THE HISTORICAL SHIFT IN THE
PERCEPTION OF OPIATES: FROM MEDICINE
to SOCIAL MENACE

John P. Hoffmann

Abstract -- An examination of the origins of the laws prohibiting the use of opiates in the United States is provided. The primary focus is on how the development of these laws influences a marked shift in the perception of opiates. Historically, opium and its derivatives have been perceived as efficacious medicines. However, during the past two centuries this perception has shifted to the point that contemporarily the opiates are commonly thought of as a social menace. This perception now outweighs the efficacious medicine perception to a substantial degree. A historical analysis indicates that this shift occurred not so much because the hazardous potential for addiction and overdose was discovered, nor because recreational use became widespread; rather, this shift was greatly influenced by underlying national economic conditions and concerns.

Keywords -- Chinese, history, legislation, opiates, opium, public policy

Opium has been used as a drug for centuries, but it has only been in the past couple of centuries that the danger associated with opium use has become paramount. Throughout the Middle Ages and into the eighteenth century, opium was recognized as a powerful medicine and used to treat everything from toothaches and headaches to insanity (Latimer & Goldberg 1981; Fay 1975). Although the addictive properties of opium have been known for thousands of years, its medicinal value appears to have outweighed this substantial drawback.

Nevertheless, in the contemporary world, the primary focus on opium and its derivatives has shifted away from a valuable medicine to a dangerous drug. The main forces behind this shift are quite intriguing. A legitimate concern for the health of the opiate user may have been one of these forces, but there are other underlying influences that are not commonly explored, including, but not limited to, economic and nationalistic forces that have had an impact on the development of drug prohibition (Hoffmann 1988; Lauderdale & Inverarity 1984; Morgan 1978; Gusfield 1963) and societal perceptions of drug use. The above mentioned shift in focus on opiate use is a relatively recent historical phenomenon. The common argument is that as medical knowledge increased over the past two hundred years, the dangerous property of the opiate was discovered: addiction, a form of chemical enslavement. Thus, the opiates required rigid control to protect humanity. This argument may have a strong basis; however, in order to fully understand the shift in the perception of the opiates, other societal and structural factors must be considered.

Hence, the purpose of the present article is to explore the other factors associated with the change in thinking about opiates from medicine to harmful substance. The emphasis is on how the laws prohibiting opiate use in the United States developed and consequently influenced this shift in perception. A historical analysis indicates that laws restricting opiate use were often undergirded by interrelated economics and racial factors. Therefore, these factors will be investigated and perhaps the reasons underlying the alteration in perceptions of the opiates will be better understood. Thus, the first section of the present article will briefly trace the history of opium and its derivatives. The second section will continue this historical overview, but with an emphasis on opiate use in the United States and the beginning of its prohibitory laws. This section will examine
the economic factors that were so important in the development of opiate prohibition. Finally, an analysis of these developments will be presented in the hope that the shift in the perception of opiates can be more thoroughly comprehended.

THE HISTORY OF OPIUM USE: INTERNATIONAL PERSPECTIVES

Opium's has had an adventurous career over the course of time. The legends surrounding its use could fill an entire book. Stories in Southeast Asia tell of the opium poppy springing forth from an ugly old woman (Latimer & Goldberg 1981). However, contrary to what one might believe, the opium poppy is not native to Southeast Asia, but originated in the Mediterranean region.

According to Inciardi (1986), the earliest accounts of opium appear to be found among the Sumerians in the area of Mesopotamia (near modern day Iraq). It was known as Hul Gil, the plant of joy, and was used as a medicine. The Sumerians passed it on to the Assyrians (circa 700 BC) described the process of collecting raw opium for use. In the morning, the white juice that oozed out of slits in the poppies was collected by women and children. This process is still in existence in many poppy-growing areas. The Assyrians passed in the cultivation process to the Babylonians who passed it on to the Egyptians (Latimer & Goldberg 1981).

Another area where evidence of opium use has not been discovered is in Cyprus, off the coast of Turkey. Cypriot vases over 2,500 years old have been unearthed that are engraved with the likeness of the opium poppy (Siegel 1989; Latimer & Goldberg 1981). In addition, one would be remiss if the stories of opium use among the Ancient Greeks were not mentioned. Greek legends are filled with tales of how their gods and heroes used opium for mystical purposes. The Greeks viewed the poppy as a "magical plant" (Latimer & Goldberg 1981). The Greek gods of night and death were usually envisioned bearing poppies. Greek heroes (such as Heracles, Theseus, and Jason) were purported to have used opium to sedate the various creatures they needed to subdue while on their quests (Latimer & Goldberg 1981).

Probably the most interesting use of opium by the Ancient Greeks was during the festival to welcome spring. The myth surrounding the change of the seasons was that Demeter, goddess of the harvest, lost her daughter Persephone to Hades, god of the underworld, for six months out of the year. During this period Demeter was sad, hence the earth was cold and lifeless in the winter. However, in February the Ancient Greeks would gather at Agrai near Athens and eat a little poppy juice. This was done in celebration of the upcoming return of Persephone to Demeter. Thus the season slowly changed to spring and all was in bloom. This (poppy) day festival has since been transformed into February's Groundhog Day (Latimer & Goldberg 1981).

The first uses of opium strictly as a medicine appear to have been by the Ancient Greeks. The Ancient Greek doctor Hippocrates prescribed opium to induce sleep, and also as an aid for treating internal ills and epidemics. Another Ancient Greek physician, Galem, probably recorded the first incidence of opium overdose around 140 AD He saved the patient by supplying an emetic made of sweet wine (Latimer & Goldberg 1981).

Opium, as an addictive agent, appeared in the literature of the Arabs as long ago as 1030 A.D. However, the benefits of opium seem to have outweighed the addictive costs. Even though early Muslims condemned the use of psychoactive substances, such as hashish, opium was savored as a medicine. Hashish was seen as a menace to the Islamic world as far back 600 AD.
Opium or afyon, as it was called, was considered an indispensable medicine. It was used to treat respiratory disease, diarrhea, and insomnia. Although addiction and overdose were clearly recognized to be dangers of opium, they did not produce the condemnation of the drug that has arisen in modern times.

Opium use continued to move east during the early part of the middle ages. Arab traders probably brought the drug to India around the ninth century AD (Shukla 1970). The use of opium as a medicine spread rapidly. It was used for a multitude of purposes: to quiet infants; as an aphrodisiac; and to give courage to soldiers (Owen 1934). Opium use in India never became an addictive scourge even though it was widely used. Recreational use did not become popular, and use was mostly limited to medical and some religious practices.

Nevertheless, as is commonly know, the use of opium in China did become a damaging social problem, especially in the nineteenth century. Although edible opium had been used for its medicinal value for years, opium smoking did not appear until around 1500 AD it was introduced by Portuguese traders but did not become fashionable among Chinese natives until the early to mid-eighteenth century. Nonetheless, opium smoking was declared illegal in 1729 (Latimer & Goldberg 1981). However, by this time the opium trading routes had become thoroughly established. Hence, the prohibition had little effect on the opium trade, even though the penalties for violation included flogging and death (Change 1964).

Although the Portuguese established many of the trading routes that moved opium into China, the British dominated the market from the latter part of the eighteenth century though the nineteenth century. In the mid-1700s, the British East India Company established a limited monopoly over much of the opium sold to the Chinese (Beeching 1975; Owen 1934). The prohibition of 1729 was reinforced in edicts issued by the emperor of China in 1780 and 1799 (Beeching 1975). However, these failed to stem the flow of opium. Interestingly, there is some evidence indicating that Chinese consumers did not use opium, even in smoking form, as a recreational drug. Rather, it is surmised that opium's primary use was as a medicine. The prohibitive cost of opium made the purchase of substantial quantities of the drug for recreation possible only for the well to do (Latimer & Goldberg 1981). However, other and perhaps more authoritative sources indicated that the recreational use of opium and the serious problems associated with addiction transcended class boundaries (Fay 1975). In any event, this common, yet illegal, medicinal/recreational substance was viewed in the nineteenth century as the primary influence in the downfall of Chinese society.

The Chinese ban on opium was similar to the historical ban on any other illicit drug: it failed miserably. Imperial condemnation of opium continued along with the smuggling operations. In the 1830s, the British East India Company found itself in competition with other opium merchants and therefore flooded the market in an attempt to undercut its competition (Beeching 1975). The result was a tidal wave of inexpensive opium. In a severe response the Chinese authorities confiscated all opium on foreign vessels (Fay 1975). British traders sought help from the British cabinet. This help became known as the First Chinese Opium War.

In 1840, the British Navy began the war by attacking and routing the weak Chinese forces. The Chinese had virtually no navy and were severely outgunned by the British. Subsequently, the Chinese were forced to pay compensation to the British and open the opium trade. In 1856, another war was fought between the British and the Chinese. Again, on its face, the issue was the
opium trade. Moreover, the British forces prevailed and the Chinese were forced to pay reparations and increase the trade in opium once again (Beeching 1975).

It is obvious from the historical accounts of opium in China that the Opium Wars were fought not merely to condemn a widespread vice but also because international economic plans of the British empire demanded them. The opium trade was an extremely lucrative enterprise for the British East India Company and thus for Great Britain. British trade interests could not be violated simply because the Chinese government was offended by its citizens' use of opium.

From China's perspective, the common argument is that China had large addict population due to the recreational practice of smoking opium. Thus, many of its citizens were enslaved by this pernicious habit and the country was truly suffering. Hence, the prohibition of imported opium was necessary to eliminate opium addiction. However, as indicated above, it is possible that much of the opium use was for medicinal properties. The addict population was in all likelihood, concentrated in the upper class. A large proportion of addicts among this group provoked a greater response from the Chinese government than the concern for opium use by the lower class (Latimer & Goldberg 1981).

The outcry from the Chinese government may also have been closely linked to a sense of nationalism. The perception of opium use as a wide-reaching social problem perhaps had a health-related basis, but also resulted from a nationalistic fervor that slowly arose in China over the centuries of trade with the western world. The Chinese government came to resent the expectation of the West that it adopt western customs in its international relations. Because opium was on of the primary products brought into China by western traders, it served as a focal point for Chinese rejection of western ways, Chang (1964; 15) described the Opium Wars as a "a clash between two cultures," which could just as easily have involved cotton or molasses. Thus, the condemnation of opium in the nineteenth century China cannot be tied only to concerns for health, but also to concerns for economics and nationalism.

**OPIATE USE IN THE UNITED STATES**

Opium has been used in the United States since the nation's birth. The earliest references to opium indicated that poppies were legally grown (Brecher 1972): a letter sent to a Pennsylvania farmer dated August 24, 1781, makes reference to good quality opium and its seed. Opium was used during the War of 1812 as a painkilling agent. However, it was in short supply and thus the price was exorbitant.

One development during this period that should be mentioned was the discovery of morphine in 1803. F.W. Serturner, a German pharmacist experimenting with opium, isolated the primary active ingredient, which was found to be much more powerful than opium (Trebach 1981). He named his discovery after Morpheus, the Greek god of dreams. Moreover, in 1953, Alexander Wood developed the hypodermic needle. Thus, morphine could be injected directly into the veins, and its potency greatly increased.

Another similar development occurred in 1974 when the British chemist C.R. Alder Wright boiled a sample of morphine with acetic anhydride and produced diacetylmorphine, or heroin (Trebach 1981). This experiment went largely unnoticed by the scientific community until 1898 when Heinrich Dreser, a German pharmacologist, presented the results of his experiment to

Back in the United States a boom in opiates was taking place. By 1840, the northeastern states were importing so much opium that the U.S. Customs Service initiated the first opium tax (Latimer & Goldberg 1981). As mentioned above, domestic opium was also produced. However, the domestic crops yielded too little opium juice to be of worth. Thus, most of the opium used in the United States was imported.

Some commentators claim that America's appetite for opiates was spurred on by the Civil War. With the invention of the hypodermic needle, the administration of morphine became wide spread. Soldiers supposedly became so dependent on morphine to soothe their pains that postwar morphine addiction became known as the "soldier's disease" (Trebach 1981: 38; Terry & Pellens 1928: 71). Although this is a commonly cited source for the spread of opiate use in the nineteenth century, several observers have expressed doubt. A sharp rise in morphine and opium use did not occur until at least five years after the war ended (Latimer & Goldberg 1981; Musto 1973). In addition, most of the users in the nineteenth century were women. Moreover, there is considerable doubt about widespread use of the hypodermic syringe during the Civil War. A more plausible explanation is that doses of opium were routinely handed out to wounded and weary soldiers (Courtwright 1978).

Nevertheless, most evidence seems to indicate that the Civil War produced quite a few habitual opiate users. It probably also popularized opium and morphine as very effect analgesics as well as part of the treatment for diarrhea, dysentery, and other common disease. However, most of the use of opiates in nineteenth-century American discusses thus far was medical in nature. Hence, the opiates were commonly viewed as important medicinal agents. However, somewhere in the annals of American history there occurred a transformation in the perception of opiates from a medical marvel to frighteningly addictive drugs.

Subsequent to the Civil War, patent medicines often contained many unknown substances. Nonetheless, the mainstay ingredient was opium. Once again, opiates were used as medicines. However, these patent medicines caused great concern due to their unknown and sometimes dangerous ingredients. This understandable concern led to the passage disclosure of the ingredients in patent medicines. Nevertheless, one question remained: When did the use of opiates as recreational drugs become popular?

The most common recreational use of opium and morphine during the mid- to late 1800s was among women. Courtwright (1982: 60) explained that "throughout the nineteenth century it was considered unseemly, by both males and temperance-minded females, for women to drink [alcohol]. Yet there was a powerful temptation, particularly for women of high social station, thoroughly bored with their lot, ... to resort to some euphoric agent. Opium and morphine, which at least in the initial stages of their use produces euphoria, suited these purposed very well." Thus, the greatest amount of recreational use of opiates was among middle-and upper-class women. Likewise, the greatest percentage of opiate addicts recorded in the nineteenth century were women. Surveys conducted from 1878 to 1885 revealed that 56% to 71% of the opium and morphine addicts were female (Courtwright 1982). In Albany, New York, approximately 80% of the opiate addicts were female (Nolan 1881: 8355). This was the largest percentage recorded during this time period.
Observers have estimated that the rate of opiate addiction during the late 1800s ran as high as 4.59 per 1,000 population (Courtwright 1982). Comparatively, the current estimated rate is approximately 2.04 per 1,000 populations. Although the nineteenth century rate is alarming by today's standards, the concern over opiates was enforced by more than fear of addiction and unknown ingredients in patent medicines. This is supported by analyzing the first attempts at prohibiting the use of opium in the United States. These initial attempts did not involve patent medicines or prescriptions to middle-class women, nor did they involve Civil War veterans addicted to morphine. The major impact of the first laws prohibiting opiate use was aimed directly at Chinese immigrants of the mid 1800s.

Around 1848, the discovery of gold in California generated a rush of both easterners and immigrants to the West Coast. The mid-1800s was a period of economic turmoil in China; hence, a great number of Chinese immigrants came to the United States hoping to make enough money to pay their way back to China and to support their poor families. The average Chinese worker did not have enough money to pay his way to the United States, so he signed a contract with the shipping company to work as an indentured servant for three to 10 years to pay back his passage loan (Boswell 1986; Takagi & Platt 1978). It has been estimated that over 70,000 Chinese workers immigrated to the United States between 1852 and 1870 to work on the railroads and in the mining industry (Embree 1977).

The discrimination against Chinese immigrants began almost as soon as the immigration boom. The Chinese were a mysterious group: they wore strange clothes, spoke a strange language, and lived in tight groups. They were also extremely hard working. Unfortunately, their willingness to work hard led to their exploitation. Chinese workers were given the most dangerous tasks when it came time to dig a mine. They blasted and cleared out the mined using dangerous explosives, installed the beams, and laid the tracks. Once this was completed, the White workers routinely took over the mining jobs, leaving the Chinese to other employment (Latimer & Goldberg 1981).

The railroad industry also took advantage of the available Chinese work force. The population boom in California stimulated the constructions of the transcontinental railroad. A majority of the workers who built the western half of the transcontinental railroad were Chinese. Although there is evidence that railroad work constituted an oppressive system, the Chinese continues to work hard with few complaints (Boswell 1986).

The Chinese laborer of the mid-1800s was under a substantial amount of physical and psychological pressure. As with most people, he needed some sort of escape mechanism to help cope with these pressures. One such mechanism happened to be opium smoking; a vice brought over from China. It is not known, though, is that the opium smoking of the Chinese was another mysterious idiosyncrasy to most Americans.

The discrimination against the Chinese workers during this era is well-documented (Boswell 1986; Lauderdale & Inverarity 1984; Tieman 1981; Morgan 1978; Takagi & Platt 1978). Recent research suggests that active discrimination may be divided into three of these time periods coincide with periods of labor market contraction (Boswell 1986).

To illustrate, in 1852 there was a national recession that affected the West Coast. During this period, independent miners rioted against the early Chinese immigrants. The racist ideology that was to follow the Chinese for the next several decades had begun. However, once the recession ended in 1854, the episodes of violent discrimination subsided.
Likewise, in 1867, the Civil War had ended and many soldiers found their way West. Thus, the labor market contracted and the Chinese were segregated in the workforce. They were forced into the lowest paying jobs or into self-employment. This influenced an unfortunate cycle of discriminatory ideology. The Chinese had to work for reduced wages at whatever employment they could find. They were therefore accused of being so-called coolie slaves by the White workers. This accusation meant that the Chinese were undercutting the wage structure and thus forcing White workers to also work for less pay. The cycle was complete because the racism founded partly under this rationale was perpetuated by the false ideology identified with the coolie system (Boswell 1986).

In 1869, the transcontinental railroad was completed. The labor market was thus flooded by Chinese railroad workers. In addition, Eastern products and workers began to come West on the railroad (Humphried & Greenberg 1981). Another blow was struck when an economic depression hit the country in 1873. Wages were therefore depressed even further and the Chinese bore the brunt of the White man's anger and frustration.

In the meantime, the Chinese had begun to open their own independent businesses, such as stores, restaurants, and laundries. These merchants were fairly successful against their White competitors and not surprisingly the racist ideology continued to grow. One of the casualties of the growing racism against the Chinese was the increase denigration of opium.

Prior to the depression of 1873, opium smoking among the Chinese was generally tolerated or ignored. However, the discrimination against the Chinese needed some other focal point besides the Chinese work ethic. Anti-Chinese laws had already denied the Chinese of any opportunity to vote or to become citizens. Now he laws began to turn on opium smoking.

Press stories from this era often reported about the frightening opium dens where Chinese "yellow fiends" forced unsuspecting White women to become enslaved to the drug (Courtwright 1982; Morgan 1978; Duster 1970). Although there is some evidence that opium smoking caught on among White gamblers, prostitutes and thieves, most of the accounts appear to have been sensational news stories. This is not to say that opium smoking was not a social vice shared by some groups of Whites, only that is was much more rare among Whites than among Chinese.

The result of the opium scare was a harsh and swift legal response. Although opiate addiction in the United States was much more commonplace among middle-class White women, the initial prohibitory laws focused on the Chinese practice of smoking opium. Even though the Chinese were a generally law-abiding group (Morgan 1979), the various laws prohibiting opium turned the Chinese opium smokers into a criminal class. One such ordinance prohibiting the use of opium was passed in Portland, Oregon, on November 9, 1877 (Tracy 1980). Similar laws had already been passed in San Francisco in 1875, and in Virginia City, Nevada, in 1876 (Courtwright 1982).

Although it is commonly argued that the prohibition of opium was a morally and medically sound decision, it cannot be denied that these prohibitory measures were undergirded by a racist ideology that was further influenced by disturbances in the economic structure. A similar process has been identified by Reiman and Headlee (1981) who pointed out that law-and-order movements in the United States usually occur simultaneously with economic crises. The prohibition of opium smoking is one example of this phenomenon. The recessions that occurred during the late 1800s exacerbated racist feelings against Chinese. The habit of smoking opium was linked not only to the
Chinese but also to the criminal underworld. This provided credence to the prohibition of a quickly evolving social evil. However, the local laws condemning opium use had little effect on its overall use (Courtwright 1982). It took a national-level campaign to complete the shift in perception of opiates from useful medicines to dangerous drugs.

**NATIONAL-LEVEL EFFORTS TO CONDEMN OPIATES**

The first national efforts to curb opium use occurred in 1880 and in 1884. These congressional bills were designed to tax and prohibit the importation of opium for smoking (Courtwright 1982). Both bills failed, but the undaunted moral crusaders continues to press for prohibition. In 1887, Congress passed a bill prohibiting the importation of opium; they merely drove it underground. Thus a significant amount of smuggling began to take place (Courtwright 1982). The result was the expansion of a black market in opium.

Although the national-level campaign against opium was seen as having a moral base, it still did not pursue the morphine-and opium-addicted woman to any great extent. Moreover, the national-level campaign can be traced to economic maneuvering by the United States. In 1898, the United States acquired the Philippine Islands as a result of the Spanish-American war. For over a century the Spanish had controlled the opium business in the Philippines (Tieman 1981; Musto 1973). Most of the opium users in the Philippines were Chinese, as were most of the dealers in the drug. The United States proposed total prohibition of opium on the islands. This was later modified to allow the Chinese to continue using opium, but prohibited its use among the Philippine natives. The United States used a moral argument to support its opium prohibition in the Philippines. A hidden factor though appears to involve efforts by the United States to become a world economic power. It had learned a lesson from history and did not was to be viewed like Britain for its opium trade. In China, Britain was thought of as a country enslaving another country through vile spread of opium (Taylor 1969). The United States did not wasn't this same reputation and therefore adopted a moral aversion to opium use in the Philippines, but the result was a burgeoning black market in opium. However, the United States was viewed in a positive light on the economic front.

Further evidence of American interest in moving into the world's economic vanguard by the denigration of opium is given by United States participation in the international conferences designed to eliminate the world's drug problems. In 1905, Chinese merchants--in retaliation for the treatment of Chinese immigrants by Americans--organized an embargo against American goods (Musto 1973). Business interests in the United States recognized China as a limitless market for American products and pressure was put on the federal government to ease tensions with the Chinese and once again open up this lucrative market.

To pacify the Chinese, the United States organized an international conference to analyze opium use in China and rest of the Far East (Musto 1973; Taylor 1969). The Shanghai Opium Commission of 1906 consisted of 13 nations, and the outcome dealt a blow to the British opium trade in China by condemning the use of smoking opium. Thus Britain's economic hold in the Far East was weakened. Another conference held in 1911, the Hague International Opium Conference, marked the end of British controlled opium market in China (Taylor 1969).

However, the British insisted on concessions from other countries if it was to give up its opium market. For example, Germany was the world's major producer of both morphine and heroin and had monopolized the international cocaine trade (Taylor 1969). Therefore, the British
demanded tighter controls over these popular analgesics. The United States, now the recognized leader in morality of drug control and with its continuing efforts to become a world leader, agreed that these other opiates and cocaine needed strict international control. As Embree (1977: 20) pointed out, "morphine, cocaine, and heroin were added to its [the U.S. department] concern with...opium for... economic and political reasons rather than from any pressing concern with their use in the United States."

Back on the domestic front, other factors besides American economic interests influenced the growing concern over opiate use. At the turn of the century, the American Pharmacy Associate (AphA) was a small organization. However, it was comprised of pharmacists who were "eager to proclaim themselves professionals" (Musto 1973: 14). Therefore AphA condemned the use of narcotics not under the control of the medical community. It did this in part to make a name for itself and in part to keep control over the use of opiates. An AphA study in 1902 recommended banning opium smoking and also criticized the Chinese for this vice (Eberle & Gordon 1903). It is not apparent how much of an affect this report had regarding the antiopiate laws, but along with similar American Medical Associates studies (Musto 1971), it probably influenced lawmakers substantially (Tieman 1981).

The final prohibition of opium smoking occurred in 1909. The Smoking Opium Exclusion Act banned the importation of opium prepared for smoking. Thus, the first outright national legislation banning the use of an opiate was promulgated and the road to complete prohibition had begun.

THE HARRISON ACT AND BEYOND

The national and international concern over the use of opiates culminated in the Harrison Narcotics Act of 1914. Subsequent to the international agreements to control opiates, lawmakers realized that for the large role in the United States played in the condemning opiate use, it had very little in the way of domestic regulation when it came to the opiates. Therefore, on December 17, 1914, Congress passes the Harrison Narcotics Act. It was regarded as a vital step in showing that the United States believed its international agreement were of paramount importance.

According Trebach (1981: 46), the primary "thrust of the Harrison Act... was to take the sale of narcotics away from... commercial peddlers" and to give it to the medical establishment. The Act was intended to prohibit recreational use of opiates and to only allow doctors to prescribe them in "good faith" as part of a legitimate medical practice (Harrison Narcotics Act 1914). Although the term "good faith" may have originally been ambiguous, the zealous nature of U.S. Treasury agents, accompanied by several Supreme Court decisions, soon made this term quite clear.

The overall effect of the Harrison Act was to prohibit most medical use of opiates (Lauderdale & Inverarity 1984; Tieman 1981; Trebach 1981). Treasury agents responsible for enforcement of the Act were quick to investigate and to prosecute opiate-prescribing physicians. In fact, between 1915 and 1938, over 25,000 doctors were reported to the authorities for violating the Harrison Act (Trebach 1981). It is not surprising that the medical community began to shun the use of the opiates not only for treating the addicted but also for treating the organically ill.

This attitude by medical practitioners was particularly apparent in their attitude toward heroin. Although heroin was the most powerful of the opiates, it had been popularized in the early 1900s as a drug of choice among the criminal classes. By World War I, heroin had become a full-blown national problem. Although some argue that the realization of heroin's addictive properties
caused physicians to shy away from prescribing it for fear of addicting their patients (Tieman 1981), a growing sense of nationalism may have also triggered a rejection of heroin as a medicine, in as much as it was a German invention (Trebach 1981; King 1972). In any event, the Treasury Department's condemnation of opiates along with medical skepticism over the efficacy of their use influenced a congressional ban on heroin in 1924.

Although the opiates had been prohibited for most medical use, the horror stories associates with opiate use continues. There is little evidence that opiate-using individuals were commonly responsible for violent crimes. However, there were certainly large smuggling operations springing up as a result of prohibition. Moreover, the addict population was being transformed from medical addicts to "pleasure using addicts" (Courtwright 1982: 124). Although it is not certain when this transformation took place, it certainly must have contributed to the shift in perception of the opiates from wonder drug to addictive scourges.

AN ANALYSIS OF THESE DEVELOPMENTS

It would be quite simple to argue that justifiable concerns for the health of the American citizenry led to the prohibition of most forms of opiate use. In fact, this argument has legitimate support. After all, the United States of the nineteenth century had a substantial amount of people using opiates in all forms. Data showed that much of the use of opiates was by those addicted to the drugs (Courtwright 1982). Therefore, in hindsight, the strict controls enacted over the use of opiates may have been a wise decision.

One issue, which has been researched extensively, is the transformation of the opiate addict (Courtwright 1982; Tieman 1981). As indicated above, most nineteenth-century opiate addicts were middle-class women who tended to use their drugs behind closed doors. During the 1920s or early 1930s a shift occurred in the addict population: the typical addict was a young lower-class male (Courtwright 1982). Thus, the public fear of the addict originally promulgated by the media had come true.

This shift in the perception toward opiate users had actually begun when the Chinese became infamous for their mysterious habit of smoking opium. The threats that the Chinese engendered were the outcome of economically motivated racist thinking. The results were the first laws prohibiting opiates. Although this can been seen as the beginning of the transformation of the opiate addict from unfortunate victim of a social vice to a criminal, it cannot account entirely for this shift. Other economic concerns of the United States must also be added to the equation if the transformation of the opiate addict is to be understood. The international agreements condemning opiates that the United States became involved in were a vehicle for it to become an international economic power. Thus, economic factors must be considered an integral part of the prohibition of opiates.

However, the key issue in the present article is not the transformation of the addict, but the transformation of opiates. The shift in the perception of opiates from good medicine to dangerous drug is of course linked to the perception of the addict (or user). Moreover, one would probably not have occurred without the other.

Some have argued that the shift in the perception of opiates was not the result of racial prejudice, economic conditions or an increase in potency via hypodermic syringe. Rather, around the turn of the twentieth century there was a condemnation of all psychoactive drugs, including
alcohol (Grinspoon & Bakalar 1976). However, this does not fully explain one key phenomenon: the rejection of heroin as a medicine and the continued use of morphine by the medical community.

Perhaps the explanation lies in the fact that morphine had already been established as a medicine by 1900. Heroin, on the other hand, was relatively new and was not yet used widely by the medical community. Moreover, morphine was commonly used by middle-class women, while heroin had quickly become identified with a criminal subculture. Therefore, the perception of heroin never reached the point of respectability as a medicine that morphine had reached, and thus it could not withstand the opiate condemnation.

Opium, of course, had been identified as a drug of choice among the Chinese. Their habit of smoking opium was mysterious to Westerners and this, along with the prejudice against Chinese immigrants, led to the shift in perception of opium from medicine to dangerous drug.

In contemporary America, most opiate use is perceived as dangerous, even by the medical community. Morphine is still used as an analgesic, but it is strictly regulated. Heroin is illegal for any use; its condemnation is complete. As mentioned previously, the prohibition and condemnation of opiates may have had a basis in health concerns and advances in science. However, the addictive properties and overdose potential of opium have been known for thousands of years and still it is just in the past couple of centuries that the condemnation of opiates has occurred. This cannot be considered entirely due to advances in health consciousness or medical knowledge, but must also be considered the result of economic influences and racial prejudice.

Thus, the point is that the opiates, even heroin, can be used as effective medicines by the medical community. In fact opium has been utilized as an effective medication for thousands of years. However, a historical analysis of the use of opiates indicates that they were condemned not so much for their unhealthy potential, but rather for a number of underlying reasons. Thus, the perception of opiates has shifted over time from efficacious medication to a damaging social menace.

SUMMARY AND CONCLUSIONS

The present article attempts to explore the history of the laws prohibiting opiate use and their influence on the change in the perception of opiates. The drug laws are perhaps a sound vehicle for preventing the abuse of potentially harmful substances, such as heroin, opium, and morphine. However, history provides evidence that there was more impetus supporting the development of these laws than merely a concern for health. Opium has been utilized for its substantial medicinal properties for centuries. As with other powerful medicines, opium has various drawbacks. However, its addictive potential had been recognized for centuries before its use was condemned. Therefore, its addictive properties and overdose potential, or even its psychoactive properties, cannot be held entirely accountable for its condemnation. Rather, it appears that an intricate web of concern for health, economic relations, and racist ideologies forced opium and its derivatives onto a list of dangerous and, for the most part, prohibited drugs. The economic relations began when China grew restless over Britain's dominant role as a trading partner. Because opium was a primary product in this relationship, it conveniently played a controversial role in the British-Chinese wars of the nineteenth century.

Economics, both domestic and international, continued to play a role in opium's condemnation in the United States. Economic problems in the United States helped influence a racist ideology against Chinese immigrants on the West Coast. One of the focal points of this
racism happened to be the Chinese practice of smoking opium. On the international front, the United States wished to become a world leader. One of the vehicles to achieve this end was the organization of international conferences to discuss a controversial topic: opium use. The United States was fairly successful in two ways: it showed that it could influence other countries and it helped to limit Britain's economic hold over the Far East. Back in its homeland, the federal government needed to prove its commitment to narcotics control. Therefore, it enacted laws designed to the use of opiates. These laws resulted in further denigration of the opiates. Thus, the shift in the perception of opiates was almost complete; they had been virtually condemned.

The point is that the opiates have not changed over the past century. Heroin was synthesized, but this did not make for a drug more inherently destructive than opium or morphine. The opiates shall remained as they always had: effective medicines that could be dangerous if misused, especially outside of the medical arena. However, a marked shift did occur in the perception of opiates. Once regarded as wonder drugs, the perception of opiates had now been transformed. This did not occur because of any remarkable discovery of their dangerous properties. Rather, the shifting perception occurred through several forces, including economic concerns. The result was a perception of opiates as dangerous substances. Currently, this perception out weighs the perception of opiates as effective medicinal agents by a substantial amount.

An argument can be made that this shift in perception occurred because the opiate-using population changed from law-abiding middle-class women to criminals, such as prostitutes and thieves. This argument suffers, however because this transformation of the addict population did not occur until after many of the laws prohibiting opium use were already in place and much of the shift in the perception of opiates had already occurred. Perhaps this change in the addict population merely worked to reinforce the perception of opiates as destructive, but it did not initiate it.

It appears that the current perception of opiates is thoroughly entrenched in American society. Their use as positive medicines is subordinate to their role as dangerous drugs. A shift in this current perception is unlikely to occur in the near future. Nevertheless, a historical analysis of the development of opiate laws indicates that the concern for health and the horror of addiction may have been minor players in the prohibition arena, and it is the other factors discussed above that appear to have served as the primary catalyst in the condemnation of opiates.

NOTES

1. The term "addiction" is subject to a variety of definitions. The user who develops tolerance to the drug and goes through physical discomfort known as withdrawal symptoms is often said to be addicted. However, the definition often depends on the situation in which the term used. In the present article, deference is given to the source material as to whether a person or group of persons may be considered addicted.

2. Throughout the present article, the term "opiates," when used, will indicate opium and its most well known derivatives: morphine and heroin. Codeine, the mild opiate cousin of morphine, is not included in this context because it is rarely used as a recreational drug. It also does not instigate the relative fright associated with opium, heroin, and morphine.

3. For a very thorough account of the history of Opium from ancient to modern times, see Latimer and Goldberg (1981). For an interesting account of the various historical uses of opium among humans and animals, see Siegel (1989: Chapter 6).

4. The poppy was an early blooming flower. It usually bloomed around the middle part of February.
5. The term "medicine" is used rather loosely because many early uses of opium probably straddled the gap between medicine and mysticism. After all, there was little distinction between these two practices in many parts of the world until modern times.

6. Medical opium had been traded by Arabs in China since around 400 A.D. It was used primarily as an aphrodisiac.

7. This shift in perception of opium from medicine to dangerous drug foreshadows in a remarkable way the similar shift that occurred in the United States.

8. Dreser named his product after the German word for heroic, heroisch. Interestingly, aspirin was also developed by Bayer and Company. Both heroin and aspirin were touted side by side as wonder medicines.

9. In 1840, 24,000 pounds of opium were imported to New England. Within 10 years this increased to 87,000 pounds. By 1870, approximately 500,000 pounds of opium were entering the United States through legal channels. The price rose from $1.40 per pound (1840) to $4.50 per pound (1860).

10. The answer to this question is one key to the shift in the perception of opiates from medicine to social menace.

11. The late eighteenth-century rate translates into roughly 1.1 million addicts by today's population (see also, Musto 1987: 42).

12. The first laws prohibiting the use of opium focused on opium dens. These were establishments that catered mostly to Chinese workers. However, there is some evidence that Whites began frequenting them in the mid 1800s.

13. Ordinance No.2073 "prohibited smoking, buying, possessing or bargaining for opium" The Chinese accounted for about 60% of the arrests for narcotics violations in Portland between 1877 and 1885 (Tracy 1980: 11).

14. For an authoritative account of the Harrison Act and its effects, see Trebach (1981: Chapters 3 & 6).

15. Also see Saper(1974).

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