# The Making of American Drug Policy: A Multimodel Analysis of the Harrison Narcotics Act of 1914

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*This research examines the making of American drug policy and the Harrison Narcotics Act of 1914. Depending upon the analytical model employed, different explanations can be offered for early drug policy development. From a rational perspective, the goal of the Harrison Act was to improve relations with China; from an organizational perspective, the Act was intended to protect the financial interests of doctors and pharmacists; and from a political process perspective, the Act was the result of a Progressive-era crusade of a few policy entrepreneurs.*

## Introduction

Analyzing public policy decisions is complicated. More often than not, the conclusions of policy analysis are shaped and biased by the model selected. This is a natural consequence of analysis, as models, metaphors or other theoretical constructs are necessary to simplify complicated phenomena. Simplification has its pitfalls, however, as a particular model may indeed narrow the scope of the analysis. As J.D. Thompson (1967) has written, "Our ability to find patterns in phenomena rests on the adequacy of the conceptual schemes we employ, that is, the kinds of answers we get are limited by the kinds of questions we ask."

An effective technique used by policy analysts is to employ more than one model to examine public issues. Thus, a much richer mosaic of public policy elements may result. Important and heretofore unanalyzed dimensions omitted by one model may indeed be included in another. Scholars recognize the value of combining the attributes of different analytic models. By examining policies through different sets of conceptual lenses, the analyst may explore some of the fundamental yet often unrecognized choices that influence policy decisions and outcomes. In policy design, multiple models may reduce the likelihood of unintended, negative consequences.

Dye (1972) recognized the value of this approach when he employed six analytical models --systems theory, elite theory, rationalism, incrementalism, institutionalism, and group theory -- in his public policy textbook to describe and explain public policy. A recent edition of his policy text (Dye, 1995) expanded the number of models to nine, adding process theory, public choice theory, and game theory. Woll (1974) uses a similar typology of five policy models -- classical, group theory, liberal democratic, elite, and systems.

Using either five, six or nine models to analyze a particular policy is not realistic, as the number of policy dimensions can become unwieldy, numerous, and confusing. The number of models needs to be combined into a workable and realistic number. The classic multi-model approach was employed by Allison (1971) in analyzing the decisions of the Cuban missile crisis. Allison clearly demonstrated the power of several models being used to analyze one event. He collapsed a variety of political and public policy models into three separate frames of reference:

*Model I: The Rational Actor* Allison's rational actor approach describes public policy decisions as the purposive acts of governments acting as a single body. This approach personifies government as a rational, national actor with narrowly defined goals and choices. The basic question to be answered by rational analysis is why did a government make a certain policy decision. The rational approach normally assumes that a single government follows a logical sequence of events accepted by the rational/comprehensive school: identification of goals, listing of all possible alternatives, comparing the consequences of the alternatives, and choosing the best alternative to implement. The rational actor approach predominates, especially in such day-to-day coverage of national events by the newspaper and television media.

*Model II: Organizational Process* Allison's second model originates with early human relations theory during the period 1937 to 1947, and emphasizes the writings of Barnard, Roethlisberger & Dickson, Simon and March. These writers criticize the narrowness of the rational approach, and question its validity in the real world. Instead of focusing on the institution of government, they focus on organizational outputs. The decision-making unit is the group, whether it be formal or informal.

*Model III: Governmental Politics* In Allison's third model, the leaders at the top of an organization are not part of a monolithic group. Instead, each individual is a player in a central, competitive game. The name of the game is politics. The decision-making unit is the individual, who bargains along regularized circuits with the other players. Models II and III require much more information than Model I.

The primary purpose of this paper is to examine the making of American drug policy through the lenses of several different models. In so doing, the paper aims to widen the perspective of how drug policy, specifically the Harrison Narcotics Act of 1914, was created. From this analysis a better understanding may be made of the relationship between early drug legislation and its legacy for current drug policies. Questions for future research are posed.

The methodology borrows the basic approach from Allison (1971) in that three groupings of models are used: (1) Classical/rational, (2) Organizational and Group Behavior and (3) Political Process. Although this approach closely follows that of Allison, many of the models and theories used are more recent, such as agenda-setting, public choice, and advocacy coalition frameworks. In general, the major difference in the three models is the unit of analysis that each employs. The

classical/rational model focuses on governments and agencies acting as single bodies; the organizational behavior model primarily focuses on interest groups, be they formal or informal; and the political process model primarily focuses on the individual leader or policy-maker.

## Background of the Drug Abuse Issue

Drug abuse is not a recent phenomenon. From the discovery of morphine in 1803 and its commercial manufacture in Germany as early as 1827 (Lauderdale & Inverarity, 1984), morphine addiction became an increasing problem in Europe and America. The invention of the hypodermic needle in 1853 (Woods, 1993), combined with extensive morphine treatment of Civil War casualties, led to increasing morphine addiction within the United States during the late 1800s. An answer to morphine and opium addiction was thought to have been created in 1898 when the Bayer Company synthesized heroin, and marketed the new drug to the public (Courtwright, 1982, Lauderdale & Inverarity, 1984). Before physicians discovered heroin's addictive properties, it had replaced morphine as the narcotic addict's drug of choice.

Narcotics addiction also was fostered by the unrestricted trade of patent medicines, many containing large doses of opiates or cocaine. Most common of the patent medicines were the many brands of laudanum such as Dr. Brown's Magic Elixir, a mixture of opium and alcohol (Ashley, 1972). Between 1859 and 1904, sales from patent medicines increased from $3.5 million to $75 million. Approximately 28,000 brands were sold freely in drug stores and through the mails (Lauderdale & Inverarity, 1984).

In the late 1800s, opiate addiction did not carry the social stigma it carries today. Early anti-drug sentiment was primarily racially motivated, aimed at the alleged drug abuse of Chinese laborers smoking opium, Southern Blacks using cocaine, and Mexican laborers smoking marijuana. Animosity towards the Chinese led to the passage of the San Francisco Ordnance of 1875, the first law attempting to regulate opiate use. Anti-Chinese sentiment also led to the passage in 1882 of the Chinese Exclusion Act and the 1909 ban on the importation of smoking opium.

By 1900, America had a serious drug problem. Drug usage was widespread numerically, geographically, and ethnically. On a per capita basis, there were probably more addicts at the turn of the century than there are today. Although drug-use statistics are very sketchy for that period, estimates of the number of addicts between 1900 and 1924 range from a low of 100,000 to as many as 4,000,000. Recent scholars estimate the number to be close to 250,000 (Taylor, 1969; Walker, 1981).

Female addicts outnumbered males by a three-to-two ratio. Most were white, middle age, middle and upper class, and lived in the South. A 1914 Tennessee survey, for example, found that two-thirds of the users were women, and also noted that two-thirds of the women were between the ages of twenty-five and fifty-five (Brecher, 1972). The social stigma against alcohol consumption by women may have contributed to their narcotic excess. Husbands drank alcohol in

the saloon; wives took opium at home. Thousands of women were addicted to laudanum, at that time legal and available from apothecaries, grocers, postmasters, printers, and from the tailgates of medicine show wagons that traveled throughout rural America (Inciardi, 1989).

Between 1900 and 1915, Americans consumed ten times as much opium per capita than the largest consuming country in Europe (Lauderdale & Inverarity, 1984). America's opium problem stemmed from two sources: excessive importation of crude opium from Turkey for manufacture into opium, and the importation of smoking opium from the Far East, principally from Portuguese Macao, to supply Chinese and other habitual opium smokers. Smoking opium had been legal since 1840. It was estimated that the medicinal need for the United States was 100,000 pounds, whereas the actual importation was 500,000 pounds. Another estimate suggested that between 50 and 70 percent of morphine manufactured was used for improper purposes. The remainder was used to manufacture laudanum, itself subject to misuse. The State Department estimated there were 52,000 Chinese opium smokers (about 40% of the Chinese population) plus another 100,000 to 150,000 non-Chinese opium smokers in the U.S. at the turn of the century (Taylor, 1969; Musto, 1973).

Drug abuse of the early 1900s did not go unnoticed. From about 1902 to 1912, muckraking journalists uncovered a wide assortment of social ills, attacking such problems as government corruption, child labor abuses and the avarice of large corporate trusts (Chalmers, 1964; Shapiro, 1968). Abuses of patent medicine also came under the muckrakers' fire, especially by journalist Samuel Hopkins Adams who uncovered patent medicine abuses between 1905 and 1907. Spurred by the writings of Adams (*The Great American Fraud*, 1906) and Upton Sinclair (*The Jungle*, 1906), Congress passed the Pure Food and Drug Act in 1906, requiring manufacturers to label the contents of food and medicines in interstate commerce. The Act reduced patent medicine sales by one third (Musto, 1973).

The combination of an increasingly serious drug problem, coupled with the Progressive spirit to solve the nation's social ills through government intervention, set the stage for an anti-drug movement that would eventually culminate in 1914 with the passage of the Harrison Act -- the first federal legislation that lead to the prohibition of many previously legal drugs.

## The Rational Approach

On December 17, 1914, President Woodrow Wilson signed the Harrison Narcotics Act into law. The Harrison Act was an unprecedented measure, for it was the first time that the federal government prohibited the use of previously legal drugs. Why did this legislation come about? Can policy analysis be used to better inform us of the causes and events that led to the prohibition of narcotics?

The most common analytic approach to answer these questions is through the classical/ rational approach. The rational approach has been accepted and practiced for so long that its origin cannot be accurately traced to a single theorist.

Aristotle's concept of calculative or deliberative intellectual value, for example, follows a rational sequence of logic (Engberg-Pedersen, 1984). The rational model views government as the primary unit of analysis. It is assumed that the government, be it the President, the legislature, a court or an agency, behaves in a manner appropriate to the achievement of given goals and within the limits imposed by given conditions and legal constraints. Logical processes evolve from valid premises. To Weber, for example, rationality is the conscious adaptation of the government to its goals, and its operation through the impersonal application of rules without deflection by the personal goals of its functionaries (Gerth & Mills, 1946).

Modern concepts of rationality include a utilitarian goal in which government achieves maximum social gain by choosing policies resulting in gains to society that exceed costs by the greatest amount. Conversely, governments should refrain from policies if costs are not exceeded by gains (Dye, 1995). The rational approach also assumes an omniscient government that is aware of all policy alternatives and their costs and benefits. A rational government can therefore make the best possible policy decision to meet its goal.

There is an argument that early drug legislation followed a rational path. Lauderdale and Inverarity (1984) focused on the regulation of opiates and the passage of the Harrison Act in attempting to determine why drug laws are created, and why regulation of individual behavior occurs. They argue that drug regulation can be fully explained only through reference to the social context, namely, a structure of society characterized by increasingly regulated international and national economies, the rationalization of bureaucratic agencies, and the expansion of formal, legal-rational procedures. Bureaucratic rationalization was developed as a means of organizing the rapidly changing national and international market place and to address problems created by industrialization and urbanization, including drug abuse. Courtwright (1982) offers a similar social-class explanation of early drug law enforcement legislation, while Reuter (1987) explains America's drug policy as a mix of prohibition and regulation and largely determined by rational and historical factors. He discusses the shifting balance between prohibition and regulation within the context of historical, social, and institutional trends.

What was the goal of a "rational" American government in passing the Harrison Narcotics Act? The goal was not, as would be the Act's eventual consequence, to prohibit narcotics use within the United States. Instead, the American government pursued a rational *international* goal that was relatively oblivious to achieving any reduction in domestic narcotics abuse. Although America herself had a serious drug problem, little attention was paid to the plight of the American narcotics addict.

The American anti-narcotic effort had its roots in diplomatic events involving the Philippines and China. When the United States acquired the Philippines in 1898, a system of opium regulation which the Spanish had established in 1843 was still in effect. Under this system the right to sell opium was sold to a wholesale dealer who purchased the right at public auction. The

object of the system was twofold: to raise revenue and to prevent addiction among the Filipinos. Under Spanish rule the system was well-enforced, and it worked, confining the Philippine drug problem to its minority Chinese population (Taylor, 1969).

After the Spanish-American War, the Philippines became the first American experiment in colonial rule. The sudden realization that this new colony had a drug problem became a special concern of American missionaries. The missionary community in turn exerted strong influence on both American public opinion and government officials. When the United States took over the Philippines, the Spanish system was discontinued and a prohibitive drug tax levied. Addiction by Filipinos increased dramatically as the opium trade was forced into an uncontrolled black market. In 1903, there were 190 illegal opium shops in Manila alone (Taylor, 1969).

In attempting to deal with the Philippine drug problem, the State Department became the leading U.S. government proponent of anti-narcotics laws at the turn of the century (Musto, 1973; 1991). In order to investigate alternative regimes to combat drugs in the Philippines, the State Department appointed a commission to study the anti-narcotic programs in the Orient. The study, carried out between August, 1903 and January, 1904, investigated the opium situation in Japan, Formosa, Shanghai, Singapore, Burma and Java. Study members condemned the British, who continued to support officially the opium trade between India and China. On the other hand, commission members were impressed by Japan's anti-narcotics program. Japan favored the strict control of narcotics for medical purposes only. In Formosa, the Japanese instituted "progressive prohibition," whereby each year narcotics regulations became even stricter until full prohibition was attained. The State Department committee recommended the Japanese system be adopted for the Philippines. Licensed use of narcotics would be controlled by a government monopoly. After three years, full prohibition would be in effect (Taylor, 1969).

During the same period that the American State Department was dealing with the Philippine narcotics problem, it was also making diplomatic efforts to improve relations with China. American business interests were seeking expanded and lucrative trade with China, whose population at the time was over 400,000,000. The influential American missionary community also desired normalized Chinese relations in its efforts to carry Christianity to millions of Chinese "pagans." The Progressive administration of Theodore Roosevelt placed the Open Door policy of China at the top of its diplomatic agenda.

A major diplomatic stumbling block, however, was opium. British merchants supplied a large Chinese addict population with imported opium from India. The opium trade was quite lucrative and a major source of tax revenue for the British government. China had attempted to ban the importation of Indian opium in 1839 and again in 1856. Both measures led to the two Opium Wars with Britain, whose military forced China to open more ports to the opium trade (Woods, 1993; Musto, 1973).

The American government was therefore in a diplomatic dilemma, caught between the desires of pro-opium Britain and a China wishing to ban the narcotic and free herself of foreign control. In the early twentieth century, American foreign policy pursued the rational goal of helping China to rid herself of opium consumption. Thus, China could take her place in the international community as a stable and prosperous nation capable of carrying on mutually profitable trade relations with the West. To do so, the United States inaugurated an international drug campaign by calling for an international meeting to discuss the worldwide opium situation. Thirteen nations attended the 1909 meeting in Shanghai, which in turn led to the Hague Narcotics Convention of 1911 (Musto, 1973; Taylor, 1969; Woods, 1993).

With strong diplomatic pressure exerted by the United States State Department, the Hague Narcotics Convention of 1911 outlawed international non-medical opium traffic. Even Britain, where anti-opium sentiment was rising, reluctantly acquiesced to the American demands, and agreed to cease its opium trade. As the United States continued to pressure other nation's to sign the Hague protocol, the contradiction of the American domestic narcotics situation became increasingly obvious. While the United States was forcing the international community to outlaw the narcotics trade, it was at the same time one of the few nations where narcotics use was completely legal. In order to fulfill its own obligations under the Hague Convention, the enactment of domestic anti-narcotics laws became necessary to avoid international embarrassment (Zimring & Hawkins, 1992). As early as 1909 the American government realized its Chinese anti-opium policy was contradictory when a memorandum from the Second Secretary of the American legation at Peking contended that the United States must first end the supply of opium to Chinese in America and cease deriving revenue therefrom (Taylor, 1969).

Consequently, it was the United States State Department, not the Justice or Treasury Departments, that drafted the first domestic anti-narcotic legislation. Initially, Congress hesitated to enact legislation because of serious questions regarding the constitutional authority to regulate what could be sold in the marketplace. States' rights proponents feared lawmakers would establish a dangerous precedent by introducing federal control over drug distribution (Lauderdale & Invearity, 1984). During the early twentieth century, measures prohibiting certain citizen behaviors were reserved primarily for state legislatures. State Department drafters avoided the constitutional, states' rights question by not outlawing narcotics outright. Instead, the Harrison Act was thinly disguised as a revenue measure that required the recording of opiate distribution for tax purposes only. However, two provisions of the Act were subject to crucial interpretation. First, drugs were to be prescribed only for *legitimate* medical purposes, and second, physicians could prescribe opiates only in the course of professional practice. Statutory guidelines were not provided. The Harrison Act did not make addiction illegal, nor did it authorize nor deny doctors the discretion to regularly prescribe opiates. The Act only required opiates be obtained by prescription from

physicians and pharmacists, and that the distribution be recorded (U.S. 38 Statute 785, 1914). The Act did not solve a debate that would remain unresolved for years to come: Was drug addiction a crime or a disease?

The rational explanation of the passage of the Harrison Act also conforms to two of the basic tenets of classical administrative theory. First, the role of the State Department as a single actor operating as an independent and elitist government institution supports the classic politics/administration dichotomy as proposed by Wilson (1887), Goodnow (1900) and others. In pursuing a rational, international, goal the State Department did not allow partisan politics to bias its "administrative" duties. Second, the State Department's method of comparing the anti-narcotics regimes of several countries allowed a host of alternatives to be considered before the "one best way" was chosen. This rational-comprehensive procedure was in keeping with the tenets of Taylor's *Scientific Management* (1947) that also guided administrative theory during the period of the Harrison Act's passage.

Supporters of the Harrison Act said little about the evils of narcotics addiction in the United States in the several days of congressional debates. They talked more about the need to implement the Hague Convention of 1912. Even Senator James Mann, of Mann Act fame and spokesman for the bill, talked about international obligations rather than domestic morality (Brecher, 1972).) The Act called for the Internal Revenue Service to supervise the licensing provisions. Unlike the Public Health Service, which considered therapeutic priorities in combating addiction, the IRS opposed maintenance of addiction and advocated strict enforcement (Walker, 1981).

Closely related to the rational approach is the institutional model which focuses on federalism, the roles of government organizations, and the relationships between the branches of government. The Supreme Court's behavior several years after the passage of the Harrison Act conformed to basic institutional theory. Acting independently and establishing itself as a policy-maker as well, the Court made an indelible impression on American narcotics policy. In two decisions rendered in 1919, the Court drew a restrictive interpretation of the Harrison Act, and decided what was to constitute "legitimate" medical practice (*Webb et al v. United States*, 1919; *United States v. Doremus*, 1919). The Court declared maintenance of an addict to be outside the scope of medical practice and therefore illegal. Although there is no evidence that the original drafters of the Harrison Act intended to prohibit physicians from treating addicts with medicinal doses of narcotics, the Supreme Court indeed set a restriction on narcotics treatment that remains in force today.

From a rational perspective, the American effort for international consideration of the drug question was caused by three major factors: first, concern of American missionaries and their associates with the moral aspects of liquor and opium not only in China but among so-called pagan peoples in general; second, the desire on the part of the American government to see a strong independent and prosperous China as a factor of stability and trade opportunity in

the Far East; and third, the rather sudden realization that in the Philippines, the United States had a Far Eastern drug problem of its own (Taylor, 1969). When analyzed by approaches other than the rational/classical, a different set of causes emerges to explain the passage of the Harrison Act.

## Organization and Group Behavior

Group theory begins with the assumption that individuals with a common interest band together formally or informally to make demands on other groups in society. Group theory further proposes that the central dynamic of politics is the interaction among groups that are pressing demands on government (Truman, 1951). With theoretical roots in earlier human relations and organizational behavior schools, group theory becomes a valuable model in which to analyze public policy decisions. Drug policy is no exception.

Substantial research on drug legislation takes an interest group approach by examining social and moral crusades. In general, this body of research concludes that drug legislation was a simple reflection of interests of a few organized groups struggling in either a pluralistic or elitist political order (Becker, 1963; Lindesmith, 1965; Dickson, 1968; Duster, 1970; Conrad & Schneider, 1980).

The most dominant and influential groups during the early development of the Harrison Narcotics Act were those, both formal and informal, that collectively embodied the Progressive movement. To many Progressives, the motivation behind the effort to prohibit narcotics included both humanitarian and coercive aspects, and as such, did not differ from other areas of public concern under the rubric of social reform during the Progressive Era. To Progressive reformers, social legislation, whether prescriptive or proscriptive, marked progress against social unrest, class conflict, and moral decay. Progressives believed that directed behavior, often by religious, political, and social institutions, offered the most effective road to reform and a better society (Walker, 1981). Several writers have noted the parallels and strong moral linkages between the prohibition of narcotics in 1914 and the prohibition of alcohol six years later (Clark, 1976; Musto, 1973; Courtwright, 1982).

The role of the medical community and its requisite interest groups is a case in point. Zimring & Hawkins (1992) propose that a main reason for the passage of the Harrison Narcotics Act was that widespread consumption of patent medicines represented a threat to the medical profession. Patent medicine sales reached their peak in the late nineteenth century, at the time when the opium content of these medicines was at it highest. Both physicians and pharmacists favored strong anti-narcotics laws to curtail the sale of patent medicines outside the medical community. According to Musto (1973), institutional interests predominated and gave little regard or compassion to the user. The American Medical Association, originally a weak organization composed of a small number of eastern physicians, gained strength politically during this period of debate over narcotics control, and campaigned vigorously for the prohibition of opiates outside medical channels (Kaplan, 1983). At the same time the American Pharmaceutical

Association, favoring the dispensing of narcotics only by licensed pharmacists, developed model state laws in 1903 aimed at prohibiting indiscriminant use of patent medicines and curtailing physicians from dispensing them. The interest group pressure exerted by both the AMA and APhA to protect their own economic interests were quite dominant in the debate over drug prohibition.

Another powerful group that influenced early anti-narcotics legislation was the bureaucracy itself. Taylor (1969) writes that, "what happened is a classic example of an uninformed Congress and an uninformed public being manipulated by a bureaucracy for its own ends," particularly the State Department in furthering diplomatic goals through domestic drug legislation. Himmelstein (1983) offers the "Anslinger" hypothesis for the understanding of marijuana laws, which can also be applied to the passage of the Harrison Act. He suggests that the Treasury Department's Bureau of Narcotics furnished most of the enterprise that produced the marijuana tax act and initial federal control of marijuana matters. It is a "bureaucratic politics" orientation. In the case of the Harrison Act, the State Department and the IRS were the dominant bureaucratic interest groups.

Elite theory is closely related to group theory. Elite theory suggests a public apathetic and uniformed toward public policy. Instead of public policy being made in a democratic process, elites actually shape mass opinion on policy questions more than masses shape elite opinion (Mills, 1956; Lasswell, 1948). Policies flow downward from the elites to the masses. The rapidly increasing power and influence of the medical profession is not only explained by group theory but also is supported strongly by elite theory. Besides the medical profession, the other elite instrumental in the passage of the Harrison Act was the missionary community. At the turn of the century missionaries had great influence. The first president of the Anti-Opium League, for example, was Reverend H.C. Du Bose, an American missionary.

Another elitist group that undoubtedly influenced early anti-drug legislation was the American business community. Trade with China was a high priority for expanding American industries, and strong pressure was exerted on President Roosevelt and the State Department to widen the Open Door policy. American business interests recognized that the key to a favored nation status with China was a curtailment of the opium trade.

With the formidable combination of the religious, medical and business communities, the anti-narcotics movement typifies the extreme elitist description by Robert Michel when in 1915 he described the *iron law of oligarchy* in which government devolves to the dominant class. In this sense, early narcotics legislation was indeed elitist and oligarchical.

Group theory reveals the impact of race and discrimination on public policy choices. Truman (1951), for example, acknowledges race as a determinant of group behavior when he described the interest group behavior of A. Phillip Randolph and the Brotherhood of Sleeping Car Porters in becoming a mass movement fighting discriminatory practices. Several scholars acknowledged the racial influences leading to the passage of the Harrison Act. Goode (1972) wrote

that the major reason for the prohibition of narcotics was racism, pointing to numerous articles written at the turn of the century that stimulated a myth that cocaine caused violent behavior in blacks. In June 21, 1903 The *New York Tribune* quoted Colonel J.W. Watson of Georgia as saying "many of the horrible crimes committed in the Southern states by the colored people can be traced directly to the cocaine habit." Dr. Christopher Koch asserted in the *Literary Digest* in 1914 that, "Most of the attacks upon white women of the South are a direct result of a cocaine-crazed Negro brain." Even the *New York Times* published an article on February 8, 1914, entitled "Negro cocaine fiends are a new southern menace." (Ashley, 1972; Goode, 1972; Musto, 1973; Grinspoon & Bakalar, 1976).

Himmelstein (1983) offered the racially motivated "Mexican hypothesis" for the understanding of marijuana laws, which also applies to the Harrison Act's linkage with alleged Chinese use of opium and Black use of cocaine. He argued an ethnic bias orientation caused marijuana usage to be associated with Mexicans and Chicanos. As part of the underclass of the time, it was undesirable to have any Mexican ethnic groups generalized into American society. One way to keep this particular underclass outside of mainstream society was to create a perceived union between Mexicans and marijuana use -- and to make marijuana illegal.

Lauderdale & Invearity (1984) suggest that early anti-narcotics legislation, especially local anti-opium ordinances in San Francisco and the eventual passage of the Harrison Act can be traced directly to hostile stereotypes of Chinese laborers. Courtwright (1982) also recognizes the strong racial influence of anti-narcotics legislation. He writes that American narcotics laws were passed, interpreted, and defended on the basis of misleading, even fraudulent, information. Much of this fraudulent information was racially motivated.

By studying the passage of the Harrison Act through the rational and group frames of reference, two quite different interpretations of the causes of the Act can be obtained. A third frame of reference -- the political process -- adds another and quite different viewpoint as to the causes of this early drug policy event.

## Political Process

A major dilemma facing policy analysis is the degree to which politics is emphasized. In models that relatively ignore politics, such as the rational approach, the model can be more deterministic, better identify goals, and more easily apply quantifiable measures to causes and outcomes. The danger with de-emphasizing politics is a loss of reality. Politics are often the name of the game. In a democratic society, there is little policy-making that is beyond the influence of politics.

On the other hand, models that emphasize the political dimensions, such as agenda- setting (Kingdon, 1984) and garbage cans (Cohen, March, & Olsen, 1972), are strong on realism and description while sacrificing precision, prediction and prescription. Most political models acknowledge the serendipitous and unpredictable nature of public policy. There is consequently a wide gulf between

model simplicity and model realism (Lane, 1993). Political models emphasize the individual, and each individual is different and difficult to model and quantify. The policy entrepreneur is most often the focal point of politically oriented policy analysis.

Stone (1988), who makes a strong argument for including politics in policy analysis, writes that often policies mean two or more different things at the same time. These "policy paradoxes" are quite evident in the making of America's early drug policy. The Harrison Act meant many things to many organizations, interest groups and individuals. All had their own, sometimes conflicting, agendas. To the State Department, the Harrison Act was a policy action leading to more normalized relations with China; to American missionaries the Harrison Act took on the appearance of a moral crusade, especially in the Philippines; and to American physicians and pharmacists, the Act restricted the competition posed by widespread use of patent medicines. When analyzed through the lens of the political process approach, the passage of the Harrison Act embodies an even wider dimension of Stone's "policy paradox."

Several scholars acknowledged the role of politics in early drug legislation. Taylor (1969) noted the "highly political context" in which the early anti-drug campaign was waged, and Bellis (1981) concluded that early U.S. government drug policies, especially treatment response to heroin addiction, were political, and shaped by questionable scientific evidence. As a result, he argued that rehabilitation of addicts has not generally worked, and that the criminalization of heroin since 1914 has led to a powerful underworld interest group. Thus, neither repression nor rehabilitation have constituted an effective response to heroin addiction in America. Moreover, law enforcement efforts to control heroin abuse by interrupting supply of the drug have not provided a solution to heroin addiction. Bellis questioned whether the government can actually legislate behavior, and concluded that any attempt to do so is for political reasons rather than an action to achieve rational anti-drug goals.

A key component to any political analysis of policy-making is the *policy entrepreneur*. Kingdon (1984), for example, wrote that policy-making is an evolutionary selection process. Policy ideas, problems and solutions float around in a "policy primeval soup" that is similar to the classic garbage can description of the policy process (Cohen, March, & Olsen, 1972). To Kingdon, the issue is not whether an idea is good or bad, but whether its time has come. When problem and solution streams come together, and a window of opportunity is opened, and *if* policy entrepreneurs are present, then policy change is likely. Such was the case when the Harrison Act was passed in 1914.

The Progressive Era opened many policy windows of opportunity that previously had been closed. For the first time the federal government took an active role in policies regulating the behavior of society, and the early regulation of narcotics is a case in point. Narcotics regulation was indeed an "idea whose time had come." The problems (China, the Philippines, patent medicine abuses, etc.) merged with the obvious solution of narcotics regulation to open a policy window.

All that was needed to satisfy Kingdon's model of policy change was the arrival of the policy entrepreneur.

The Harrison Act was passed in large part due to the efforts of two such policy entrepreneurs: Reverend Charles Brent and Dr. Hamilton Wright. Brent was the first Episcopal Bishop of the Philippines, having been elected to the post in 1901. As a close friend of both President Roosevelt and the first Governor of the Philippines, William Howard Taft, Brent exerted considerable influence. In many ways Brent was a moral crusader in step with the Progressive Era, and he wrote often to Roosevelt suggesting solutions to the Philippines' many problems. In July, 1906, Bishop Brent wrote to the President urging an international meeting to help China with its opium struggle, as well as to investigate the worldwide opium problem. Roosevelt had just completed negotiations to end the Russo-Japanese War, and a humanitarian movement to ease the burden of opium in China was consistent with his long-range goal to improve Sino-American relations. Secretary of State Elihu Root called for an international conference to investigate the opium situation. After most nations with possessions in the Far East had accepted the American invitation, the State Department requested $20,000 from Congress for the appointment of three commissioners. Brent was appointed senior commissioner when the delegates first met in 1909 in Shanghai (Taylor, 1969; Musto, 1973).

Brent realized that Great Britain was the key to international cooperation against opium and essential to the success of the international opium conferences. He persuaded the Archbishop of Canterbury to mount an attack on the opium trade in England, and the Church of England became an important advocate in changing British opium policy. Brent, who regarded opium "as essentially a moral question, a social vice . . . a crime," chaired the proceedings of both the Shanghai and Hague conferences (Taylor, 1969). Brent was a man of tact and diplomacy, and his leadership was key to the international community eventually condemning the opium trade.

The other policy entrepreneur essential to the passage of the Harrison Act was Dr. Hamilton Wright. President Roosevelt appointed Dr. Wright to the Opium Commission in June, 1908, and to take charge of the opium work at the State Department. A dashing, ebullient neuropathologist, Wright studied beriberi and malaria in the Far East, and set up a laboratory in the Straits Settlements to study tropical diseases. He had gained some fame by discovering (erroneously) that beriberi was an infectious disease. Even more than research, Dr. Wright had always enjoyed the political side of medical work. His selection as an Opium Commissioner was the turning point of his career, for until World War I, he was almost continuously in charge of the State Department's anti-opium work. It was the outspoken, dedicated Wright who drafted most domestic anti-narcotics legislation, including the several drafts of the Harrison Act. In researching the worldwide narcotics problem prior to the Commission, Wright discovered that the United States had a considerable drug problem of its own. It was Wright who marshaled the forces of both the AMA and the APhA to support drug controls, and in 1913 he enlisted the support of the National Drug Trade Conference and several congressmen to work out a satisfactory anti-drug bill. The bill required all persons,

other than customers, involved in narcotics transactions to be registered with the government (Walker, 1981).

Personal differences with Secretary of State William Jennings Bryan, a strong abolitionist who opposed Wright's refusal to abstain from alcohol, essentially ended Wright's anti-drug career, and kept him from attending a later international drug conference held just before World War I erupted. Engaged in civilian relief work in France in 1915, Wright was severely injured in an automobile accident, and he died in 1917. Taylor (1969) wrote that Wright, " . . . more than to any other single individual, must go the greatest share of the credit for the successes of American efforts in the anti-opium drive in the first two decades of the twentieth century, for he built the groundwork of policy and practice upon which the international and domestic actions of the United States were based."

## Conclusion

The three frames of reference used to examine the Harrison Act by no means exhaust the number of relevant models available. Other models lend valuable insight into public policy-making. Lindblom's (1959) incremental approach, for example, is quite relevant to the passage of the Harrison Act. Incrementalism suggests that policy is not made in one grand effort, but instead is made in small, incremental steps. Each step is evaluated as to its impact on policy outcomes before the next step is taken. Successive limited comparisons are made with past policies in order to create a positive, marginal benefit from the next policy choice.

It can be argued that the Harrison Act was one of several incremental steps in the evolution of American drug policy. The Harrison Act did not happen overnight, nor was it the first anti-narcotic legislation in the country. The transformation of American narcotic laws, like the transformation of the addict population itself, evolved over a period of time (Courtwright, Joseph & Des Jarlais, 1989). Anti-Chinese sentiment led to both the San Francisco Ordnance of 1875, the first law regulating opiate use by prohibiting opium smoking dens, and the federal government ban of smoking opium in 1909 (Musto, 1973). In 1906 Congress adopted an anti-narcotics law for the District of Colombia similar to a model narcotics law drafted by the American Pharmaceutical Association (Lauderdale & Inverarity, 1984). By the time of the Harrison Act passage in 1914, 46 states and territories had already passed laws attempting to control cocaine, and 29 had done so with opiates (Goode, 1972).

Public choice theory is also applicable to the passage of the Harrison Act. Buchanan and Tullock (1962), for example, argue that individuals come together in politics for their own mutual benefit. While seeking their own maximum utility, they call upon the government to correct "market failures." America's drug problem at the turn of the century could be construed to be just such a "market failure" requiring government intervention, in this case the prohibition of narcotics. Although public choice theory conceptually could be used to justify

narcotics prohibition, it most often is used to argue for drug legalization. Theoretically based in *laissez faire* economics, the public choice school would argue that drug abuse is not a "market failure," but instead the aggregate actions of individuals making a collective choice. At the conservative extreme, public choice theorists would agree with Friedman (1953), and allow free market forces to solve the drug problem in a survival-of-the-fittest atmosphere.

More recent, robust and ambitious models are also relevant in explaining early drug policy-making. Systems theory (Easton, 1965; Katz & Kahn, 1978), sociotechnical systems perspective (Pasmore, 1988), and advocacy coalition frameworks (Sabatier, 1991) are three examples of models taking a more holistic approach to analysis. Recent models such as these emphasize the impact that the external environment has on policy-making. All of these approaches would produce a rich mosaic of policy issues if they were used to analyze the Harrison Act and early drug policy-making. Systems-based models such as these incorporate and combine many of the advantages of more traditional, one-dimensional analytical approaches.

The value of using multiple frames of reference to examine early drug policy-making is not just an academic exercise. Multiple models can reduce the possibility of making policy decisions that have unforeseen and unsatisfactory results. In his classic study of bureaucratic dysfunctions, Merton (1936) labeled such unwanted side effects as "unanticipated consequences." Early American drug policy, and the Harrison Act in particular, is fraught with consequences not envisioned by early policy-makers.

There is no evidence that the drafters of the Harrison Act intended to make narcotics illegal. Congress enacted the first federal drug legislation only to control narcotics use within licensed medical circles. Strict interpretations by the Supreme Court carried the Act far beyond its framers' intentions, resulting in the shifting emphasis in drug control from medicalization to criminalization. By decreeing that physicians could no longer prescribe opiates to addicts, addiction was transformed from a sickness into a crime. Unforeseen economic consequences also occurred. Before passage of the Harrison Act, the typical, relatively affluent addict could supply her needs for three cents a day. After Harrison, the typical poor Black addict paid $30 daily within only a few years of prohibition.

Other authors note the wide range of unanticipated consequences caused by drug policies in areas such as failed crop interdiction efforts (Gray, 1989), use of more dangerous drugs and increased crime (Inciardi, 1987), corruption of foreign anti-drug officials (Larmer, 1990), and diversion of methadone from clinics to street use (Spunt, Hunt, Lipton & Goldsmith, 1986). Nietschmann (1987) described a vicious cycle of unanticipated consequences of US anti-narcotics aid to grower countries. In providing those countries with weapons that they then turn on their own narcotics-growing peasants, US efforts then encouraged frantic narcotics growing in order for the people to buy military weapons to defend themselves. It appears that the trend of unanticipated consequences started with the Harrison Act continues in today's drug policy arena, and it is in this area that further research is

warranted.

Another area deserving policy research is an examination of the complex factors that create a social problem from behavior previously viewed as within the province of individual preference, and the reconceptualization of that behavior as one necessitating legal proscription. Why do some products or activities, such as opiate use, become defined as potential serious social harms and accepted within the proper domain of the legal system, when others, for example, nicotine use, industrial accidents, familial violence, hazardous wastes, or nuclear arms proliferation, are less likely to be criminalized? Such an explanation requires more than mere documentation of governmental, organizational and individual behaviors.

In conclusion, the making of early drug policy and the passage of the Harrison Act were not simple occurrences. Depending upon the frame of reference used to analyze its passage, entirely different goals, causes, and effects can be obtained when examining the legislation. Different explanations of early drug policy can be created by altering the unit of analysis between the government, organizations and the individual. All of these perspectives have analytic value, but none give a complete picture of the policy process. In order to perform a complete and comprehensive analysis, as well as to minimize unintended consequences, the need to employ several models and frames of reference becomes quite necessary and powerful. It is no less true today than it was in 1914.

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