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James B. Bakalar and Lester Grinspoon
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Preface

The problem of how a free society should deal with drug use and abuse remains unresolved despite years of bitter dispute and a century of efforts at government control. The modern world seems unable to form a consensus or even a consistent attitude about the subject.

We propose to review the peculiar medical, legal, and social status of drugs by examining the formal and informal controls used in modern industrial societies and comparing them with other methods that have been or might be used. From a historical and sociological point of view, the question is how ambiguous phenomena of drug use have been classified for social purposes; from a moral and practical point of view, the question is how to balance the requirements of health, safety, and social order against the need for individual freedom and diversity of experience when we regulate drugs. Drug research has produced historical narratives, pharmacological and clinical studies, theories about the nature of addiction and dependence, discussions of practical law enforcement problems, and polemics on drug policy that often combine impassioned certainty about what should be done with ignorance about what is the case. The clinical and pharmacological studies are useful but have a narrow range; the theories about addiction and dependence are inconclusive and rarely related to larger social issues; the debates on policy tend to be distorted by a lack of historical background and indulgence of passions and prejudices. The sociological and historical studies rarely relate what they say about drug use and drug controls to other tendencies in modern society. Lessons from the vast literature on alcohol and alcoholism are not applied to other drugs. And political theory usually receives too little attention in analyses of drug policy.

Some of the questions that arise are how problems in enforcing drug laws come out of confusion about justifying them; how medical ideas about addiction and dependence affect the politics of drug regulation; and how studies in the cultural symbolism of drug use can illuminate the issue of legislating morality. The subject must always be analyzed in social terms. When we ask what kind of drug regulation is reasonable or possible, we have to take account of the nature of modern societies. In discussing the medical aspects of drug control,

we are talking about the way adaptation, normality, health, and sickness are defined in the modern world.

Most books on the control of drug abuse are concerned mainly with the effects of the drugs, who takes them, why, and how to stop it. A few books are opposed to present drug policies and their allegedly baneful consequences. In either case, the theoretical basis for legal controls on drug use is usually mentioned as a brief afterthought, if at all, and the history of drug control is often ignored or treated as an occasion for polemics. We prefer to work in a different way, one that may seem abstract and circuitous. That is partly because we are not trying to prevail in an argument or achieve some immediate practical effect. Advice and consolation of varying quality for drug users, parents, police, legislators, and doctors are copiously available, so we do not feel obliged to remind the reader of familiar facts (a useful job that has never been neglected) or contribute new, immediately practical wisdom (in this field even old practical wisdom is scarce, especially in proportion to the total number of words devoted to the subject). We certainly do not want to produce one more denunciation of either drugs or the drug control system. Instead, we would like to enable readers to draw back for a moment and consider the reasons for the modern social response to drug use.

It is important to be clear about what we mean by a drug. Some of the substances we will discuss have medical uses, but they are not ordinary medicines. What distinguishes them is the fact that they act on the central nervous system and are used to change thoughts, feelings, perceptions, or behavior. Among them are the opiates heroin and morphine, the stimulants amphetamine and cocaine, sedatives and tranquilizers like the barbiturates and diazepam (Valium), hallucinogens like lysergic acid diethylamide (LSD) and mescaline, alcohol, tobacco, marihuana, and phencyclidine (PCP). Because they affect the mind, they are often called “psychoactive.” Some, especially alcohol and tobacco, are not usually regarded as drugs at all. Most of the others were at one time called “narcotics,” a term now reserved for the opiates. Psychoactive drugs are sometimes called “recreational drugs,” although they may be used for work, spiritual comfort, or therapy as well as for fun. They are also known as “drugs of abuse,” a term that emphasizes a common social rather than pharmacological property: the fact that when people use them as they wish, the effects are considered dangerous enough to create a health hazard or a social problem.

We begin with some reflections on old problems of political liberty and their relevance to drug control. Then we discuss the ideas of addiction, dependence, and compulsive drug use, which are so important to both medical and legal definitions of drug abuse. We supplement political and medical theories by examining some aspects of the history and sociology of modern drug control. In Chapter 4, we offer a typology of the forms of drug control, with some

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judgments on their historical roots, theoretical bases, and comparative advantages and drawbacks. Finally, we consider alternative ways of looking at what is usually called the “drug problem.”

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