

**From Root to Branch: A Feedback Examination of the Path of American  
Narcotic Policy in the 20<sup>th</sup> Century**

by

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## **Abstract**

The question that this thesis aims to answer is: to what extent has early institutional policy framing of narcotic abuse shaped the approach to narcotic policy at the federal level during the twentieth century? Policy feedback explains how policy framing of narcotic abuse as a criminal phenomenon directed the public to behave in a way that aligns with this framing, which extended to political behaviour and reinforced the criminal framing of narcotic abuse through electoral politics and a locked-in approach to narcotic policy that emphasizes punishment. This paper uses process tracing to illustrate this feedback from 1930 to 1999. This thesis finds preliminary evidence of policy feedback in the area of narcotic policy, which is in line with findings in other areas of American health policy and connects to the general literature of state development and policy feedback.

## **Lay Summary**

This thesis examines why punishment has been the dominant approach to American narcotic policy for seventy years. It uses a theory of policy feedback to show how the first narcotic bureaucracies were particularly important in shaping narcotic abuse as criminal and calling for the policy approach to be punishment for this criminal narcotic abuse. Policy feedback explains how describing narcotic abuse as criminal directed the public to behave in a way that agrees with this framing, which extended to how the public voted and reinforced both the criminal framing of narcotic abuse and the focus on punishment as a policy approach to narcotic abuse over time. This thesis looks closely at historical evidence to find proof of this process from 1930 to 1999. It finds early signs of early narcotic bureaucracies playing a crucial role in impacting the policies that were implemented in the rest of the twentieth century.

## **Preface**

This thesis is original, unpublished, independent work by the author, Maia Tarvydas.

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This thesis is dedicated to every young American of colour who has been incarcerated based on systematic racist policing and unfair drug laws.

## **Introduction**

Although the COVID-19 pandemic is currently taking up much attention in health politics, another public health crisis continues throughout the United States -- the opioid addiction epidemic. Despite policy attention in both the Obama and Trump administrations, the epidemic continues -- aided by the spread of strong synthetic opioids like fentanyl (Center for Disease Control web). The present opioid crisis is one of many waves of public and political panic over narcotic abuse in American history.

The federal government has been involved in monitoring and attempting to control narcotic abuse since the 1920s (Acker 10). Over the last century narcotic abuse has been presented as a lapse in mental control, a character defect, a criminal tendency, a sin, or psychopathy, amongst other things (Courtwright 6). In response, the American federal government has created different policies and government institutions over time to respond to this threat ranging from law enforcement agencies, to research bodies, to methadone maintenance clinics. Framing narcotic abuse in a particular way has outlined the contours of abuse, where it comes from, what it looks like, and whom it affects (Nachlis 49).

The question that this thesis aims to answer is: to what extent has early institutional policy framing of narcotic abuse shaped the approach to narcotic policy at the federal level during the twentieth century? Policy feedback explains how policy framing of narcotic abuse as a criminal phenomenon directed the public to behave in a way that aligns with this framing, which extended to political behaviour and reinforced the criminal framing of narcotic abuse through electoral politics and a locked-in approach to narcotic policy that emphasizes punishment. In this paper, I use process tracing to illustrate this feedback from 1930 to 1999.

This thesis finds preliminary evidence of policy feedback in the area of narcotic policy, which is in line with findings in other areas of American health policy and connects to the general literature of state development and policy feedback. There is little study in the American political science literature on this topic and this thesis aims to open a scholarly dialogue on the empirical study of American narcotic policy.

## **Policy Framing and Policy Feedback**

Policy framing is meaningfully different from policy. A policy is a response to a situation, and the policy frame is a political actor's story about this response. There is only one policy (or collection of unified policies), but there can be many policy frames about that single policy, depending on how many actors are involved. Policy framing is also substantively different from policy: policy is formal writing, outlined in legislation or something similar, whereas framing is the rhetoric/language used by different actors to discuss the policy. Different actors frame policy in different ways, according to their goals and preferences.

Although there may be many different policy frames, the framing by the institutional actors responsible for implementing a particular policy tells us how a specific policy solution is presented -- their frame tells us who will get the solution and why they get the solution. Although we expect to have alternative policy frames from different actors, it is important to look at institutional policy framing as it can affect policy implementation, how it is perceived by other actors, and ultimately has the potential to influence the success or failure of the policy itself. We can look at other competing policy frames, but it is important to have an initial understanding of what these frames are trying to compete with. The actors of interest in a policy feedback analysis are those that are potentially able to initiate or alter the policy feedback mechanism. For this analysis, actors who do not have competing frames with the institutional policy framing are not of interest.

To examine policy, we can find it in an official form, but to examine policy framing we need to go looking for how a particular actor or group of actors talks/writes about the policy. Additionally, policies do not exist in isolation. A policy landscape is the context in which the

policy exists and operates -- it includes current and past policies, policies implemented as well as policies discussed but not implemented, as well as policy in issue-adjacent areas. Policy feedback is the process of policies changing the political landscape and “feeding back” to the political process (Soss and Schram 113). Rather than policies simply being implemented by elected representatives, policy feedback can show the interplay between policy and politics involved in policy feedback (ibid).

This echoes the literature in policy feedback, which examines the role of policy in affecting politics. Skocpol points to the expansion of state capacity in policy feedback, arguing that through the process of increasing state capacity it changes people’s relationship to the state (Skocpol 58). Piven and Cloward highlight the particular "growing role of state structures in shaping popular politics" and posit that the "welfare state has had a transforming effect on popular understandings of what politics is all about" (Soss and Schram 114). Michener explains that "public policies are not only the products of politics, they are also crucial inputs that feed back into the political system by affecting the attitudes and behaviour of citizens, families, organizations, social groups, and political elites" (Michener 423). Pierson says that we can think of policies as being the "rules of the game" -- not only do they set out what is permissible behaviour and what is not, but they also are able to change how the players -- the public -- "make sense" of the game (their behaviours) (Pierson 611).

### **Applying Policy Feedback to Narcotic Policy**

Drug abuse policy can be classified as an "intractable policy controversy" -- meaning that opinions on the issue are closely linked to tacit underlying beliefs that are difficult to confront rationally (Schon and Rein 4). Drug policy is somewhat lurid, high stakes for society, and carries

a strong moral element. Scholars like Stevens have noted "drug policy emerges from competing ways of thinking about values" (Stevens 1). A way of making sense of such policy controversies in the political arena is by looking at the policy frames that surround the policy itself -- especially the frames created by the most important actors. Through examining how different actors use different pieces of information on a controversial issue to advance their interests, we can better understand the issue itself and start to see where those frames end up having an effect (or not having an effect).

Many actors have frames about drug abuse, but this thesis is concerned with how the American state itself -- represented through bureaucratic institutions -- frames drug abuse. The actors involved in framing drug abuse policy differ from many other areas of policy in that the debate has historically not been between proponents and opponents of narcotic policy -- every actor is opposed to narcotic abuse (Courtwright 13). Instead, the narcotic policy arena has debated how harsh punishments ought to be and which kinds of bureaucratic institutions ought to be responsible for implementing drug policy.

Federal narcotic institutions are particularly large players in policy framing -- they have significant interest in narcotic policy. As Meier, states, "the interest of law enforcement agencies in drug control policies are fairly obvious. Not so obvious is the interest of the treatment bureaucracy. Drug control laws generate clientele for treatment agencies" (Meier 46). These institutions stand to gain or lose financial, political, and public support for their goals, depending on the narcotic policy in question.

Looking at policy framing can be helpful to closely interrogate policies where "knowledge is uncertain and/or where there are substantial differences and conflicts over

interpretation and action" (Encyclopedia of Political Science 2). Narcotic policy in the twentieth century is an excellent example of both situations -- knowledge of narcotic addiction was unknown and constantly changing and developing, and there were significant conflicts over the best course of action -- whether medical or criminal -- to take to deal with the problem of narcotic addiction.

Most of the public policy and political science policy feedback studies large-scale policies like healthcare or welfare state policies, but this is gradually changing. A body of research is growing with a focus on tangible policies like drug abuse policy -- policies that people encounter more frequently in their day-to-day life and that shape how they see the world and behave (Pacheco 715). Examining how more tangible institutions and regulations affect the policy landscape through people's behaviour is a developing area of policy feedback research. Tangible policies can change future support for policies because the public links government action with policy effects (Pacheco 718).

## **The Puzzle of Narcotics in 20th Century America**

Narcotics – substances derived from or in synthetic imitation of the opium poppy -- differ from substances like alcohol and nicotine in several important respects. First, there are far more alcoholics and smokers than people who abuse narcotics (Metlay 126). This thesis understands narcotic abuse to be a medical condition that progressively affects the brain, which alters neural pathways to cause "the compulsive seeking and taking of narcotics despite adverse consequences" (Zou et al 22). Compared to alcohol and cigarettes/other nicotine products, the rate of narcotic consumption is relatively low. Second, alcoholism has been successfully reframed as a public health problem since Prohibition, while narcotic abuse has been framed in



terms of crime, morals, and social decline (Metlay 123). Alcohol and nicotine have the power of their respective industry as a lobbying force, while legal narcotics have pharmaceutical companies to act as a political representative. Illegal narcotics have no organized actors to represent their interests in the political arena.

At the start of the twentieth century, narcotic abuse was not an important issue for the American public -- it was neither a crime nor an illness (Courtwright 4). It was also not a salient issue in federal politics; it was an insignificant and diffuse issue (ibid). There were no political institutions in place to monitor, police, or study narcotic abuse. Simultaneously, popular political thought at the time argued that the federal regulation of substances was against the position of limited government outlined in the Constitution (Lee at al 100).

There have been repeated cycles of political and public panic over drug abuse in America throughout the twentieth century, resulting in some of the harshest narcotic laws in the world. After Prohibition ended with the repeal of the Eighteenth Amendment and alcohol became publicly permissible again, the vilification and punishment of drug use intensified in America. By the end of the twentieth century, America was engaged in a global “War on Drugs” – an approach in both domestic and foreign policy to criminalize and punish narcotic use. Coupled with the punitive narcotic policy in America is an enormous prison population. The criminalization of narcotics resulted in an increase in crime rates (Meier 66). While rates of imprisonment as a whole have increased across the United States in the last fifty years, incarceration for drug charges in particular have increased most significantly since the 1980s under the Reagan administration -- a trend that has only accelerated in the twenty-first century (The Sentencing Project web).

The state of narcotic policy in the twentieth century begins with a tax and bookkeeping system and ends with the criminalization of narcotics, high rates of incarceration for drug charges, and no decrease in rates of drug abuse. How did this transformation in policy happen? What encouraged and sustained the change in policy? There is little work in the political science literature on narcotic policy, and the work that does exist focusses on particular points in time rather than looking at the path of narcotic policy as a whole.

## **Methodology**

This thesis will use process tracing to search for evidence of policy feedback in a single case study of American narcotic policy from 1930 to 1999. As policy feedback follows a temporal sequence, feedback mechanisms are inherently amenable to process tracing analysis. Policy feedback is something that happens over a long period of time -- one cannot look at a short timeline and expect to have an accurate analysis of possible feedback. Reverse causality is an important factor to consider in terms of possible endogeneity in any feedback mechanism and this will be examined (Ziller 287).

One strength of process tracing is its ability to look closely at the process through which the locked-in path of policy has occurred to get an accurate understanding. Process tracing utilizes the close within-case study of historical cases to generate inferential and descriptive leverage (Collier 824). However, as with any selection of a small number of cases there is the limitation of generalizability of findings to other cases and external validity.

The time frame that I have selected to look for evidence within is from 1930 to 1999 -- enough time for several cycles of panic over narcotic abuse. 1930 is when the federal government began playing an active role in framing narcotic abuse; if I started looking for evidence earlier in time it would not tell me anything about institutional policy framing because it did not exist. 1999 is chosen to be the end-date because it is the end of the twentieth century, however narcotic policy obviously does not end here and there is a section briefly discussing narcotic policy changes in the twenty-first century and what we could possibly learn from studying it.

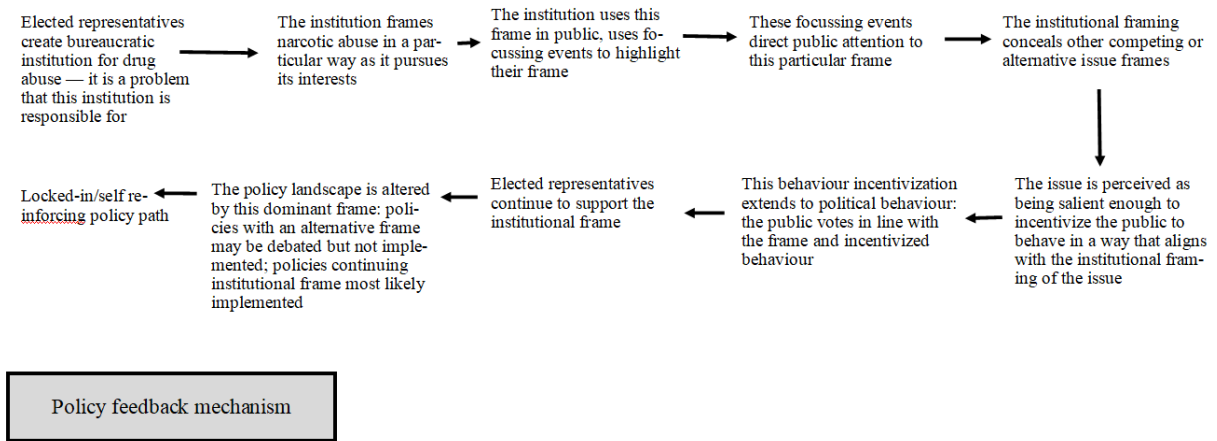
## **Mechanism**

Pulling from Paul Pierson's dimensions of policy feedback, the policy feedback mechanism of focus in this thesis affects politics through the public rather than political elites or interest groups (Pierson 626). Narcotic abuse has been classified as an issue that the mass public learns about through popular media and political rhetoric, rather than through personal experience (Johnson et al 182).

The process can be laid out as follows. Elected representatives create a bureaucratic institution to deal with drug abuse. The institution frames drug abuse in a particular way as they pursue their interests. The institution uses this frame in public, uses focussing events to highlight the frame that they want to present to preserve their interests: these focussing events direct public attention to this particular framing of drug abuse by heightening the visibility of one aspect of the policy (Pierson 620). The institution frame successfully obscures competing or alternative policy frames (ibid). These processes of focussing on one frame and concealing others can occur simultaneously or independently. The issue is salient enough to the public that these focussing events incentivize the public to behave in a way that aligns with the institutional policy framing of drug abuse. Over time, this behaviour incentivization extends to political behaviour: the public votes in line with the incentivized behaviour. Electoral politics continue to support the policy frame. The policy landscape is altered by this dominant institution -- it is reconfigured according to the contours of institutional policy framing. The policy path is locked-in and very difficult to change. "Locked-in" paths of policy can be a product of self-reinforcing processes (Galvin and Thurston 334).

The feedback mechanism of a locked-in policy path is laid out visually in figure 1.1 below.

**Figure 1.1 Policy feedback mechanism**



In summary, the potential policy feedback model is as follows: as a result of the particular policy framing of narcotic abuse reflected through certain public “focussing events” that highlight the most institutionally salient aspect of the issue, the mass public is incentivized to behave in a way that aligns with the institutional policy framing, which has effects on political behaviour and electoral politics, and locks-in the path of narcotic policy.

### Pieces of Evidence to Go Looking For

If we believe that this feedback mechanism is valid, there are particular pieces of evidence that we expect to observe. Generally speaking, we are looking for some indication that policy framing is influencing political and social life beyond its own institutional boundaries as time progresses. The first clue to go looking for is the presence of focussing events where the

institution is directing public attention onto their particular frame of the issue. The kinds of focussing events that are of interest should be highly publicized -- attracting significant and popular public and media attention. The second clue to go looking for is the presence of the public being incentivized to align with the policy framing of the issue -- the observation of public opinion reflecting the policy framing and/or the changing of social norms to reflect the policy framing. The third clue to go looking for is the defeat of competing or alternative policy frames (the presence of alternative frames being directly confronted by the primary frame and being unable to generate change to the dominant frame). This clue may be observed during or after the occurrence of the second clue.

The fourth clue to go looking for is the observable extension of this incentivized behaviour to the political arena (electoral politics) (seen in the policy/platform views of elected representatives reflects the institutional policy frame). The fifth clue to go looking for is the alteration of the policy landscape in the issue area because of this political behaviour incentivization: if policy change is difficult to accomplish, we should expect to see minimal change in terms of the kinds of policies that are implemented and the presence of a policy approach that dominates the approach to the policy area.

While this mechanism may logically make sense with other kinds of feedback mechanisms, we must now turn to the case studies to look for the historical occurrence of this mechanism in place using key diagnostic pieces of evidence. Enough description is provided to connect each piece of evidence to the theory.

## **Setting up the Frame: The Federal Bureau of Narcotics in the 1930s**

The origins of narcotic regulation can be attributed to the Harrison Act of 1914 by the federal government to regulate and tax opiates and cocaine in America (Lee et al 101). The Act was a simple piece of tax legislation -- anyone who distributed opiates and cocaine had to keep track of the quantity imported and sold, report it to the federal government, and pay taxes accordingly (King 35). The Federal Bureau of Narcotics (FBN) was created in 1930 as the branch of the US Treasury Department responsible for the collection of taxes and records of narcotic import and sale, as laid out under the Act (Nicholas and Churchill 602). Even though its *raison d'être* was solely to collect information and taxes from doctors and pharmacists, the Bureau quickly perverted this purpose and imposed their own framing of drug abuse onto the institution. The Bureau was largely composed of former employees of the Internal Revenue Service (IRS) in the Treasury Department, who had been previously responsible for enforcement of Prohibition (Encyclopedia Britannica web). The Bureau was convinced that Prohibition failed because it lost support of the public, so in order to keep narcotics from following the same path it aimed to build up strong social taboos by emphasizing the threat that addiction posed to public safety and morality (Pembleton 33).

The head of the Bureau is directly quoted in 1934 as publicly saying that “the Treasury Department eagerly awaits the time when an irate public opinion shall penetrate the darkness of evil doing, and blazon forth the dawn of a new day in unified enforcement; but with no such millennium in sight, it intends to pursue its relentless warfare against the despicable dope peddling vulture who preys on the weakness of his fellow man” (Anslinger United States Attorney General’s Conference on Crime 1934). This quote tells us that the Bureau was

interested in acting to directly change public opinion. It also helps us to eliminate the possibility of reverse causality which in this case would be public opinion driving the Bureau to spread the policy framing of narcotic abuse as criminal, rather than what has been laid out above. In the case of the Federal Bureau of Narcotics, we can observe the temporal sequence of policy framing of drug abuse as criminal with the express interest in changing public opinion, followed by a shift in public opinion towards the acceptance of this belief and the support of punishment for drug abuse (Courtwright 70). It should be noted that the Bureau's fear mongering was effective only because it resonated with a public whose already present views on drugs and minorities made it receptive to the framing of drug abuse as criminal (Pembleton 70).

Their institutional interest was simple -- the Bureau wanted financial, political, and public support for their agenda. In the pursuit of this interest, the Bureau translated their beliefs into a policy frame of narcotic abuse. From its earliest days, the Bureau's framing of narcotics was that the use (not even abuse, just the use) was evil and immoral, narcotic use was contagious, that users were criminals of the worst kind, and that it had no place in America, not even in a medical setting (Courtwright 5).

## **Transmission of Policy Frame to Mass Public through Focussing Events:**

### **1930-1951**

The Bureau began as a small, relatively unknown division of the Treasury Department -- it wanted a way to communicate its beliefs about the supposed dangers of narcotics to the American public. There was clever use of the media to direct attention onto the Bureau. The Bureau benefitted in the 1930s from the fact that they were the only institution focussed on narcotic abuse, they could claim credibility and expertise, regardless of whether this reflected



reality. It could initially frame narcotic abuse however they wanted and could approach narcotic policy however they wanted.

The Harrison Act mandated that physicians could not prescribe narcotics without registering with the Bureau and indicating how much they prescribed and dispensed (Lee et al 101). It is estimated that twenty-five thousand doctors were arrested for the over-prescription of narcotics in the tenure of the FBN (Lee et al 101). The media closely covered arrests of these doctors -- there are countless headlines from the 1930s describing Bureau arrests of "evil doctors" who flaunted the law and spread the disease of narcotic abuse around the country for money (pill mills). There was media coverage not only of the arrests of doctors but of narcotics dealers. The front pages of important Washington DC, New York City, and other Northeastern newspapers in the 1930s featured headlines of the Bureau "exposing dope rings" or "smashing narcotics schemes". The emphasis in the media was not on the individual users and the harms that narcotic abuse caused -- it was on a reduction in the dangerous criminals smuggling and distributing narcotics into America by the federal government.

Notably, the focus of the FBN did not stop at human narcotic use -- starting in 1932, a controversy surrounding trainers injecting narcotics into racehorses erupted, and the Bureau began to surveil racetracks and stables (DEA Museum web). This surveillance did not go unnoticed by racetrack owners who did not want to be exposed for animal cruelty, and by the American public who were anti-animal cruelty (McWilliams 157). The horse-drugging issue, including the involvement of the Bureau, was played out in newspapers like the New York Times, and in magazines like Liberty and Esquire (Menke 37; Stoddart 22). This controversy had media attention until approximately 1937, at which point it disappeared from both newspaper and radio coverage (McWilliams 157).

The 1950s began with one of the Bureau's most high-profile focussing events. The Special Committee on Organized Crime in Interstate Commerce, headed by Estes Kefauver, was tasked with investigating organized crime across the country from 1950 to 1951 (Senate web). An estimated thirty-one million Americans watched this Senate investigation, and seventy-two percent of Americans polled were aware of the investigation into the web of organized crime across the country (Senate web). A representative from the Federal Bureau of Narcotics served twice as a witness -- telling Americans and the Senate about rising narcotic use among youth and sharing dangerous stories of crime and narcotic abuse. The culprit was allegedly organized crime rackets under people like Lucky Luciano, who was continually blamed for narcotic smuggling by the Bureau (Nicholas and Churchill 630). The Bureau benefitted from other witnesses in areas of law enforcement and the medical profession who also testified of rising narcotic use in urban areas across the country (Senate Report 27). The Kefauver Committee heard that in 1946 only three percent of the patient-addicts at the United States Public Health Service Hospital at Lexington, Kentucky were under twenty-one, while five years later the percentage had increased to eighteen percent, something the Bureau attributed to organized crime (Senate Report 27). The Bureau also provided the Kefauver committee with a list of approximately eight hundred alleged narcotic smugglers and dealers -- a public demonstration of their surveillance in the American narcotics scene (McWilliams 5).

Using media coverage, the Bureau was able to express their policy framing of narcotic abuse as criminal to the American public and highlight their supposed success at addressing narcotic abuse with a punishment-oriented approach.

## **Incentivizing Public Opinion and the Changing of Social Norms**

Gallup polls on the subject only started in the early 1950s -- before this point in time, surveys on narcotic addiction were small, unrepresentative, and localized in particular areas, like in a single hospital or city. The focus was on surveying the number of people using narcotics, not what the general public thought about the issue or the policies or institutions created to deal with the issue. This means that we do not have accurate “before the FBN” data. However, By the 1950s, when the FBN had been in operation for over two decades, the rise in national polling created the opportunity for public opinion polls on a variety of issues -- including narcotics. Questions focussed on youth using drugs, and what respondents thought a suitable punishment for selling narcotics to teenagers and children (Gallup iRoper web). Public opinion was conservative and emphasized harsh punishment for both those using and dealing narcotics (Gallup iRoper web). Generally, the public thought of narcotic use in a criminal way and agreed that the suitable response ought to be punitive in nature. We see in this a public opinion that reflects the policy framing of drug abuse as criminal.

In a June 1951 Gallup poll, 88% of respondents (n=1997) in a national survey had heard or read of “the selling of narcotics to young people” in America (Gallup iRoper web). In the same survey, 14% respondents said that people found selling narcotics to young people should be given the death penalty, 20% said the punishment should be a life sentence, and 55% answered that the sentence ought to be long imprisonment (without a specified term) (ibid). We see evidence here of the public pushing for policy reinforcement based on a focussing event framing drug abuse as criminal.

## **Opinion Incentivization Extends to the Political: 1951-1956**

The Kefauver Committee directed the attention of the American public to the issue of narcotic abuse in America. While ultimately there was no policy change to combat organized crime, there was a push from the American public for the government to tighten narcotic laws and provide more funding to the Bureau (Senate web). In 1951 there were twenty-six bills dealing with narcotic enforcement introduced in Congress (McWilliams 173). In response to the Kefauver investigation, the Boggs Act of 1951 was introduced (by Senator Kefauver himself) and passed which served to intensify the tradition of criminalizing narcotic abuse (Senate web).

The Boggs Act created a sentencing guideline of two to five years in prison for first-time drug offenders and increased the average prison sentences for all drug charges (Nicholas and Churchill 599). On the television show “Battle Report” in 1952, Anslinger argued that there had been a recent drop in youth requesting treatment, which he attributed to the Boggs Act (McWilliams 200).

In 1955, there were fourteen anti-narcotic bills and twelve resolutions introduced, and, in 1956, there were thirteen bills and three Senate resolutions introduced (McWilliams 173). The Drug Control Act of 1956 was one of these pieces of legislation -- it is considered by many legal experts to be the most punitive drug law in American history. The Drug Control Act implemented increased mandatory minimum prison sentences, introduced lifetime sentences for certain drug crimes and took away parole and probation options for most drug crimes (King 147). The Act implemented a \$20,000 (almost \$200,000 in USD today) fine for drug charges, if that was the punishment decided on, and introduced the option of deportation for narcotic charges (ibid).

## **Obscuring Alternative/Competing Frames -- Doctors, Congressmen, and Lawyers**

The process of the Bureau obscuring competing, or alternative frames began at an individual level. Although there was a sprinkling of physicians who pushed back against the FBN, the most famous medical adversary of the Bureau was Dr. Thomas Ratigan of Washington state. He continued to dispense narcotics to patients -- some of whom abused them, and some of whom genuinely needed the drugs -- even after being warned by the Bureau that he was dispensing too much according to their arbitrary standards (King 70). He argued that he was doing his duty as a medical doctor and providing pain medication (ibid). The Bureau sent agents multiple times to intimidate and threaten Dr. Ratigan himself, along with his staff and patients (ibid). They argued in the media and in court that he was dispensing more narcotics than every other doctor in Seattle and Portland combined (ibid). Dr. Ratigan was arrested and released multiple times as a means of harassment, until he eventually turned himself in to police in 1937 and was prosecuted for violating the Harrison Act (ibid 71).

Similarly, from its earliest days, the Bureau was set on obscuring medical research on narcotics generally, but especially on methadone maintenance. Researchers needed to register with the Bureau to get narcotics to do any sort of research on narcotics, and requests were often denied. Hospitals and universities were unable to perform any kind of narcotic research for fear of researchers being arrested like so many doctors had been (King 99). The Bureau obscured the relatively niche view of certain doctors and researchers that narcotics could be administered to patients abusing narcotics to avoid withdrawal symptoms (the early predecessors to methadone maintenance), in an attempt to keep the dominant approach of removing narcotics from the

country as much as possible (Courtwright 16). This obscurement of the medical use of narcotics was successful -- methadone research was not undertaken until 1964 (ibid).

There was only one elected representative who was publicly opposed to the punitive approach to narcotic policy during the first two decades of the Bureau's tenure. Congressman John Coffee (D-Washington) lobbied and wrote against the Federal Bureau of Narcotics and their strict framing of narcotics for his entire time in Congress (from 1937 to 1947) (King 79). He put forward House Joint Resolution 642 in 1938, which had the aim of investigating the work of the Bureau (McLaughlin 171). Despite the fact that there were multiple committees and investigations into drug abuse during his tenure, and that he was a Democrat in a Democrat controlled Congress and Senate, Coffee was not invited to speak at a single committee or investigation (King 80). In the next two years, Coffee would attempt to introduce legislation to examine the Federal Bureau of Narcotics, but the Congressman was easily silenced -- no other politicians or media would side with him, and his crusade against the Bureau has been largely forgotten (McLaughlin 171).

The 1950s brought a new contender to the Bureau's dominant policy frame. Starting in 1955, the American Medical Association and the American Bar Association -- two of the most prominent professional associations in the country -- began preparing a joint report advocating for a change in narcotic policy on the grounds that they were too harsh towards narcotic users, and unjustly took power away from physicians to practice medicine (Courtwright 77). The Bureau quickly heard news of this and doubled down on their anti-drug messaging in the media and towards Congress (Pembleton 77). Ultimately, the report was never even put before Congress (King 229). Congress and the Senate were unaffected by the rumblings of the report and lobbying by individual members of each association fell on deaf ears (ibid).

Another obscurement of competing policy frames happened in the 1955 Senate subcommittee on reforming the criminal code also referred to as the Daniel Committee. A component of this subcommittee was to examine narcotic policy, and critics of the punitive approach could speak (King 125). Drugs like barbiturates and amphetamines were growing in popularity, and there was concern from the public about the drug problem in America (ibid 129). Both the AMA-ABA report and the Daniel Subcommittee reflect a greater debate that was beginning to take foot in political discussion of narcotic policy: the law enforcement versus medical frame debate. Fundamentally, both sides agreed that narcotics were dangerous, that addiction is inherently contagious, and addicts require institutionalization, and the large amount of overlap made the debate very contentious (Pembleton 85). The medical frame could not say what kind of disease addiction was, just that it needed therapeutic care (Acker 39). Thus, the law enforcement frame continued to be the dominant frame in the area of narcotic policy.

We see evidence here of the successful obscurement of competing frames by the institution responsible for the creation of the dominant frame.

## **Issue Salience at the Public Level**

The late 1960s and early 1970s were wrought with racial and civil unrest, and rising crime rates in urban areas. There was a strong link in public opinion in which the rising number of addicts in the 1960s was seen as the cause of increased crime in the cities (Agar and Reisinger 382). A 1971 Louis Harris and Associates poll found that 81% of respondents (n=1600) said that drug abuse was a “major cause” of the recent breakdown in law and order across the country (iRoper web).

There was also concern about soldiers acquiring a heroin habit while serving in Vietnam, where heroin and opium were cheap. In May of 1971, Congressmen Robert Steele and Morgan Murphy presented a report on heroin use in American soldiers in Vietnam and found that there was evidence indicating heroin use in American soldiers (Lee et al 105). This was an image nightmare for the American government. A March 1971 poll (n=1600) found that 61% of respondents agreed that the “Army’s discipline has broken down when so many soldiers are using drugs” (iRoper web).

In other words -- narcotics were becoming a salient issue for the American public where it had been dormant for the last ten to fifteen years.

### **Behaviour Incentivization Extension to the Political**

Richard Nixon was elected on a campaign promise of restoring law and order to America. In response to the civil unrest and the heroin usage by soldiers, Nixon created the Special Action Office on Drug Abuse Prevention (SAODAP) as an institution inside the White House in 1971 (Raz 3). In presenting the Office to Congress, Nixon said that the Office would not be concerned with law enforcement -- instead, its focus would be on education and treatment of narcotic abuse (Nixon speech). For the first time, the most prominent and highest funded institution for all federal narcotic policy would not be a law enforcement agency (Metlay 153).

Geoff Shepard -- who served on Nixon’s Domestic Council -- said in a panel for the Nixon Foundation that Nixon repeatedly said privately to his staff, "you know, the votes are for law enforcement. People do not want addicts roaming around on the streets, and that is what my constituency wants, but we can't do that to these addicts without supplying treatment. There aren't any votes for expanded treatment but that's not how we're doing it, we're going down both



paths at once" (Geoff Shepard interview with Nixon Foundation). This quote indicates that President Nixon was somewhat aware of the reality of public opinion.

### **Attempted Different Approach to Narcotic Abuse Policy**

The response of the government via the SAODAP was to introduce federally funded methadone maintenance, framed with the aim of reducing crime and psychological diagnoses, and increasing health and life outcomes (Raz 60). This was the first significantly different approach to narcotic policy in the twentieth century. However, methadone treatment was initially directed at those already in the criminal justice system -- meaning that despite being a medical approach there was an assumption that methadone treatment was for criminals (Raz 59). Jarome Jaffe, the head of the SAODAP, in his 1971 Congressional testimony, said that the narcotic user would use the treatment options to "become a law-abiding, productive, non-drug using, emotionally stable member of the community" (Congress web).

Jaffe expressed the difference between the policy approach that the SAODAP took, and the opinion of politicians and the public. He said that in 1971, "given the public's perceptions of heroin addicts as dangerous people, community experts and people in Congress were proposing civil commitment, confinement, and other draconian measures. People were talking about an epidemic, the idea that one addict makes ten addicts" (Jarome Jaffe interview with Nancy Campbell). In another interview, Jaffe commented specifically on the political attitude in Congress, saying "up to that time, we had about 65 years of a law enforcement approach. I wasn't certain that the general attitudes of Congress had totally changed" (Jarome Jaffe PBS interview).

We see evidence here of a government aware that it would be going against popular and political preferences but implementing the policy, nonetheless.

## **Failure of Competing Policy Approach to Alter Dominant Frame or Incentivize Behaviour Change: 1971-1973**

There was media attention on the federal support and funding for methadone -- many thought it to be just as dangerous as heroin (Markham 28). Jaffe commented “the whole drama of this rivalry between the pro-methadone and anti-methadone camps was played out in The New York Times’ headlines” (Jarome Jaffe interview with Nancy Campbell).

Methadone faced tremendous public and political opposition (Courtwright 31). The criminal opinion of the drug abuser lingered -- people thought of methadone consumers in the same way. The line between legal and illegal narcotics seemed blurry to the public. African American interest groups argued that methadone was the “government’s attempt to keep ghettos in a state of chemical dependency” (Metlay 273). White communities with methadone maintenance clinics were concerned about crime around the clinics and narcotic abuse spreading through their communities. Liberal critics thought that methadone did not go far enough to address poverty or racism (ibid). Conservatives were against the reversal of the long-time prohibition of narcotics and were concerned about methadone entering the illegal drug market (ibid).

We see evidence here of the failure of methadone as a competing policy approach to alter the dominant frame of narcotic abuse or incentivize a change in political or public opinion.

## **Elected Representatives Continue to Support the Dominant Frame**

The first shift back towards punishment happened at the state level -- New York passed more stringent state narcotic laws in 1973 with mandatory minimum prison sentences and longer prison sentences for most narcotic crimes (Fortner 27). A 1973 Roper poll (n=1263) found that 73% of respondents agreed that all states ought to have harsh and strong punishments for drug charges like the one that New York had recently passed (iRoper web).

Eventually, Nixon decided to return to the solely punitive approach to narcotic abuse -- funding was pulled from the SAODAP for methadone maintenance programs (Jaffe interview with Nancy Campbell). Shortly after, the Drug Enforcement Agency (DEA) was created in 1973 and federal narcotic policy returned to a solely law enforcement approach (DEA web).

## **Policies Continuing Punitive Narcotic Approach Implemented and the Presence of a Locked-in Policy Approach: 1973-1989**

Narcotic policy remained stagnant in the time of both the Carter and Ford administrations (Lee at al 106). The only narcotic policies passed during these years served to extend the existing legislation -- the DEA and police departments across the country enforced narcotic policy.

The Reagan administration from 1981-1989 markedly intensified the stringency of narcotic policy -- the “War on Drugs”, as Reagan often called it, gave police and prosecutors greater powers for enforcement and advocated for the use of those tools against users, producers, and traffickers (Whitford 56). Crack cocaine use had skyrocketed across America, and, while it is not a narcotic itself, the Reagan administration declared war on all drugs, including narcotics. In terms of arrest and incarceration rates these policy changes were successful; incarceration for

drug charges rose exponentially from the early 1980s onwards. The 1984 Comprehensive Crime Control Act put in place mandatory federal minimum prison sentences for drug charges (Congress web).

These policies were supported by the American public -- they chose to elect Reagan for two consecutive terms. A 1986 Roper poll found that 67% of respondents (n=998) strongly agreed that and 24% somewhat agreed that “stricter punishment and prosecution of drug sellers” would control drug abuse (iRoper web). In the same study, 49% strongly agreed and 31% somewhat agreed that harsher punishment and prosecution of drug users would control drug abuse (ibid). This indicates a public reflection (although a small sample size) of the framing of narcotic abuse as both criminal and warranting a punitive response.

America reached the end of the 1980s with a sustained political focus on eradicating narcotics and other drugs in America, and a large, incarcerated population serving time for drug charges. Narcotics were generally not as salient of an issue in the 1990s, and there was minimal policy change at the federal level, save more research being funded (Lee et al 109). There was research done at the federal level on different approaches to treating narcotic abuse, however a notable gap between research and the reality of policy implementation was noted in federal bureaucracies -- despite research being done on narcotic abuse as a medical disease, policy emphasized law enforcement (ibid 108). An exclusively punitive approach to drug policy continued to the end of the twentieth century. We can see evidence here of a locked-in approach to narcotic policy.

## **Alternative Explanations to the Locked-in Narcotic Policy Approach**

The first alternative explanation could be the institutional culture perpetuating through the different institutions, which may have contributed to the continuation of the punitive approach to narcotic policy. The percentage of Bureau employees who ended up working for the SAODAP is uncertain. In a 2013 interview Jaffe talks about how he was given complete free reign by Nixon over the hiring process for the SAODAP, and describes the competitive hiring process (bureaucrats from other agencies really wanted to work for the SAODAP) after the establishment of the SAODAP (Jaffe interview with Nancy Campbell). “There were people in SAODAP (...) who believed that mandatory (prison time) minimums were just the wrong thing; that you’ve got to take a stand” (Jaffe interview with Nancy Campbell). This indicates some heterogeneity of opinion within the Office. Robert DuPont, the first head of NIDA, speaking about SAODAP, said that “And (...) there was magic moment in history with the Nixon administration, with a lot of young people” (Robert DuPont Nixon Foundation interview). This indicates the presence of fresh ideas and employees, not exclusively bureaucrats with an ingrained sense of bureaucratic culture. In a paper, DuPont describes the employees of the SAODAP as “young anti-bureaucrats” (DuPont 9).

Racism and prejudice towards racial minorities cannot be ignored in the study of narcotic policy. Might racism and anti-minority prejudice be the driving causal factors behind the locked-in path of narcotic policy in America? If drug abuse is framed in the criminal sense, pre-existing racism, and bias towards minorities as being more criminal makes the public more susceptible to the framing of narcotic abuse as a crime. The United States was racially segregated formally, and then informally (Lee et al 100). This division had implications for how different races viewed

criminality, and, accordingly, narcotic abuse as it became framed in a criminal way. Beginning with the turn of the twentieth century, the picture of the addict was stereotyped to be an opium-smoking Chinese immigrant (Campbell 35). In the 1920s and into the 1930s, this image began to change -- the stereotype of the narcotic addict transformed into a poor Black or Latino criminal, as more Blacks and Latinos moved into cities (Lee et al 101). The fear of minorities already existed in White Americans -- the Bureau merely capitalized on the urbanization of Black Americans and rise of minority drug abuse as minorities moved into low-income parts of cities (Courtwright 19). Heroin use and crime became increasingly racialized in the late 1960s and 1970s -- they were associated with minorities (Raz 70). This is not the causal force for the locked-in punitive approach to narcotic policy, but rather an aspect of public opinion that makes it more susceptible to believe the argument that minorities are more susceptible to narcotic abuse and that narcotic abuse is criminal.

Another possible alternative explanation is the constraint of scientific knowledge and study of narcotic abuse and possible therapies to address narcotic abuse. At the time of the Bureau's founding, nobody, even "experts" knew any better, so scientists and doctors went along with the argument that drug abuse was criminal. Similar arguments can be made about the historic argument of promiscuity or homosexuality as a crime. However, the Bureau actively suppressed research on drug abuse by using the threat of imprisonment. It outright intervened in the medical world, and actively lobbied against the usage and study of methadone at medical conferences throughout the 1940s and 1950s (Acker 36). The FBN was firmly anti-maintenance treatment (using synthetic opioids like methadone that allow a person with narcotic addiction to fulfill the craving in a more manageable way) (Courtwright 12). The Bureau sent agents to harass and intimidate doctors and physicians researching the effectiveness of methadone maintenance --

they did not want methadone maintenance to be an option at all, even in clinical applications (Acker 36). In other words, the federal government staunchly opposed the process of scientific investigation into the biology of drug abuse and any sort of research on narcotic alternatives or pharmaceutical alternatives to narcotics. This was not ignorance or the constraint of lack of technology, this was the blatant control of knowledge to dominate opinion. We must then look at when science finally did advance to see drug abuse as a medical disease, why did the criminal frame not change? Decades of scientific and medical evidence had not proven to be persuasive enough to change narcotic policy.

### **Shifting of the Policy Paradigm: 2000 Onwards**

In the two decades since the end boundary of this analysis there has been a marked change in the American narcotic policy landscape. Although narcotic policy remains the same at the federal level there has been a shift at the state and municipal level away from solely punishment as an approach to narcotic policy. Across the United States in the last twenty years, we can observe trends towards decriminalization, safe injection sites, and a greater emphasis on treatment. This marks a shift away from the kind of narcotic policy that this thesis has focussed its attention on. We can also observe less public support for the strict punishment approach to narcotic policy. While there are pockets of the population that maintain a belief that narcotic abuse is a criminal or moral failing, these have decreased in number and the degree of punishment that is publicly supported does not appear to be as harsh as it once was. Public opinion polls generally show greater tolerance and compassion for those abusing narcotics and decreased support for harsh punishments like long prison sentences. The forces that held together the locked-in path of narcotic policy during the twentieth century do not appear to be sustaining

it in the same way. Let me speculate on what has changed to eat away at this dominant frame, but note these possibilities are not exclusive of one another.

The first possible change may be the comparative role of federalism in the twentieth century and the twenty-first century. The American state was much more powerful in influencing politics at all levels during the twentieth century (and particularly in the first half of the century). The idea of a strong federal state was popular with both politicians and the public, but this support quickly waned in the second half of the century. The strength of the federal state has decreased while the strength and autonomy of individual states in implementing policy has increased in the last decades. Policy at the federal level has less of an impact on policy at the state level in the twenty-first century than it did in the twentieth. We can see this with narcotic policy – while the federal level has continued to emphasise punishments, states are able to make different decisions for themselves.

The second possibility may be that the coalition of actors who were once responsible for sustaining the dominant frame have moved on to focus on other policy frames or are not as important as they once were. One approach to studying this could use the advocacy coalition framework as a theoretical lens to look more closely at the actors involved in the later stages of the process of policy lock-in in the twentieth century and see if they are still present and active. This approach would move away from focussing exclusively on framing and policy and look more at the actors involved in the later stages of policy advocacy (or non-advocacy).

A third possibility may be the rapid spread of information brought on by the Internet age. People do not receive their media today from a singular source like the newspaper or the radio in the same way that people in the 1930s and 1940s did. There is a wealth of information showing



different perspectives available through access to the Internet, weakening the ability for a single dominant perspective to drown out all other perspectives. This information can change people's minds about all kinds of issues, including narcotic abuse and weaken the strength of the dominant policy frame in public opinion.

## **Connecting Narcotic Policy to Processes and Practices of Structural Racism**

Narcotic policy feedback can be thematically linked to structural racism: structural barriers that minorities face in their life (Assari 1). As mentioned in the alternative explanations section, racism cannot be extricated from the study of American narcotic policy. Michener finds that feedback is racialized in many areas of American policy like welfare provision, violent crime, and education (Michener 424). Narcotic policy is no exception to the racialization of policy provision -- it is also impacted by and contributes to structural racism in America.

The policing style encouraged by Reagan's War on Drugs policies has disproportionately encouraged and increased police violence in minority communities (Rosino and Hughey 851). American law enforcement officers received military-style training on how to use violence against those they are policing -- minorities most often (Rosino and Hughey 861). These policies exacerbated already existing divisions between who is policing and who is being policed.

The justice system has historically been and continues to be systematically biased against minorities. Rosino and Hughey find that "the racial background of an offender, controlling for all else, influences the likelihood and severity of prison sentences and civil asset forfeiture and the likelihood of pretrial diversion or deferment to drug courts and counseling" (Rosino and Hughey 864). The widespread incarceration of minorities contributes to the racialized system of social control of whites over minorities (Rosino and Hughey 851). There is a disproportionate number

of minorities serving time in American prisons, in comparison to their white counterparts. Long prison sentences mean less educational and career opportunities for those serving time. Additionally, parental imprisonment has an impact on family opportunities and quality of life over several generations (Rosino and Hughey 865).

Rosino and Hughey argue that “the War on Drugs has been presented to Americans as a set of “colorblind” policies and practices designed to limit the use and distribution of drugs. However, evidence shows that the policies of the WOD have had uniquely negative effects on families and communities of color and exacerbated racial inequality” (Rosino and Hughey 881). I would extend this further and say that the background for these policies was laid out by earlier narcotic policies, and the process of locking-in the punitive approach locked-in processes and practices of structural racism.

## **Implications of Narcotic Policy Feedback**

Something unique to narcotic policy feedback is that addicts themselves have very little say about policy or public behaviour. Narcotic abuse has never had political lobby groups or anyone speaking up for the drug user in the same way as those with alcoholism (Courtwright 12). Narcotic abuse is time, money, attention, and health consuming, all of which takes away from an individual's ability to advocate for themselves or for policies that would help them. Making narcotics illegal further disincentivizes drug users to advocate for their own interests. That could mean implicating oneself in crime and being subject to stigma at best, criminal punishment at worse. Additionally, research has shown decidedly that people in prison are less able to participate politically. People convicted with a felony were unable to vote for a large chunk of the twentieth century -- leaving them unable to participate at the most basic level and reflect their

own interests through electoral politics, let alone push back against the dominant frame (NAACP web). The implications of criminalizing narcotics mean that a section of the population is excluded from political processes.

The process of welfare state retrenchment was occurring simultaneously to these processes of policy feedback (Hacker 243). During the tenure of the Federal Bureau of Narcotics, the American state was at its peak of provision of services. However, because the FBN was busy punishing drug users and harassing physicians, they missed the opportunity to generate positive health and social outcomes. By the time SAODAP emerged to provide methadone maintenance, welfare state retrenchment was occurring, as well as general levels of public mistrust for bureaucracies (Moynik and Ingraham 229). When addiction was considered by federal narcotic institutions to be a medical disease, the state had moved away from providing healthcare and towards the broad privatization of healthcare. The 1970s and 1980s brought a demand for drug treatment from individuals with jobs and health insurance and happened to coincide with hospitals' desire to develop profit sectors as a response to increasing health care costs (Acker 9). A two-tier system emerged of private treatment offerings of detoxification, counseling, and other treatment services for the middle and upper classes, and incarceration for "the poor, the uninsured, ethnic minorities, and immigrants." (Acker 9).

The Narcotic Addict Treatment Act of 1974 specified the kinds of patients who were eligible for methadone maintenance treatment and outlined dosage schedules based on normative grounds not medical science (Metlay 273). Physicians who prescribed methadone had to register every year with the DEA (reminiscent of the Harrison Act) (Raz 75). The whole system was highly regulated and restricted in terms of who and how to provide methadone (Raz 76). The state made it available, but tightly controlled who would be able to get it and how to provide it. It

was such a strict regulatory mechanism for methadone that it undermined the therapeutic effect of methadone availability (Raz 76). In 1976, two of the original scientists studying methadone (Dole and Nyswander) argued that the regulations were so inconvenient that they caused patients to drop out of treatment and the regulatory strictness restricted the number of clinics, resulting in overcrowding (Metlay 273). Ultimately, methadone maintenance funded by the federal government would end with the crumbling of the Nixon administration, and would never be adopted at the federal level again.

Alternatives to methadone maintenance (counselling, cognitive behavioural therapy, etc.) were provided by private institutions, not the government. There are all kinds of secondary health problems that stem from narcotic abuse -- cardiac problems, mental illness, higher chance of infection, higher chance of contracting HIV/AIDS, among others. The process of welfare state retrenchment took away many of the opportunities for people abusing drugs to access healthcare services to better their quality of life.

A subtle implication of this policy feedback analysis is the strength of the state in the area of narcotic policy. This state strength is not only related incarceration, as has been noted in a plethora of other scholarly work on state strength and incarceration rates, but also shaping the medical response (Sheingate 4). An implication is the power of the state in the medical field: The state constrained medical modes of treatment, altered relationships between physicians and the state and physicians and patients. Doctors received little education or training on how to treat addiction from the early 1920s until the early 1960s, for fear of being arrested by the Federal Bureau of Narcotics and prosecuted (Campbell 13). SAODAP methadone maintenance programs and the later federal regulations of the medical use of methadone reconfigured the role of physicians and their relationships with the people they cared for (Raz 60).

Although social implications are not generally considered in analyses of political development, they are still important (Nachlis 158). Scholars have shown that "when drug abuse moves into disadvantaged communities or among marginalized populations, the consequences are more devastating in the absence of a social safety net and the actual drugs become more dangerous to the rest of society" (Pembleton 31). Additionally, the criminalization of narcotics is largely focused on minorities despite the complete lack of evidence that minorities are more likely to use narcotics than non-minorities (Meier 66). Punitive narcotic laws, coupled with a police force that is biased against minorities and more likely to police minority communities more aggressively, has undoubtedly had a hand in the significant population of African American men in prison (NAACP web).

## Conclusion

Throughout the twentieth century narcotic abuse was presented by the federal government as the lack of mental control, a character defect, a criminal tendency, a sin, or psychopathy (Courtwright 6). This framing managed to pervert existing narcotic legislation and start the federal government's tradition of criminalizing and punishing narcotic use, which has resulted in the trajectory of high rates of incarceration for narcotic crimes. The question that this thesis has answered is: where did this punitive narcotic policy come from, and why is it so persistent and pervasive in American politics? This thesis used a feedback mechanism to argue that punitive narcotic policy came from an early policy framing which was spread to the mass public through focussing events that aimed to highlight the frame, and incentivized the public to alter their behaviour to align with the framing. This behaviour extended into the political: the American public voted for politicians who promised to continue with the punitive approach to narcotic policy. Elected representatives continued to support institutions and policies that are in line with the framing of drug abuse as criminal, and this framing has become the dominant policy frame in the narcotic policy landscape, locking in the penal approach to narcotic policy.

This analysis signals that the area of narcotic policy is an area of relative state strength, which may be of interest to scholars of the American healthcare state and American political development. The uneven distribution of state strength is a key theme in state scholarship and political development scholarship. This analysis provides a jumping off point for comparative research on state strength in different institutional areas, or for further research on locked-in policy landscapes. This analysis also shows the power of individual bureaucracies in their ability to affect (or fail to affect) popular politics and the path of an entire area of policy for decades to

come. This finding is in line with other political development and policy feedback studies of the American healthcare state, which emphasize the role of early institutions in defining the trajectory of American health policy (Nachlis 160).

Additional research is needed to closely interrogate the policy feedback relationship between the framing of drug abuse and the effect of this framing on political outcomes. This thesis focussed on institutional policy framing of addiction, but there are many other kinds of policy frames that may have a similar feedback effect on the political process and policy landscape. Possible future research directions include studying the ongoing opioid epidemic in comparison to previous waves of narcotic addiction. There has been a rise in methamphetamine abuse in the last several decades -- future research might look at framing and policy response to methamphetamines, and how the politics of meth differ from narcotics. It would be interesting to see how each of the drug abuse focussed institutions based in the White House compare to one another in how they frame addiction, their policy responses to narcotic abuse, and their resulting policy outcomes. The intercurrency of different narcotic institutions could be another area of study. Other research designs could be chosen, perhaps carefully incorporating quantitative work using good quality data into the study. There are also other theoretical frameworks that could be used to analyse the issue. This thesis takes one theoretical approach but acknowledges the limitations of using a single theoretical framework and studying a bounded time of study.

This topic is important to study for several reasons. First, it is an understudied part of American health politics and American political development -- there is limited material in the political science literature. Second, it has implications for present narcotic policy and views on narcotic abuse. Examining the locked-in narcotic policy landscape can help scholars to understand why it has been so difficult for the federal government to address the ongoing opioid

epidemic. The aims of this paper are not prescriptive in nature. However, the reality of ninety years of narcotic policy should not be ignored -- there has not been a decrease in narcotic abuse in America. There has not been a decrease in incarceration rates. There has not been a shift towards alternative policy approaches. Criminalization of drug abuse does not appear to be successful in doing much except putting more people in prison and making it more dangerous for those who use narcotics to access them.



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