An Unwinnable War:

Harry J. Anslinger and the Origin of the War on Drugs

Stephanie Smith

Grand View University
The United States has the largest population of citizens currently in prison than any other country in the world, not to mention those who are under another kind of correctional supervision, such as parole or probation. Nearly half of all these prisoners are in the system because of a drug charge. The number of prisoners who have been sentenced for non-violent drug crimes has been on the rise since the early 20th century when Harry Anslinger, Commissioner of the Federal Bureau of Narcotics, began his global assault on any and all drug use. While the push to strengthen the War on Drugs has been seen as a success because of the higher incarceration rates, in reality, the system has done more harm than good. The racist beginnings of the War on Drugs have not subsided post-civil rights era of the 1960s, rather they have become less blatant but more systematic. Race is a major factor in searches, arrests, sentencing and rules and laws that impact users of different drugs, adding to the racial disparity seen in our prisons. Old ideas and information regarding drugs and their effects and benefits have changed drastically over the years, bringing to light the vast amount of misinformation on which the War on Drugs was founded. And while the private corrections system in the United States is racking up billions of dollars in costs, the actual benefits of the current process are next to none, especially when compared to alternatives being practiced all around the world. In recent years, the United States has taken steps to turn around this wayward train and create something productive out of the wreckage, but not enough has been done.
In order to understand the War on Drugs and its affects today, it is important to understand how the war was started. Harry Anslinger is widely regarded to be the father of the War on Drugs and responsible for the creation of several bureaus in operation today. For over thirty years, Anslinger was the Commissioner of the Federal Bureau of Narcotics, a precursor to the Drug Enforcement Administration. Through the FBN’s work, the War on Drugs was born, mostly out of necessity to prove to a tight-fisted Congress that their existence was justified. They accomplished this by making a few high profile busts that helped them convince the American people that drugs, drug addicts, and drug dealers were a real and pressing danger, even if doctors and experts disagreed with them.

Anslinger’s agents focused on drug dealers and smugglers in the United States, whom Anslinger referred to as “murderers.”\(^1\) Agents who worked the streets were known as “case-makers” and had to adhere by the standard of “two buys and a bust” to avoid entrapment charges. Such a standard requires agents to become friendly with the drug addicts they would later arrest or use against dealers farther up the chain. These informers were often paid or appeased through drugs, which the agents sold or gave to them.

While the methods were questionable and at times downright illegal, they did arrest more criminals than its rival, the FBI.\(^2\) The FBN employed such methods as illegal wiretapping or “gypsy wires”, door kicking, bribing informants with drugs, and manipulation of other agents’ informants. When warrants were obtainable, they

---

1 Letter to Honorable Milton Berkes, April 28, 1969, H. J. Anslinger papers, HCLA 1875, Box 2: 1, Reel 3, Special Collections Library, Pennsylvania State University.
usually involved some type of informant who verified that a specific target had sold him drugs. These confirmations did not require documenting the name of the informer, nor the time when the drugs were purchased. One such informant, William Braden, admitted to signing dozens of these warrants that did not include the names of the accused, allowing narcotics agents to fill in the blank later with whomever they wanted to arrest. This process would later be made easier through a 1961 law which gave agents the “right to operate without a warrant, in order to aid them in their work.” Their questionable activities even ranged into the area of corruption and bribes, of which the FBN agents in New York were specifically known for taking. The buying off of federal agents and police officers by the Mafia eventually morphed into what is known as the “Big Fix” in which Mafia members would simply bypass the need to bribe officials and become officials themselves.

These efforts drastically increased the number of people incarcerated for drug crimes, even in the 1930s, to 18.8% which was equivalent to about 2,320 persons. However, these penal institutions offered far more resources to treating addiction than our current system does. In 1991, one in three inmates were receiving treatment while incarcerated, today that number has dropped to every one in seven. Anslinger’s vision for rehabilitation can be seen through his repeated commitment of addicts to a hospital in Lexington, Kentucky as well as his desire for a “civil commitment of the addict to a hospital” giving the addict choice (in select

---

4 Ibid.
5 New York Times, September 28th, 1951
cases) of jail or rehab. In the 1930s, a Federal statute had approved the construction of two “narcotic farms” whose sole purpose was to rehabilitate addicts. Now, however, no such facilities exist and the programs that once served to help addicts have been greatly diminished.

Numerous laws helped assist the creation of the FBN, but perhaps none more so than the Harrison Act of 1914. In essence this law made the sale and creation of cocaine and opium illegal. It provided the avenue for people to continue to sell and produce the product only with prior approval and registration. A special tax was also levied against those who “produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away opium or cocoa leaves, their salts, derivatives, or preparations.” Since the federal government wasn’t about to give a license to sell drugs to members of gangs or other every day citizens, the act in essence shifted the sale of narcotics away from reputable businesses and made the whole practice illegal outside the confines of a doctor’s office. That is, unless a person was an actor of the federal government, in which case they were permitted to “lawfully engage in making purchases of the above-named drugs” without having to register or pay such taxes. This very important loophole allowed Anslinger and his agents the leeway they needed to bribe informants with drugs, to buy drugs themselves, often for their own use, and to abuse the system in numerous ways.

A similar law was passed in 1937 which outlawed the use, sale, and growth of marijuana, defining marijuana as “all parts of the plant Cannabis sativa L., whether

---

7 Letter to Honorable Milton Berkes, April 28, 1969, HCLA 1875 Box 2: 1, Reel 3.
8 Letter to Mr. George Barton, HCLA 1875 Box 3: 1-19, Reel 7.
10 Ibid.
growing or not; the seeds thereof; the resin extracted from any part of such plant;  
and every compound, manufacture, sale, derivative, mixture, or preparation of such  
plant, its seeds, or resin.”11 Many critics of this law have pointed to the lack of  
medical, scientific, or sociological evidence presented and that "no alternatives to  
criminalizing users and sellers were considered."12  

Despite Anslinger’s great distaste for drugs and anyone associated with  
them, he could be pressed to make a few exceptions for high profile and high society  
members. Typically, Anslinger took a strict law and order stance when it came to  
no-name drug dealers and addicts. However, if Anslinger was dealing with a  
member of Congress, high society member, or someone he would consider an  
upstanding and important citizen, the rules were different. Often, he would help  
these people through their addiction in secret, away from media and police. He even  
grew as far as to wean a woman off prescription pills by convincing the drug  
manufacturer to make her special pills that would slowly lower her dosage without  
her knowing.13  

Anslinger also worked to bolster the public’s opinion in his favor by  
mischaracterizing the nature and effects of drugs and by diminishing and even  
jailing any doctor or professional who dared to contradict him. In one such report,  
named the LaGuardia Report, several doctors studied the effects of marijuana on  
test subjects. Conducted over several years, and following several different users of  
different socioeconomic backgrounds, the committee followed users who smoked or  

11 Harry J. Anslinger, “Marijuana Research”, Association of Medical Students, 1938, HCLA 1875  
Box 2: 15, Reel 3.  
12 Ibid.  
ingested marijuana “for the sake of conviviality” and found “that there was ‘no apparent’ connection between ‘the weed’ and crimes of violence.” In fact, the LaGuardia Report essentially states that while there may be slight changes in a person’s behavior, these are mostly in line with the personality traits of the person in question and no “reactions which are natively alien to the individual” will persist. The report highlights no violent tendencies that weren’t already present in the subject, nor does it make any links to an increase in crime. Though the findings contained within the report were highly regarded in the scientific community, Anslinger issued a scything review of the report, calling it “giddy sociology and medical mumbo-jumbo.”

Anslinger’s misinformation of drugs, especially marijuana, claimed that the drug could make children go crazy permanently, could cause people to harm themselves or others. Users could experience a “delirious rage after its administration during which they are temporarily, at least irresponsible and prone to commit violent crimes” and prolonged use of the drug “is said to produce mental deterioration.” And yet he states in the next sentence that physicians claim that symptoms are impossible to predict from one individual to another. He further cites a report by Dr. Moreau which explains that someone who uses marijuana can have “emotional disturbances during which the addict loses the power to control his emotions and may commit acts of violence,” and “evil instincts come to the surface,”

---

15 LaGuardia Committee Report on Marihuana, 1944.
that “may lead to suicide,” or “illusions and hallucinations.”\textsuperscript{17} Today, countless reports and studies have disproven these effects.

Undoubtedly, these depictions caused a sense of fear in the hearts of parents across the nation. The Young Women’s Christian Association was so moved by these descriptions that in 1951 they took up arms against narcotics and other drugs in a “six-point attack on the habit-forming drugs” that specifically targeted parents of teenagers. This included legislative involvement on behalf of the United Nations, support for larger appropriations for the FBN and state addiction facilities, and lobbying for the Bogg-Kefauver bill regarding punishment of the sale of narcotics. \textsuperscript{18}

The YWCA wasn’t the only organization to push for drug reform; the National League of Masonic Clubs also urged action, though their goals were slightly different. The Masons focused mostly on the foreign supply of narcotics, believing that other nations were mostly to blame in the creation of the drug war. They also advocated for more medical research and treatment that put the power back into the hands of medical professionals to focus on rehabilitation. \textsuperscript{19}

The LaGuardia Committee report wasn’t the only time that Anslinger came up against the medical profession. In 1925, the Supreme Court ruled that the Harrison Act of 1914 did not prohibit a physician from providing narcotics to a patient whom he believed would medically benefit by taking such drugs. The Supreme Court specifically stated that a physician who “gives an addict moderate amounts of the drugs for self-administration in order to relieve conditions incident

\textsuperscript{17} Harry J. Anslinger, “Marijuana Research”, \textit{Association of Medical Students}, 1938, HCLA 1875 Box 2: 15, Reel 3.

\textsuperscript{18} \textit{New York Times}, September 28\textsuperscript{th}, 1951.

\textsuperscript{19} \textit{New York Times}, May 28\textsuperscript{th}, 1951
to addiction” would not be prosecuted under the Harrison Act. 20 And yet, such a provision did not prevent Anslinger from vehemently pursuing numerous physicians who prescribed their patients narcotics. Throughout his time as Commissioner of the FBN, Anslinger took multiple opportunities to divulge to licensing boards the actions of certain physicians whom the FBN had been either tracking or had successfully built a case against. In the case of Dr. W. A. Starnes, Anslinger took care to fully recount all of the actions that the FBN had taken to build a case against Dr. Starnes, for which he was found not guilty on several occasions. Even so, Anslinger and the FBN continued to follow Dr. Starnes in search of prosecuting him further, even after successfully building a case against him for which he served two years. 21

Dr. Starnes was not the only physician Anslinger targeted, nor did the FBN’s tactics to prosecute and imprison these physicians stop at an arrest. When these cases made it to trial, as they so often did, it was common course for the Attorney General, in conjunction with the FBN, to handpick the judge for their case who would be “extremely sympathetic to the Government's viewpoint in this class of cases.” Such tactics often proved successful for the FBN; in one case in particular, five of the seven physicians were convicted, one died before trial, and one other was still awaiting trial in the spring of 1930. 22

While Anslinger’s increased focus to arrest drug addicts and dealers was stronger than ever, the rise in the number of people being arrested didn’t really

---

21 Letter to Dr. B. T. Wise, HCLA 1875 Box 3: 1-19, Reel 7
22 Letter to Mr. C. R. Frazier, April 30, 1930, HCLA 1875 Box 3: 1-19, Reel 7
begin to contribute to the mass incarceration of the United States until after he had stepped down as Commissioner. Nevertheless, the actions the FBN took and practices he implemented would later contribute to the boom in the War on Drugs. Numerous factors contributed to this growing problem of increased incarceration and recidivism. At the boom of the War on Drugs during Richard Nixon’s presidency, approximately 300,000 people were incarcerated. Today, because of stricter drug laws and tougher sentencing, among other factors, that number has sky rocketed to over 2.3 million, the majority of whom are serving time for non-violent offenses, typically a drug crime. While the number of inmates is astonishing, many have tried to justify such a large number by pointing to a reduction in crime rates. However, not only can this reduction in crime be explained more completely by other factors, there is strong evidence that the current system is destroying communities and lives all over the country, contributing to the high rate of recidivism and continued cycle of poverty.

In July 1974, Nixon gave a speech in which he made the phrase “War on Drugs” a household saying. In his speech, Nixon emphasized rehabilitation and education and focused less on incarceration and criminalization. It was not until Reagan’s administration in which the War on Drugs became more about criminalizing the use of drugs, beginning the infamous, “Just Say No” drug campaign

spearheaded by the First Lady. 24 Clinton’s administration was arguably the toughest on drug crimes, instilling the “three strikes rule” and tougher minimum sentences for drug crimes. 25 Arguably, these two policies were the largest contributors to the rise in incarceration rates other than the War on Drugs itself. It was during Clinton’s crack down on drug crimes, which involved the three-strikes rules, that the overall level of crime decreased, leading many to believe that an increase in arrests led to the decrease of crime. Yet, the benefit of hindsight has allowed us to analyze this idea better and to see that it doesn’t quite fit. By looking solely at the 1990s, it becomes evident that, while increased arrest rates may have contributed slightly to the decrease in crime, other factors likely contributed far more. A study done in 2000 shows that, while an increase in incarceration correlated with a decrease in crime, the states that increased arrests more than others saw less of a decrease in crime. For example, a 72% increase in arrests led to a 13% decrease in crime, while a 30% increase in arrests led to a 17% decrease in crime. Furthermore, by looking farther back into the history of crime and incarceration rates, the crime-arrest correlation is disproven even more so. Historically, arrest rates have been steadily on the rise since the 1970s, however crime rates have fluctuated greatly over the same spread of time. 26 This is the case

---

25 Clinton recently stated in a Washington Post interview that he “signed a bill that made the problem worse” when talking about the comprehensive criminal justice bill which created mandatory minimum sentences. Clinton also acknowledged that more money was spent on incarcerating these people instead of educating and training them so they could exit the cycle of poverty. Marina Fang and Amber Ferguson, “Bill Clinton Is Sorry For A Lot Of Things,” Washington Post, July 17, 2015.
when looking at the separate economic booms in the 1980s and again in the 1990s. During the 1980s boom, crime rate continued to climb, and in the 1990s, it fell. However, during both periods of time, incarceration rates steadily increased. An examination done by criminologists Alfred Blumstein and Allen Beck indicated that a change in crime only represented 12% of the prison rise, while changes in sentencing accounted for the other 88%. So while crime and incarceration are obviously linked, there is strong evidence that they do not have a cause and effect relationship.

So, then, what does explain this drastic boom in prison population? Most notably, the War on Drugs is the cause. Prior to the increased focus on drug crimes, drug offenders accounted for 7.6% of state prison populations and 29.5% of federal prison populations, and our prisons had a population of roughly 300,000 nationwide. By 1998 these rates had gone up to 20.7% and 58%, respectively, and the prison population had risen into the millions. Despite these drastic increases, there is no evidence to suggest that the demand for drugs, nor the supply, was ever diminished because of these tougher policies. When drug prohibition took effect, many reputable businesses and sellers were no longer allowed to produce their products. And yet, the sale and manufacturing of drugs did not disappear overnight, nor did it diminish. Instead, the cost of buying drugs went up and the sellers became figures on the black market. These black market dealers have been financially

benefited by prohibition in the sense that they don't pay taxes on the income they receive and they don’t have to pay for insurance plans for their employees. Estimated revenue of drug trade in 2000 was pegged at roughly $64 billion. When taxed at a typical corporate rate, the profits the United States would see in tax revenue alone was $21 billion, not to mention the boost to the economy with above-the-table jobs and employees with health and retirement benefits.  

With such a transition, the whole industry of producing and selling drugs became like Russian roulette. Because the drug market is illegal, few buyers ever complain about the quality or the price of the product. This allows the dealers to cut the drugs with whatever they choose, even poisoning and killing hundreds of people each year. There’s no regulation as to how strong or potent the drug is and the ratios of drugs to fillers can vary drastically and is a huge factor in the number of overdoses each year. An unhappy employee or customer cannot turn to the Better Business Bureau to file a complaint and warn others away from the seller's dangerous or unfair treatment. Those who work in the drug industry also do not have the employment protections afforded to them by people working in legal industries. A disgruntled employee who hasn’t been paid properly can’t file a complaint and these conflicts often turn violent. Violence in the drug industry isn’t limited to employer-employee relationships. Rival gangs resort to violence often to either protect their cut of the market, or to take over another gang’s territory. A focus drug crime also increases violence by shifting a police force’s resources away from pursuing violent crimes such as murder and rape, and instead encourages

them to focus on lesser, non-violent crimes like drug dealing or addiction. Furthermore, those typically arrested for drug crimes are not the high level drug kings who rarely handle and drugs or money themselves. Rather, they are low-level dealers. In fact, 40% of drug arrests are for possession of marijuana, and the majority of these arrests are people who have purchased small amounts for personal use, not for sale. Focusing on these types of arrests leaves the dealers and their bosses still on the streets, selling and distributing drugs. Those dealers who are picked up tend to be low-level members, and are easily replaced.

Other factors have contributed to the boom in prison populations. The Boggs-Daniel Narcotic Control Act, which passed in 1956, established mandatory minimum penalties for those caught selling and smuggling narcotics. It also authorized the creation of a school for narcotics officers where they were trained to handle these types of cases specifically. In the mid 1980s, Governor William O’Neill set the minimum sentence for drug pushers at twenty years, known as Public Act 80-442, a move which Anslinger praised for “proving that tough laws and rigid enforcement are the main answers on the front lines of this problem.” The same decade saw the passage of the Anti-Drug Abuse Act in 1986. This law established mandatory minimums based off the quantity of drugs a person was caught with. While this may make sense on the surface, often times this process misses out on prosecuting the larger kingpins who, again, often didn’t handle the drugs or the money.

With the advent of mandatory minimum sentencing, almost all of the control was taken away from judges when sentencing criminals. The only things they could account for in an effort to reduce the amount of sentencing was if a person substantially aided prosecutors in the arrest or conviction of related crimes, or if the person met all five of what is known as the judicial “safety valve”. These five requirements are that the person have no more than one instance of criminal history, the crime involved no violence or weapons, no death or serious injury, the person played no leadership role within a drug gang, and that the person provide a truthful and full disclosure. 34 Again, while these may seem like legitimate requirements, they often are hard obstacles to overcome and even if a person meets those obstacles, they may not do so to the satisfaction of the prosecutor or the judge. Mandatory minimum laws don’t have a small impact either. Since the creation of the ADAA and the Sentencing Reform Act in 1984, which increased uniformity in sentencing, convictions in the US have grown drastically from roughly 41,000 to 77,000 and the probability of receiving a term of incarceration rather than probation rose from 50 to 90 percent in that time. 35

While mandatory minimum sentences and the three-strikes rule were designed to bring down the rate of violent crime, inevitably, non-violent offenders were also targeted by these policies. Interestingly, the creation of the three-strikes rule and the strongest push to instill mandatory minimum sentences came in the early 1990s when crime rates were actually on the decline. Because of these tougher

policies, the number of people leaving prison each year decreased by 6% from 1990 to 1998.\textsuperscript{36} Less people are leaving prison while more people are being arrested, contributing the massive boom in prison populations. While mandatory minimum sentencing sounds as though it is applied evenly to people of all races, a 2011 report showed quite the opposite. The Commission found that 18.4% of whites were subject to this penalty, while 40.4% of African Americans and 39.6% of Hispanics were subjected to such sentencing.\textsuperscript{37}

Race is one of the largest inequities within the War on Drugs. At the beginning, Anslinger and the FBN had Congress convinced that a large portion of the drugs filtering into the United States came from the Communists in China, though in reality most opium came from the Nationalists. In the 1930s, race certainly played a role in the way policing was carried but it differs slightly in its target. Reports from the FBN show more instances of “yellow, or Oriental, race(s)” being arrested for possession and sale of narcotic drugs. During one bust, 129 of the 170 addicts arrested were Oriental, while only 4 were African American.\textsuperscript{38}

Anslinger’s blatant racism against people of Asian descent is stark in many of his personal writings. Much of his autobiography, \textit{The Murderers}, involves graphic scenes of young women in all states of sexual disarray and blames the use of marijuana or opium for the rape of young women, usually from “good homes”. Many allegations that Anslinger made about the effects of marijuana on today’s youth

\begin{flushleft}
\textsuperscript{36} Gainsborough and Mauer. \textit{Diminishing Returns}. 18.
\textsuperscript{38} “Some Methodological Notes on Narcotic Drug Addiction in the State of Massachusetts”, HCLA 1875 Box 3: 1-19, Reel 7.
\end{flushleft}
involved the rape of a young, white girl of a good home by a young African American or Asian man from the dirty inner city streets. To support his narrative, Anslinger repeatedly told the public that drugs addiction among “Negro people” “is practically 100 percent” higher than in previous years.\(^{39}\)

As shocking as some of his terminology and information may be, it is not out of the norm for the period. In February of 1914, The New York Times ran an article titled “Negro Cocaine ‘Fiends’ New Southern Menace” in which the author states that the drug “often incites homicidal attacks upon innocent and unsuspecting victims.” All of the subsequent examples of such heinous acts involve colored men who are “poor, illiterate, and shiftless” going on rampages against white officers or victims.\(^{40}\) Anslinger’s stories describing the busts he and his men made on the opium dens of Chinese businessmen are replete of evident racism and race superiority. He describes the “Chinese underworld of dope” as having its “own special Oriental ruthlessness” and Anslinger abhors Asian men for developing a “liking for the charms of Caucasian girls.” When his reports weren’t latent with racism, they often involved raunchy depictions of women in sex orgies or other “unspeakable sexual depravity.”\(^{41}\)

Despite being written decades ago, Anslinger’s racism isn’t a thing of the past, though it may not be as conscious today. Michelle Alexander argues that the policies in place that subject minorities to a higher rate of arrests are an institutionalized version of the Jim Crow laws, an interesting concept indeed. She

\(^{39}\) Anslinger Archives, Box 1, File 12, “Modern Medical Interviews” as referenced in Johann Hari, \textit{Chasing the Scream} (New York, NY: Bloomsbury, 2015), 27.

\(^{40}\) Edward Williams, M.D., \textit{New York Times}, February 8\textsuperscript{th}, 1914.

\(^{41}\) Anslinger, \textit{The Murderers}, 21, 25.
argues that while racism is no longer socially accepted, it is accepted as long as it is disguised and masked. In this case, it has done so in the form of our current justice system. At the onset of the push against drugs during Nixon and Reagan’s administration, black communities, or “hot spots” were targeted more so than others, leading to the initial rise in people of minority races being incarcerated. Today, one of every eight African American males 25-29 can expect to be imprisoned, and they are 29% more likely to be arrested than their Caucasian counter parts. While many may assume that the higher arrest rates correlate with a higher crime rate, this is often not true. When looking at drug crimes, people of all races and nationalities reported using drugs at the same rate according to a countless number of studies. Much of this disparity has to do with recent policy changes. Because of the frequency of questionably legal “stop and frisk searches”, which tend to target African Americans more than any other race, larger percentage of African Americans have a criminal record. A disparity between the sentencing of possession of crack cocaine versus powder cocaine also points to an effort to target poor communities more. Possession of crack cocaine, which is more prevent in low-income communities, comes with sentences up to 100 times longer than possession of powder cocaine, the more expensive version despite their nearly

42 Alexander. The New Jim Crow, 2.
45 In September 2015, New York City Police Department began enforcing the use of “stop and frisk receipts” to decrease the number of illegal and harmful stops being performed. These receipts eliminated the excuse of stopping a person due to their race or ethnicity, or because they are in a high-crime area. Rocco Parascandola, “NYPD officially debuts stop-and-frisk ‘receipts’ and new rules for cops,” New York Daily News, September 28, 2015.
identical high and addiction. Combine this with the economic hardships, lack of parental figures due to incarceration, and limited resources, it’s no wonder the three strikes law and mandatory minimum sentencing apply more so to African-Americans than any other race, contributing to the high number of African-Americans in prison or other form of correctional supervision.

As disheartening as all this may be, there does seem to be a silver lining and if the United States is willing to look at other nations for guidance, we may be able to join the ranks of the nations who have successfully diminished their drug and incarceration problems. Part of this begins with accurate and honest information and continuing research regarding drugs and their effects. During Anslinger’s service as Commissioner, a good percentage of the medical community worked diligently to refute the claims that Anslinger and other physicians had made regarding the harms of both prescription and illegal drugs. Perhaps one of the most interesting sources of criticism comes from a 1969 Playboy opinion piece by Dr. Joel Fort that argues for a “rational approach” to marijuana. Within this article, the author relates the prohibition of marijuana to the prohibition of alcohol by saying that the entire nation “suffered violent moral and mental harm from that [alcohol prohibition] particular outbreak of armed and rampant puritanism.” Marijuana prohibition, in the author’s mind, “establishes a frightening precedent, under which puritanical bias is more important to our legislators than experimentally determined fact.” The article further laments the false claims that marijuana is addicting and demands an answer for the lack of “direct and primary evidence

---

rather than indirect and hearsay evidence.” Those who tried to present evidence against criminalization at the hearing for the Marijuana Tax Act of 1937 were thus told that they “ought to come here with some constructive proposals rather than criticism, rather than trying to throw obstacles in the way of something that the Federal Government is trying to do.” 47 In effect, the government had an agenda and was not willing to listen to dissent, regardless of where it came from.

In recent years, however, the attitude has shifted and a strong movement has come forth to decriminalize possession of marijuana, whether it be for medical or recreational uses. Research has begun to open up and allow for the benefits of marijuana to be explored, and some remarkable research and development has taken place. However, marijuana is a much friendlier drug to the argument against the criminality of all drugs than heroin, morphine, or cocaine. And yet, there is sold, emerging evidence to suggest that decriminalization may be effective for combatting addiction to these harsher drugs. In the small town of Merseyside, England, one revolutionary began prescribing heroin to drug addicts. What happened next was a shock to everyone involved: drug use fell, the crime rate of those addicted to drugs fell, and most people who participated in the program had weened themselves off the drug of their own accord within three years. 48 In Switzerland, needle exchange programs coupled with a similar heroin and methadone prescription program during the 1980s and 1990s drove down the rate of HIV and AIDS. By making the whole experience dull, removing the need to come up with the money to buy the

---


drugs, and eliminating many of the health risks that result from drug use, countries who have implemented similar policies have seen a drastic reduction in the use of hard drugs within their country.

Such programs have not always been popular. The American Legion Magazine published an articles in 1962 in which it told its readers that addicts didn’t want to be cured. According to the article, it wasn’t enough for the addicts to get their dosage from the clinics; they wanted more. And in order to get more, they resorted to prostitution, pickpocketing, shoplifting, mugging and stealing cars. It further claims that jails offer the best solution for ridding the addict of his addiction, claiming that “he leaves the jail after some months as thoroughly cured as he needs to be to stay off dope for life.” Contrastingly, the author suggests that the addict typically goes back to drugs “but then having been thrice through jail withdrawals, he can’t risk a fourth and he’s off heroin for life.” The benefit of hindsight and modern medical research has proven these claims all false. The afore mentioned cases studies offer a different route than repeated jail sentences, and show that the addict typically does want to be free of his or her addiction.

The benefits to decriminalization are numerous, robust, and fairly easy to obtain. Legalization costs the government less money, reduces the harmful impact that incarceration has on communities, eliminates the excitement and economic benefits of selling drugs, and overall creates a healthier community. The War on Drugs in the United States has a long history of misinformation, abuse of power, and righteous indignation. A cursory glance at the system as a whole demonstrates just

how inequitable the War on Drugs is toward the poor and minorities. Once one understands the origins of the War on Drugs, drawing lines from then to now is not difficult. The vast majority of evidence suggests that the War on Drugs did little to reduce the amount of drug use throughout the United States, or to explain the fluctuations in crime rate across the country. What it did do, however, was create an incredibly costly, racist, and damaging system of punishment in which it is virtually impossible to escape from. As seen in other countries around the world, alternative programs and a drastic change in the way we handle drug crimes, punishment, and rehabilitation is much more effective than continuing to incarcerate hundreds of thousands of people each year. Much change has already been accomplished, but the United States has a long way to go if it ever hopes to once and for all solve its mass incarceration and drug addiction problems.


H. J. Anslinger papers, HCLA 1875, Special Collections Library, Pennsylvania State University.

LaGuardia Committee Report on Marihuana, 1944.


