame for the continual spread of opiate addiction, with the Civil War, and non-therapeutic reasoning also contributing. It is at this point, however, as opium ascended to its greatest heights, that it began a much steeper descent into infamy. This will be my primary concern throughout the thesis, to examine both the spread of opiate addiction and society’s reactions to it and address what changed in society that led to its complete reversal on the subject of opium. I also sought to address dialectic that existed between social identity and opiate use in turn of the century America, specifically addressing the impact that opium had on society and vice versa.

It is in this respect that I believe we have the most to gain from studying opiate addiction during that specific time period. It stands as a forerunner of the drug laden society we inhabit today, and by ascertaining a greater understanding of drug addiction’s
impact on society a hundred years ago, perhaps we can better recognize those same implications of today’s society. The burgeoning drug problem that plagued turn of the century American society is not so alien from our own struggle with drug addiction. Gone are the days of legalized heroin, cocaine, and marijuana; however, the emergence of a legal addiction crisis can be likened to our own modern day struggle with addictions to prescription opiates. The same themes that epitomized the nineteenth century advocacy for temperance and prohibition of opiates can be heard today in the calls for a “drug free America” based largely on moral principles of Christian faith and conservatism. The reason to learn more about the afflictions of the past is the marker of why we study history, to learn from mistakes of the past, and hopefully correct them.

The largest pockets of debate concerning the propagation of opiate addiction in late nineteenth and early twentieth century America seem to be centered around who is to blame for creating the problem. Several critics believe that the Civil War played a significant role in creating a nation of addicts, while others claim its role was minimal. Other theories have been presented that depict the medical profession, patent medications, literary figures, social repression, and other causes, at fault for the seemingly outbreak of opiate addiction. No one denies the culpability of each in contributing to the overall crisis; however, the focal point of debate is centered on the influence that each individual cause held. Continually, the question of more sociological repercussions of opiate addiction have been addressed in the past thirty to forty years, making them much more relevant. Issues of minority persecution at the hands of moralist crusaders are now becoming much more intriguing questions. These discussions, as well as, the role of the government in perpetuating opiate addiction, then unjustly persecuting
it are all integral to a complete understanding of the social atmosphere that embodied late
nineteenth and early twentieth century America.

The question I must pose therefore is; was opiate addiction as widespread as
many believed it to be or simply an overstated problem? If opiate addiction was in fact a
significant problem plaguing late nineteenth and early twentieth century America, what
then, created the widespread addiction problem? Once one has ascertained the causes of
widespread addiction, you become free to address the many implications of an extensive
addiction problem. The social implications, for one, are extremely important to address,
as they can give an worthwhile insight not only into addiction itself, but also into
American society in the late nineteenth and early twentieth centuries as well. Why did
opium seemingly fall from grace, as a lauded medicine that could be used for almost
anything to something that was feared and lambasted by the same society that once
embraced it? Who were these groups that were attacking opium and those who utilized it,
and what were their motivations for doing so? Finally, what role did the government play
in the lifespan of opiates in America? What steps did it undertake to bolster or destroy its
utilization by the American people and what implications does this hold for the role of
government in American society?
Chapter 1: The Origins of American Drug Use

The opium problem, as it would come to be known in the United States and abroad, was a phenomenon with multiple causes, none of which is definitive on its own. The onset of the nineteenth century saw great scientific and medical breakthroughs that had an impact on the lives of many American citizens. Opium was a drug constantly being administered and manipulated, as the world of medicine grew more advanced. The correlation between opium and addiction, however, would not be made until late in the nineteenth century, as addiction itself was not widely understood until that time. In order to be addicted, one has to use the substance. So the question addressed in this chapter is, what created the opium problem in the nineteenth century?

The use of opium in America was relatively uncommon before the mid-nineteenth century, only utilized for small numbers of citizens as a remedy to various ailments. As figures demonstrate, however, the mid-nineteenth century became the launch pad for opium’s increased importation and use. Though most individual surveys demonstrate slightly different estimates of the extent of opiate addiction in America, combining them together provides the closest approximation of addicts in the country as is possible. Therefore, studies such as Alonzo Calkins’, in 1871, show that opiate addiction trended upward throughout the mid-nineteenth century. His claims were bolstered by Orville Marshall and C.W. Earle, both of whom reported similar results, that addiction to opium was becoming a more prevalent problem as the nineteenth century drew to a close. Imports of crude opium as well as smoking opium also continued to grow throughout the nineteenth century growing from 130,349 pounds in 1850, to over a million pounds of

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every form of opium by 1900. All of these statistics seem to indicate, in conjunction with
a growing public attention to the drugs themselves, that opiate consumption was on the
rise throughout the nineteenth century. This, when combined with a knowledge of the
addictiveness of opiates seems to indicate that opiate addiction too became an ever
present problem in American society.³

When attempting to understand the addiction that many late-nineteenth and early-
twentieth-century opium addicts succumbed to, the first place to look is within the
medical profession of the time. Unlike modern medicine, which requires a strenuous
course of education and oversight for admission to practice and continued practice,
doctors and pharmacists of the time were subject to far fewer standards, almost none of
which were thorough and under governmental oversight. Furthermore, when opium did
make its way into American medical use it was viewed, not as a cunning scourge that
would ensnare thousands, but rather a savior for the medical practice. It was prescribed
by physicians and utilized during the eighteenth century as a remedy for: dulling pain,
alleviating cough, treating diarrhea, and a number of other communicable diseases, such
as syphilis, tuberculosis, and malaria.⁴

By the nineteenth century opium was held in such high regard that it would come
to be known as “God’s own medicine” by Sir William Osler. Osler was a world-
renowned physician in the nineteenth century, and has been credited with being one of

³ Charles Terry and Mildred Pellens. The Opium Problem. (Montclair: Patterson Smith

⁴ David T. Courtwright. Dark Paradise: A History of Opiate Addiction in America
the greatest physicians in modern medicine.\(^5\) It was because of opium’s high esteem and its reputation as a cure-all for almost every ailment to which one could suffer, that doctors began prescribing the drug more and more liberally. By the report of the Materia Medica, a renowned American medical journal, opium was the most widely prescribed drug in America by 1834.\(^6\)

The fascination with opium only increased with the discovery and publication in 1817 of what would come to be the nineteenth century’s favorite derivative of opium, morphine. The widespread utilization of this derivative, would not take off until the hypodermic syringe gained mass appeal. The ease through which it could be injected, and the immediate gratification it caused, led to many prescriptions by doctors eager to ease their patient’s pain. Due to the cost of morphine, however, it would lead to addiction amongst middle to upper class individuals, who would often share the pleasures of morphine with their family and friends.

The proliferation of opium to the American Medical community and by their hands the overall citizenry, was dependent on two significant events that would bring opiate use and addiction to an entirely new level. S.F. McFarland of the New York Medical Society stated in 1877 that, “Since the introduction of the hypodermic syringe, especially, there has been a noticeable increase in the frequency, as well as the severity of these [opiate addiction] cases.”\(^7\) First the explosion of the utilization of the hypodermic

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syringe needle, which having been first introduced to America in 1856, was used by almost every doctor by 1881. This provided the most viable way to get a high opiate content into the patient’s body, without the unpleasant side effects of oral administration.

David Courtwright in his 1982 book, *Dark Paradise: A History of Opiate Addiction in America*, states that this “also produced stronger feelings of relief and euphoria, and it produced them much more quickly”. The increase in immediate pleasure combined with a lessening of adverse side effects made the prospect of utilizing opium much more appealing to a greater amount of people.

This conversational and social introduction to the merits of opiates, led to yet more people becoming addicted, and worse yet not under any sort of medical supervision of dosage or frequency. The frequency at which addicts communicated their affinity for opiates would be virtually impossible to come to, however, it was certainly a substantial number. The typical opium eater or morphine injector, was given their addiction through a physicians advice, so the amount of influence that social pressures had on those addicts was likely to be minimal. That is not to say that there was no outside influence that pressured many women and men alike into morphine or opium as a suppressant of anxiety and nerves, or as an alternative to alcohol, early in the temperance movement. Much more prominent, however, was the social aspect of opium smoking addiction, wherein opium dens were crucial to the proliferation of those addicts. The opium den

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9 Courtwright, *Dark Paradise*, 46.
would become a hangout for all kinds of social outcasts, and a place where the freedom to experiment with drugs such as opium was encouraged.\textsuperscript{10}

Another pathway to addiction was created by cure-alls marketed by entrepreneurs who purposefully withheld the true ingredients of their products, something that allowed for many to become unknowingly addicted to the opiates within. The moniker of “cure-all” seems to imply the viability of these substances as effective and legitimate medicinal purchases. The truth of the matter was oppositional to this belief, however, and most contained large amounts of opiates to dull the person’s senses into believing they had been cured. Even most of the many opium habit remedies contained large amounts of opium, a sign of the significant lack of regulation. This is also evident through the common citizen’s understanding that these products could often be bought through catalogs and delivered right to the person’s home without the need for any prescription or consultation of a physician. This self-medication of many Americans is also seen as another proximate cause of the emergence of opiate addiction through the later years of the nineteenth century. The main culprits of addiction through these means were products that came to be known as patent medicines and their main ingredient tended to be laudanum, a tincture of opium and alcohol.\textsuperscript{11}

The ease through which these highly complicated and dangerous substances were available is somewhat alarming to us today. It is a testament to either a lack of understanding of their power, or the lack of progressive regulations that would come shortly, that these opiates were readily available to the public. There was in fact no

\textsuperscript{10} Ibid., 61-84.

\textsuperscript{11} Terry and Pellens, \textit{The Opium Problem}, 74-75.
requirement for any company producing a patent medicine to be labeled as hazardous, until the Pure Food and Drug Act of 1906 made it a law. In fact, morphine, laudanum, and heroin could all be purchased at local stores, or more commonly through mail order catalogs. It would not be until the Harrison Act, fourteen years into the twentieth century, that national legislation would curb the unregulated prescription of narcotics. Courtwright remarks that, “Even ‘cures’ for the opium habit frequently contained large amounts of opiates.”

By the 1870’s, however, the fascination with opium by doctors and their liberal prescription of it, were beginning to wane. An understanding of addiction was beginning to develop and opium’s contribution to that addiction was becoming more apparent as well. A Doctor Ludlow in an August 1870 edition of Harpers Monthly reported that, “The man who voluntarily addicts himself to it [opium], would commit in cutting his throat a suicide only swifter and less ignoble”. Perhaps the doctor’s statement is a bit sensationalist, but the message underneath it is clear, addiction is a sure way to the addict’s own death.

The Opium problem was not unique to the United States; Great Britain also suffered from its throes, and through the multiple Opium Wars, London, forced China to tolerate the substance, as it was incredibly profitable. Opium’s journey to America was one resultant of the increasingly internationalized American economy. It would be through India that most of the importation of Opium, both legally and illegally would take place. Interestingly, opium was not only an imported substance, but also one that

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12 Courtwright, *Dark Paradise*, 3.

was grown with marginal success throughout the continental United States. The cost of domestic production, however, led to the vast majority of opium being imported from overseas. The cultivation of opium as a broad American addiction would take place gradually over more than a century, and the various forms of opium each found their way into favor at different times. The importation of opium often reflects the relish with which Americans desired certain kinds of opium, but can be deceiving due to the fact that a significant amount of opium was imported illegally.

Each derivative of the opium has a specific lineage that brought it into the bodies of thousands of Americans, but they all share that singular creator, the opium poppy. The primary origin of opium that would eventually find its way into America came primarily from the Ganges River in Northern India, and through the East India Trading Company. That region held perfect conditions for successful planting and cultivation of the opium poppy. The seeds required rich, well-cultivated soil and a temperate climate with a relatively low humidity. The opium poppy only flowers for two to four days, and after two weeks the useful component of the plant, the sap, can be harvested. This was acquired by cutting a slit into the poppy pod and waiting several hours until a milky substance oozed out, and was subsequently collected and from which crude opium was collected. This process was specifically targeted to the creation of smoking opium, the preference of the typical Chinese user. Most of the crude opium that would make its way into the laudanum, morphine, heroin, and smoking opium that Americans would utilize, followed a similar route, however.  

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When attempting to put a statistical face on the importation, and therefore consumption of opiates by Americans, a significant problem arises. Beginning in the 1840’s, the reign of duty free opium importation had reached its end, and the government began to impose a set of steadily rising duties on the various forms of imported opium. This likely spurred those who were already importing opium illegally, to increase their efforts and remain profitable. By 1909 the importation of one of those forms, smoking opium, became forbidden and illegalized.\textsuperscript{15}

The amount of legitimate opium importation was most likely overshadowed by the amount that was illegally smuggled into the country from abroad. This can be ascertained by looking at the high duties, or tariffs that were placed on commodities such as opium. Crude opium had duties as high as $3.00/lb, while smoking opium had duties as high as $12.00/lb, and morphine up to $3.00/oz.\textsuperscript{16} The duties began largely as low or non-existent, and trended upwards throughout the period from 1842 until 1914. It was believed that because of these duties the lucrative smuggling became so prosperous, and in fact necessary to facilitate a profit on the opiates. It was remarked in 1888 by the Secretary of the Treasury that, “An outright ban would be more effective than the

\textsuperscript{15} Terry and Pellens, \textit{The Opium Problem}, 751-753.

existing near-prohibitive tariff…[or] the tax be materially reduced so that the inducement to smuggling…may be lessened.”\textsuperscript{17}

Many smugglers employed creative schemes in order to get their opium into the country, duty free. Stories of the use of a trick snake cage, inside of hollowed out lumber from Canada, and simply by wagon train. When confiscated, however, instead of being burned or likewise disposed of, the drugs were auctioned off by the localities, which had confiscated them.\textsuperscript{18} The drugs would be sold to legitimate dealers of the area, and would no doubt find their way to those who desired them. This seems to indicate that the principle concern, at least for the local and state governments, was one that desired the kind of large tax profits that could be made from the opium importation, rather than the kind of health and medical concerns, that would come into question later. Therefore, the authorities responsible for regulating the importation of opium did not care for the thousands of likely addicts being created by these drugs, but saw in them a profitability that necessitated their legality.

The true impact of opium importation can be seen in its increases throughout the nineteenth century until a combination of federal legislation and medical understanding curbed those numbers. A compilation of several studies done by Orville Marshall who studied addiction rates in Michigan, A.G. DuMez of the Special Committee of Investigation appointed by the Secretary of the Treasury, and the Bureau of Foreign and Domestic Commerce; by Charles Terry in 1928 seems to display the most accurate

\textsuperscript{17} U.S. House of Representatives, \textit{Letter from the Secretary of the Treasury Submitting a Draught and Recommending the Passage of a Bill to Prohibit the Importation of Opium in Certain Forms.} (House Ex. Document no. 79, 50\textsuperscript{th} Congress, 1\textsuperscript{st} sess.,1888), 2.

\textsuperscript{18} Courtwright, \textit{Dark Paradise}, 18.
estimates of importation. It displays what many had feared during the late nineteenth century, a significant increase through the mid to late 1800’s with crude opium imports peaking in 1896 with over a million pounds imported, smoking opium peaking in 1884, then re-emerging until its ban in 1909 where it reached a high of almost 300,000 pounds imported.19

Overall, opium importation gradually grew year after year throughout the nineteenth century. Each derivative had its own unique pattern of increase in importation and consumption, as well as their plateaus and eventual declines in utilization for some. The importation of crude opium was responsible for the increase in consumption of Morphine and patent medicines the most. An unregulated free market system that was rife with a highly addictive substance, opium, was ideal for the eventual proliferation of those patent medicines. It would hit its peak in the 1890’s and with the decline of crude opium importation; it also began to taper off. This is most likely the result of a greater public awareness of the containing ingredients in such “cure-alls” due to stricter governmental regulation and laws that made publishing ingredients and effects mandatory such as the 1906 Pure Food and Drug Act as well as the Harrison Act of 1914.20

The adverse physical effects of opium had been well documented throughout the nineteenth century as physicians and scientists alike began to understand the substance much more. The psychological effects also became increasingly interesting, as the proliferation of modern psychology was integral in its applications in a multitude of

19 Terry and Pellens, *The Opium Problem*, 50-51.

20 Courtwright, *Dark Paradise*, 33-34.
medical fields. By the late nineteenth century, psychology would greatly influence the understanding of opiates by their prescribers. Some of these harmful psychological effects included memory failure, the possibility of insanity, and what is described as a loss of man’s morality. Said one critic of the opium habit, “The will-power is almost always damaged, and often destroyed” 21

This loss of morality and will power seems to be what troubled physicians and the concerned citizenry the most. These are the attributes that would, in addition to physical dependence, be the principal descriptors of the opium disease. Here an important distinction must be made between the usage of the terms habit and addiction. For it is addiction, and the usage of the word by medical professional, that created legitimacy for one’s adherence to any opiates, and drugs in general. Prior to the application of the word addition to these various cases of the incessant craving for opiates, and withdrawal after its prolonged use, it was attributed simply to a lack of morality and corruption of the soul. This is why the temperance movement would be so ardent in its struggle against substances such as alcohol and opiates, because of the societal implications of their use.

It was in the nineteenth century that opium would begin its downfall from “God’s own medicine” to a substance that would be banned and demonized until this day. The process was gradual, however, and it was not an overnight phenomenon that created a blowback against opiates. Even as late as 1869, an Alabama physician was consuming a great amount of morphine, two to four grains a day, without considering himself an

addict. However, this was not the norm among the medical profession, and by 1822, at the behest of several medical handbooks, the dangers of excessive opiate use were becoming more and more understood. The increase in dosage necessary to take effect on the patients certainly provided an inkling to the prescribing physicians about the increased dependence of the drug.

It was not until the 1870’s however; that real breakthroughs were being made into understanding the ways that opium actually affected the body, an understanding, which demonstrated both the positive and negative effects that opium and its various forms had on the body. Earlier even than that however, the medical community was somewhat wary of the adverse effects that opiates had on the physical and psychological aspects of long-time addicts. One medical journal in 1838 stated that the steady opium addict was akin to a walking corpse, with yellowish skin, a lethargic demeanor, and an overall lack of interest in anything outside of attaining more opium. The comparison of the opiate addict to something like a zombie is frightening to say the least, but implies more about the perceptions of addicts. Many believed that they were devoid of feeling, and more importantly, without the ability or motivation to work or socialize.

Opium addicts were viewed as severely lacking in his or her contributions to society, a characteristic that made them popular targets for the champions of morality and temperance at the time. This is important to note because of the concern for addiction in America, and abroad, was largely one not for the health of the addicts, but rather for a

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23 Ibid.

fear that addiction threatened the social norms and work ethic that had so long been a part of American culture. Henry Beates Jr., a psychologist in the early twentieth century said of long-time opiate addicts, “a character [once] noted for integrity and reliability becomes weak and indifferent.”

Religious and temperance officials increasingly fought against opiate addiction and gained considerable support in the struggle against the fundamentally anti-American ideals that opiates propagated.

By the twentieth century addiction was becoming more accepted as a disease in and of itself, one that manifested itself through any number of substances, but particularly strong was the hold that opiates held over their users. Dr. Edward Huntington Williams, in his 1922 book *The Opiate Addiction* began by stating, “The term ‘opiate addiction’ implies a definite pathological condition.” The diagnosis of such an addiction can be attained through the withdrawal of the opiate from a user’s regimen. If the pain that necessitated the use of said opiates simply returns, that individual is not afflicted with an addiction. However, if additional symptoms afflict that person, such as: nervousness, depression, nausea, vomiting, tremors, and intense body pains; then they surely have fallen prey to addiction.

This withdrawal of the user’s body from the drug manifests itself not only in the physical and psychological symptoms, but also in the addict’s actions. The craving for

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27 Ibid., 6.
the return of the drug to the body, and the actions that addicts will often undertake to accomplish that are definite signifiers of the incredible effect that opiates maintain over an individual. This kind of power, made many feel uneasy about opiates, especially the predilection many had towards committing crimes when afflicted. Therein lay the terrible power that opiates maintain and one reason why they became so feared by the temperance movement and society as a whole. The hold that Opiates had over their user’s created a definite credibility to the old moniker “Once an addict, always an addict” 28

The belief by the medical profession of the late nineteenth century and early twentieth century that there was a definite predisposition of some individuals towards addiction more so than for others helped to further the problem. The same principles that were applied to alcoholics were also applied to the opium addict, that many people drink alcohol, and everyone eats food, yet there is only a small percentage of these people that become addicts. The notion of a predisposition would combine, early in the twentieth century, with the eventual stereotyping of drug addicts as a weapon in their eventual legalization of certain drugs. The socio-racial element that was at work gave a distorted picture of the ethnic components to addiction. What is clear, however, is that by the 1920’s the acceptance of addiction as a legitimate disease was almost universal to the medical community. This would play a role in the creation of greater standards for control of importation of opiates, and the eventual illegalization of their use or possession without a prescription.

The life cycle that legalized opiates enjoyed in the United States has been referred to commonly as, one of steady increase, followed by a plateau, and then a somewhat

28 Ibid., 14.
more rapid decline. To call the latter stages of opiate use in the United States (Being the
time period roughly from 1900 until their federal condemnation in 1914) a decline would
be a misrepresentation of the truth, however. Instead, a more apt description would be a
shift in usage from the upper to the lower socio-economic classes. This transition led to
an alteration in the source through which many received their opiates from would be
altered as well. With many new physicians refusing to prescribe opiates to their patients,
and regulation inhibiting the old means of acquiring them, many turned to illegal means.

America during the late nineteenth and early twentieth centuries was a growing
country embroiled in a new age of mechanization and speed. This proliferation of
modernity also carried with it new pressure to which that Americans were increasingly
being subjected. The cause for an increase in opium addiction has been one of definite
debate, changing drastically over time as new evidence has been found and old evidence
rethought. There are likely four primary contributors that can take the blame for the
advent of an extensive increase in American opiate addiction in the late nineteenth and
early twentieth centuries. The evidence that exists on the addict community and their
sources are the definers of the four as primary contributors, with some being much more
culpable than others. Physician administration as mentioned previously, self-
administration, non-therapeutic usage, and the Civil War.\textsuperscript{29}

Perhaps the most controversial alleged culprit of addiction is the most difficult to
prove. The Civil War had long been blamed by researchers of nineteenth and twentieth
century addiction, for the large increase in opiate addiction in the years that followed.
Early speculations implied that the Civil War was responsible for as many as 400,000

\textsuperscript{29} Courtwright, \textit{Dark Paradise}, 36.
addicts in the United States. The general belief being that, great leaps had been made in pharmaceuticals during the time, and morphine was utilized in the latter stages of the war to treat pain, with staggering efficiency. Following the war, there seemed to be an explosion of addicts, thereby supporting the belief that the Civil War was a primary causal candidate.\(^{30}\)

Morphine, in 1853 after the discovery of the hypodermic syringe, would eventually come into popular use as an analgesic; however, it was most likely not utilized extensively during the Civil War. The dependence that morphine creates, especially intravenously, is certainly not disputed, however in the 1860’s the hypodermic syringe was still in its infancy, with a very small amount of proponents. Its usage would have been very limited as most doctors on the battlefields were utilizing alcohol as well as other opium tinctures, but none with the grip that morphine held over its users. There is another crucial explanation that significantly plays down the role the Civil War had in creating a mass dependency, and that is percentage. Women in fact constituted the majority of addicts in the United States, far outnumbering men. This being the case, and there being a severe lack of female participation in the civil war, it severely discounts the role that the Civil War did have on producing opiate addicts.\(^{31}\)

There is evidence to support the accountability of the Civil War as a cause for morphine addiction however, and that is in its liberal administration to those on the battlefield. Estimates place the amount of opium pills issued at nearly 10,000,000 and

\(^{30}\) Ibid., 54-55.

over 2,841,000 ounces of opium powders and various other tinctures, by the union army alone.\textsuperscript{32} Opium was used extensively during the Civil War, which provides definite evidence linking the Civil War and extensive addiction that afflicted the nation thereafter. However, the Civil War alone cannot account for the entirety of the addict population. A much larger culprit that encompasses the Civil War as well is the therapeutic administration by civilian physicians.

The blame that fell on physicians is evident in the congressional adoption of the passing of the Federal Narcotics Control Act, The Harrison Act, in 1914, which all but illegalized opiates, and required that prescribing doctors keep careful controls of their inventories and submit reports of these to the government. The responsibility that fell upon physicians is not limited to one act however, as there were numerous state and local regulations that preceded it as well as accountability within the medical profession itself.

In a 1910 survey of one hundred and fifty-one physicians they were asked their opinions on the drug habits of Americans, their responses are quite surprising. As shown

in the chart below, the question that was asked is “In your experience, what are the most common causes which tend to bring about addiction in the case of each drug named below?” A significant number of physicians, sixty-one, replied that the medical use was a direct cause of addiction, with about half of that number attributed to careless prescriptions. The numbers are mostly constant through the various forms of opiates utilized at the time by physicians. Such a large percentage of admitted carelessness is startling. By the numbers of the survey, roughly seventeen percent of physicians surveyed believed that addiction was the result of careless prescription of opium, twenty-three percent for morphine, and fifteen percent for heroin.  

Answers to further questions revealed that sixty percent of the surveyed physicians believed that hypodermic administration of opiates was the method that led to the highest rate of addicts. This substantiates the physiological element to addiction, in that intravenous use of opiates, allows them to enter the bloodstream and the whole body much quicker and more effectively. More refined and potent tinctures of opium, morphine and heroin, ensnared the highest rates of addicts, due mainly to their method of administration and chemical consistencies.

Each of these questions and answers demonstrates the responsibility that physicians had in proliferating the addiction crisis that plagued the late-nineteenth and early twentieth centuries. However, this may have been due more to the ignorance and uninformed nature of the medical education system of the time, rather than an individual lack of ability. The training that many physicians of the time underwent was extremely

34 Ibid.
brief and lackluster in comparison to the rigorous undertaking that it has become today. Because of this, many physicians relied on time tested or quick cures to difficult diagnoses, often ones that would give the patient the fastest relief possible, and keep them as future clients.

The pitfalls of the liberal prescription of opiates would come into the limelight however, and by the 1890’s new advances in analgesics were allowing for a lessened utilization of morphine. In fact these opiates began to be viewed in a completely opposite manner to their once lauded “God’s own medicine”. Instead opiates were being shunned completely by a new generation of medical professionals that had received far superior institutional training, as well as having grown up seeing the potential negative effects of opiate addiction. These modern physicians were rapidly replacing the old-fashioned ones, who relied heavily on opiates to control any number of afflictions. In fact, a 1919 study of Pennsylvania physicians found that thirty percent of the state’s doctors were prescribing ninety percent of the opiates. The newfound conservatism that presented itself in modern doctors certainly had a positive effect on decreasing the therapeutic addict population. 35

In addition to physician prescribed narcotics, the utilization of opiates, whether knowingly or unknowingly, through the consumption of so-called cure alls or patent medicine, was a phenomenon that exploded during the latter half of the nineteenth century. Most abundant among these, was a substance called laudanum, which literally

means, “to be praised”. This, in and of itself is an interesting insight into its perceived power to heal, and many believed these substances to have almost limitless powers.

Laudanum is a combination of alcohol and opium that was used as a home remedy for everything from pain relief to treatment of diarrhea. The inclusion of opium and or morphine into many of these patent medications served a two-fold purpose for the proprietors of these so-called medicines. First, opiates are and were widely known for their abilities to cure many simple afflictions, thereby making the cure-all appropriate to its name for the consumer. Secondly, the euphoria and pain relief which came with the consumption of these opiates brought the customer back time and time again. This led often to an eventual dependence on the patent medicine and its opioid contents, which was certainly good for business.  

The actual numerical impact of patent medicines on the overall addict population is not easy to assess. It does seem however that it was somewhat minimal in comparison with the influence of physicians and pharmacists in propagating addiction. The reasoning behind this is that the majority of addicts in the United States were of upper or middle class social standing. The majority of addicts seemed to have been created by physicians, it seems logical then to assume that the majority of addicts could afford to visit a physician regularly, thereby discounting the lowest on the socio-economic ladder. These upstanding individuals, according to a Special Committee of Investigation by the

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Secretary of the Treasury, belonged to a “class which is made up entirely of addicts in
good social standing.”

This contrasts with the typical patent medication user who tended to be of
somewhat lower on the social and economic spectrum. It is likely that the cause of this
socio-economic discrepancy of addicts is due to the forms of medication each was using.
The middle and upper class patients were going to physicians and being prescribed opium
or morphine. The lower class sufferers however, were utilizing patent medications for
any number of uses, and likely attributed their adverse side effects and dependencies to
their illnesses and not to the ingredients, to which they had no idea. If they did discover
the source of their addiction however, instead of bothering with patent medicines they
would almost certainly turn to the actual drug itself, morphine, opium, or heroin.

Patent medication was also commonly used on infants. Mothers would often feed
their crying babies any number of opiate laced soothing syrups to quiet them down.
Withdrawal from these opiates for an infant could create a tolerance for opiates that later
in life could develop into a full-blown addiction. Continually, many of the infants that
were given these medications could overdose on their very dangerous opiate ingredients
and die. Without proper knowledge of dosing instructions and no understanding of the
ingredients within, many mothers unknowingly killed their children in trying to help
them. The overuse of any opiate-laced patent medicine could lead to problems with
digestion and the nervous system in addition to a number of diseases later in life,
including: rickets, dysentery, and meningitis.

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United States and Factors Influencing It.” Public Health Reports, 39 (1924), 1179-1204.
The last great contributor to the outbreak of addiction in the late nineteenth and early twentieth centuries is one that is also associated with modern drug use. The recreational use of drugs, not to cure pain or fight a disease, but to experience euphoria and pleasure was not nearly as commonplace as it is today but certainly played a small role in the expansion of drug addiction. Unlike the previous three contributors, which were all of a therapeutic nature, utilized for a treatment of some affliction, the last is non-therapeutic use of opiates.

The increased use of opiates for non-therapeutic reasons has been heavily associated with the publication of Thomas DeQuincey’s book *Confessions of an English Opium Eater* in 1821. DeQuincey was a nineteenth century novelist who many accredit with being one of the first to urge recreational, or non-therapeutic use of opium. DeQuincey, in his book, tells of the incredible dreams that come to him under the influence of opium. The actual impact of the book on addiction rates is almost impossible to conclude, however, it certainly burgeoned the idea of introspective use of opiates in many peoples minds. Recreational use of drugs was not commonplace in the late nineteenth century, however. It would not take hold, outside of smoking opium, which was limited to the west and large cities, until heroin began to take hold in the 1930’s.\(^4^0\)

Another, and more liable, non-therapeutic usage of opiates was as an alcohol substitute, and was primarily used by women. The societal pressures of the late nineteenth century kept many upstanding women away from the consumption of alcohol.

The pressures of everyday home life however, often became too much, and just as many men turned to alcohol under such pressures, many women turned to opiates. The social norms of the time called for women to be calm and complacent contributors to society, never being brash or unruly. Every form of opium available creates a calming and sedative effect on the user while still expanding pleasure and euphoria. This combination of stress relief and apparent social normality certainly enticed many women to partake in the satisfactions that morphine and opium brought. The necessity of a calm demeanor in a woman in the nineteenth century cannot be understated, and those who did not adhere to these principals were ostracized, falling out of social favor. The practicality of consuming opium for many women therefore, becomes quite evident.41

Lastly, a new generation of addicts was rapidly replacing the old medically induced, and civil war veteran addicts that had once epitomized addiction throughout the nineteenth century. As moral and governmental regulations became more and more stringent on the use of opiates, the typical opiate user changed with them. Gone were the days of the wealthy medically treated morphine addicts, replaced by a new lower class of those looking to escape their bleak existences. Among these new addicts were the poor dregs of society such as prostitutes, to whom opium was a godsend.

The great expansion of opiate addiction that occurred in the late nineteenth and early twentieth centuries was made possible by a combination of several different causes. The Civil War, though most likely not the great addict maker that it has been championed as, still introduced opiates to an astounding number of men. They in turn passed the word on to their associates after the war, and so on and so forth, until a good number more

people were introduced to opiates than would have been without the war. Patent medicines, likewise, cannot be held responsible for an overly large number of addicts, but it certainly included a class of lower social and economic standing that would have otherwise been immune to opiate addiction for at least a couple decades more. Non-therapeutic usage of opiates was perhaps the most minor of the mentioned contributors, but that does not altogether discount it from being a factor. These non-therapeutic users paved the way for a future that consisted heavily of non-therapeutic drug use. It also bolstered an entire set of opiate induced literature and created a significant number of female users that sought escape. The culprit that the expansion of opiate addiction in the late nineteenth century, and into the first decades of the twentieth century, must be largely responsible for, is the medical profession. How ironic is it that an industry based entirely on the attempt to cure illness and keep individuals from getting sick created a widespread sickness that affected thousands? Through advancements in medical technology, a severe lack of proper education, and an altogether unhealthy deification of opiates the physicians and pharmacists of the time contributed more than anyone else to the growth of opiate addiction. It would not be until a new generation of doctors and pharmacists that feared rather than worshiped opium, that addiction rates would begin to peak and gradually decline.

The problem in trying to do an accurate analysis of any drug addiction statistics is that it requires a great deal of hypothesizing and guesswork. The extent to which Opiate addiction permeated the United States from the late-nineteenth century to the early-twentieth century is no different. There are no concrete figures that can demonstrate precisely how many addicts existed at any given time. The official government
documentation is by no means an infallible source, and like any piece of historical data, one must look into the biases and aims those documents were attempting to create. In addition to the official government estimates, there are other sources, which together can be utilized to create an educated guess as to how serious the opium problem eventually became.

One early problem that arises when attempting to come to an exact number of addicts is in the differentiation between a valid user of the substance, and an addict. Where does one draw the line between necessary pain treatment, and any other host of uses that opiates were being used for, and a full on dependence on the substance? Even through the utilization of import statistics, physician surveys, medical treatment center statistics, and government estimates, it is extremely hard to come to a logical conclusion about just how many addicts there were. The problem that this presents is multifaceted.

Firstly, addiction was and is often a very private undertaking, often hidden by the addict because of the negative connotations associated with addiction. Immorality and laze were typical descriptions of addicts, and social ostracism a result, so the necessity in hiding such a disease is quite evident. Quite simply, the personal nature of addiction, and dependence on what many deemed illicit substances, definitely clouded the ability to attain an exact numerical estimate. Most people were simply not willing to divulge their lives as addicts, opting instead to appear normal, something made quite easy by the effects of opium.

The second problem that arises in judging an accurate number of opiate addicts lies in the bias of the procurer of the statistics. Every historical document and statistic has some form of bias whether intention or unintentional, uncovering the facts about a certain
event is made easier by knowing what those biases were and to what ends they sought to accomplish. In knowing this, it becomes much easier to get the truth, or as close to it as possible, and not simply take the document at face value.

A prime example of this is in an analysis of Hamilton Wright’s *Report on the International Opium Commission* for the U.S. Senate in 1910. This report sought to assess the impact that opiate addiction was having within the U.S., as discussed in an international forum. The effectiveness of the document was only partial, but it would open the door for a new generation of governmental involvement in drug regulations, and lead to the virtual illegality of opiates several years later. Wright in attempting to eliminate the grip of narcotics on the United States stopped at nothing to accomplish this goal. He was appointed the delegate of the United States to the International Opium Commission and attended the conference in 1909. He came back from the conference appalled at the state of narcotic addiction in the United States, and the apparent lack of effort to initiate some form of legislation to quell the problem. He saw opportunity in following in the footsteps of many European nations and Canada, who had already been attempting to address the evils of opiates through illegalization and strict controls over those illicit substances.  

The biases of opiate addiction statistics are not simply limited to government officials however; import statistics and physicians surveys can be misleading as well. Import statistics relied on only the supply of opium that was reaching the country legally, never taking into account the vast amount that was smuggled in, which would be virtually

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impossible. Physicians also could have altered their responses to quell suspicion of their practices, and to preserve the integrity of their patients. Additionally, when given those surveys, it was often those with the most opiate addicts who would alter their numbers, so as not to seem as if they were practicing some form of drug dealing, rather than treating legitimate medical problems. 43

The key notion in addressing opium addict specifics is that the numbers should only serve as guides to make general assumptions about the state of addiction in America. Furthermore, it is not necessary to have an exact number of addicts to address the atmosphere and causes that facilitated an addict population. A general understanding and somewhat accurate estimate can provide the same insights into physician over prescription and governmental negligence as a slightly more accurate one.

Now that the demerits of opiate addict estimates have been brought forth and explained, it is important to understand how an accurate number of addicts can be arrived at. Seeing the biases of government documentation, physicians’ reports, and import statistics does not mean that they should be entirely discounted. Through a combination of each, it becomes possible to get a much stronger analysis of the actual amount of addicts that were afflicted by opiates than any one of those documents alone could provide. Through a combination of each one can arrive at a set of generalizations about the extent that opiate addiction affected the country, and the trends that epitomized it over the late-nineteenth early-twentieth century period.

Surveys done by Orville Marshall in 1878 represent the first reliable findings about the opium problem that was beginning to truly take hold in the late nineteenth

43 Courtwright, *Dark Paradise*, 10.
century. His study was a survey sent out to nearly two hundred prominent physicians in Michigan, and from those he compiled a chart of opiate addicts in relation to census figures of ninety-six cities, townships, and villages. In total he found that 1300 opium addicts of various forms were reported in the areas to which he surveyed. He then applied these proportions to the figures of the entire state and came up with an estimated total of 7,763 opiate addicts for the entire state, a ratio of roughly six addicts out of every thousand citizens. The applications of his research were not simply limited to Michigan however, and in his same report, Marshall projected the extent of opiate addiction in the entire nation. To do this he acquired the average amount of opium necessary to feed an addiction within his own findings and applied that amount, approximately three pounds of opium per year per addict. Taking an average of opium importation through the past twenty-seven years brings an estimated 350,000 pounds of opium and morphine imported. This allows for a possible 117,000 opiate addicts within the U.S. strictly by legal importation. A deduction of one fifth to one fourth, depending on whose estimates you utilize, for legitimate medical usage bring the total number of opiate users down to around 85,000. These findings come up well short of the percentages that were arrived at through the physicians’ surveys, and seem to indicate that legal importation was certainly not the only way opiates were being brought into the United States. 44

The extent to which opium had pervaded American society by the twentieth century is astonishing. Regulations pertaining to drug use and prescription were virtually non-existent, and any individual who sought to continue their opium habit could do so with relative ease. Pressures to curtail the advancement of opiate addiction were also

mostly absent, and would not gain any significant ground until several years into the twentieth century. Though largely ignored by the American populous, the problem of the opium habit had grown significantly in the second half of the nineteenth century, from a small number of Chinese habitués in the 1850’s to a significant portion of the population in the 1890’s. It was at this point that many began to take stock of the effects opiate addiction was beginning to have on society and what had led to such an increase in users? The medical profession can carry most of the blame for the proliferation of opiate addiction in nineteenth century America, as a serious lack of proper education on opiates, and an incomplete understanding of addiction resulted in tens of thousands of addicts. Physicians are certainly not alone however; the patent medicine craze must bear a portion of the responsibility with unregulated cure-alls laced with opiates. Another contributor was the Civil War, without which many physicians needn’t have prescribed the amount of opiates they did. Finally, the non-therapeutic addict must be held accountable for their contributions to the addict pool, though no-where near the numbers of twentieth century addicts. Those sources, in addition to an increase of opium imports legally and illegally all helped to proliferate the first drug addiction crisis to plague America, though it would certainly not be the last.
Chapter 2: Sociological Implications of Opiate Addiction

As is often the case in the retelling of history and reporting on the present, the preconceived notions one has of certain events can be misleading, or even downright wrong when compared with the facts. The prevalence of ethnic stereotypes in the case of opiate use and addiction is one such example of preconceived notions or, the misconstrued facts, whether accidental or purposefully, leading to, the same ends. Although largely unwarranted, the brunt of a fury that was unleashed by both the government and moralists in the wake of widespread opiate addiction was unduly born by marginalized racial groups. The onset of addiction as a cultural crisis during the late nineteenth century not only affected the lives of the addicts and their families, but also the countless ethnic groups who were unfairly targeted for reforms. In short, opiate addiction, and the broader reaching narcotic addictions of the time changed the cultural climate of America, allowing for a host of legislation and social pressures that blamed the addiction problem on lower class minorities, albeit while a significant number of addicts were upper class.

To create a single typical opiate addict, would be to discount the variety of economic statuses and social groups that opiate addiction transcended. Different forms of opium were more popular within certain groups, but there was no picture that if posted in a newspaper you could tell right away it was a habitual user of opiates. That in itself represented part of the problem in targeting and eliminating opiate addiction once it had become expansive and seen as a social problem in America. Addicts ranged from wealthy female socialites to poor Chinese immigrants, opium was not selective in choosing its victims. Social or economic status mattered little to those unfortunate enough to succumb
the disease. That being said, there were certain elements of society that were more prone to addiction to opiates, and represented majorities of users in the various forms that opium was consumed. The point being, that although a relatively small number of addicts were opium smokers, those most vilified by social and legislative actions, they became emblematic of the perceived problem of addiction and were subsequently unfairly targeted.

The majority of opium and morphine addicts were in fact whites, contrary to popular belief of the time. This tended to be the case in nearly every city surveyed, even in cities where the population of whites was significantly less than that of other ethnicities. One such instance of this racial disparity of addiction was in Jacksonville, Florida where seventy-five percent of the city’s addicts were white, even though white only represented about forty-five percent of the population. 45 This discrepancy between the numbers of white versus black addicts is further bolstered by Dr. James Roberts’s report of only three authenticated cases of black opium addicts during his time at the Eastern North Carolina Insane Asylum. As it was often believed at the time that the opium habit created insanity in its long time adherents, a lack of black inmates at the asylum for opiate addiction is telling of the inconsistencies in rates of addiction between blacks and whites. 46


The majority of addicts were in fact concentrated mostly in the south. A study done by Lawrence Kolb, an early surveyor of narcotic use and abuse, and purveyor of early attempts to create treatment centers for those afflicted, in 1924 illustrates the

<table>
<thead>
<tr>
<th>TABLE 1</th>
<th>NUMBER OF OPIATE ADDICTS PER THOUSAND RESIDENTS ATTENDING CLINICS IN ELEVEN SOUTHERN CITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Addicts per thousand</td>
</tr>
<tr>
<td>Atlanta, Georgia</td>
<td>2.567</td>
</tr>
<tr>
<td>Augusta, Georgia</td>
<td>.799</td>
</tr>
<tr>
<td>Macon, Georgia</td>
<td>.981</td>
</tr>
<tr>
<td>Paducah, Kentucky</td>
<td>1.415</td>
</tr>
<tr>
<td>New Orleans, Louisiana</td>
<td>.646</td>
</tr>
<tr>
<td>Shreveport, Louisiana</td>
<td>9.550</td>
</tr>
<tr>
<td>Shreveport, Louisiana (revised estimate)</td>
<td>4.809</td>
</tr>
<tr>
<td>Durham, North Carolina</td>
<td>1.658</td>
</tr>
<tr>
<td>Knoxville, Tennessee</td>
<td>2.364</td>
</tr>
<tr>
<td>Memphis, Tennessee</td>
<td>2.002</td>
</tr>
<tr>
<td>Houston, Texas</td>
<td>.882</td>
</tr>
<tr>
<td>Clarksburg, West Virginia</td>
<td>1.758</td>
</tr>
</tbody>
</table>

Average number of addicts per thousand for eleven cities using revised Shreveport estimate 1.530

<table>
<thead>
<tr>
<th>TABLE 2</th>
<th>NUMBER OF OPIATE ADDICTS PER THOUSAND RESIDENTS ATTENDING CLINICS IN TWENTY-THREE NORTHERN AND WESTERN CITIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>Addicts per thousand</td>
</tr>
<tr>
<td>Los Angeles, California</td>
<td>.834</td>
</tr>
<tr>
<td>San Diego, California</td>
<td>2.397</td>
</tr>
<tr>
<td>Bridgeport, Connecticut</td>
<td>.550</td>
</tr>
<tr>
<td>Hartford, Connecticut</td>
<td>.761</td>
</tr>
<tr>
<td>Meriden, Connecticut</td>
<td>.067</td>
</tr>
<tr>
<td>New Haven, Connecticut</td>
<td>.492</td>
</tr>
<tr>
<td>Norwalk, Connecticut</td>
<td>.685</td>
</tr>
<tr>
<td>Waterbury, Connecticut</td>
<td>.938</td>
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<tr>
<td>Albany, New York</td>
<td>1.059</td>
</tr>
<tr>
<td>Binghamton, New York</td>
<td>.479</td>
</tr>
<tr>
<td>Buffalo, New York</td>
<td>.493</td>
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<tr>
<td>Corning, New York</td>
<td>1.391</td>
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<tr>
<td>Elmira, New York</td>
<td>.220</td>
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<tr>
<td>Hornell, New York</td>
<td>1.065</td>
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<tr>
<td>Middletown, New York</td>
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<tr>
<td>Oneonta, New York</td>
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<td>Port Jervis, New York</td>
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<td>Rochester, New York</td>
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<td>Saratoga Springs, New York</td>
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<td>Syracuse, New York</td>
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<tr>
<td>Utica, New York</td>
<td>.266</td>
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<tr>
<td>Youngstown, Ohio</td>
<td>.491</td>
</tr>
<tr>
<td>Providence, Rhode Island</td>
<td>.737</td>
</tr>
</tbody>
</table>

Average number of addicts per thousand for twenty-three cities .931
disparity between addiction rates in northern and western cities in relation to their southern counterparts. As the two tables above demonstrate, The rates of addiction were nearly sixty-five percent higher in the South than they were in the North, even accounting for a revised Shreveport figure due to the extended duration of its lifespan. The explanation for why there were so many more addicts in the South as compared to the North is likely due to the same explanations of what created the majority of addicts in combination with the disparity in ethnic addiction rates. Courtwright in his study of opiate addiction in the south also suggests that the Civil War probably played a much greater role in creating addiction than it did in the North. One reason for this is the increased amount of casualties that the south suffered during the war. In addition to more veteran soldiers with painful war injuries, is the depression that came with the loss of the war. The North was victorious and secured its initial aim of restoring the union, as well as its later goal to put an end to slavery. The Confederate cause however was defeated, likely leading many disillusioned men and women to turn to opiates as a release. This also provides an explanation to the low rate of black addicts in relation to their overall population in the South, as their goal of becoming freed from slavery was brought to fruition.  

Surveys also show that immigrant groups also had far lower addiction rates than their native born counterparts. This fits in with the characterization of the morphine and opiate addicts of the late nineteenth century as being primarily affluent members of society with at least some wealth. As most immigrants were working class men and

women barely making enough to survive, an addiction to opiates somehow did not make its way into their lives. A study of Chicago opiate addicts done by Charles W. Earle, who was another early researcher interested in the sociological statistics of opiate addicts, shows the figures of addiction to be 160 American addicts out of the 235 studied opiate addicts. This represented almost three-quarters of the addict population, while native-born Americans only held fifty-nine percent of the population. Earle states in his study that,

Inquiries were made at fifty drug stores. The three divisions of the city were visited, and localities inhabited by the different classes and nationalities were thoroughly canvassed. I was greatly surprised to find that druggists on the West Side were patronized to a greater extent (excepting a few on Clark street) than in any other part of the city. Foreign druggists (German and Scandinavian), seem to exhibit more conscientious scruples in regard to the trade than our own nationality. I learned from some of these gentlemen that in Denmark, and, if I mistake not, in Norway and Sweden, the trade is absolutely forbidden.\footnote{Charles W. Earle “The Opium Habit: A Statistical and Clinical Lecture.” \textit{Chicago Medical Review}, 2 (1880), 442-446.}

The lax standards that were employed by the American drug stores in comparison with those that mainly serviced immigrant population is certainly telling of the lagging pace of American understanding of opiates when compared to their European counterparts. What it fails to demonstrate, however, is the Chinese element of addiction among immigrant groups. Though Earle did a comprehensive study of the immigrants that resided in Chicago, the vast majority of Chinese immigrants lived in western cities like San Francisco, and others in the Far West.

In the mid to late nineteenth century, Chinese immigrants, the ethnic group that has became most associated with opium and therefore opiate addiction, seems however, to have suffered the most from the legal and social reactions to their presence. Rather
than a concern about the health of the American citizenry, the association of opiates with Chinese immigrants was a tactic that served to keep the white American populous employed and better off than their Asian counterparts. The introduction of many new immigrant groups into the country throughout the nineteenth century worried many so-called “true Americans” who feared above all else change. The German and Irish immigrants that had characterized the émigrés of the antebellum period [actually the 1840s and 1850s] of the nineteenth century were for the most part western Europeans, of similar features and cultures to the citizens of the time. The latter half of the century, however, brought Southern and Eastern Europeans, and Chinese immigrants all of whom had cultural and religious practices that differed from the dominant American society and average American, the Chinese even more than the new European immigrants. In addition to their unfamiliar lifestyles, many Americans were seeing their jobs lost to immigrants that would work for far less money, and under much worse conditions. The resentment that followed these losses would eventually transition into an all out attack on the customs of many of these groups, most important of these being the practice of smoking opium which was believed to be widespread among the Chinese.

The association of the Chinese with opium is most closely linked to the image of the Chinese opium den and the specific method of consuming opium in such an establishment, smoking it. The practice of smoking opium, because of the immoral activities that were seen as surrounding it, and the non-therapeutic nature of its use, became an easy target for those seeking to rid America of the substance. The Chinese were not the only ones that were regularly visiting opium dens however; there were also steady amounts of white Americans that would visit the illicit opiate dens. Opium
smoking had been practiced for hundred of years throughout Asia so it was quite commonplace in Chinese culture that was brought over to America with the immigrants. In fact there have been estimates wide ranging about the scope of Chinese addiction that place the country well ahead of any other in terms of opium addiction. The practice of smoking opium had become engrained in Chinese culture, which in turn was brought overseas with Chinese immigrants. In America however, there was no such tradition and it took several years for Americans to patronize the traditionally all-Chinese establishments.\textsuperscript{49}

The Chinese that created and patronized the early opium dens did so largely for two reasons. First they had almost nowhere else to form a sense of community and socialize with their fellow immigrants. The opium dens created an area for the average young Chinese laborer to relax and convene with those of a similar language and culture, something strikingly absent from the typical western towns that they resided in. Secondly, the opium dens provided for stress and pain relief after incredibly strenuous hard labor that most were engaging in day after day. The lack of workplace regulations and pay wage assurances that are taken for granted today, were almost non-existent in the mid-to-late nineteenth century, especially for immigrants. The persistence of opium dens in America was most likely aided by district companies that sought to keep their immigrant slave workers from revolting against the abhorrent conditions they were being subjected to on a daily basis. They utilized opium addiction as a further shackle on their

\textsuperscript{49} Courtwright, \textit{Dark Paradise}, 64.
workers, an assurance that their minds and bodies would stay loyal to their work and opium alone.⁵⁰

Opiate addiction among the Chinese certainly affected a significant number of those immigrants in America. Coming to a conclusion about the extent of that addiction, however, is a considerably more difficult problem to address. There have been many estimates as to what percentage of the Chinese immigrant population was addicted to opium, but the reliability of those sources must be called into question. The main issue that plagues these sources is their bias towards the Chinese population in coming to a conclusion about the number of opium addicts there actually were. It was the intention of many critics of opium smoking, and critics of foreign immigrants for that matter, to inflate their approximations enough to exaggerate the problem, and get popular opinion and/or legislation to turn in their favor. Accurate figures that illustrate the scope of Chinese immigrant addiction to opium are virtually impossible to obtain, therefore, and a reliance on those biased studies is necessitated. The figures that do exist are wide-ranging from a one percent addiction rate among Chinese immigrants, to a ninety-nine percent addiction rate and almost everywhere in between. Clearly the actual number of addicts fell somewhere between those two estimates, but the prevalence of opium dens and smoking opium in Chinese culture certainly implies a considerable amount of addicts.⁵¹ The more important aspect of the Chinese immigrant opiate addicts is the amount of support that was rallied around the removal of their cultural practices. This compared to the relatively few amount of addicts they facilitated in relation to the overall American addiction crisis is very striking. It seems to indicate, that opiate addiction did not become

⁵⁰ Ibid., 66.
⁵¹ Ibid., 68.
a national crisis until an undesirable ethnic group was found to utilize it, at which point it became necessary to ban it.

The nineteenth century also saw another group, largely marginalized in American society, succumb to the throes of mass opiate addiction. Mainly under the guise of therapeutic treatment, many women were becoming afflicted by opiate addictions in greater and greater quantities throughout the later decades of the nineteenth century. Women as a gender represented the majority of opiate addicts throughout the legal reign of opium in America. It would not be until the governmental controls of the early twentieth century that the typical opiate addict would undergo a significant transformation. Like the majority of Chinese immigrant addicts, women primarily became addicted to one form of opiates. Concern over a judgmental society and over prescription of opiates by physicians most likely led many women to their eventual addictions to morphine, and whatever opiates found their way into many patent medicines of the time.

The percentage difference between male and female addicts varies from study to study, however, almost every survey indicates a majority of female opiate addicts. Returning to Orville Marshall’s survey of Michigan in 1880, fifty-six percent of the opium users were female while a reported sixty-six percent of morphine users were women. These numbers were not limited to Michigan however, and statistics across the country echo those assertions made by Marshall, that women were significantly more prone to usage and eventual addiction to opium and morphine. National collected estimates of female opiate addicts place them somewhere between two-thirds and three-

quarters of the entire opiate addict population. These figures are substantial and beg the question, why so many more women became opiate addicts in the late nineteenth century when compared to their male counterparts?

There seem to be a number of explanations as to why so many more women both utilized and became addicted to opium and morphine. The most prominent of these theories is taken from the medical practice of the time, and how women were treated differently for their ailments. The wide-ranging prescription of opiates for any and every disease in the nineteenth century was commonplace for men and women, however the depiction of women as the more frail and delicate gender necessitated an increased medicinal regimen. Women were also viewed as being incapable of diagnosing themselves and often had opiates thrust upon them by their male family members and physicians as the clearly knew what was best for their health.

The increased prescription of opiates to women can also be explained by the additional ailments to which they allegedly suffered and men did not. These so-called female issues were often treated with opiates to much avail from their medical administrators. Many of the disorders that are particular to the female gender were in fact treated primarily with opiates. Female menstrual problems were regularly treated with various opium tinctures and morphine. Even medical textbooks at the time advised physicians to utilize opiates for a wide variety of cases including opium for profuse


54 J. B. Mattison. “Opium Habituation.” Medical Record. 16, (1879) 332-333.
menstruation and morphine for painful menstruation.\textsuperscript{55} Opiate prescription was not limited to menstruation however, and until the early twentieth century many doctors were readily prescribing opiate laced tonics and morphine as aids in enduring pregnancy and childbirth. These physicians often sounded more like salesmen of the various patent medicines they prescribed rather than exhibiting an intelligent medical opinion. One such Doctor, one R.V. Pierce exclaimed of his own “Dr. Pierce’s Favorite Prescription” that, “It soothes and strengthens the nerves and acts directly on the feminine organism in a way which fits it for the proper and regular performance of all its functions at all times. Taken during gestation it robs childbirth of its dangers to mother and child.”\textsuperscript{56} The routine nature of opiate utilization by physicians of the time, especially when used for treating female specific complaints illustrates possibility for the creation of an increased amount of female opiate addicts. It also demonstrates how little many physicians actually understood about the effects of the opiates that each was prescribing.

Opiates were also commonly prescribed for “nerves” to women and men alike, but much more commonly to women. The calming effect that opiates had on their users was seen as a perfect treatment for someone under a great deal of stress or unable to cope with the pressures of a modern day lifestyle. The belief in the tendency of women to be more nervous creatures and therefore more susceptible to hysteria and other conditions of the nerves, facilitated their increased prescription of opium and morphine. It was even suggested that the loss of husbands, sons, and brothers during the civil war contributed to


\textsuperscript{56} R.V. Pierce. \textit{The People’s Common Sense Medical Adviser in Plain English}. (Buffalo: World’s Dispensary, 1895), 681-682.
an increase in depression and nerves that necessitated the use of opiates. This would also account for the higher percentage of southern opiate addicts, especially among women, who lost many more men during the war than their northern counterparts.\(^{57}\)

Even the lack of freedom that was plaguing women during the time could have been a contributor. Most women of middle-to-upper class families found themselves at home all day with no true pursuits or reasons to continue living. Opiates gave them a sense of purpose, or if not, just a way to make it through the monotony of a servile life, subservient to their male “caretakers. One such bourgeoisie woman said of Morphine, “[It] makes life possible. It adds truth to a dream. What more does a religion do?”\(^{58}\) The echoes of feminism can be heard in statements like these, from women who are searching for meaning in a life devoid of meaning. The turn to drugs for many women was an escape, similar to that of the drug addicts that would follow them in years to come.

Though the majority of women, and addicts in general, tended to be middle or upper class citizens turned on to the drugs by their physicians, this was not always the case. Often times, working class women would turn to opiates, if they could afford them, not as an escape from the monotony of their lives, but as a way to manage the aches and pains that came with unending factory work. Opium was enticing to these women because of its natural pain relieving abilities in addition to none of the aggressive side effects that often presented with alcohol intoxication. It was also cheaper than alcohol for much of the nineteenth century and as previously mentioned much easier to hide than alcohol abuse. A woman could be addicted to opiates her entire life without her closest

\(^{57}\) Kandall, *Substance and Shadow*, 30.

friends and family members any the wiser. That was a large part of the allure that opium presented to women who were trying to cope with the pressures of their strenuous lives, while still attempting to remain socially respectable.

The emergence of knowledge pertaining to an increased female addict population created a cause for worry among many. The implications of a large-scale female addiction to opiates were threatening to individual and family health, as well as an infection on society as a whole. There was a fear that women who became addicted to opiates would then bring that addiction into their homes and destroy the moral family dynamic that had persisted for so long in the American psyche. From this, society as a whole could be afflicted by a significant amount of women operating outside of the social parameters set for them. A similarity can be made to the plight of the Chinese immigrants, as each group was portrayed as threatening the moral fiber of America. This came to be known as a feminine contagion, one that threatened the livelihood of restrained and proper America. What opiate addiction did therefore, was two-pronged. It created a process, by which women could be kept the subservient gender through their decreased mental and physical capabilities while under the influence of opiates. Secondly, it provided an excuse to damn socially those same women who had opiates thrust upon them for being immoral and socially corrupting. Opiates mirrored the cultural climate of the time and were utilized, whether purposefully or not, as restrictors of feminist ideologies and to sustain the male-centric society that had dominated America for over a hundred years.

The emergence of women as the majority of opiate addicts, led to an association of addiction itself, as being a female creation. It was believed by some physicians and
scholars of the time, that the intrinsic values of women caused them to propagate the opium habit for their own gain, and to degrade the masculine in America. The view of women as subversive and cold purveyors of deceit and suffering had persisted throughout virtually the entirety of European civilization. That tradition was passed over to America, where women were continually treated as second-class citizens. The emergence of these so-called scientific beliefs in a female component behind the proliferation of opiate addiction is just another sad entry in that tradition. Men such as Dr. Leslie Keeley, a writer of popular medical remedy books that were commonplace in nineteenth century homes, likened the effects of opiate addiction to that of the feminine, bringing about a “swinish transformation” wrought by a “temptress.”

Unfortunately the association of marginalized groups such as women and Chinese immigrants, with opiate addiction created a sense of disgust about an addiction that had long since been the norm in many middle and upper class homes. Utilizing these groups however, allowed for an easier targeting of the opiate problem. Many more Americans were likely to support governmental or religious decrees to rid their country of opiate addiction if unfamiliar or marginalized groups were associated with them. The once prominent enthusiasm that America had with opiates was slowly ebbing away with its ever-mounting correlation to people of color, immigrants, and women. What this says is much more important than just the nature of opiate addiction itself. This represents a nationwide backlash against a specific drug, not because of its harmful side effects or addictivity, but instead because of a greater resistance to change. The downfall of opium says more about the attitudes of society and its opposition to any new or alien ideals.

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The type of crowd that was drawn by the typical opium den was far removed from the stereotypical prescribed morphine or opium addict. The majority of morphine addicts, as has been indicated, tended to be middle to upper members of society and received their narcotics through physician prescriptions. The typical white patron of an opium den was decidedly on the opposite end of the spectrum. Criminals, prostitutes, and others deemed degenerates by societal norms seem to have been the main regulars at opium dens, another piece of ammunition in the war that would be waged to shut them down. Though there were occasionally more well to do visitors to these downtrodden establishments, that was a rarity and they primarily operated to serve the working class and Chinese immigrant demographics. The kind of dregs that frequented opium dens represented a fundamental change that the opiate addict community as a whole was undergoing in the transition from the nineteenth to the twentieth century. Where once opium eating and morphine injections had ruled the addict populous. By the late nineteenth century, they were rapidly being replaced opium smoking (by the white community as the Chinese had used this as a primary means of intoxication immediately upon their entry into America) and a new semi synthetic opiate diacetylmorphine, more commonly known as heroin until opium smoking was greatly inhibited by the 1909 ban on importation of it.

The transformation of opiate addiction was not one that happened overnight, nor was it wholly spontaneous. The changing cultural and social atmospheres of the early twentieth century were definite contributors to a new kind of opiate addict. These new opiate addicts were largely non-therapeutic users who sought opiates for the sole purpose of artificial euphoria, or as an escape from their miserable lives. The shift was also an economic one, in that, it saw lower class citizenry engaging in opiate use and eventual
addiction, where once the middle to upper class population had dominated. The main lessening of more bourgeoisie addicts can be attributed to the medical practice that had once been the main perpetrator of the opium disease or addiction. Advances in medical education, culminating in a new generation of much more cautious doctors, provided the overall population with much more sound medical advice. This advice often lacked a broad prescription of opiates for anything and everything, and newer doctors tended to fear opiates, rather than revere them. Another medical breakthrough, also contributed to the downfall of opiate supremacy in medical prescription, the invention of aspirin. The pharmaceutical company Bayer trademarked aspirin in 1899, and it quickly came into use as a non-addictive alternative to opiates for treatment of minor aches and pains.\(^{60}\) With opiates no longer necessary as analgesics the addiction rates among physician-induced addicts began to dwindle. This “old” generation of addicts was often dying off faster than new ones could be created by a lessening group of doctors still willing to prescribe opiates to their patients in non-life threatening situations.

The medical proliferation of heroin cannot be discounted so easily however, and its first usages were mainly administered iatrogenically, by a physician, similar to that of morphine and opium. The frequency through which heroin was prescribed however, was much less than that of its predecessors, principally because it was not thought to be a treatment for a wide variety of afflictions, as opium and morphine had been. This is probably what saved heroin from creating an even larger number of addicts than it would go on to effect. Though touted by many as the next great cure for pain and cough, it would never reach the incredible reverence that morphine and opium had received.

\(^{60}\) Courtwright, *Dark Paradise*, 51-52.
Doctors had learned their lessons, or been replaced by newer more educated doctors, and been much more wary of heroin, than the previous opiates that had bred widespread addiction.

Hardly five years after the release of heroin by pharmaceutical giant Bayer, it had already raised eyebrows and created a network of skeptics. Several articles were released in the first years of the new century that spoke of the evils heroin could create, and urging restraint in its prescription. These warnings came with names such as “The Heroin Habit: Another Curse” and “Caution Regarding Heroin.” In 1919, W.A. Bloedorn, a former naval physician and opiate researcher concluded that, “Heroin appear[ed] to be the drug most easily obtained at present; as a result, the great majority of addicts [were] heroin users.” The implications of Bloedorn’s statement are quite staggering, it indicates that in a span of a couple decades, the addict population had undergone a transition from smoking opium, eating opium, and morphine use, to widespread heroin use.

With the decline of therapeutically induced addicts, one would think that opiate addiction had lost its heyday and was beginning a steady decline into an eventual non-entity. This was not the case however, and in the place of the old morphine and opium addicts emerged the heroin addicts that would come to epitomize opiate addiction in the twentieth century and beyond. First brought into existence in 1898, heroin was introduced primarily as a cough suppressant, as bouts of tuberculosis, the so-called “white plague,”

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62 “Caution Regarding Heroin,” *Druggists Circular and Chemical Gazette* 44 (1900).

were then sweeping the nation. It would not be through physicians that heroin would become a large-scale addiction, however. The predominant belief was that heroin was the natural transition after the illegalization and import ban on smoking opium. Users who were addicted to opium through their prior smoking habit were often forced to find another means of feeding their addiction after governmental regulations made it fiscally impossible to sustain themselves through opium smoking. Their efforts were also hindered by the 1909 Smoking Opium Exclusion Act, which made it extremely difficult to get any cheap smoking opium, as the act made it illegal to import. This, in combination with the rising costs of cocaine as well, made heroin an attractive and cheap choice for those addicts without much money to sustain their addiction.

The economic situation of these new heroin addicts was not their only difference from the older generation of opiate addicts. Heroin addicts also tended to be men who had picked up their addiction early, either in childhood or the beginning of their adult lives. This is different from morphine and opium addicts of the previous century, who not only tended to be women, but also were mostly middle aged and held fairly steady employment throughout their lives. In fact, the average age of heroin addicts in Brooklyn was only nineteen years old according to hospital treatment center records. This fundamental break from the standard opium addict of the past was likely furthered by the abhorrent conditions that many heroin addicts found themselves living in. Even prior to their addiction, addicts were often poor, young, and children of immigrants or at the very least a lower class family.

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The slums that permeated the largest American cities of time were breeding grounds for crime and heroin addiction. New York in particular seemed to be the epicenter of the proliferation of heroin abuse, with most of the addicts in the country in its immediate vicinity. The permeation of heroin addiction into the large metropolitan areas of America, first in New York, then gradually to other large cities, represented a stark contrast to the earlier trends of morphine and opium abuse and addiction. While addiction to heroin was almost entirely confined to urban centers, morphine abuse was widespread throughout rural and urban America. Some of the highest concentrations of addicts were located in the agrarian Deep South.65

As opium and opiate-laced products were being suppressed with greater and greater frequency, it became much harder for a rural American to feed their opiate addiction. Many of the patent medicines that had contributed to the outbreak of widespread opiate addiction were being increasingly scrutinized. Additionally, many addicts utilized the mail order system to attain them; their supplies began to dwindle and without a convenient way to attain their opiates, many were forced to kick the habit. The major source of obtaining opiates legally, the medical profession, was opening its eyes to the dangers inherent in prolonged opiate use and abuse, and subsequently began to cut off addicts as well. The cultural climate of opiate embrace was losing ground and marked a significant change in the social atmosphere that had once relied on those very drugs.

The transition of opiate addiction from an addict base that was spread out throughout the country, to one that was concentrated in urban America was an echo of the social changes that the country as a whole was undergoing. Through industrialization and

a subsequent modernization of the nation, people began to realize that economic
opportunity lay primarily in the burgeoning metropolitan centers, rather than in rural
farmlands. Factories and industry as a whole provided a decided increase in the amount
of jobs available. People followed the jobs, and promises of economic prosperity, their
eventual destination being the various cities that grew larger and larger in population.
Immigrants were no exception, where once the German and Irish immigrants of the past
had settled in Pennsylvania and the Midwest to make their way through the arable land,
they were replaced by a new generation of immigrants who settled in the cities. These
mostly Italian and Eastern European peoples would forego a life of agriculture for one
instead that consisted of city life. Work was readily available for those immigrants that
sought it, though wages could hardly support a cosmopolitan lifestyle many had come to
America to enjoy. The factory was the trademark of a new industrialized America; it
represented a modern and mechanical future, though albeit wholly impersonal.

The impact this would have on opiate addiction coincides with the transition that
epitomized America during the turn of the century. Though not readily available to a
rural housewife in search of a way to dull her pains, opiates could still be found with
relative ease in major cities, as they were still being smuggled in and wouldn’t be banned
for import until 1909 and the Smoking Opium Exclusion Act. 66 Even after that however,
though markedly more expensive, one could still find heroin if looking for it, especially
in New York. This is likely due to the prominence of the major heroin distributors in and
around New York, making it easier to simply transfer those supplies for illicit use.67

66 Courtwright, Dark Paradise, 81.

67 Ibid., 99.
Though studies show that immigrants had similarly low addiction rates to heroin as they had to earlier opiates, the rates of their children are if anything higher than average citizens. Leahy showed in his report that of his entire sample group forty-two percent were second generation Americans, of immigrant parentage. While their parents worked long hours for pitiful wages, many of these immigrant children were not as willing to live a similar lifestyle and opted instead for a life that often turned to crime.

For this new generation of opiate addicts, narcotics in general tended to be their forte, rather than just an addiction to opium or morphine. Often they would take whatever drugs they could get their hands on, transitioning between smoking opium, heroin, and cocaine whenever the price had made one more appropriate than another. This in fact seemed to be somewhat of a trend, with former opium smokers, who in their time were viewed with similar degradation and disgust, as the heroin users that many would eventually become because of the ban on the importation of smoking opium. The opium smoker in fact, seems to be the logical precursor to the heroin addict, as both tended to be lower class and similarly immoral characters to frequent establishments as debauched as opium dens tended to be described by the morally centered public.

One such account by an opium smoker goes into detail about the atmosphere that was the norm at one such New York City opium den. He says, “Every night I would go into the opium joint and I soon got acquainted with all the habitués of the place and their line of business. Every one of them with the exception of a few were crooks in every line of graft. As I learned the different systems by which one could earn money easy…I

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started in for myself.” The allure of opium smoking seemed to extend mainly to the seedy underbelly of society, criminals and otherwise unwanted non-contributors to society. These addicts sought the opium high principally for the euphoric side effects, not for any medicinal purposes.

The role that youth gangs had in the propagation of narcotic addiction early in the twentieth century cannot be discounted, and it was through their advocacy that many young boys would succumb to a life of addiction and crime. In fact, “Many of those who used heroin initially, as well as those who switched from other drugs, were members of juvenile gangs.” The pressure from within a gang to do as the others did was often motivation enough to partake in sniffing cocaine or heroin. Continually, there was an allure of the dangerous that drew many young men towards the youth gangs, which also created an interest in trying heroin.

The association of heroin with youth, and more interestingly with crime, is not a strictly historical phenomenon. Contemporaries also saw the drug, and cocaine with it, as corruptors of society, alienating and destroying an entire generation with a single vice. Often, it was not only heroin addiction that criminalized the behavior, but also the lewd acts that often coincided with its use. The same gangs that encouraged their members to partake in drug use also incited acts of violence and numerous other crimes such as robbery and vandalism. This seemed to be the basis of society’s repulsion with this new drug addict, a non-contributor, or even a detractor from society. The government was willing to look askance at a generation of immigrant children vagabonds and punish their


70 Courtwright, *Dark Paradise*, 96.
vices, but to question upstanding voters about their predilections for opiates would be
faux pas to say the least. It seemed only to concern the powers that be, when time tested
American ethics of hard work and morality seemed to be disintegrating and replaced with
apathy and indolence.
Chapter 3: Demonization and Praise

There are always at least two sides to every story, and the tale of opiate addiction in late nineteenth early twentieth century America is no different. The prevalence of the drug in American culture made drug use quite commonplace during that era, and it was not unusual to spot someone eating opium at a high society party or sniffing heroin on the street in a less seemly part of New York or Philadelphia. There were those who relished the ability to escape all of the problems that faced them day in and day out, whether that was a rural war widow who sought solace by dosing herself with laudanum, or a New Jersey youth confronted with dismal prospects for his own future.

Not everyone shared this affinity for opium however, and it certainly had its share of detractors. Many viewed opium use as they did alcohol, as symbols of a decaying morality in America; signs that change was needed to rid the country of such intoxicants, for religious reasons or social ones. Swept in with the reformist fervor that epitomized the Progressive Era America at the turn of the century, the temperance movement sought to end America’s fascination with opiates, and transform them into something to be deeply feared and avoided. Over a period of just fifteen years, from the turn of the century until the Harrison Act in 1914, the American populous and the U.S. government would completely redefine their perspectives on opiates and drugs in general. Throughout this time period however, there would be those that resisted the notion of opiates as evil corruptors of mind and body, and instead willingly sought them, as personal escape mechanisms, fashionable trends, or simply a way to get high.

The temperance movement emerged out of the struggle for control of the individual citizen, not politically or legally, but socially, as the personal decisions that
each person made could affect the larger social order. This was characteristic of the various groups that sought to alter the nation’s perceptions of women’s rights, slavery, alcohol, and eventually opiates. Opiates however, were not thrust immediately into the limelight, and for the majority of the nineteenth century they remained in good graces with the greater American populous. It was even considered an appropriate alternative to the much-maligned alcohol by many. According to one article in a popular Eastern magazine in the early twentieth century, the effects that opium induced in its users,

> It never makes a man foolish, it never casts a man into a ditch, or under a table, it never deprives him of his wit or his legs…It allows a man to be a gentleman, it makes him visionary, but his visions create no noise, no riots; they deal no blows, blacken no one’s eye, and frighten no one’s peace. It is the most quiet and unoffending relief to which the desponding and distressed, who have no higher resources can appeal.  

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creation of the country, and it was on this basis that the aims of temperance would be sought after.\textsuperscript{72}

While overt class conflict and proletarian economic struggles have been minor in America’s history, compared to the economic revolutions plaguing Europe mid-century, moral, ethical, and racial ambiguities have taken their place. It was through these ideals that class hierarchy would be enforced in an increasingly self-conscious America. To act outside of the standard of these ideals was to become alienated from the cultural community you inhabited. It is by these means that addiction becomes such an important mode of recognizing social non-conformity. Particularly this can be said about drinkers and non-drinkers, and the views that were projected onto them because of their regard for alcohol. Joseph Gusfield, a scholar on the temperance movement, speculated of the late nineteenth century, “[to] members of a subculture, drinking and abstinence became symbols of social status, identifying social levels of the society whose styles of life separated them culturally.”\textsuperscript{73}

The same statement can be made about not only alcohol, but opium as well, as both were signifiers of one’s social standing. Early on, in the mid to late nineteenth century, being an opium eater or morphine injector usually implied that you had access to a physician and were probably somewhat well off. However, after the turn of the century and beyond, heroin addiction or smoking opium usually meant an association with crime. It seems interesting to note however, that as this transition was occurring, one was also taking place, somewhat oppositionally, about the nature of addiction. The medical


\textsuperscript{73} Ibid., 4.
understanding of addiction was being furthered, so as to say, that addiction was slowly changing, from being viewed as a product of immoral character to a legitimated disease. Why the medical understanding of addiction was so oppositional to the social one is hard to say.

The calming nature of opiates tended to further their idolatry among the masses, as a drug that could be consumed; yet its user would not lose his or her social etiquette. The nineteenth century, as the century that saw American citizenry create and embrace modernity, also saw them create a sense of well being that made those citizens feel superior to those in past eras. Drunkenness and buffoonery were characteristics of a less civilized time, and the removal of substances that propagated those antiquated sentiments had to be purged. Certainly by the late nineteenth century the concepts of addiction were readily known, even if not by name. The danger inherent in opiate addiction was to the individual only; he or she could become hopelessly addicted and eventually wither away of an unrelated disease and die, with no one the wiser. Alcohol on the other hand, affected not only the individual, but also everyone around him, because he or she could become spontaneously violent for no reason whatsoever. It was said in comparison of the two, “the opium eater is a much less dangerous and offensive member of society than the one who is a victim of the curse of drink.”

The prevalence of each addict’s social contributions are directly related to the esteem to which each was held, alcoholics often could not hold down jobs and wasted away in a saloon, while many morphine addicts were active members of the middle and upper class. To say something of this magnitude

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seems to be a bit ignorant about the societal perceptions of addicts. Regardless of one’s social standing and ability to work in light of a serious addiction, most “upstanding” citizens would most certainly frown upon any drug habit as being selfish and immoral. It would take a large number of like-minded individuals to facilitate a movement that would bring about the downfall of addictions as prevalent as alcohol and opium however.  

Opium’s fall from grace was one that saw the drug, once held in the highest regard, reduced to an enemy more despised than even alcohol, though noticeably less targeted. Alcohol, unlike opium, epitomized everything that America stood for at the turn of the century, power aggressiveness, and action. Conversely, opium was much more introspective and definitely less flamboyant, the typical addict retreating to their home or an opium den to use. This gave an air of ill repute about opium, leading many to question its impact on the men and women who had become addicted to it. Once again, the social implications of opiate addiction were the driving factor behind its demonization, not the adverse psychological or medical effects, as one would assume.

In tandem with cocaine, heroin was made the scapegoat of a host of moral and ethical pitfalls that seemed to plague America in the late nineteenth and early twentieth centuries. Cocaine, had been linked with criminal activities much as heroin had, and its association with the black population helped to get it scorned by the greater population. Myths arose about the effects that cocaine and heroin had, especially on the black population. Rumors spread about the “lessening of inhibitions…and increase in sexual

\footnote{Ibid.}
\footnote{Courtwright, Dark Paradise, 35-42.}
impulses\textsuperscript{77} that blacks that used cocaine would easily succumb to. Heroin garnered similar negativity, but in a wholly different way. The worry that surrounded heroin, was not because of any irrational ethnic based fears, but instead was due to the loss of a more respected population. The typical heroin user was a young white urban male, and many worried that unchecked, heroin could destroy an entire generation of promising youth. The prospect of a sexually charged black populace high on cocaine and a similarly doped up Caucasian gang youth roaming the streets of your own quiet neighborhood was enough to rally many against the drugs.

Before the problem was summarily addressed in America however, these efforts to rid a native population of the evils of opium persisted in American colonial territories. The Philippines especially was home to deep-seeded opiate addiction, that was a definite concern for the governmental and religious officials stationed there. The poverty and crime that had stricken the islands was blamed on the long-standing opium habit that Filipinos and American servicemen stationed there had succumb to. It was America’s duty therefore, to rid the fledgling territory of its opium habit, a sign of the progressive ideals that America wanted to be known for. Conditions were found to be poor enough in the new colony that necessitated a thorough investigation into the problem by the United States. The importance of the Filipino opium problem and the steps the U.S. Government took to correct them was in the correlation between the religious condemnations of opiate addiction and the government’s willingness to act on those condemnations. A joint effort between moral and religious zealotry and an effort on behalf of the government to allay

\textsuperscript{77} Ibid., 93.
those beliefs with legislation would epitomize not only the Filipino opiate problem, but the American one as well.\textsuperscript{78}

At the forefront of the American call to end vice on all fronts including alcohol, gambling, prostitution, and drugs were the progressives. The progressive movement, embodied the spirit of a new liberal idealism that championed a change in the American social landscape. Paramount in that transition to a new society was a renunciation of the old ideals that had come to epitomize America, but were seen as antiquated or immoral. Temperance was just one of the ethical obligations necessary to usher in a new progressive era. Also essential were gender issues, economic equality, and political freedom.

The most obvious of these, is the temperance movement, which sought to rid the country of the alcoholic and narcotic excesses it was indulging in. Temperance did not necessarily mean outright prohibition of the substances that it was vilifying. Many critics of opium and alcohol were outraged, not at their existence or utilization, but instead at the lack of moderation to which each was being consumed. Though in existence since the beginning of the nineteenth century, the modern temperance movement in America found in the ideals of progressivism, a vehicle by which its supporters could likely gain greater support. The unification of ideals under a singular social, and eventually political mechanism, proved to be crucial to the proliferation of temperance ideals on a legislative plain.

At the basis of these temperance and progressive qualms with addiction and the plague of the opium habit is the seeming loss of morality that addiction creates. It was

\textsuperscript{78} Terry and Pellens, \textit{The Opium Problem}, 631.
believed by some, that a division of addicts existed, with the majority acting the part of helpless patients trapped by the disease of opium addiction and sought to be cured. There was, however, a minority of users who wished to perpetuate their addiction for as long as possible so as to remain, as one physician described it in 1916, “intractable, cunning, designing, and wholly devoid of moral responsibility. It is their ambition to enlist new victims in the army of drug users, making it their business to keep them constantly supplied.” This viewpoint obviously is an exaggerated account of the disease factor that many viewed as having, perpetually infecting society until its outbreak is stopped. More importantly however, the tone by which the statement is made displays the fear that plagued even those in the medical profession about the impact that opiate addiction was having on American society and morals.

The faulty morality of the addict, was blamed for their susceptibility to opiate addiction, more so than on the effects of the drug. It was widely believed that certain minds were more vulnerable to addiction than others. This pushed an ideology that the addicted masses were somehow inferior to the non-addict population and it was because of some internal defect that they succumbed to the evils of addiction. This made it much easier to denigrate and marginalize addicts, especially in the early decades of the twentieth century, when the typical addict was being depicted as a social outcast anyway. Statistics seem to indicate a transition in the typical opiate addict at this time, as users were shifting from smoking opium to heroin, and from upper class females to lower class males. C.B. Farr a physician in Philadelphia General Hospital found that 75.8% of heroin users he studied were men, while only 54.41% of non-heroin opiate addicts were men. 

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These findings contrast with earlier studies conducted by Marshall, Earle, and Terry in which women constituted a majority of addicts. Perhaps it was this very fact that spurred the moralist movement into action, to rid the country of the immoral indulgences that so disturbed the purveyors of temperance. If they had acted several decades earlier, instead of gang youth, they would most likely be attacking members of their own rank and file, middle to upper class women who fought against the evils of alcohol but ate opium and injected morphine in the not so distant past.

American obsession with morality, had followed in the footsteps of the British Victorian Era, characterized by repression and reserved dignity. It can be argued that the same ideals that epitomized that era also became more significant and active as the nineteenth century steamed forward. Addiction was a vice associated with the dregs of society, with hedonistic Chinese immigrants and dingy prostitutes, both frequenting similarly debauched opium dens. To escape the ideals of dignity and repression that had been a source of pride for elite British and American Victorians was to commit an act of treason against progress and newly refined social strata.

The perceptions of the stereotypical addict were not only limited to their appearance and ethnicity. Of more concern, was their overall lack of interest in anything but attaining the drug that had a deathly grip on them. Said of the opium addict, “There is nothing too mean or corrupt for him to attempt…he will in cold blood sell his wife, starve his children, and steal the clothes off the backs of his aged parents, and cause them to die from cold.” This sentiment is echoed by Reverend J.C. Kerr M.D. who stated, “the

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crowning evil of all [is] the deterioration of the moral faculty.”82 The loss of morality that is associated with opium smoking therefore, is the primary concern of those critics of the substance.

Even the believed symptoms of opiate addiction by physicians throughout the late nineteenth century seem to emphasize the moral aspect of opiate use and eventual addiction. Alonzo Calkins stated in his work “Opium and the Opium Appetite” in 1871 that, “chronic opium intoxication and moral depravity [are] evidenced for the most part by oriental opium smokers, describing the condition as a morbid appetite or habit.”83 One E. Levinstein argued a similar point in asserting that, “Consequently, the morbid craving for morphia injections ranks among the category of other human passions such as smoking, gambling, greediness for profit, sexual excesses, etc.”84 The connection between addiction, more specifically opiate addiction, and the immoral acts of vice was seen to be evident. This correlation made early on by physicians and observers who witnessed the appalling effects that these drugs were having on those addicted to them, comes years before the demonization of opiates by religious and governmental groups.

Statisticians were also witnessing the disturbing effects that the opium or morphia habit created in a user. C.W. Earle who conducted a study of opiate addiction in Chicago in 1880 said, “That the use of opium for a long time will produce diseased condition, I

82 Ibid.

83 Calkins, Opium and the Opium Appetite.

cannot deny. This is true of alcohol. It is true of gluttony…It is true of the licentious man or woman. They are all habits frequently followed with dreadful results, and in many cases lingering and incurable diseases.” He continued, “That the responsibility of taking the opium or the whiskey, or the gluttonous use of food, in the one, or the use of a stimulating drink like tea in the other, or the undue and unbridled gratification of the sexual passions, is to be excused and called a disease, I am not willing for one moment to admit, and I propose to fight this pernicious doctrine as long as it is necessary.”

The almost fanatical nature with which Earle was fighting against the justification of the opium habit was startling to say the least. In comparing it to the sin of gluttony he allowed for religious connotations to have their say, while still making the battle one of moral superiority. His disdain for the opium habit, can be likened quite easily to the moral battles that epitomized the up and coming temperance movement. The fury with which he ardently pledged to battle this validation of opiate addiction, is indicative of the sentiment of the time, that there is simply no excusing moral ineptitude.

The association of opium with unrestrained sexuality was yet another problem that the morally superior had with its propagation. Sexual repression was supposed to indicate advancement in human thinking, a further separation from man and beast. Opium dens however, embodied just the opposite, much to the chagrin of their religious and moralistic opponents. Reports of lewd behavior and uninhibited sex furthered the air of mystery that already surrounded opium dens. One such observer recounted witnessing the, “sickening sight of young white girls from sixteen to twenty years of age lying half...

85 C.W Earle, “The Opium Habit,” 139-140.
undressed on the floor or couches, smoking with their ‘lovers.’”

Other stories seem to indicate that opium increased sexual potency as well as libido, making it a likely tool in the negative influence on the white American female youth.

One such account of the believed hyper-sexuality that was induced in women through the use of opiates was by William Sanger who believed the drugs to “produce a high level of sexual arousal in women [so] that they resorted to sexual over activity.”

The prominence of a sexually liberated female archetype was one that was still decades away from acceptance, and therefore unacceptable during such a sexually conservative time. The thought of a widespread abundance of promiscuous sex must have been trying on the religious and moral naysayers of opiates, giving them another weapon in their arsenal against drug and alcohol use.

The very methods of smoking and the atmosphere within the opium den seemed to cry out sexuality. Even the imagery of the opium den was associated with sex; the opium pipe seemed to many a phallic symbol of sexuality. The den in effect, “symbolized indulgence and sensuality, and there was sexual imagery in most reports of opium smoking.”

The willingness of many addicts to frequent these lewd establishments condemned them in the eyes of many opium detractors. Said one William Rosser Cobbe, “the opium smoking habit comes of association with unholy persons and is entered into

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86 “The Opium Habit in San Francisco.” Medical and Surgical Reporter, 57 (1887), 784-785.

87 Kandall, Substance and Shadow, 17.

88 Morgan, Drugs in America, 35-36.
with deliberation.”\textsuperscript{89} Therefore, only deviants, or those of sinful mind, would ever consider entering an opium den or partaking in the act of smoking opium. The consequences of such an attitude, were that addiction was the problem of the individual who was already sinful in the first place.

Though sex itself was taboo among many, and opium’s association with non-marital and, therefore, immoral exhibitions of sexuality furthered its vilification, the underlying betrayer of opium seemed to be race. Surely, as the world’s oldest profession, prostitution was commonplace throughout American culture. Though certainly not applauded, the kind of fury that many of these opium dens incited, greatly frequented by prostitutes, was unseen in the past. It is seemingly, the association of opium dens and that particular method of consuming opium, smoking it, with the Chinese population that incensed so many upstanding American citizens. One such comment that portrays this sentiment perfectly is that of a Christian missionary Frederic Poole who said, “In the case of white women who steadily cohabit with this [indolent] class of Chinese, it is found that they are invariably victims to this pernicious habit, the indulgence… in many cases having been the first inducement to settle down to a life of degradation.”\textsuperscript{90} The bias of cultural contamination by an ethnicity such as the Chinese was simply unacceptable to many, especially to those in the puritan Christian community.

The association of opiates and opium dens with prostitution certainly did not bode well for opium’s struggle against the temperance movement. One estimate places as


many as two thirds of all prostitutes in New York City as opiate addicts.\textsuperscript{91} Similar studies conducted by Orville Marshall in the 1880’s, in Michigan back up those projections, stating that prostitutes because of their profession and the physical and psychological ailments inherent in such an occupation, were much more susceptible to the opium habit.\textsuperscript{92} The prevailing viewpoint was in essence, that prostitutes already leading debauched lifestyles of sin and vice, would have no qualms turning to a drug that allowed them to blissfully continue that lifestyle.

Critics of opiates, especially in the first years of the twentieth century, were quick to associate morphine, opium, and heroin with prostitution, gambling, and general criminality. These were not drugs that the average citizen wanted available for over the counter purchase by their children. Fears of a “white slave trade” were also prominent in regulators of the times minds. The existence of forced prostitution, by which innocent women were drugged and kidnapped to serve a life of prostitution and continual enslavement through opiates, was enough to spring many into action. The abundance of such a practice is unknown, but the mere existence of such a heinous activity certainly seems to justify an outbreak of rapt anger by the greater population. It seems no great surprise that with accounts such as criminal behavior becoming more and more associated with opium that the regulation would only grow stronger.\textsuperscript{93}

Appalled by the overt sexuality inherent in the practice of drug and alcohol abuse, the most ardent detractors of opium abuse, and alcohol abuse for that matter, were those

\textsuperscript{91} Calkins, \textit{Opium and the Opium Appetite}.

\textsuperscript{92} Marshall, “The Opium Habit in Michigan,” 61-73.

\textsuperscript{93} Kandall, \textit{Substance and Shadow}, 18.
who had championed the temperance cause for over a century. Religion, was the most
fanatical and dedicated enemy that drug addiction would face; prior to the progressive era
temperance movement, during it, and well after. Borne out of the puritanical ideologies
that had exemplified colonial and post-colonial New England, and emboldened by the
dying Federalist faction that had once been the most powerful in the country, temperance
and outright prohibition became their cause. Religious piety and temperance became one
in the same, and by the middle of the nineteenth century, one could certainly not be a
drinker and still remain in the good graces of American Protestant Christianity. These
ideals would serve as the basis for the early temperance movements, restricted largely to
the Northeast, and not productive on a national scale. The basis of the temperance
argument would remain the same throughout the nineteenth, and into the twentieth
century, however, that alcohol was an evil that needed to be restricted in society, by the
twentieth century, opium would join it.  

It was through the emergence of a new religious revivalism that the ideals of
sobriety and abstinence would really take hold throughout bourgeois America and
become the motivators of social mobility. To be a part of the moral based middle class,
one had to affect significant boundaries on actions, that to many, were the epitome of
normalcy. The rewards of a bourgeois social standing as part of the religious revivalism
were not only intangible ones, however. According to the late twentieth century
sociologist Joseph Gusfield:

If frontier life emphasized the roughness, liberty and dissoluteness of a society
without settled institutions then there was all the more reason to stress the need
for moral rigidity and an enthusiastic response to perfectionist standards. The

organizers and directors of the major benevolent societies...believed that moral
and religious reform would make the convert a less radical voter and a more
trustworthy credit risk.\footnote{Ibid., 45.}

To belong to the morally righteous middle class meant an improvement in lifestyle, and
also in character. It comes as no surprise then, that many on the fringe of the middle
class, or even those in the lower class would aspire to belong to the religious bourgeoisie.
The temperance movement seemed therefore, not only to shape people’s ideologies about
sin and vice, but also about social mobility.

The synergy between popular condemnation of opiates and religion extended its
reach overseas as well, where American missionaries sought to eliminate the social evils
of the non-western world. Nowhere was this more evident than in China, where the
opium problem had persisted for hundreds of years, growing extensively through western
trade policy. The largest contributor to this widespread addiction, was Great Britain, who
after a series of wars called the Opium Wars, instilled a forced trade with China
effectively making them buy colonial India’s opium. Through the work of these
missionaries in China, hospitals and clinics were created as treatment centers for opium
addicts. They also created churches that created an alternative to what they viewed as a
heretical lifestyle. These houses of worship refused to admit into their followings, anyone
associated in any way with the use or trade of opium. This association of opium with
immorality by the church was similar to the stance that many began to take in America as
well, upon seeing the damage it could inflict upon loved ones.\footnote{Arnold H. Taylor. American Diplomacy and the Narcotics Traffic, 1900-1939: A Study in International Humanitarian Reform (Durham, Duke University Press, 1969), 29-30.}
In addition to providing religious and moral support for addicts, the missionaries also created deterrents for those who considered turning to opium. They established the Anti-Opium League, an organization that aimed to remove the plague of the opium problem from China, and turn its population instead to Christianity. The efforts that these missionaries undertook, was not in vain, and unlike their British counterparts made much more progress in ridding the country of opiate addiction. This was mostly due to the American missionaries emphasis on ridding the country of its addiction entirely, while the British attempted to push Christian ideologies while simultaneously propagating the opium trade.  

The importance of these foreign missionary efforts is twofold. First, it displayed the importance, within the American Christian community, of removing the opium threat not only from America, but also around the world. The problem of opiate addiction therefore, was not simply was contained in the United States, but one that affected a number of countries around the world. This fact would lead to several international opium conferences early in the twentieth century. Secondly, the willingness of religious missionaries to combat an addiction in a non-western country, contrasts with the attitudes that many had domestically. The mantra of ethnic superiority seems to rear its ugly head, in that, these missionaries felt that it was their duty to help the Chinese remove their immoral vice. This was also a problem that was afflicting the United States as well, with far fewer cries for regulation. The belief that Americans could be trusted in their own private affairs, while the Chinese had to be nursed back to health, is telling of the ethnocentricity that embodied the time period.

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Ibid., 31.
The problem of opiate addiction was never really thought of as a social crisis until the drugs themselves were banned by the government, and would be summarily condemned by the majority of temperance thinkers. Rather than a curse, they were viewed more as a blessing to a society stricken by the evils of alcohol. The prevailing attitude throughout the nineteenth century, and into the early years of the twentieth century, seemed to lag behind the advancements in medical thought being made about the adverse effects of long-term opiate use. Though most doctors were being better educated about opium alternatives, and condemning opiates as largely unnecessary, others still adhering to antiquated medical knowledge, sought expanded utilization of opiates. One physician stated this in 1889 in saying, “that as a whole the use of morphine in place of alcohol is but a choice of evils, and by far the lesser.” The prevalence of the pro-opiate stance among at least some intellectuals of the time, helped to keep opiates legal for several more decades, and in the process creating a great deal more addicts.\(^{98}\)

The condemnation of alcohol came early in the temperance movement, and was central to its aims of ridding immorality, sin, and vice from the citizens of America. Opium however, was less affected early on and would not become a subject of concern in the religious and moralist communities until much later in the movement. Why this was, seems to be for several reasons. Opium affected the body in such a way, that it created a sense of ease, euphoria and calm in its adherents. This when confronted with the abrasive and often violent nature that alcohol created in even the gentlest of men, seemed to be a non-issue. Also, opium seemed to cure an almost infinite amount of ailments, and its

remedial practicality was unmatched throughout the majority of the nineteenth century. Lastly, statistics of opiate use imply that the majority of users, and therefore addicts, of opium and its contemporary morphine were of middle to upper class social standing. So the very same religiously based bourgeois practitioners of sobriety and abstinence were likely socially akin the foremost opiate addicts of the nineteenth century. The irony of the situation notwithstanding, the absence of opium from the temperance spotlight, would not be eternal, and soon enough opium was being thrust into the mix, as a much-hated purveyor of sin and immorality.

One such organization that sought to end the growing problem of opiate addiction was the American Association for the Study and Cure of Inebriates (AASCI) founded in 1870. Comprised of a group of physicians, the AASCI sought to find a cure for addiction, which they believed to be a disease. Through the Quarterly Journal of Inebriety their own published forum, the AASCI greatly condemned addiction to both alcohol and opiates, often using the two interchangeably. The president of the group, Dr. Joseph Parrish, echoed this ideology in saying, “many persons who become enslaved by the drug” were afflicted by “the same abandon of self, and the same disregard of public sentiment, that distinguishes the confirmed alcoholic sot.” 99 It is through the work of the AASCI, that addiction becomes much more understood, and the moniker of understanding the opium habit is replaced with one of an opium addiction. The distinction is quite important and provides one theory of the culpability of the addict,

both in their addiction, and the actions they undertake while under the influence of, or in search of the opiates that fed their addiction.\textsuperscript{100}

The belief of the medical profession seemed to be in stark contrast to that of many journalistic and religious critics, about where the responsibility of addiction lay. Dr. Crothers, also an integral member of the AASCI, believed that opiate addicts were not to blame for their conditions, and anyone who did believe they were at fault was to be a product “of the dark ages.”\textsuperscript{101} His classification of addiction as a disease certainly gave validity to his statement. The possible repercussions of a reclassification of addiction were wide-ranging, specifically in regards to legal matters. If an addict committed a crime while under the influence of morphine or opium, under Crothers’s understanding of addiction, they could not be held accountable. This goes against what many at the time believed about addiction, that it was simply a result of one’s innate moral depravity.

The question that must be answered then, is, what led to the downfall of opium, when it clearly was admired regardless of a greater medical understanding of its negative effects on the body and mind? The question can be answered by returning to the question of sociology and social preconceptions of the typical opiate user. Here, the key element is the derivative of opium being consumed. While opium eating had been undertaken for years as a medicinal remedy to various ailments, and morphine had also burst onto the scene as an effective painkiller, opium smoking had no intrinsic medical rationale. Those


\textsuperscript{101} T.D. Crothers, M.D. “Legal Opinions of Inebriety,” \textit{Quarterly Journal of Inebriety} 5, 2 (1883), 90.
who used opium and morphine were seemingly productive contributors to society, something that opium smokers were never described as.\textsuperscript{102}

The differentiation between the opium eater and the opium smoker, therefore, becomes a very important one. The negativity associated with the opium smoker is in stark contrast to the believed sufferings of the opium or morphine addict. William Rosser Cobbe, a Chicago journalist, echoed this sentiment in his book “Doctor Judas” where he states, “users who take the drug into the circulation by the stomach or by injection, never form the habit by deliberate purpose; they are tied hand and foot by the physician or they are led into it by racking physical pain, at a time when they are not morally responsible for their conduct.” His admission is one of excusal for those addicts who became so by eating opium or injecting morphine. His opinion epitomizes the greater social understanding of addiction late in the nineteenth century, that certain addicts were acceptable victims, while others were morally bankrupt individuals who deserved their addiction. He continues this argument when he says, “The smoker of opium becomes such, [addicted], through wantonness of desire.” One cannot help but be astonished at the utterance of such words, and ask, what could create such a distinction in social reactions to separate methods of consumption?\textsuperscript{103}

The stereotypical opium smoker, as purveyed by journalists like Cobbe and others who sought to remove smoking opium and heroin from the country, was someone who was of no real use to society, and therefore could be easily marginalized. The ethnic


\textsuperscript{103} Cobbe, \textit{Doctor Judas}.
component certainly was not on the side of the opium addict as well, as the association of opium smoking with Chinese immigrants only fed the flames of dissent against it. The correlation of opium smoking with criminality and vice propagated that hatred further still, until one could not hear of smoking opium without thinking of all the iniquity that came with it.\textsuperscript{104}

The duality that existed in social perceptions of opium smoking and its more accepted methods of consumption was also present in the opinions of addiction to each. While addiction to opium and morphine could largely be attributed to an external cause, the fault for becoming addicted to smoking opium, and later to heroin, was solely attributed to the addict. Not only did this vilify them further as the dregs of respected social hierarchy, it also perpetuated their standing. This prevented any future ascension to a better life, and virtually eliminated any social benevolence that would sympathize and create an atmosphere willing to seek cures for such afflictions. The “innocent victims” that had been duped into their addictions were contrasted with “those who had entered into it [addiction] consciously, with the open purpose of finding forbidden delights.”\textsuperscript{105}

For such behavior they should clearly not be apportioned the same pity and treatment allotted to morally righteous addicts, instead they should be jailed or likewise punished for their lack of morality.\textsuperscript{106}

Delving deeper into the words of Cobbe, or at times taking them at face value, one finds that a judged lack of morality was often not resultant from any particular

\textsuperscript{104} Hickman, \textit{The Secret Leprosy of Modern Days}, 67.

\textsuperscript{105} Cobbe, \textit{Doctor Judas}.

\textsuperscript{106} Hickman, \textit{The Secret Leprosy of Modern Days}, 68.
criminal activity, but rather the stereotypes associated with someone of a darker skin tone. Opium smoking was often referred to as “an Asiatic vice” and the depiction of Chinese immigrants as an invading force of moral depravity was common. The theme of morality was in fact central to the late nineteenth and early twentieth century American citizen’s understanding of society. An influx of “foreign invaders” incited fear in the average American, about what would happen to the values they held so dear. Opponents of Chinese immigration, and therefore opium smoking, propagated these fears to bring popular opinion onto their side and garner their eventual goals of legislation. The issue of distinction itself was threatened by the growing opium threat, many argued, believing that American identity itself would be eradicated like a puff of smoke from the opium pipe. Class, age, sex, and ethnicity all became immaterial inside opium dens, and without a clearly defined order those dens presented a serious threat to social norms. 107

The users contribution to society presents itself time and time again into almost every contemporary depiction of addiction, positive or negative. That era in American society was one that heavily stressed the appearance of normality, while seemingly ignoring any problem that did not present itself in that manner. This is likely due to the policy of the American government that had been almost entirely uninvolved in the personal lives of its citizenry. That responsibility was delegated to state and local governments, as the character of the national government had stressed the importance of state’s rights through much of its existence. The twentieth century however, brought with it the advent of a much stronger national government, one that was beginning to reject the status quo that had prevailed since the country’s inception. Bold new steps were being

107 Ibid., 68-70.
undertaken by the national government that would never have stood a chance in
antebellum America. The federal government was now willing to go further than it ever
had in constructing policy that directly effected the personal lives of its citizens. It would
be under this guise that the drug policies that altered the face of drug addiction in
America would be brought to fruition. The moral high ground that had been taken by
many in the temperance and greater progressive movements was finally seeing legislation
that legitimated their aims.

The vast majority of Americans in the late nineteenth and early twentieth
centuries were never addicted to opiates, and of those who were most could trace their
addiction back to a therapeutic utilization of the drug. To neglect the minority that were
non-therapeutic users however, would do a great injustice to history. Those who did use
opiates recreationally opened the door for a wave of new addicts, addicts that would
epitomize the rest of the twentieth century and beyond. Many in this particular brand of
addicts merely sought a pleasurable experience and became hooked, while others sought
something more spiritual. Here, the social influences that led these people to become
addicts cannot be understated, the moral condemnation of some, was at odds with the
peer pressures of others. Much as some drugs fall in and out of fashion today, so to did
opiates succumb to trend, leading to a host of new addicts. Opium, morphine, and
eventually heroin all came into vogue at one time or another, and had a number of
influences on those who consumed them. Literature was especially affected, as were
music and theatre, and even psychology were influenced by the lure of opiates. It is
through this perspective of opiates as significant modifiers of society that we can also see
the impact of opiates on the everyday man and his attempts to cope with modernity. The
modern world seemingly facilitated the need, in some people’s minds, for an escape from it, and opiates were one of several remedies.

The trend of opiate use for literary ends was one mainly of British creation, with English novelist Thomas De Quincey being an early adoptee of the opium habit, and many of the Romantics following suit. The impact this had on American thought and society however, cannot be understated, as British Romantic and later Victorian writers had immense impacts on their American counterparts, as well as a large American readership. These British Romantic writers, such as Coleridge, Shelley, and De Quincey all utilized opium as both an escape from the mundane world of their predecessors, as well as to enhance their own literary works. Their styles would also impact those of Melville, Dickinson, and Poe who were crucial in their own right in both shaping and being impacted by nineteenth century society.

Perhaps the most influential person to be associated with the advent of early opiate was De Quincey, who authored *Confessions of an English Opium Eater* in 1824, long before non-therapeutic users would become the norm in American society. That being said however, De Quincey’s influence on future perceptions of drug use, and even the impact he had on the few willing to follow his lead, stands to show just how important his book was.

The idea of using a drug to stimulate not only the body, but also the mind as well to attain some sort of enhanced state of being was completely foreign to most westerners before De Quincey’s book was written. Its effects on the overall population were mixed, with the majority of people condemning the use of opiates outside of their intended purpose and viewing any non-therapeutic use as scandalous. In the literary world
however, the idea was much more attractive. British and American literature during the mid-to-late nineteenth century embraced imaginative and romantic styles, so the use of a drug that enhanced the ability to create a piece of literature was certainly appealing to many. In fact, the *Medical Intelligencer*, a popular medical journal in the nineteenth century praised De Quincey’s work, calling it a “beautiful narrative” and advocating the increased use of opium for such purposes.\(^\text{108}\)

Within *Confessions of an English Opium-eater*, De Quincey describes the seeming epiphanical moment he experienced during his first taste of opium. He says of it, “That my pains had vanished was now a trifle in my eyes; this negative effect was swallowed up…Here was a panacea…for all human woes; here was the secret of happiness.” In essence, opium took over De Quincey’s life influencing his writing and his life as a whole, describing it as enhancing what thought about all the time. It gave him visions, dreams that were somehow altered by his large intake of opium, saying of opium “Thou only givest these gifts to man: and thou hast the keys of Paradise.” De Quincey’s early depiction of opium, therefore, seems to be one of unending praise, lauding the substance for its ability to give incredible visions to the writer.\(^\text{109}\)

Upon his continued utilization of smoking opium and laudanum, De Quincey began to envision horrific nightmares whilst inebriated. One such nightmare he described in saying, “Over every form, and threat, and punishment, and dim sightless incarceration, brooded a killing sense of eternity and infinity.” It almost seems as if De Quincey’s own

\(^{108}\) *Medical Intelligencer*, no.3, 1822, 116-118.

opiate induced visions were foreshadowing the agony of prolonged opiate use and eventually addiction. By the end of his life, De Quincey had released a third part to his *Confessions of an English Opium Eater*, which described the more detrimental side effects of prolonged use, and stated his battle with trying to remove the habit. He never did fully wean himself of the drug however, and was addicted the remainder of his life, and his early acclaim for opium contributed to its use among a number of other Westerners.  

One of those who was most influenced by opium and its effects was Samuel Coleridge, a contemporary of De Quincey’s and a fellow writer and poet. Coleridge was given opium at a very young age, laudanum most likely, for a severe fever, and later for jaundice and rheumatic fever. He remembered its positive effects in his early adulthood, and after his use of laudanum and alcohol to manage back and joint pain, he would become a full fledged addict, at times using up to two pints a day. His drug use was not restricted to laudanum however, and he would often use; cannabis, opium, and nitrous oxide among others.  The impact that Coleridge’s addiction had on his social life was significant, often causing him to be unable to speak at lectures, and therefore impeding his ability to augment his income. It did, however, influence his creation of remarkable poetry. While under the influence of opiates, Coleridge penned both *The Rime of the Ancient Mariner* as well as *Kubla Khan*, two of his most famous poems. The imagery he

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111 To put 2 pints of laudanum a day into perspective, later in Coleridge’s life he sought medical help for his habit, and the doctor got him down to 1,000 drops a day, roughly twenty times less than his maximum, but enough to kill five first time users.
utilized within those poems was inspired by his opiate induced dreams, even if the underlying talent he clearly had was not.\textsuperscript{112}

The grasp of opium ensnared others as well; Elizabeth Barrett Browning was one such opiate user as was John Keats, both poets of the early nineteenth century. Prose writers used opium as well with Mary and Percy Shelley using the drug infrequently, and Lord Byron also experimenting with the substance. The famous ranks of early opiate users also included Baudelaire, Francis Thompson, and Arthur Rimbaud, all of whom used opium in some form as a means to enhance the senses, and better depict a romantic world in their writings. Their use was often a product of their inherent character, not as a means to change themselves, but to expand their horizons, and often the effects opium had on them were positive.

Across the Atlantic Ocean however, was one debated opiate user whose addiction, if true, certainly sped up his inevitable destruction, Edgar Allen Poe. Poe, a habitual user of alcohol, and opium, if not an addict, was significantly impacted by these drugs. Within Poe’s stories he has four protagonists that are opium addicts, likely telling of his own struggle with addiction. In addition, he attempted suicide through an overdose of opium and alcohol, a clear sign of the power that opium held over him, and certainly did not aid his already depressed character. The effects of his habitual use of opium and alcohol, were his downfall, contributing to his gradual decline into debt and despondency, and eventually his death in 1849, the result of a bar brawl.\textsuperscript{113}

The impact that Poe, had on American literature, is unmistakable, and the influence of opium over his stories is evident as well. Combining the two leads to a

\textsuperscript{112} Booth, \textit{Opium}, 42-50.
\textsuperscript{113} Ibid.
correlation between the effect of opium on literature, and therefore an effect on nineteenth century society. Beginning with De Quincey and Coleridge, the proliferation of opiate use by Western writers significantly changed the face of literature in the nineteenth and twentieth centuries, as well as the society that literature often depicted. Looking into the literature of a time period can often tell you more about the society it sought to describe, and that impacted it, than any statistics taken may be able to. It is crucial therefore, to understand the influence that literature wields in bringing about social change, De Quincey sowed the seeds of non-therapeutic drug use, and though it would not become commonplace until the early twentieth century, his contribution is no less relevant.

The goal that most nineteenth century literature aimed to accomplish was a rejection of a society that many writers of the time viewed as abhorrent. While Victorian ideals of morality and temperance were being preached inside churches, and amongst sexually and ideologically repressed communities, Romantic and Victorian poets and novelists were attacking those very same ideals. In opium, therefore, we find a physical embodiment of both contrasting perspectives on what society should be. The moralist perspective was one that utilized opium as a scapegoat for the moral ailments that in their view contributed to the decay of a once moral society, and furthermore, inhibited the moral advocates of the U.S. from returning to that antiquated morality. Truthfully however, what moralists sought was a social dam, a blockade that would inhibit a further influx of new ideals and cultures that were flowing in from around the world. It is no surprise then that the popularity of the temperance movement, especially in its concern
for opiate use, progressed significantly once a *more* foreign collection of immigrants began seeping into America.

Most of those in the literary world had the exact opposite reaction to newfound ideals, instead of rejecting them; they often embraced them, and utilized them to further their own creativity. Opium therefore, was an open door to an Eastern perspective in a primarily Western world, one need only look at the collections of Coleridge or De Quincey to see the incredible impact the substance had on their works. That is not to say that without opium, the great Romantic and Victorian writers of the nineteenth century would be any less profound, instead opium gave them any variety of subjects through which their literary genius could be exhibited. The embrace of opium by the literary greats of the nineteenth century therefore, served as a physical incarnation of a rejection of the ideals that moralists and temperance minded individuals alike clung to so steadfastly.
Chapter 4: Influence of the State

The evolution of the United States from a loose conglomeration of states, to a powerful, centralized, cohesive government is one that erupted out of the changing ideologies of the nation itself. Powers formerly delegated to the states were, in greater and greater numbers, coming to be utilized by the federal government. The shift in the balance of power was a result of a multitude of events in social, economic, and legislative policy that emerged in the late nineteenth and especially in the early twentieth century in the period of active reform known as the Progressive Era. A stronger central government in turn, allowed for the ability of that government to affect a much greater population, on a whole new set of issues that had been deemed local and state matters in the past. Often times, new interpretations of the Constitution or even constitutional leniency provided for those laws to come into being. The impact that this changing federal government had on the regulation of narcotics, and on the personal lives of all American citizens is paramount in our understanding of what embodied the late nineteenth and early twentieth centuries in America.

A more activist federal government was both the product, and cause of much of the progressive legislation that would characterize the time period. Cries for a more regulated society, driven especially by economic woes, were finally being heeded on a national level by the end of the nineteenth century. Issues of morality and temperance also found themselves on a national stage. These issues were often propagated with labor rights, women’s suffrage, and anti-laissez faire movements. All of these concerns had to do with continually burgeoning public fears of worldwide instability as a result of weak political institutions. The anarchist and communist movements were beginning to take
hold in much of Europe, and without a resounding condemnation of those certainly un-American ideologies, couldn’t they usurp the American throne? All of the issues that were facing America during the modern period, are indicative of the internal struggle that the government, and internally, the citizenry were undergoing. Therefore, to understand a specific concern that was gripping the nation at the time is to better understand the overall transformation that American society, culture, economy, and legality all were experiencing. Opiate addiction may be one small part of the cause and effect of a transitioning nation, but through it we can gain a better view of the overall picture that was turn of the century America.

The advent of an increasingly progressive minded populace can be linked to the rising interest in moral and social reforms. The Progressives as a movement believed that through existent legislative systems they could enact significant change to society. Drawing from religious and newly created moral bases the progressives championed a slew of reforms implemented gradually over time. The impact of the movement on opiate addiction is twofold and creates a dialectic within progressivism. First, the modes of reaction to opiate addiction were largely absent from social dialogue until picked up by the earliest perpetrators of progressive ideologies. Second, once the progressives revealed the negative effects of opiate addiction, they fought to enact legislative change to quell any furtherance of that addiction. So essentially, the progressive movement was a primary cause of both changing social attitudes about addiction, through revealing its negative effects, and it fought to legitimate the cause through faith in the rational workings of the federal government. This ideology is telling of the progressive
movement, both as a corollary to opiate addiction, as well as the basis of progressivism itself.

The story of opiate regulation in America begins with the tension of moral reform that was beginning to make headway with such issues as child labor and women’s suffrage as well. Due to the seeming lack of interest undertaken by the federal government to curb the actions of those proliferating the opium habit, many became discouraged with the legal route to illegalization, and instead lobbied locally to achieve their goals. This we saw earlier, in the efforts undertaken by the religious and various secular temperance groups that were seeking, with ever-greater vigor, an end to unregulated vice. Gradually, their numbers swelled, so that by the end of the nineteenth century, real aims were being accomplished at the state and local levels.

The growing public aversion to opium and its derivatives was in part due to the moral condemnation undertaken by temperance minded groups, but also attentiveness to the growing concerns within the scientific and medical communities. Breakthroughs were being made in the study of pain control, and soon the benefits that had once been lauded on opiates, were now far outweighed by their detriments. Aspirin especially, brought opium, and morphine specifically to its knees. Its relatively easy administration, combined with a lack of a habit-forming nature made it the superior alternative that many physicians would turn to instead of morphine, or heroin. Advancements in medical technology and education also spelled disaster for the therapeutic use of opiates, as physicians became better educated, they foresaw little use for the awesome power that opiates wielded.
For these reasons, a gradual change began in the public sentiment that eventually shifted into the legislative realm in the 1890’s. An increased understanding of addiction, and the harmful effects it can inflict on the human body, as well as an increasingly moralized population prodded the government into action. National legislation at this time, though clearly what many desired to strike down opiate addiction, was largely out of the question. The federal government was still often hampered by a conservative, laissez faire state’s rights interpretation of the constitution. This was cemented with the ruling of *Hammer v. Dagenheart* (1918), which dismissed Congress’ ability to regulate interstate commerce that had been created by child labor. The ruling was more significant than just perpetuating the horrors of children working in despicable conditions. It also reigned in the federal police powers that the national government could implement in citing its tax and commerce regulatory powers under the constitution. Due to the *Hammer v. Dagenheart* case, and others like it, it would likely have proven improbable that Congress could pass legislation that could prevent opiate addiction.  

The state and local municipalities however, were not as burdened by such limitations under the Constitution and could implement their own laws and regulations appropriate to curbing opiate abuse. The success of which they were afforded is something of a different matter, as many state laws could be easily circumvented or simply ignored. One problem that afflicted the various state laws was that of an inability to police those who might be breaking them. Most states simply did not have the resources to implement the kind of surveillance necessary to end opiate use. Those states that did seek to put an end to opiate use within their boundaries were often looked over,  

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because surrounding states had no such laws, and anyone who wished to purchase opiates could do so of their own accord.\textsuperscript{115}

States that were most likely to implement some form of narcotic legislation were those that had been most affected by opiate addiction. These states were those that often had various opiate manufacturers within the state or communities that were especially hard hit by addiction. In states that did institute some form of opiate regulation, most only required a doctor’s prescription to obtain morphine or opium. Laudanum was often left out of the legislation, so those who were addicted to any number of patent medicines, could easily obtain them. In addition, physicians could easily forge documents that supposedly curtailed their ability to liberally prescribe opiates, as many simply refused to do the additional paperwork.\textsuperscript{116}

One example of the state laws that had been instituted as the addiction issue became more pervasive in society was Tennessee’s Narcotic Act of 1913. This statute required addicts to be registered with the state in order to get their opiate prescriptions filled and refilled. This essentially catalogued those who were obtaining opiates legally, and disallowed those who sought opiates for illicit means from obtaining them through any medical channels. The results of the legislation were indicative of the studies that had been completed by men such as Orville Marshall in Michigan and Charles Earle in Chicago. It showed that an overwhelming majority of addicts who registered were morphine addicts, that most were women and that blacks and other minorities were proportionally underrepresented. This contrasts with the model of the stereotypical addict

\textsuperscript{115} Ibid., 10.

\textsuperscript{116} Ibid.
in the late nineteenth and early twentieth centuries, that perspective being that large numbers of immigrant and minority groups were addicts and perpetuated the addiction problem by recruiting new users. There are problems with taking the results of the Tennessee Narcotics Act at face value however. Heroin addicts, though mostly concentrated in urban areas, are greatly underrepresented, only constituting 1.7 percent of those registered. This would seem to imply that only 1.7 percent of the opiate addicts in Tennessee were heroin addicts, but that would most likely not be true. Heroin addicts, as well as opium smokers, tended to be of a lower social class, and were often associated with crime. Such a person would most likely not want to be on any government list that registered them as an opiate addict.\footnote{Public Acts of Tennessee, 1913, Ch. 11, 403-307, approved Sept. 25, 1913.}

The law also stated its intentions quite clearly in saying that it aimed to keep, “the traffic in the drug [opium] from getting into underground and hidden channels”.\footnote{Ibid.} It was hoped by many that, as physicians had been the largest contributors to the opiate addiction problem, that stricter regulation would also slow the rate of addiction. Ironically however, this stricter regulation, and others like it, would eventually lead to seedy establishments being the major purveyors of opiate addiction. Continually, the assertion that “underground and hidden channels” were specifically to be avoided highlights the fear that drug use, as perpetuated by non-contributors to society, was simply unacceptable.\footnote{Terry and Pellens, The Opium Problem, 807-824.}
California also introduced a state law in 1881 that made it a punishable offense to patronize an opium den. It carried with it a fine of $500 and six months in prison for those found to be in violation of it. The problem that afflicted the law was one that plagued many of the various anti-narcotic legislations that were instituted throughout the country. Many people simply ignored it and continued to frequent opium dens and smoke opium at their own discretion. The laws often targeted the opium dens, which were associated with Chinese immigrants, and various immoral activities. Nevertheless, by 1915 twenty-six other states would pass similar laws to that of California’s, in the hopes of quelling the opiate problem.

States were not alone in their battle to slow the rate of opiate addiction, municipalities were among the first to enact laws aimed at eliminating the opium threat. Those cities that were affected most by opiate addiction, were quite logically the first to pass legislation on the subject. These tended to be cities that also had large Chinese immigrant populations, as it was much easier to rally support for a law that targeted the Chinese than one that infringed on the liberties of native Americans. Among these first cities were San Francisco and Virginia City who in 1875 and 1876 respectively, passed ordinances that banned opium smoking. The success of these ordinances however, was marginal at best. Opium dens that were raided, the specific den would be abandoned for another location, and returned to after it was deemed safe again. In addition, the illegality of opium led “many who would not otherwise have indulged to seek out the low dens and patronize them, while the regular smokers found additional pleasure in continuing that
about which there was a spice of danger." The functionality of these municipal ordinances may have been in good spirit, of attempting to reduce the problem of opiate addiction (albeit usually in racist sentiment), but it had minimal success in actuality.  

The main targets of the various state and local regulations were not individual citizens but tended to be the primary purveyors of opiates, manufacturers and physicians. The increase in oversight into the prescription of opiates by physicians is telling of a changing legal and political climate of the late nineteenth and early twentieth centuries. In many states, those who sought to continue their use of morphine or whatever opiate prescribed to them, had to return for a new prescription every time they wished to obtain a refill. Many physicians did not object to such legislation as this allowed for a legitimate and constant flow of patients that would be forced to return, and consequently have to pay. Not everyone was in favor of this kind of regulation however, and many felt that such stipulations left out the poor from being able to obtain the drugs that many needed to treat their afflictions. Most people believed however, that physicians should not be stopped from effectively treating people by an overzealous government. This perpetuated itself further, when addiction rates among those states and localities that imposed such restrictions remained steady and were not lessened by government involvement.

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121 Courtwright, *Dark Paradise*, 77.

122 Ibid 91-95.

123 Ibid.
The seeming inability of these various state governments to limit opiate addiction is apparent in a primary observer’s opinion of their effectiveness. Dr. Martin Wilbert, a prominent pharmacist within the U.S. government’s National Institute of Health, who had significant experience in the field, said of the state laws,

There are few if any subjects regarding which legislation is in a more chaotic condition than the laws designed to minimize the drug habit evil…In many of the states anti-narcotic laws are so comprehensive that practically every retail druggist would be subject to fine or imprisonment were an attempt made to enforce the legislation ostensibly in force, while in other states the laws are so burdened with exceptions and provisos as practically to nullify every effort to control the traffic in narcotic drugs.\textsuperscript{124}

The failure of states to find a working middle ground amongst legislation that was either to harsh or to lax is apparent in Dr. Wilbert’s statement. It was largely for this reason that state legislation proved to be unreliable in curbing the proliferation of opiate addiction. Many began to question the effectiveness of the states, and those who were ardent enemies of the vice and immorality associated with opiates called for a more successful alternative to the failing state policies.

Though the federal government could not impose legislation that directly faced the problem of opiate addiction, it did allow for committees to be created that addressed the subject. One of these was the Committee on the Acquirement of the Drug Habit, and they did a study of narcotic importation over the years 1898-1902. What they found, was astounding to many, the study showed that opium importation had risen 500 percent and morphine 600 percent over that time period. This news was so startling because it was believed addiction was lessening amongst Americans not increasing, which an increase in

importation would imply. This was simply unacceptable to those who believed opiate addiction to be a serious affliction, one that drained its victims’ body and mind.\textsuperscript{125}

Several propositions were made to curb the growth of opiate addiction before it became unmanageable and seriously affected American society. One such suggestion was offered by Walter A. Bloedorn, an early twentieth century physician who contributed to both the Journal of the American Medical Association and the U.S. Naval Medical Bulletin. He believed that the methods being utilized by the national and state governments were failing and in need of a significant overhaul. He stated in 1919 “It appears to be impossible to legislate drug addiction out of existence as long as the drugs themselves exist and are available. The most stringent laws that legislators have been able to enact have failed in great measure to reduce this availability.” Bloedorn’s opinions on the matter, though shared by many in the medical community, were largely ignored by the government regulators who would impose increasingly stringent anti-drug laws in the years to come.\textsuperscript{126}

Many attributed the problem of ever-growing opiate addiction to the proliferation of the Chinese immigrant population, stating, “If the Chinaman cannot get along without his ‘dope’, we can get along without him. The great increase in the quantity of this special kind of opium proves one of two things, or both: either our exclusion laws are being violated, or the smoking of opium is largely practiced by others than Chinese.” It


was this brand of negative connotations surrounding the Chinese immigrant population that led to the Chinese Exclusion Act of 1882.

The growth of the American West was largely facilitated by the burgeoning railroad industry of the mid nineteenth century that coincided with the gold rush and the search for a quick road to riches. Towns seemingly emerged overnight, and a workforce up to the task of building a new infrastructure for the area was necessary. These workers tended to be immigrants, largely unskilled, and coming to America to escape the turmoil of mid-century, revolutionary Europe. This also represented the first time that Chinese immigrants began migrating to America in significant numbers. Facilitated by an ever-hostile domestic environment, many fled to America, in search of work that was plentiful in a rapidly expanding West.

The influx of a new force of cheap labor was worrisome for many, as they believed their own jobs would be lost to an immigrant willing to work far more hours for less pay. This created in many Westerners a feeling of anger at the Chinese people as a whole, and soon associations of immigration and opium were used to incite opposition to both. The correlation between opium smoking and the problems associated with immigration became one in the same. The stereotype persisted until one could not hear of the opium problem without also hearing of Chinese immigrants and vice versa. The government was not blind to this public sentiment, and late in the nineteenth century began to enact legislation that aimed to remove both problems at once.127

Initial commercial interactions between China and America displayed the reluctance that the two nations had, even in the mid-eighteenth century, about the opium problem. The Treaty of Wanghia in 1844 stipulated that no trade of opium could be imposed on China by America, lest they lose their claims to extraterritoriality. The Burlingame Immigration Agreement of 1868, represented the first of its kind between the two nations. The importance of the Burlingame agreement, however, was in its amended version, called the Angell Treaty of 1880. The Angell treaty reassessed the immigration agreement between the two nations, and under great pressure from those angry at an increase in Chinese immigrants in the workforce, enforced the first restriction on those immigrants. Many within the government exhibited strong feelings on the subject of Chinese immigration and the impact it was having on American society, said Thomas Brents, a Republican from Washington, “We cannot permit them to maintain in the midst of our populous cities their loathsome dens reeking with lust, crime, and pestilence…debasing the morals of our youths.” This was echoed by Maine congressman Thompson Murch, who urged to, “stop the spread of diseases, of horrible vices, of nameless crimes” that the Chinese immigrant populous had inflicted on the American people.\textsuperscript{128} This lineage of American legislation concerning Chinese immigration was essential to the eventual passing of the Chinese Exclusion Act of 1882.\textsuperscript{129}

The Chinese Exclusion Act represented the first piece of immigration legislation that had a significant impact on stopping a specific nationality from immigrating to America. It barred any immigrants from entering the country if they intended to obtain

\textsuperscript{128} Congressional Record, 47\textsuperscript{th} Congress, 1\textsuperscript{st} Session, 1882, 2973, 2968, Appendix 39, 46.

\textsuperscript{129} Ibid., 70-76.
employment as the basis of their coming to America. Even those who applied to enter the country as tourists found it incredibly hard to do so. The act was a backlash to the masses of new Chinese immigrants who had brought with them the vice of opium smoking. Therefore, it was believed by many that eliminating the flow of immigrants, as well as restricting opium imports would solve the problem of addiction. What they failed to realize however, was that by the time of the Exclusion Act’s passage in the early 1880’s there was already a significantly affected population of opiate addicts in the U.S. Merely cutting off an immigrant group would not suffice in eliminating a widespread problem, especially being that the majority of addicts had become addicted, not through illicit Chinese trickery, but by the hands of their own trusted physicians.¹³⁰

The impact of the Chinese Exclusion Act served more to unfairly bar a group of people based largely on racist grounds, than to stop or even slow the rate of opiate addiction in America. Smoking-opium imports did not decline or remain steady after the act, but continued their increase into the first decade of the twentieth century. In the 1870’s 487,050 pounds of smoking opium were imported into the U.S. In the 1880’s, the decade that the Exclusion Act was passed, 859,889 pounds of smoking opium were imported. This trend continues into the late nineteenth century and early twentieth century, with 924,908 pounds and 1,481,686 pounds respectively imported. These figures stand to show the outrageousness with which the Chinese Exclusion Act was conceived, and these represent only the legally imported smoking opium, as there was most likely a great deal more imported illegally. The climbing rate of smoking opium importation also clashes with the amount of Chinese living in the U.S. during that time period. In 1890,

¹³⁰ Ibid.
there were 103,620 Chinese residents in the country, 85,341 in 1900, and in 1910 there were only 66,856. Clearly it had the desired effect of lessening the Chinese population within the U.S., so as to preserve “true American’s” jobs, the effect on lessening opiate addiction however was clearly little to none.\(^\text{131}\)

That is not to say that once the Chinese population began to decrease, and took up less jobs in the West, that the blame that fell on them followed a similar trend. Those remaining Chinese in America still were greatly faulted for the continued proliferation of opiate addiction. The only conclusion to many therefore, was that if immigrant control was not working, clearly a stronger methodology needed to be implemented to end the problem. This created a need for strong federal legislation that clearly attacked opiate addiction head-on, not indirectly through immigration reform. This sentiment would lead to a whole host of new federal legislation that finally addressed opiate addiction directly, though the success of the newly implemented federal approach can be questioned as well.

The first real exhibit of federal power that directly affected the opium problem in America was the Pure Food and Drug Act of 1906. The act effectively placed the first federal controls on the food, alcohol, and drug industries, requiring that they truthfully market their products and label them accordingly. It states, “That for the purposes of this Act an article shall also be deemed to be misbranded… if the package fail to bear a statement on the label of the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta euaine, chloroform, cannabis indica, chloral hydrate, or acetanilide, or any derivative or preparation of any such substances contained therein.”\(^\text{132}\)


This represented a fundamental change in the attitude that the government had previously taken towards the regulation of drugs. Instead of delegating power to the states, the government instead utilized its inherent constitutional powers to regulate interstate commerce to affect a fundamental change in the scope of federal legislative power. This was largely brought about due to the new progressive ideologies that were slowly being integrated into politics after largely being marginalized in their early years of conception.\textsuperscript{133}

The requirement of drug manufacturers to put appropriate labels on their drugs affected one type of opiates much more than any other. Patent medicines had long withheld the contents that made up their supposed “cure-alls” because they simply were not required to. This allowed for years of people putting dangerous substances into their bodies without ever knowing exactly what it consisted of. The Pure Food and Drug Act changed all of that, making it mandatory to properly label all consumable substances before their distribution to the public. It seemed to have the desired effect, as “The average sufferer, unless he were a drug habitué, generally took alarm at the names of these familiar poisons on his medicine bottle and feared to use the medicine.” Thus, patent medicines were hit the hardest by this legislation, and as a greater understanding of opium’s adverse effects was occurring, many stayed away from patent medicines. This led to many patent medicines having to remove opiates from their ingredients in order to keep some amount of business. The euphoria that was inherent in opiates however was also a crucial element inciting many to continue taking these proprietary medications. Without the inclusion of opium or morphine into the remedies they slowly fell out of

\textsuperscript{133} Courtwright, \textit{Dark Paradise}, 103.
favor with the majority of former users.¹³⁴

The effect the Pure Food and Drug Act had on lessening the impact of patent medicines was certainly substantial, but some wished to go further. Dr. Harvey Wiley, who headed the Bureau of Chemistry of the Department of Agriculture, which was placed in charge of the act, fought to get an amendment passed that would increase the scope of the Pure Food and Drug Act. He wanted it to not only require the labeling of patent medicines, but to bar the interstate commerce of any habit-forming medicines without the explicit prescription of a physician. He believed that such an action would lead to “patent medicines containing those habit-forming drugs [being] practically destroyed.” This was the ultimate goal of many, to curb the sale of unregulated medication to the American people. Unfortunately for Wiley, the amendment he proposed was pushed back for discussion in the next session of congress, and by the time it was evaluated, it was viewed as insufficient.¹³⁵ Ultimately however, the Pure Food and Drug Act represented a significant step forward in the increasing progression of federal legislative power. It was the first of what came to be many acts that substantially affected opiate use in America, and was the logical precursor of the majority of them, the next of which would be the passing of the Opium Exclusion Act of 1909.

The Opium Exclusion Act of 1909 served as a continuance of the federal government’s newly legitimated authority to regulate drug use in America. Unlike the Pure Food and Drug Act of 1906 it addressed opiates only, and smoking opium


¹³⁵ Musto, The American Disease, 23.
specifically. This law made it “unlawful to import into the United States opium in any form or any preparation, or derivative thereof” except “for medicinal purposes only, under regulations which the Secretary of the Treasury is hereby authorized to prescribe.” The act continued in the natural progression that Dr. Wiley had hoped to amend the Pure Food and Drug act with in 1908. It essentially outlawed the importation of opium for any non-medical utilization. This seems to be directly targeting smoking opium specifically, and the Chinese utilization of it indirectly. Medicinal imports of opium up till this point remained largely unregulated and smoking opium was the first to be legalized.

The legitimacy for creating the act was set in the prior governmental regulation of drugs under the guise of its interstate commerce powers. It also relied on the fact that most states and localities already had laws or ordinances that barred the non-therapeutic use of smoking opium. In addition, The Opium Exclusion Act penalized with fines or threatened imprisonment anyone caught in violation of it.

The bill was not without its detractors however, and soon after its completion it was attacked by Hamilton Wright of the International Opium Commission. He argued not for its dismissal, but to strengthen the flaws that rendered it ineffective. He observed that the law was unfairly hindering legitimate importers of medicinal opium and the tedium that resulted from the act rendered their business inefficient. He also claimed that the solution to America’s opiate problem could be achieved through more comprehensive legislation and he fought for a set of three aims that would greatly quell the amount of opiate

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136 Opium Exclusion Act of 1909, public No. 221, H.R. 27427. (February 9, 1909).

addicts. The first, banning the importation of opium for non-medicinal purposes, was fulfilled by the Opium Exclusion Act of 1909. The second called for measures of control to be instituted on domestic manufacture and interstate commerce of opium, and the third would include provisions to “prohibitively tax the manufacture of smoking opium in the United States.” This comprehensive effort by Wright to slow the rate of opiate addicts represents the extent to which he, and many others within the government like him, believed that the opiate problem had significantly permeated society. 

The unique nature of the Opium Exclusion Act of 1909 is not singularly in its direct assault on opiates, which had been undertaken many times previous, but in that the reasoning behind it was ideological rather than financial. State, local, and even federal statutes had been addressing opiates since the Tariff Act of August 30, 1842, when a duty of seventy-five cents a pound was placed on opium imports. Before that time opium had been noted as a duty free import, as the amount important was not significant enough to merit its taxation. Through the years however, as opium imports began to rise, tariffs on the various kinds of opium also rose gradually. Tariffs were continually altered as the importation of opium began to increase more rapidly going from seventy-five cents per pound in 1842 up to twelve dollars a pound on smoking opium in 1890. What can be concluded from this is that the government saw an opportunity to make a significant amount of money off of the importation of opium. If there was revenue to be made, then there was no reason for a ban on opium imports, which would simply be counterproductive. It was only after legitimated information about the adverse effects of

opium combined with an increasingly upset populace, that the government would consider cutting off the flow of easy money that opium tariffs brought.¹³⁹

Just as important to the progress of domestic government regulation of opiates, was the role the United States undertook on the international stage as it often preceded domestic legislation. The U.S. had internationally condemned the abuse of opiates throughout the later nineteenth century, this is mainly attributed to the strong Christian missionary presence throughout China and Africa. One of the two main delegates sent to the Shanghai Opium Commission in 1909, in fact, would be an Episcopal bishop, Charles Brent. He and others like him saw the adverse effects that a long-standing addiction to opium created. They also connected the evils of alcohol with those of opium, likening their effects on one’s morality and character. They were also supported by the Chinese authorities, which also witnessed the degradation of their society by widespread opiate addiction, largely attributed to the forced importation of it by British mandate throughout the nineteenth century. This led to a similarity in purpose between both the United States and China in terms of eliminating the spread of opiate addiction.¹⁴⁰

This common sense of purpose in demonstrating the evils of opiate addiction and seeking a solution to its elimination, led to the call for a commission to be held in Shanghai that would address those specific issues. The commission would come to be known as the Shanghai Opium Commission and was underway in January 1909. In attendance were multiple nations that sought to address the problem of opiate addiction.


This was because either addiction afflicted some of their own population, such as China, or because they had some vested interest in the opium cultivation and export process, such as Britain and France. The latter’s reasoning for attendance being quite different from the former, the ability to come to a consensus was certainly in jeopardy. In fact, the majority of those in attendance, besides Persia and Turkey all had possessions in the Far East, and therefore a significant financial stake in the opium process. Even Turkey and Persia were integrated in the opium process however, as they were substantial cultivators of the substance. This seems to indicate that a majority of those present at the conference wished to continue the legal trade of opium, as most stood to profit from it.

In ardent opposition to the continued proliferation of the opium problem however, were the delegations from both the United States and China. The Chinese knew firsthand, the effects that widespread opiate addiction had on a population, and had been fighting against the British on the issue for decades. The U.S. however, had a significantly less affected population, and furthermore many in the United States brushed the issue off as a singularly Chinese vice. The U.S. certainly would not have fought so hard to attain greater international regulation of opium, if not for the delegation that was appointed to attend the commission. It consisted of three men who all shared firmly anti-narcotic sentimentalities.141

The first of these men was Charles Tenney, a Bostonian, and graduate of Dartmouth, who eventually became a missionary in China in 1878. His time as a missionary exposed him to the full impact of opiate addiction run rampant, something that certainly affected his influence in making sure something similar did not happen in

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141 Ibid., 52-53.
Tenney was joined by Hamilton Wright, the most outspoken critic of narcotic abuse, at the time, in the United States. From his appointment to the International Opium Commission onwards, Hamilton Wright, devoted virtually his entire life to the anti-narcotic movement. Not only was Wright entrusted with conveying America’s international policy on opium, he also was delegated the job of creating domestic legislation to address the problem in the U.S. The third major member of the American delegation to the Shanghai Opium Commission was Bishop Charles Brent, whom many viewed as integral in the proliferation of the international anti-opium movement. His renown in the United States and abroad, gave the delegation significant respect, and garnered much more support than if less reputable delegates had been chosen.142

Before attending the opium commission in Shanghai, the American delegates compiled data that addressed the extent to which opiate use and addiction had reached in both the United States, and abroad. What they found, was startling even to them, that “Reliable estimates place the needs of the American people for opium at 100,000 pounds at the most” which sharply conflicts with the “over 550,000 pounds of opium that are annually imported into the United States, and used illicitly.” This certainly contributed to their mindset when attending the commission, as upon realizing the scope of addiction in their own country, it seemed wise to strive for lessening of opiate production and consumption worldwide. Unfortunately for the United States and Chinese delegations however, they were virtually unsupported by the rest of the participating nations.143


The commission, though far from being homogeneous in support or rejection of opium prohibitive efforts, did adopt resolutions that would set the groundwork for future negotiations, and significantly impact the United State’s own domestic policy towards narcotics. Some of the conclusions the American delegation came to were, “that the use of opium in any form otherwise than for medical purposes is held by almost every participating country to be matter for prohibition or for careful regulation.” This set the precedent, on an international level, of condemning the non-therapeutic usage of opium as immoral and in no way medically justified. This echoes the statements of many moralist figures who were also calling for the end of unnecessary vice. The commission concluded further, “other derivatives of opium as may appear on scientific inquiry to be liable to similar abuse and productive of like ill effects.” This included morphine and laudanum, and while the non-therapeutic utilizations of opium were clearly targeted, there also seems to be an indication that opiates with legitimate medical use were coming under increasing scrutiny. This coincides with the advances being made into addiction as more than just a habit, but a disease resultant from the effects of opium, rather than any innate immorality.\textsuperscript{144}

The majority of the Shanghai Opium Commission was concerned with the impact of opium on China, and taking steps to alleviate that problem. It was for that reason, that China and the United States were the only delegations to adhere strictly to the guidelines that they set forth in 1909. The British had been the staunchest opponents to any guidelines that restricted the further proliferation of opium, as their Indian colony was a

\textsuperscript{144} Willoughby, \textit{Opium as an International Problem}, 24.
principle cultivator, and the forced trade they had imposed on China, gave them a buyer. It is not surprising therefore, that other imperial powers of the time, such as France and the Netherlands, were also opposed to the curtailing of the opium trade, as they made significant money off of it. At the conclusion of the commission, there was some regard for its relative success, especially in America and China where the issues were the most impacting. The trouble that one can find with the Shanghai Opium Commission however, is in its inability to exact actual change through international law. The conclusions of the commission therefore, were only recommendations that each government could choose to embrace or neglect at their own discretion.  

Hamilton Wright came back from the Shanghai Opium Commission emboldened to enact real change in domestic American anti-narcotic legislation. He believed that the recently passed Opium Exclusion Act that banned imports of opium, was not enough to eradicate the addiction problem that was plaguing the U.S. He began working on legislation therefore, that would “require every drug dealer to register, pay a small tax, and record all transactions.” His proposed bill would utilize state and local governments to police the process and included hefty penalties for those in violation of the law, to dissuade further criminality. The bill was proposed by Representative David Foster of Vermont, and subsequently became known as the Foster Anti-Narcotic Bill. To gain support for the bill, Wright engaged in perhaps his most subversive tactic, highlighting the racial and criminal components to narcotic addiction, something that would become commonplace in future calls for drug regulation and prohibition.  

Wright firstly stated that the Chinese had been the initial cause of the spread of opium smoking in the U.S. Here, however, he refrained from putting any blame on them, likely because of his recent experiences in China. When he addressed the issue of cocaine however, Wright explicitly cautioned about cocaine’s “encouragement…among the humbler ranks of the Negro population in the South.” His intentions in bringing up black narcotic use, seems to be rooted in gaining the support of Southern Democrats, to pass the Foster Anti-Narcotic Bill that he supported. He continued in this tract, stating “it has been authoritatively stated that cocaine is often the direct incentive to the crime of rape by the Negroes of the South and other sections of the country.” The inclusion of such a statement by a supposedly objective observer, is telling of the motivation that Wright had to quell the use of narcotics in the United States. Furthermore, it both draws on, and propagates a sentimentality of exclusionary policy towards minority groups, through exaggeration and stereotypes. Here the imagery of upstanding white women being raped by untamed lustful African-Americans certainly was strong enough to provoke many biased lawmakers into action.\textsuperscript{147}

The outcome of the Foster Anti-Narcotic Bill however, was not what Wright hoped. He encountered fierce opposition from both drug manufacturers and the scores of physicians whose practices would be hindered by their inability to continue prescribing narcotics easily. It was also suspected that placing such strict regulations on obtaining opiates legitimately would create a system of bootleggers who would undercut the pharmacists as well and sell to anyone. The main argument against the passing of the

\textsuperscript{147} Hamilton Wright. Second International Opium Conference. Senate Doc. 733. 62\textsuperscript{nd} Congress, 2\textsuperscript{nd} Session, 1911.
Foster Bill however, was championed by pharmaceutical companies attempting to retain business. They predicted that strict regulation would inhibit the ability of doctors to properly maintain their practice because of the vast amount of time and effort it would take to document every prescription according to the provisions of the Foster Bill. Ultimately, the Foster Bill was destroyed by the drug companies that stood to profit from the lax attitude the government had taken for decades.\textsuperscript{148}

The lessons learned at the Shanghai Opium Commission and from the Foster Bill, would not be in vain however, as regulatory attitudes in the citizenry and their representatives became more widespread. This led both Hamilton Wright and Bishop Brent, who had been ardent supporters of opiate regulation during the Shanghai Opium Commission, to convene an International Conference on Opium in December 1911 at the Hague. The international response to Wright’s heavy-handed approach to making sure there was an international agreement to control the flow of illicit drugs, was not one of singular approval, however. Several nations criticized the American delegates for forcing moral judgment on them, when it was often the case that they had stricter domestic opiate regulations than those in the United States. Wright described the American lack of regulation with embarrassment in saying, “the best European and Japanese practice…on the whole is far in advance of the practice of our Federal Government.” Wright was most likely referring to failed Foster Bill, which would have both placed stricter guidelines on opiate manufactures and sales, and also given the U.S. much more credibility in the international commissions and conferences.\textsuperscript{149}

\textsuperscript{148} Musto, \textit{The American Disease}, 46.

\textsuperscript{149} Wright, Second International Opium Conference.
Nevertheless, the International Opium Conference seemed to show much more promise than its Shanghai counterpart. First, it was much more comprehensive, consisting of multiple chapters, each with several articles that addressed specific issues. Second, the specificity of the International Opium Conference certainly contributed to its improvement over the Shanghai Commission, which by 1911 had produced little to no positive results, as many countries simply refused to abide by the guidelines, or else found ways around them. Importantly, the International Opium Conference, or the Hague Convention as it is often referred to as the Hague, was its location in the Netherlands made each nation responsible for the bulk of the restrictive legislation. Guidelines were set in Chapter 3 of the Convention to limit not only illicit opiates, such as smoking opium, which had been primarily targeted in the past, but also medicinal opiates such as morphine, heroin, and cocaine. The inclusion of these opiates demonstrates a greater medical and international understanding of the adverse effects that opiates, both licit and illicit, could have on their users. This also stems from the growing understanding of addiction, as it not only affected those degenerate users of non-therapeutic opiates, but also those who used opiates legitimately.  

This portion of the agreed upon articles of the International Opium Conference, aimed to make sure that these newly deemed dangerous opiates could not be purchased without prescriptions, and under the care of a closely monitored physician. This contrasts with the former ability of someone to obtain opiates at their own discretion, either through a mail order catalog, or through a liberally prescribing doctor. The reluctance of
the Hague Conference to stipulate international control over such regulation, and therefore to delegate the responsibility to individual domestic legislation however, made the recommendations that it contributed worthless unless adopted within each nation. Several nations such as Peru, Turkey, and Switzerland, simply refused to sign on to the charter, and because of stipulations made by the participating delegations, the Hague Convention would reconvene another convention, each attempting to persuade a larger international audience to adhere to its proposals.\textsuperscript{151}

Much as the Shanghai Opium Commission saw oppositional interests battling to get their ideals agreed upon, the Hague Opium Convention was very much the same. The major dissenter to stringent regulation was no longer Britain, as they had come to terms with the Chinese in an agreement that stifled their dispute over Indian-Chinese trade relations. Instead, it was Germany this time that sought as little opiate regulation as possible, owing to the enormous chemical and pharmaceutical industries that were crucial to German economy. Germany through mass modernization had come to be one of the largest manufacturers of opium derivatives in the world, and to regulate the drug industry would do significant damage. It was Germany that pushed hard for domestic regulation rather than any all-encompassing international law, as they contended that they had already employed such measures. They argued that the only countries to benefit from the convention would be those who refused to attend or adhere, while the industries of the adherent nations would be unfairly penalized.\textsuperscript{152}

Again, the United States, emphasizing primarily moralist views, sought to rebut the

\textsuperscript{151} Taylor, \textit{American Diplomacy and the Narcotics Traffic}, 98-102.

\textsuperscript{152}Ibid, 110-120.
effects of a widely addicted populous, and was once again joined by China, which had first account knowledge of such effects. The following was stated by Hamilton Wright in a letter to President William Howard Taft following the Second International Opium Conference at the Hague, “in spite of the fact it means past and future financial losses to the powers concerned of over $50,000,000 aggregate annual revenue, the entire movement illustrates a principle abroad in and stamped with the approval of the world today, namely, that the peoples are now agreed that an evil such as the opium evil is…international in its moral, humanitarian, economic, and diplomatic effect…”\textsuperscript{153} This viewpoint clearly contrasts with that of Germany and other nations, because of their domestic relationship with opium clearly viewed it in a more positive light. It was largely due to conflicting ideologies that a number of nations could not be persuaded to sign on to the Hague Opium Convention, leading to a second that primarily sought only to gain more support for the provisions laid out in the first. Still, there remained nations that would not acquiesce to the stipulations of the Hague Conventions, so a third conference was called for to further promote universal acceptance of the terms. Though after the third International Opium Conference at The Hague in 1914, all but two nations had signed onto its provisions, fewer than half had succeeded in ratifying it domestically, and hardly any would put it into effect. It is safe to assume that from 1914 to 1918 World War I played a significant role in hampering each nation’s ability to get such legislation passed or even considering such an action. The fact remains however, that the majority of nations would most likely have not adhered to the regulations set forth at the First, Second, and Third Hague Conventions, even without the war, as the policies were too

\textsuperscript{153} Wright, Second International Opium Conference.
The focus had shifted from a fiscal understanding of opiates and their profitability, to a largely moral issue for the United States and China. This represents, in the United States and its international policy, a desire to eliminate the opium problem regardless of the negative financial impact. This is likely resultant from the transition of the American people’s perception of opiates, from lauded medicine, to feared dependent. The moral and religious ideologies that brought about this change not only impacted the citizenry, but the international policy makers, as well which would eventually lead to an increased federal role in drug regulation.

The result of international pressures and building internal pressures would culminate in the first truly regulatory anti-narcotic act in the history of the United States. The Federal Narcotics Act of 1914, or Harrison Narcotic Act, as came to be known, due to its sponsoring representative Francis Burton Harrison of New York. It was the embodiment of the failed Foster Bill, creating a system of registration that sought to strictly control the flow of opiates from legitimate medical practitioners to their patients.

The same problems that had plagued the Foster Bill began to surface in early attempts to get the Harrison Act off of the ground. Major pharmaceutical companies were still lobbying for changes in the act, if not to quash it altogether. The National Drug Trade Conference was at the forefront of these objections to the Harrison Act in its original format. It is at this seeming impasse that Harrison urged the preeminent champion of the anti-narcotic movement Hamilton Wright to meet with the NDTC and try to reach an agreement that would allow for the Harrison Act to come to fruition. The

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NDTC won out on several issues including removing cannabis and chloral from the act, as well as lowering the proposed tax on controlled narcotics, and exemption of small amounts of narcotics from control. It still required those who prescribed narcotics to register however, and promised swift punishment to those who violated its provisions.¹⁵⁵

Once again, Hamilton Wright fought vigorously to get the Harrison Act passed, saying, “What we need now is a federal law regulating the importation of medicinal opium, cocaine, etc…one that will bring the entire traffic into the open, one that will make it easy for Federal officials to effectively execute it, and will be an aid to the State authorities in enforcing state laws.”¹⁵⁶ The necessity in Wright’s mind therefore, was one that he had been after for years, to eliminate the threat of opiate addiction in the American populace. The measures of the Harrison Act, he believed, would significantly decrease the opiate addict population, through measures that sought to regulate the physicians that had largely been responsible for creating the addict problem.

The actions of Wright and Harrison won out in the end, and the Harrison Act came into being on December 17th, 1914 bringing with it a new era of government control over domestic drug policy. It was viewed within Congress that, “this government is bound to enact legislation to carry out its humanitarian, moral, and international obligations.”¹⁵⁷ The directive again returns to the language that Wright, Brent, and Tenney utilized during

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¹⁵⁵ Courtwright, *Dark Paradise*, 102.


the Shanghai Opium Commission, calling for an end to rampant opiate use because of the immorality it was associated with. The federal government was finally catching up to the principles its foreign policy embodied, that of strict drug control over narcotics for the sake of preserving American morality. It can be directly attributed not only to the efforts of those involved in the international conferences on opiate control, but also to the progressive movement strengthening in the U.S. The efforts of temperance minded moralists, and reformist progressives combined to restrict what they viewed as an evil poisoning their society, one that had to be eliminated.

Though the underlying reasoning behind the Harrison Act seemed to be a fervent plea to retain American morality, nowhere in the law itself is that language actually utilized. In fact, morality is totally absent from the act, traded instead for regulatory language about tax requirements and record keeping procedure, as is typical in legislation. The inclusion of morality into the law would have no legal basis and therefore, would not adhere to the constitution. The Harrison Act’s indirect goal of ending the practice of widespread immorality, was inherent in its making, however one crucial aspect that seemed to be the crux of the argument for regulation was strangely absent from the law. 158

Though advancements in medicine had largely accepted the existence of addiction as a legitimate disease that often afflicted those who consumed narcotics, any mention of addicts or addiction is curiously nonexistent in the Harrison Act. The lack of mention of addiction in the Harrison Act would become an issue of major dispute over whether

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addicts could legally obtain opiates. Nowhere in the act is at all mentioned, and in all of
the reports, and discussions of the opiate regulation does there seem to be any interest in
the problem of addiction itself. As the Harrison Act now made it illegal to distribute
narcotics to those who did not satisfactorily require them, it created the question of where
addicts stood in the letter of the law? The issue remained constant throughout the life of
the Harrison Act, and though not mentioned specifically in the law itself, the agency
responsible for maintaining the act assumed responsibility for this interpretation as
well.\textsuperscript{159}

The Internal Revenue Bureau of the Treasury Department was made responsible
and summarily implemented the stance that physicians or pharmacists with opiates could
not supply addicts as it was against the provisions of the law. The Harrison Act as
implemented, effectively took the stance of deciding who could or could not have access
to opiates, virtually stripping physicians of their power to logically diagnose. This led the
government on several occasions to bring legal actions against those, who in their eyes,
had violated the provisions of the Harrison Act. Most notably this occurred in \textit{United
States v. Jin Fuey Moy} (1916). The government would lose this case however, as the
Supreme Court argued that, “While the Opium Registration Act of December 17, 1914,
may have a moral end, as well as revenue, in view, this Court, in view of the grave doubts
as to its constitutionality except as a revenue measure construes it as such.”\textsuperscript{160} This
voiced the doubts of the Supreme Court, that the law could be used in such cases of

\textsuperscript{159} Ibid.

\textsuperscript{160} \textit{United States v. Jin Fuey Moy}, 241 U.S. 394 (1916)
addicts prescribed opiates, and still retain its constitutionality. The government would later be validated however, in *Webb v. United States* (1919), in which the court sided with the legitimacy of the Harrison Act arguing that it could be applied to cases in which the physician or pharmacist was “providing the user with morphine sufficient to keep him comfortable by maintaining his customary use.” The latter interpretation of the Harrison Act would become the norm throughout its lifespan.

Though physicians and pharmacists who did not comply with the stipulations of the Harrison Act were often arrested, the majority of those who broke the law were given warnings state or federal authorities. The problem that arose frequently however was one of proper dosage and what could be deemed allowable under the provisions of the Harrison. This confusion emanated from the language of the law itself, which in this respect is notably vague. The Act states, “It shall be unlawful for any person to obtain by means of said order forms any of the aforesaid drugs for any purpose other than the use, sale, or distribution thereof by him in the conduct of a lawful business in said drugs or in the legitimate practice of his profession.” The question of what the legitimate practice of profession means was the source of major debate concerning the Harrison Act. It effectively left the question of proper dosage up to government officials, rather than trained physicians, and punished physicians that either prescribed too many narcotics, or catered to addicts.

Doctors and pharmacists voiced concerns about the vague nature of the act, with


one such druggist stating in 1915, “the revenue agents who are neither lawyers nor physicians tell me that these prescriptions are in excessive amounts.” He continued later, saying he desired “a straight-out, clear cut answer and not a vague one that will still leave us to our own opinions and the resulting friction with different inspectors.” The fact that physicians were being prosecuted was not the only issue the medical community had with the Harrison Act however, and the introduction of Treasury Department regulation TD-2200, in May 1915, also legitimated the ability of the department to force physicians into not prescribing to addicts. This news infuriated many who had been in support of the original regulations of the Harrison Act, such as the Philadelphia Medical Journal Medical World and the Medical Economist of New York which both condemned TD-2200 stating that physicians were not simply “pandering to the desires of dope fiends.”

The major assault on the Harrison Act came from within the government itself, with many federal and state judges casting verdicts that seemed to severely inhibit the power of the act. In a Florida case a judge argued that the Harrison Act was in actuality constitutional, but “there was nothing in the law to limit the quantity that a physician might prescribe.” This interpretation of the law by the judicial branch seemed to incense those who had hoped it would bring about a swift reduction in the addict population by effectively cutting of their supplies. The courts were giving physicians leeway however, to use their own discretion, something that would come under fire several years later. The man in charge of the Harrison Act indictments, Assistant Attorney General William Wallace, sought any change that might bolster the act’s power, stating, “The present condition of the law is not entirely satisfactory.”

163 “Penalties Imposed by the Harrison Antinarcotic Law,” Medical World, 33: (1915).
reason to worry about the enforceability of the law, as they were constantly hounded by internal revenue agents and the Treasury Department, both of whom were in charge of overseeing the Harrison Act’s utilization.\textsuperscript{164}

Opinions on the language of the Harrison Act were mixed; with many believing that it went too far, and others stating that it did not go far enough. H.C. Wood in an article published in the \textit{Journal of the American Pharmaceutical Association} attacked what he deemed to be the lax standards of the Harrison Act when he stated, “do not try to salve your conscience with the thought that so small a quantity can do much harm.”\textsuperscript{165} He continues, “One yellow fever infected mosquito may not be as dangerous as ten, but it is enough to rob a human being of his home and happiness and to rob society of a useful citizen, giving in exchange a worthless, hopeless parasite or perhaps even an actual criminal.” Perhaps Wood bolsters his assertions with an overly hyperbolic nature, but he gave voice to a significant portion of the population who sought a complete elimination of the addict, viewed as vile and unworthy of society. For those such people, the Harrison Act was only a partial fix, and did not exhibit the strict controls that they had hoped for, likely complete government control of narcotics.\textsuperscript{166}

Others, like Dr. A. Gordon of Virginia, believed that the problem of opiate addiction was one that could not simply be eliminated through a singular legislation. He argued instead, that addiction was a deeply psychological condition that would not be

\textsuperscript{164} Musto, \textit{The American Disease}, 126-127.

\textsuperscript{165} Wood was referring to the exemption of dosages less than two grains of opium or \(\frac{1}{4}\) grain of morphine from the Harrison Act.

alleviated by an inability to obtain opiates through medical prescription. He posited, “Is it possible by any law to arrest a craving which is within the individual but which by the nature of its morbidity is not dependable on extraneous factors?” Therefore, the addition of a law would hardly impact the addict, who because of his or her addiction would likely utilize any means necessary to obtain a supply of opiates. In fact, rather than aiding in eliminating the problem of addiction, the act seemed to be inflicting upon addicts a painful state of withdrawal, all the while never alleviating their addiction, which should have been the goal of any federal legislation. Gordon makes a similar point in asking, “Have they considered the host of torturing manifestations leading to syncope and even to death because of the ‘abstinence’ from the narcotics after the latter have been used by the individual for some time?” The answer to this question must wholeheartedly be no, as Gordon and other rejecters of the Harrison Act’s viability felt that it had only succeeded in “providing for [a] great army of sufferers which are left on our hands because of their helplessness due to compulsory abstinence.”

Unsurprisingly, the group that had the most problems with the Harrison Act in its current state was physicians and pharmacists, and the medical profession as a whole. Many believed that the Harrison Act sought to strip them of what should have been a medical issue, specifically dosages and treatment of addicts. Instead, the Harrison Act placed that power into the largely incapable hands of the Treasury Department and the Internal Revenue Service, people with no background in medicine. One such arbiter of the anti-Harrison Act position was Dr. J.C. Densten of New York, who in 1917 argued

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both against the viability and success thus far of the act. He begins by stating that, “A law whose ultimate object is revenue does not have philanthropy, sympathy, or intelligence behind it.” Densten is voicing the opinion that many in the medical community who had been first hand witnesses of the adverse effects of addiction also believed, that one could not simply cut off an addict and wait for them to die off. The inherent callousness in the Harrison Act led many to object to it, opting instead for a system of treatment centers that would not subject addicts to painful withdrawal but rather supply them until a better cure for addiction was found.  

Above all else, the chief concern of those in the medical profession and the legislators who had passed the Harrison Anti-Narcotic Act was the results that it was having on the number of addicts. This stood to be an objective watermark by which the Harrison Act could be validated or invalidated, through its effect on decreasing the number of narcotics addicts as it was meant to do. E.H. Williams in 1921 commented on what he viewed as the effectiveness of the now almost seven-year-old Harrison Act. He stated, “The important thing about the existing narcotic laws, however, regardless of inconsistencies, is the fact that they do not appear to be getting adequate results.”

Williams believed that instead of quelling the problem of addiction it was sweeping it under the carpet. By eliminating the legal means for addicts to continue getting their supply of opiates, they must instead turn to illicit means to obtain them. “The closure of legitimate channels for obtaining narcotics has brought into existence an illicit traffic of


tremendous proportions and without really affecting the evil, we have made what was formerly merely immoral a criminal matter.” The transformation of the federal government’s role therefore, coincided with a transitioning addict population in response to the government’s actions.\textsuperscript{170}

The federal government’s interpretation of its role in enforcing the Harrison Act also went beyond regulating pharmacists and physicians. In several states, narcotic treatment centers had arisen to attempt to address the rising problem of addiction in certain communities. States such as California and Louisiana with significant numbers of addicts set up these treatment centers, and at one point forty such establishments existed in the U.S. Before their efforts could fully materialize however, most were deemed illegal under the provisions of the Harrison Act and summarily shut down. These treatment centers often aided those who suffered from opiate addiction, curing many, and those who were deemed ‘incurable’ were kept on low doses and supervised closely. In the aftermath of the government shutdown of these facilities however, those who depended on them to remain sober, or at least under control lost that restriction and often increased their dosages to cope. In the absence of legitimate opiate prescribers, more illicit figures moved in to fill the vacuum, leading to an increase in crime, and eventual despondency among those who resorted to criminal means to obtain money to feed their addiction.\textsuperscript{171}

The desired impact of the Harrison Act was to create a law that would severely restrict the means by which addicts could obtain their drugs, and therefore, hopefully slowly decrease the addict population. The reality of the act however, seems to instead

\textsuperscript{170} Terry and Pellens, \textit{The Opium Problem}, 890.

\textsuperscript{171} Ibid., 91.
have created an illicit underworld that thrived on a large population of addicts with no legal means to obtain their narcotics, thereby eliminating anyone of medical knowledge from the equation. The removal of any sound medical advice from the addiction circuit, certainly led many addicts to continually increase their dosages, not being able to afford proper medical care. Additionally, the removal of narcotic treatment centers also thrust addicts into the open arms of shady dealers and criminality.

Figures estimate that legal importations of opiates decreased during the time of the Harrison Act, likely due in part to the act itself, placing the number of addicts who could be supported to an average of 151,671 in the period of 1910-1919 and 57,856 in the period lasting 1920-1923. This is in relation to earlier figures that place possible addicts at 209,023 at their peak in the period lasting from 1890-1899. However these numbers can often be deceiving, taking into account the amount of illegal importation of opium discussed earlier. Other estimates conducted during state registration surveys or treatment clinic records seem to support this claim. These estimates indicate anywhere from 102,005 addicts to 396,978 addicts in 1920, numbers that are strikingly different from the importation statistics. What can be gained from these wide-ranging estimates is an account of the difficult nature with which surveying addicts can be. It also shows, in tandem with physician accounts, the ineffectiveness of the Harrison Act in decreasing the addict population in the U.S.

The Harrison Act sought to eliminate, or at least alleviate, the addiction problem that was spiraling out of control in late nineteenth early twentieth century America. It

172 Ibid., 44.
173 Ibid., 42.
represented the first legislation specifically to target narcotic use and addiction in the United States, and it gave the federal government an increased role in both the private realms of the medical community as well as the greater citizenry. In affecting its regulation however, instead of dismantling the addiction problem, it simply altered it, creating an illicit addiction problem rather than a legal one, often with dire results. Many addicts, unable to afford individual medical care to alleviate their addiction, turned instead to the criminal world, both to act as their supplier of narcotics, as well as a source for the money needed to sustain that habit. By overriding the efforts and advances of the medical community, who had recognized the evils as well as the merits of opiate use some years before, the government alienated those who were most knowledgeable from the process. In doing so, they likely stimulated the rise of illicit addiction as the main means of obtaining and sustaining the drug habit, foreshadowing and partially creating the basis by which the illegal drug world is run today.
Conclusion

The climate of interaction between opiates and society was totally altered during the period from the mid-nineteenth century to the early twentieth century. Each greatly impacted the other, with significant alterations in perspectives on morality, legislation, and medicine and their relation to opium. Once lauded as “God’s own Medicine,” opium had become by the early twentieth century more commonly viewed as a product and perpetrator of sin and vice by the twentieth century.

The opiate problem emerged in the mid nineteenth century in both the United States and abroad, afflicting millions over the course of the next seventy-five years. Addiction was largely unrecognized in those early years, at least according to our modern definition of it, but gradually the medical community garnered an increasingly accurate understanding of addiction to both alcohol and narcotics. It would be through the guise of alcohol consumption that a great deal of attention, would eventually be placed on the growing dependency that users of opium, morphine and heroin were enduring.

What then created this outbreak of an increasingly addicted American population to the various opiates available during the nineteenth and early twentieth centuries? Though no one factor created the addiction problem in America, the most significant early contributor to the problem was the medical community. Before the turn of the twentieth century, opium and morphine were regularly prescribed for ailments ranging from diarrhea to hysteria. This liberal prescription of highly addictive substances in increasing numbers introduced opiates to a greater population, thereby creating a larger and larger class of addicts. It was likely not out of malcontent for patients or sinister greed that drove physicians to these ends, though some can be attributed to this behavior.
Poor medical training combined with an eagerness to ease suffering and cure their patients fostered the propagation of opiates as continually useful. The Civil War must also share the blame as morphine was regularly utilized on injured soldiers, thereby creating another mass of individuals exposed to the euphoria of opiates. Cure-alls or patent medications as they were regularly called provided a direct and easy way for rural citizens to dose their own afflictions, often with adverse addictive consequences. Finally, a small group of addicts were created through their own initiative to use opiates recreationally, a practice that would be the main culprit of addiction beginning in the twentieth century.

Though the majority of addicts in the late nineteenth century were women of middle to upper class social standing, the stereotypical image of an addict was a destitute minority. This association of minorities and impoverished individuals as the majority of addicts heavily contributed to the eventual call for legalization of opiates and narcotics in general. Images of white women subjected to the drug fiend craze of a black or Mexican man fueled calls to outlaw the drugs. This is in direct correlation with the obsession that temperance groups, religious leaders and government officials had with putting an end to illicit drug use, often associated with opium smoking and the Chinese. This is ironic, however, because of the association of the upper class leading the charge against opiate consumption belonged to the social strata of its largest addict population.

The focus of society’s outrage therefore, seemed to be primarily focused at the kinds of illicit drug use that constituted a minority of the total problem. This misplaced rage created a distorted picture of the American addiction problem, placing blame on illegal smuggling of opiates as well as their consumption at opium dens, when the vast
majority of addicts were created through the medical professions’ fault. Physicians’ fault was bolstered by the ability of pharmaceutical and patent medicine companies alike to sell their products to an unsuspecting populace. Physicians at large, however, were much quicker to realize the faults of over prescription of opiates, and by the end of the nineteenth century were altering medical teachings to lessen the utilization of opiates. The role that opiates played in the medical community was lessened both by greater education as well as advancements in safer opiate alternatives such as aspirin.

The Harrison Act was the culmination of the earliest efforts of temperance minded individuals and moralists, who sought to preserve proper American society. Associations of narcotic use with racial minorities, and eventually with criminals bolstered their cases and created virulent fervor about opiates, where once none had existed. Where once opiate use had been lauded by medical authorities and ordinary citizens alike, eventually it experienced a steep decline into a fiercely hated substance. This can partly be attributed to medical advancements made into the understanding of the negative effects that opiates could have on the body and mind, creating in the prolonged user, a habit that would eventually be classified as addiction. More so, however, the acclaim, and resultant degradation of opiates can be attributed to society’s awareness of their effects, rather than a strictly medical basis. The knowledge that opiates created a sense of calm and collectivity, first garnered great success within the reserved, and repressed, Victorian world they expanded in. In time, however, that calmness was more associated with apathy and disassociation, than polite etiquette. Those who used opiates cared little for social niceties, when they found themselves lacking in their fix, and hardly displayed stereotypical American work ethic in attempting to support their habit.
As much as the treatment of opium was resultant of the society it inhabited, so too did opiates impact society. They provided an illusory means to condemn and eventually cut off the flow of Chinese immigrants and their foreign customs, such as smoking opium, into the country. Opiates also provided a physical embodiment of immorality and vice, becoming a symbol by which moralists could focus their efforts on, as a source of debauchery and asocial behaviors. Others sought to symbolize opiates for more positive reasons, utilizing them instead to enhance the sensation and spirituality of their own literature. This coincided with the writers’ and poets’ own views that the repressed nature of late nineteenth early twentieth century society was suffocating; opium provided a window to an escape from such tedium. Additionally, in opium, the government found one of several vehicles by which it could expand its own federal regulatory powers. The strict provisions of the Constitution, as well as state’s rights sentiment, had inhibited such a course, but by the twentieth century altered views underlay an all out regulatory attack on a host of moral issues in the Progressive Era. This culminated in the Harrison Act in 1914, a polarizing point, largely coinciding with the emergence of modern America. It symbolized a newly empowered federal government that utilized its legislative and regulatory powers extensively in the following years. In doing so America has never been the same since.

The actions of a significant number of physicians combined with the perpetration of drugs for supposed betterment of the individual by pharmaceutical companies, created an addiction problem in America. The philosophy of keeping people happy, often times with dangerous substances, contributed heavily to the advent of a generation of users and in some cases addicts. The repercussions of a large amount of opiate addicts were
numerous, eventually drawing attention to the problem from the Progressives who advocated social and legislative change. However, instead of aiding those with addiction problems and seeking a solution to opiate addiction, the social and legislative responses more often than not served to marginalize those addicts both socially and fiscally. The stigma of addiction was labeled as a race issue, making it easier to neglect legitimate solutions. This is a trend that continued throughout the twentieth century, with an ever increasingly drugged society lashing out at what has been deemed illegitimate or immoral drug use. As long as the American public continues to cry out for happiness, regardless of its artifice, pharmaceutical companies will continue their endless search for the next drug that cures depression, puts a smile on your face, and makes you feel good.

Knowing the incredible impact that opiates came to have on American society, and vice versa, is telling of the atmosphere of addiction, as well as culture more broadly, during the late nineteenth and early twentieth centuries. Long lasting moral and religious values had clashed with new ideals about what society should be, and opiate use fit right into that argument.

We must ask ourselves if the outright federal restriction of opiates, and all ‘illicit’ drugs more broadly, has made any progress in deterring youth from utilizing drugs or decreased the addict population whatsoever? The draconian drug laws of today derive directly from the Harrison Act, and the slew of regulatory actions that the federal government has perpetuated ever since. Based on the moral qualms many had with the adverse effects of opiates on one’s own contributions to society, or lack thereof, those of the utmost American propriety deemed alcohol and opiates, and later marijuana, LSD, ecstasy, etc. to be a detriment to society. There certainly exists merit in the call for
regulation of drugs, and more specifically opiates, as they are dangerous substances often with negative side effects. That is not the issue however. Rather what is more problematic are the adverse effects that specific regulation has had on society as a whole. There still exists a significant portion of the population to this day that is ensnared by the perpetual allure of narcotic addiction, and though restrictions and consequences are stricter than ever, still addiction endures. Moreover, addiction seems to have been stuck in its post-Harrison Act generalities, with the majority of addicts being of a lower socio-economic class unable to afford the proper treatment to rid themselves of the disease. This trend has continued into the twenty-first century and begs the question, what exactly has over a hundred years of drug reform accomplished? The ability of hindsight gives us a view into a nineteenth century America, rampant with drug addiction and no government oversight as well as the twentieth century, in which government regulation and moral inequalities scapegoated millions of minority Americans. Clearly the solutions seems to be a balance of the two extremes, something that still seems many years away.
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