

# High Times In Black And White

Race, Class, and Gender in Newspaper Reports on Crack Cocaine and Crystal Meth

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### ***1.1) Topic Orientation***

President Ronald Reagan appeared with his wife Nancy on national television on September 14<sup>th</sup>, 1986 to announce that “today, there is a new epidemic: Smokable cocaine, otherwise known as ‘crack.’ It is an explosively destructive and often lethal substance, which is crushing its users.”<sup>1</sup> Children, according to Reagan, were under constant threat of being lured into a dark abyss of substance abuse. Reagan painted a picture of an American landscape littered with smoldering crack pipes, burning holes in the very fabric of society.

He was not the first to speak in such apocalyptic terms on the “crack menace.” The issue of crack use had dominated news media since November 1985. In less than eleven months the major print media outlets published over a thousand articles covering the “crack menace,” and the horrible deeds committed under its influence. An example that is typical both in the heinousness of the described acts and the vagueness of its sources is found in the UP International article titled “Crack, a Deadly and Growing Teen Fad.” The article mentions several crimes committed “in the past three weeks in New York City,” such as: “A man described as a crack addict stabbed a woman to death as her 4-year-old daughter watched in horror; a reputed teenage user was arrested for robbing and fatally shooting a Catholic priest; a baby-faced 16-year-old boy allegedly killed his mother after an argument over his smoking crack...”<sup>2</sup>

Television news was likewise awash with drug segments. Levine and Reinerman note that in July of 1986 alone, the three major TV networks aired a staggering seventy-four evening news stories on drugs, half of which focused on crack.<sup>3</sup> The fall of 1986 saw the networks competing for who could paint the bleakest picture of crack use in America. *48 Hours on Crack Street* by CBS was previewed by Dan Rather on his evening news show: “Tonight, CBS News takes you to the streets, to the war zone, for an unusual two hours of hands on horror.” NBC upped the ante with *Cocaine Country*, in which it was claimed that crack use had exceeded epidemic proportions, and could now only be described as a

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<sup>1</sup> “Speech to the Nation on the Campaign Against Drug Abuse.”

<sup>2</sup> Goldberg, “Crack, A Deadly and Growing Teen Fad.”

<sup>3</sup> Reinerman and Levine, “The Crack Attack: Politics and Media in the Crack Scare,” 20.

pandemic.<sup>4</sup> Crack may have pulled users into unfathomable depths, but its discovery brought on high times for the ratings-addicted television channels.

In part due to this extensive media attention, the public became increasingly concerned with illegal drug use. The periodical *New York Times*/CBS poll asking Americans what “the most important problem facing this country today” was, showed this concern: In January 1985, 23% of respondents answered war or nuclear war, with less than 1% concerned with illegal drug use. In September 1989, –shortly after President George H.W. Bush had largely repeated the Reagans’ alarmist tone in a televised address– these numbers had turned around, with 54% of respondents considering drugs the most important issue, as opposed to the 1% who saw (nuclear) war as the greatest threat.<sup>5</sup> After four-and-a-half years of screaming headlines and hour-long specials, crackheads had replaced commies as public enemy number one.

### ***1.1a) Consequences of the Crack Scare***

1986 was also a congressional election year, and incumbents jumped at the opportunity to appear active on an issue that was at the center of public concern. The Anti-Drug Abuse Act of 1986 was introduced in the House of Representatives on September 8, which it passed without amendments three days later. The Bill passed the Senate with two amendments on October 15, and was signed into law on October 27 with exactly one week left until Election Day.<sup>6</sup>

The hastily passed Anti-Drug Abuse Act reflects the growing panic concerning the perceived danger crack cocaine posed to society. The House version of the Bill provided \$2 billion to fund the anti-drug crusade, allowed the death penalty in certain drug-related crimes, and made some illegally obtained evidence admissible in drug trials. According to Michelle Alexander, the Senate

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<sup>4</sup> Reinerman and Levine, *Crack in America*, 20.

<sup>5</sup> Reinerman and Levine, “Crack in Context,” 537.

<sup>6</sup> “Anti-Drug Abuse Act of 1986 (1986 - H.R. 5484).” If re-election was the purpose of passing this bill so swiftly, the bill had its intended effect. Statisticians Andrew Gelman and Gary King have shown that the incumbency advantage in congressional elections peaked in 1986. See: Gelman, Andrew, and Gary King. “Estimating Incumbency Advantage without Bias.” *American Journal of Political Science* 34, no. 4 (November 1, 1990)

added even harsher penalties.<sup>7</sup> Finally, the Act set minimum sentences for possession of crack cocaine at a ratio of 100:1 compared to powder cocaine. This meant that possession of 5 grams of crack was equal to 500 grams of powder cocaine. All crack cocaine is manufactured from powder cocaine, requiring only the addition of baking soda, water, and heat. Two years later Congress passed the Omnibus Anti-Drug Abuse Act of 1988, which set the minimum sentence for five grams of crack (the weight of two pennies) at five years in prison. The severity of these minimum sentences for crack led to low-level dealers getting sentences that were ten times longer than the average of those served for illegal possession of firearms, five times longer than for rape, four times longer than for kidnapping, and three times the sentence served for most murders.<sup>8</sup>

These “get tough” policies have had a devastating effect on the African American community. According to Human Rights Watch, the number of drug arrests in the United States jumped from 656,434 in 1986 to 835,321 in 1990. In 1986 35% of those arrested for drug-related crimes were black, a figure that rose to 42% in 1990. In that same period, Blacks constituted 13% of the U.S. population.<sup>9</sup> In other words, relative to the population, Blacks were roughly three times more likely to be arrested on drug charges than whites. These figures are particularly disturbing given that, according to surveys, Whites and Blacks use illegal drugs in roughly equal measure.<sup>10</sup>

In drug possession cases, the road from arrest to incarceration is short. Hardly any drug cases even go to trial, but instead “nearly all criminal [drug] cases are resolved through plea bargaining –a guilty plea in exchange for some form of leniency by the prosecutor.”<sup>11</sup> Michelle Alexander has argued that the high number of plea bargains is a direct result of the mandatory minimums set forth in the Anti-Drug Abuse Acts of 1986 and 1988: “When prosecutors offer ‘only’ three years in prison when the penalties defendants could receive if they

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<sup>7</sup> Alexander and West, *The New Jim Crow Mass Incarceration in the Age of Colorblindness*, 53.

<sup>8</sup> Leiby, “A Crack in the System; This Small-Time Dealer Is Doing 20 Years. He Might Be Better Off If He’d Killed Somebody.”

<sup>9</sup> Human Rights Watch (Organization), *Decades of Disparity*, 3–5.

<sup>10</sup> Human Rights Watch (Organization), *Targeting Blacks*, 41.

<sup>11</sup> Alexander and West, *The New Jim Crow Mass Incarceration in the Age of Colorblindness*.

took their case to trial would be five, ten, or twenty years ... only extremely courageous (or foolish) defendants turn the offer down.”<sup>12</sup>

Furthermore, impoverished blacks cannot afford a vigilant private attorney, and therefore:

Must rely on public defenders overwhelmed with high case loads, court-appointed attorneys who may lack the capacity and/or inclination to vigorously pursue a defense, or private attorneys who have little incentive to put anything beyond the least amount of time into a case because they have contracted at a fixed price to take on public defense cases.<sup>13</sup>

In short, blacks are more likely to be arrested for drug possession, and drug arrests often lead to incarceration. With harsh sentencing even for first-time offenders and even harsher sentences for repeating offenders, it should not come as a surprise that between 1980 and 2001 the total prison population leaped from 350,000 to 2,300,000. Drug convictions account for the majority of this increase. Blacks constitute 43% of convictions in drug cases.<sup>14</sup> Remember: only 13% of the U.S. population is black. This suggests that racism is inherent to the criminal justice system.

In short, the “crack scare” of the second half of the 1980s had tremendous indirect repercussions in policy formulation and thereby landed a huge proportion of the black urban population in prison. Scholars such as Alexander, who wrote the widely-read book *The New Jim Crow*, point to these statistics to argue that the drug war –and the mass incarceration of racial minorities that attends it– arose to “stabilize a social order upset by Civil Rights activism. The modern carceral state, according to the new Jim Crow thesis, exists for a specific social function: the maintenance of a racial caste.”<sup>15</sup>

### ***1.1b) A New Drug Scare for the New Millenium***

The “crack scare” was neither the first nor the last instance of widespread panic about drug use. Such drug scares have arisen periodically since the late-19<sup>th</sup> century. During such scares, there is a “tendency to point to a ‘minority

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<sup>12</sup> Ibid.

<sup>13</sup> Human Rights Watch (Organization), *Targeting Blacks*, 48.

<sup>14</sup> Ibid.

<sup>15</sup> Fortner, “The ‘Silent Majority’ in Black and White,” 2.

group' [of drug users] or a 'scapegoat' whose behavior is presented as a threat to moral and social values."<sup>16</sup> In this view, drug prohibition serves a tool of suppression of the minority group associated with a certain illicit drug. Some examples of historical U.S. minorities and their associated drug are: Chinese-Americans and opium in the late-19<sup>th</sup> century, African-Americans and cocaine in the early 20<sup>th</sup> century, and Mexican-Americans and marihuana in the 1930s.<sup>17</sup>

In the new millennium, a new minority group associated with a new drug has arisen. It has the potential to scare the readership of newspapers, and the politicians who represent them, with horrifying images of hordes of addicts roaming the hitherto "drug-free" heartland.

The group consists of impoverished, rural whites; the drug is crystalline methamphetamine, also known as crystal meth, crank, rocket fuel, ice, glass and a variety of other street names. It is a drug, which, much like crack, is a comparatively cheap, smokable form of an older stimulant that has great addictive potential. Like crack, crystal meth is a relatively new form of an old drug. Methamphetamine was first synthesized in Japan in 1919. It was used in WWII by both Axis and Allied troops to combat fatigue, and in later years enjoyed some popularity as a prescription drug for psychiatric depression, weight control, chronic fatigue, and for ADHD in both children and adults.<sup>18</sup>

Methamphetamine played a role in the underground drug scene since the 1960s, but use of the drug stayed mostly under the radar until the late 1980s, when drug use of any stripe was worthy of journalistic attention. *Newsweek* prophesied that methamphetamine would be "[t]he drug of the 1990s," while other news sources referred to it as the "white man's crack."<sup>19</sup> Such fears resurfaced a decade later, when crystal meth, which is chemically purer than the powder meth of earlier decades, emerged.

In 2004, United States Senator Charles E. Schumer (D, NY) made a direct connection between crack and crystal meth in a press release:

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<sup>16</sup> Martel, *Not This Time*, 14.

<sup>17</sup> These early episodes of drug scares are detailed in: Helmer, *Drugs and Minority Oppression*.

<sup>18</sup> Inciardi, *The War on Drugs II*, 51.

<sup>19</sup> Ibid.

It's 1984 all over again. ... Twenty years ago, crack was headed east across the United States like a Mack Truck out of control, and it slammed New York hard because we just didn't see the warning signs. Well, the headlights are glaring bright off in the distance again, this time with meth. We are still paying the price of missing the warning signs back then, and if we don't remember our history we will be doomed to repeat it, because crystal meth could become the new crack.<sup>20</sup>

Since then, considerable media attention has been given to crystal meth. Even though this latest drug scare has not proven to be quite as pervasive as fears surrounding crack cocaine were in the late 1980s, there are significant similarities between the news media's treatment of these two drugs. In the news media, stereotyped images of users and producers of these drugs based on location, race, gender, and class appear.

This thesis compares newspaper reports on crack cocaine with reports on crystal meth. An analysis of television news coverage of methamphetamine could yield highly interesting results, but the difficulty of gaining access to old news footage limits this thesis to newspaper coverage. In newspapers, the typical crack user was portrayed as black, urban, and lower class, whereas the typical meth user is portrayed as white, rural, and lower class. For both crack and crystal meth, a distinction is made between male and female users; men are portrayed as violent criminals, whereas women are portrayed as failing mothers who were drawn into drug use by their male partners.

Since the most striking difference between the groups associated with crack and crystal meth is race, I believe that a comparison between the media reports on these two drugs can shed some light on what makes a minority group to be perceived as more dangerous: Can race alone explain why crack users were (and are) persecuted so vehemently, or is it their poverty that makes their behavior so apparently threatening?

### ***1.II) Research Question***

This thesis attempts to answer the following question: What role did race, class, and gender play in newspaper coverage of crystal meth from 2000-2006 as compared to reporting on crack cocaine from 1985-1992? Sub-questions flowing

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<sup>20</sup> Schumer, "New Stats Show Crystal Meth Quickly Becoming the New Crack."



from this include: Was there an historical precedent for race, class, and gender driving the anti-drug debate? How were crack users described in newspapers in terms of race, class, and gender? How were crystal meth users depicted in newspapers in terms of race, class, and gender?

A side-by-side comparison of the crack- and crystal meth scares can, in my view, reveal much about the dynamic of race, class, and gender in the construction of dangerous deviance. Whether or not this affects policy is of secondary concern, following Joseph Spillane's contention that "the history of the legal use of cocaine shows how unimportant certain legal milestones actually were; statutes ... merely affirmed changes well under way..."<sup>21</sup> Legislation, in this view, follows rather than creates social attitudes.

### ***I.III) Overview of Academic Discussion***

The vast majority of research on illegal drug use focuses on the medical and psychological effects of the drug. Writing in 2011, criminologist Tom Decorte decries the reliance on scientific data in the discussion on drug use. "Many experts," he writes, "put a strong emphasis on the pharmacological effects of a substance... the role of the user...and the role of the social setting become underexposed."<sup>22</sup> This "pharmacocentrism," as he calls it, does not account for why illegal drug use is seen as deviant behavior. The danger attributed to drug use is, therefore, not necessarily related to its chemical properties. Crack and powder cocaine are particularly interesting in this regard "because," as Morgan and Lynn note, "materially and pharmacologically, *crack is cocaine*..."<sup>23</sup> Medical research, therefore, cannot explain why the perception of crack was so different from that of powder cocaine.

### ***I.IIIa) Theorizing Deviance***

To say that the majority of research is overly focused on pharmacological properties, however, is not to say that there has been no historical or sociological research done on illegal drug use. Sociologist Howard Becker was among the first to show that the effects of a drug are rooted in social, cultural, and psychological

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<sup>21</sup> Spillane, *Cocaine*, 5.

<sup>22</sup> *ibid.*

<sup>23</sup> Morgan, and Zimmer, "The Social Pharmacology of Smokeable Cocaine: Not All It's Cracked Up to Be," 131. (*italics in original*)

factors that have little bearing on the pharmacological properties of a drug. His classic text on deviant behavior, *Outsiders* (1963), contains a section titled “Becoming a Marijuana User.” This section details how users new to marijuana learn how to smoke and how to recognize and interpret the often ambiguous effects of the drug through interaction with more experienced users. He found that it was this social setting that formed the user’s attitude toward marijuana, rather than its chemical properties.<sup>24</sup> A second section in this book, which theorizes on how marijuana use came to be labeled as deviant, stands at the root of the so-called “labeling theory” of illegal drug use.

Labeling theorists such as Becker, Lindesmith, Lemert, and Tannenbaum, placed responsibility for creating an anti-drug atmosphere in the hands of “moral entrepreneurs.” These individuals control and manipulate information about drugs to create an “emotional anti-drug environment within key sectors of the legislative structure, as well as the public at large.”<sup>25</sup>

Jack Douglas has criticized these theorists for underplaying the importance of racial- and class structures and economic developments in fostering anti-drug sentiments. Instead, they argue that moral entrepreneurs awaken latent racial- and class tensions in the public, without being moved themselves by these structures. Jackson further criticizes them for not addressing how and in what form emotion is central to anti-drug legislation. Finally, labeling theorists “have not expanded beyond the unilinear notion of the moral entrepreneur’s control of information that directly sparks public emotions against drug use.”<sup>26</sup> In other words, the theory is too simplistic and does not account for the complex ways in which information flows through society.

Albert Hess expanded on labeling theory, noting that the unpredictability of a drugs’ effects led some drug users to have negative drug experiences; information about these experiences flowed to moral entrepreneurs, who “labeled these experiences as deviant, which in turn created a negative legal sanction on the drug user.”<sup>27</sup> Although this addition accounts for the complexity of information flows in society, it does not make clear how the negative view

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<sup>24</sup> Reinerman and Levine, *Crack in America*.

<sup>25</sup> Cloyd, *Drugs and Information Control*.

<sup>26</sup> Ibid. 5-6.

<sup>27</sup> Ibid. 6.

came to overpower the positive view of drugs that some drug users had. Furthermore, and perhaps most importantly, labeling theory falls short because it imagines the process of information control, and therefore the fostering of anti-drug sentiments as outside of lived experience on the individual level.<sup>28</sup>

Existential Conflict theory, as formulated by Randal Collins, addresses these shortcomings by acknowledging that abstract concepts such as “state” and “class” consist of real individuals, rather than being a separate, strictly theoretical entity. This allows for a perspective that “moves easily between the ... activities of actual individuals and the long-term and large-scale networks that have been the dominant focus of traditional sociological thought.”<sup>29</sup>

This theory also distinguishes itself from labeling theory in that it does not assume that the emotions that drive anti-drug legislation arise solely from public sentiment about the drug. Instead, existential conflict theory incorporates the complexity –and occasional irrationality– of human emotions by allowing for the possibility of unrelated issues fusing with the drug issue, thereby driving the anti-drug debate. The form that the interaction between individual emotions and the social label takes is, for existential conflict theorists, an empirical rather than a theoretical issue. Illegal drug use, in this view, can become symbolic of such diverse and intractable problems as urban decline, racial tension, and rampant unemployment.

### ***I.IIIb) Historiography of Drug Prohibition***

This theoretical perspective implicitly drives the two major historical works on drug use written in the 1970s, namely *The American Disease: Origins of Narcotic Control* (1973) by David F. Musto and *Drugs and Minority Oppression* (1975) by John Helmer. President Nixon’s announcement of the U.S. government fighting a “war on drugs” in 1971 sparked interest in the history of drug prohibition. Consequently, the scholarly focus in these works lay on the historical development of drug prohibition, and historical patterns of drug use.

Musto examines the changes in society’s attitude toward drug use that led to drug prohibition. It is primarily a work of social and political history, detailing

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<sup>28</sup> Ibid. 7.

<sup>29</sup> Ibid. 8.

the different medical professional, governmental, and civic pressure groups pushing for legislation. Musto also alludes to the race, class, crime and general social deviance of drug addicts by presenting some of the anti-narcotics propaganda used to push for a ban, but it plays a relatively minor role compared to the political movements he describes.

*Drugs and Minority Oppression* (1975) by John Helmer focuses on “the relationships between broad changes in market conditions and changes in public policy on drugs.”<sup>30</sup> Helmer argues that market changes made certain minority groups an economic threat to whites, after which the drug associated with those minority groups were outlawed. “Urban industrial workers [on the West coast in the 1870s],” for example “...felt that unemployment and low wages had been caused by the Chinese.”<sup>31</sup> Opium use was prevalent among the Chinese population. Anti-opium legislation, which spread through the Western states in the latter half of the 1870s, “provid[ed] a legal basis for unrestrained and arbitrary police raids and searches of Chinese premises...”<sup>32</sup>

In many ways, Helmer repeats the steps made by Musto, since much of the book is concerned with the process of outlawing drug use. The organizing power of the medical profession, for example, is leading in both Musto’s and Helmer’s treatment of the prohibition of cocaine. Helmer, however, is more explicit in linking anti-drug legislation with class- and race issues. He does not explain why working class conditions lead to drug use, but rather how drug use became symbolic of certain minority groups, and how outlawing these drugs became a tool of minority oppression.

These works, however, focus mostly on the influence of powerful individuals and groups of citizens on the process of prohibition. Historian Joseph F. Spillane has argued in *Cocaine: From Medical Marvel to Modern Menace in the United States, 1884-1920*, that the influence of these groups and the legislation they pushed through Congress has been overstated. He argues that informal forms of control had already taken root. “Doctors,” for example, “took their role

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<sup>30</sup> Helmer, *Drugs and Minority Oppression*. Italics in original.

<sup>31</sup> Ibid. 22.

<sup>32</sup> Ibid. 32.

as gatekeeper to the drug supply seriously, avoiding indiscriminate prescription and paying attention to therapeutic outcomes.”<sup>33</sup>

Spillane does agree with Helmer and Musto in their argument that prohibition served professional interests: “For doctors and druggists, cocaine control merged with a broader effort to discipline the profession. For drug makers, cocaine control became a tool with which to attack the patent medicine industry and privilege the status of ethical and scientific drug manufacturers.”<sup>34</sup> However, Spillane pays more attention to the public image of cocaine users, stating: “It is doubtful that the cocaine question could have achieved the prominence it did merely on the strength of professional conflicts... The figure that animated reform was the cocaine fiend –the archetype of the modern drug taker and the object of control.”<sup>35</sup> Reform legislation aiming to prohibit cocaine-and other drug use, in his view, merely lent legal authority to a pre-existing social reality of persecuting drug users.

### ***I.IIc) Media, Fear, and Drugs***

Among the first studies concerned with the role of the media in the creation of fear was *The Invasion from Mars: A Study in the Psychology of Panic* (1940) by Hadley Cantril et al. The study examines the effects of Orson Welles’ famous *War of the Worlds* radio broadcast, which led to widespread panic among listeners who believed the scripted radio play to be a real newscast. The authors concluded that Americans’ fear is a reflection of pervasive, but often unfocused anxieties about their environment.<sup>36</sup>

This conclusion drives sociologist Barry Glassner’s popular *The Culture of Fear: Why Americans Are Afraid of the Wrong Things* (1999). He contrasts public perceptions of the dangers of crime, airplane crashes, child abductions, school violence, and an assortment of other widespread fears with statistical evidence that shows that these fears are mostly unsubstantiated. Glassner points to mass

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<sup>33</sup> Spillane, *Cocaine*, 160.

<sup>34</sup> *Ibid.*, 161.

<sup>35</sup> *Ibid.*

<sup>36</sup> Cantril, Gaudet, and Herzog, *The Invasion from Mars*.

media, which operates under “the dictum ‘if it bleeds, it leads.’”<sup>37</sup> Glassner does not, however, attempt to explain why such reports have so much traction among audience members.

Frank Furedi, in *Culture of Fear: Risk Taking and the Morality of Low Expectation* (1997), contended: “There exists a disposition towards the expectation of adverse outcomes, which is then engaged by the mass media. The result of this engagement is media which are continually warning of some danger. But the media’s preoccupation with risk is a symptom of the problem and not its cause.”<sup>38</sup> The media, then, feed into pre-existing fears to amplify those fears. In the case of crack cocaine and crystal meth, mass media amplified fears of minority groups, as well as deepen the fears of parents that their children might fall for these addictive substances.

These works outline the general culture of fear that permeates American society. Drug scares, however, fall into the more specific category of “moral panics,” a term coined in 1972 by sociologist Stanley Cohen in *Folk Devils and Moral Panics*. According to Cohen, moral panics appear periodically:

condition, episode, person, or group of persons emerges [that] become defined as a threat to societal values and interests; its nature is presented in a stylized and stereotypical fashion by the mass media; the moral barricades are manned by editors, bishops, politician and other right-thinking people; socially accredited experts pronounce their diagnoses and solutions; ways of coping are evolved or (more often) resorted to; the condition then disappears, submerges or deteriorates and become more visible.<sup>39</sup>

Since Cohen’s seminal work, three theories of moral panic have been developed, namely interest-group theory, elite engineered theory, and grass roots theory. The first focuses on “deep-seated cultural causes – ‘religious anxieties,’ a ‘sense of dislocation,’ a fear of sexual inversion and a ‘preoccupation with order and disorder.’”<sup>40</sup> This theory has been criticized for being somewhat divorced from reality by focusing on such grand, sweeping emotional undercurrents rather

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<sup>37</sup> Glassner, *The Culture of Fear Why Americans Are Afraid of the Wrong Things*, xxix.

<sup>38</sup> Furedi, *Culture of Fear*, 53.

<sup>39</sup> Quoted in: Hunt, “‘Moral Panic’ and Moral Language in the Media,” 631.

<sup>40</sup> *Ibid.*, 633.

than local, human events. Elite engineered theory centers on the power of the media in shaping public opinion and creating moral panics. The media, however, are in this view merely a mouthpiece for authority figures. In the case of moral panic over crime, the media merely channels official police statements, making the panic a product of official positions.<sup>41</sup> “According to this theory,” writes Hunt in his historiography of the term moral panic, “‘politicians and media cannot fabricate concern where none existed initially,’ and moral panics must therefore be found in genuine public concern, reflected or magnified by the media...”<sup>42</sup>

The interest group theory of moral panics drives the two most widely cited works on the crack scare, since they are both concerned with the political implications of the moral panic over crack use.

Craig Reinerman and Harry G. Levine, in “The Crack Attack: Politics and Media in the Crack Scare”<sup>43</sup> traced the media coverage of the crack crisis, contrast this with data suggesting that the prevalence of crack cocaine use was grossly overstated in this coverage, and argue that “the drug war became extremely useful politically, for Democrats as well as Republicans... [Drug use] provided a convenient scapegoat for enduring and ever growing urban poverty.”<sup>44</sup> This line of argumentation remains dominant to this day, and forms the starting point of this thesis. That the crack scare was a useful political tool, however, does not explain why news reports about crack use were so widely believed, or how they came to dominate public discourse.

*Cracked Coverage: Television News, The Anti-Cocaine Crusade, and the Reagan Legacy* (1994) by Jimmie L. Reeves and Richard Campbell examines the role played by the three major television networks in constructing the crack menace. It is a highly politically charged book, which aims to show that

The journalistic recruitment in the anti-cocaine crusade was absolutely crucial in converting the war on drugs into a political spectacle that depicted social problems grounded on economic transformations as individual moral or behavioral problems that could be remedied by simply embracing family values, modifying

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<sup>41</sup> Ibid., 634.

<sup>42</sup> Ibid., 636.

<sup>43</sup> Published in: Reinerman and Levine, *Crack in America*.

<sup>44</sup> Ibid. 19.

bad habits, policing mean streets, and incarcerating the fiendish 'enemies within.'<sup>45</sup>

As such, Reeves and Campbell are primarily concerned with the political implications of the crack scare, and they place it within the context of the Reagan revolution. Their efforts are not aimed at finding the constant themes that connect the crack scare with earlier episodes of drug scares.

Because widespread crystal meth use is a relatively new phenomenon, the existing literature on the drug and the media's attention to it is sparse. One of the few articles about "the emergence of methamphetamine use and production as a social problem ... through media discourse,"<sup>46</sup> was published in the *Canadian Journal of Communication* in 2010. The authors, sociologists Susan Boyd and Connie Carter, conclude that Canadian newspapers reiterated old "systems of meaning about illegal drugs..." and that these reports "serve to override activist pressures for a regulated drug market in favor of increased efforts in enforcement and other forms of legal regulation. ... [Even though] it appears that enforcement efforts, as well as prohibitive legal frameworks, have been a dismal failure."<sup>47</sup>

Another analysis, in this instance of Midwestern newspaper articles about methamphetamine, was published in *Critical Criminology* in 2009. In this article, Travis Linnemann, argues that newspaper accounts were "highly gendered... Media depictions suggest women use meth for reasons drawn from conventional notions of motherhood, sexuality, and subordination. Alternately, motives of men appear constructed around dominant notions of male criminal virility and the viability of the drug trade."<sup>48</sup> Linnemann refers to the work of Reinerman on drug scares, and uses the crystal meth scare as an example of how news reports reinforce "unspoken social values ... of ideal parents, ideal victims, and unknown predators."<sup>49</sup>

Finally, criminologist Jennifer E. Cobbina has written a comparative analysis of newspaper reports on crack and methamphetamine focusing on racial

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<sup>45</sup> Reeves, *Cracked Coverage*, 3.

<sup>46</sup> Boyd and Carter, "Methamphetamine Discourse: Media, Law, and Policy," 219.

<sup>47</sup> Ibid., 233.

<sup>48</sup> Linnemann, "Mad Men, Meth Moms, Moral Panic," 95.

<sup>49</sup> Ibid., 97.



and class differences in these reports. She found that “media reports on crack cocaine frequently referenced African Americans and depicted the drug in conjunction with violent crime. However, articles on methamphetamine were more likely to reference poor Whites and associate this drug as a public health problem.”<sup>50</sup> Furthermore, Cobbina examines if these reports affect policy, concluding that the crack scare had far greater policy ramifications than the meth scare. In the latter, “get tough” policies were proposed, but did not pass.<sup>51</sup>

#### ***I.IV) Methodology***

The scope of this research is limited somewhat by the availability of old newspapers. The *Los Angeles Times* archive, for example, only reaches back six months for non-subscribers. Likewise, the McClatchy-Tribune (which publishes several newspapers, including the *Miami Herald*) only provides open access to articles published from 1996 onward. This poses some serious problems for documenting the crack scare, which took place a decade before that date, and in which Los Angeles and Miami were locations of great importance.

Lexis-Nexis does provide access to the full text of the *New York Times* and the *Washington Post*, two newspapers which, although primarily local, enjoy national circulation. Lexis-Nexis also provides access to the full text of the weekly national magazine *Newsweek*, and the national broadsheet *USA Today*. These four sources together provide a national perspective on the drug issue, which fits with the important contention of “moral entrepreneurs” that “drugs are everywhere.”

This thesis consists of three chapters and a conclusion. Chapter 1 outlines the early history of cocaine use and abuse, as well as the efforts to curb it. The history of cocaine before criminalization provides context for the scares surrounding crack cocaine and methamphetamine. It shows how different industrial and professional interests reinforced social images of the “cocaine fiend” to gain control over the market for narcotics. References to pre-existing fears of racial minorities were used to lend emotional power to efforts to control

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<sup>50</sup> Cobbina, “Race and Class Differences in Print Media Portrayals of Crack Cocaine and Methamphetamine,” 145.

<sup>51</sup> *Ibid.*, 160.

the supply of cocaine. Mass media plays the role of mouthpiece for these interests, a role it would later resume in the crack- and methamphetamine scares.

Chapter 2 outlines the emergence of crack cocaine in the 1980s, and the media's response to the drug. The chapter is structured thematically rather than chronologically, since the themes remained mostly constant over the years. The themes are: crack as a product of the ghetto, crack as an instigator of violence, the demonization of crack dealers, and the demonization of mothers addicted to crack. The image of crack users was heavily racialized, focusing on black, urban users from impoverished backgrounds. White users were portrayed as victims of the habit, and in some cases as the victims of ruthless dealers. Dealers were seen as singularly violent and poisonous individuals, often with gang connections. Their wealth was referred to as an argument against the notion that poverty led them to enter the drug business. Finally, women were blamed for exposing their children to crack, and for choosing their addiction over their children.

Chapter 3 focuses on the media's response to the emergence of crystal meth around the turn of the millennium. Even though, like in the case of crack, meth users were portrayed as violent men and failing mothers, the blame for their behavior is placed on the drug's hold over them, rather than on the addict. Meth addicts seen as desperately looking for help, and the road to rehabilitation was blocked not by their unwillingness to quit, but by the nature of the drug. Similarly, factors outside of mothers' control contributed to their separation from their kids, rather than them choosing their addiction over their children.

## **Chapter 1: From Miracle to Menace: Changing Attitudes Toward Cocaine**

Our Caricocha first this Coca sent,  
Endow'd with leaves of wond'rous nourishment,  
Whoe Suce Succ'd in, and to the Stomach tak'n  
Long Hunger and long Labour can sustain;  
From which our faint and weary bodies find  
More Succor, more they cheer the drooping Mind,  
Than can your Bacchus and your Ceres join'd.

-William Cowley, 1662, *Book of Plants*<sup>52</sup>

"The Properties of this wonderful plant are the most remarkable of any known in the medical world. From repeated personal trials I am convinced that its use is highly beneficial and tonic."

-Sir Robert Christison, M.D., F.R.S., Physician to her Majesty the Queen, 1885<sup>53</sup>

Coca's career as stimulant of choice is long and storied, stretching back at least a millennium. This chapter outlines the early history of coca and cocaine, its swift rise to mainstream popularity, and the debate leading to prohibition and its virtual disappearance in the 1920s.

Although coca –as we shall see– has been connected to issues of race and class even in medieval times, this chapter does not aim to draw parallels between the 20<sup>th</sup> and 16<sup>th</sup> centuries. Such parallels would ignore vast differences in cultural context between these periods. The early history of coca as recounted here serves as an introduction into cocaine use. If a parallel can be drawn, it is one of a most rudimentary nature, namely that aspects of cocaine use aside from its pharmacological properties have always played a role in attempts to control use. The precise form and nature of those aspects evolves over time, and can therefore not be transplanted from one century into another. However, even though the historical context in which forms of control have changed, the social function of prohibition has remained constant over time.

The majority of this chapter is concerned with how cocaine came to be prohibited. This history cannot be told without occasional reference to opium and morphine, which, though chemically unrelated, were lumped into a single

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<sup>52</sup> Mortimer, *Peru: History of Coca, "The Divine Plant" of the Incas*.

<sup>53</sup> "Liebig Company's Coca Beef Tonic."

category of “habit-forming drugs”<sup>54</sup> with cocaine. It follows Musto and Helmer, who saw the debate primarily as a conflict between manufacturers of over-the-counter medicines and drug-prescribing physicians over control of the market for psychoactive drugs. Control over this market was won by the medical community, which gained the exclusive right to prescribe narcotics. In pursuing the aim of control of the market, reference to social fears of minority groups were used to whip up support among the general population. Together, these groups set the terms by which the drug debate continued to be held in the 20<sup>th</sup> century, namely as a medical and moral question that could be solved by the prohibition of drugs and the persecution of drug users.

### **1.1) Early History of Coca**

The exact origins of the practice of chewing coca leaves remain unknown. The consensus among historians is that the Yunga tribe of the Andes used the leaves, with their stimulating and hunger-suppressing effects, for at least a millennium before Europeans reached the Americas. It also appears to have been used as an anesthetic in rudimentary surgical operations. Trepanned skulls dated c. 900 A.D. found in Yunga tombs suggest that chewed coca leaves were used as a local anesthetic in this practice.<sup>55</sup>

Under the following Inca Empire in the 15<sup>th</sup> century, the use of coca was restricted. Coca was considered “The Divine Plant” in Inca society because of its stimulating properties, and consumption and production became the privilege of the aristocracy and highly ranked priests. Reinerman argues that “[r]ulers’ control over the production and distribution of coca was a symbol of their authority over the people, and, therefore, testimony to the centrality of coca in Incan society.”<sup>56</sup> This centralized form of control weakened in the early 16<sup>th</sup> century as a result of fierce internal conflict over succession to the throne. This conflict weakened the Incan Empire, and thereby eased the way for the arriving Spanish conquistadors under Pizarro.<sup>57</sup>

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<sup>54</sup> Helmer, *Drugs and Minority Oppression*, 37.

<sup>55</sup> Reinerman, “Moral Entrepreneurs and Political Economy,” 226.

<sup>56</sup> Ibid.

<sup>57</sup> International Cocaine Symposium, United States, and Bahamas, *The Cocaine Crisis*, 7.

Reinarman argues that the popularity of the plant among the native population –for whom the Spanish had nothing but contempt– led the colonial rulers to ban the chewing of the leaves outright. To add religious authority to the ban, Catholic missionaries portrayed “its effect [to be] the illusory product of a pact with the devil.”<sup>58</sup> The Spanish soon discovered, however, that coca boosted the productivity of forced laborers in the gold and silver mines.<sup>59</sup> Following this “discovery,” the ban was lifted and was in fact replaced by an imperial edict making the consumption of coca compulsory for native workers.<sup>60</sup> As the Spanish state lifted its ban on coca, the Church followed suit, arguably because tithes on coca sales provided it with a sizeable stream of revenue.<sup>61</sup>

The practice of coca consumption did not, however, make its way over to Europe. Small quantities of leaves were shipped to the Old World by explorers, but the active ingredients deteriorated as the leaves dried up in transit, leaving the leaves unsuitable for consumption. Most Europeans, therefore, had only second-hand knowledge of the plant’s properties, such as the account given by 16<sup>th</sup> century chronicler Garcilaso de la Vega: “Coca satisfies the hungry, gives new strength to the weary and exhausted and makes the unhappy forget their sorrows.”<sup>62</sup>

Aside from this loss of potency, Reinarman argues that general contempt for Native American culture and practices limited the appeal of the drug.<sup>63</sup> The question remains, however, if this contempt would have survived the appeal of first-hand experience with coca leaves: “If coca leaves, like tobacco leaves and coffee beans, had retained their potency during shipping, the impact of coca on Europe at the time would have been vastly different.”<sup>64</sup> Contempt for Native American practices was not strong enough to overcome the lure of smoking

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<sup>58</sup> Reinarman, “Moral Entrepreneurs and Political Economy,” 226.

<sup>59</sup> Ibid.

<sup>60</sup> International Cocaine Symposium, United States, and Bahamas, *The Cocaine Crisis*. 8. The source does not mention when exactly this edict was passed down.

<sup>61</sup> Reinarman, “Moral Entrepreneurs and Political Economy,” 227.

<sup>62</sup> Grinspoon and Bakalar, “Coca and Cocaine as Medicines,” 150.

<sup>63</sup> Reinarman, “Moral Entrepreneurs and Political Economy,” 227.

<sup>64</sup> International Cocaine Symposium, United States, and Bahamas, *The Cocaine Crisis*.

tobacco, suggesting that coca might have also have been popular if it had made its way over the ocean intact.

Friedrich Gaedecke first chemically extracted the active alkaloid component in 1855, making the effects available to Europeans. Albert Niemann of the University of Gottingen purified these extracts and called it “cocaine” in 1859. Niemann “reported that it had a ‘bitter taste’ and a numbing effect on the tongue,”<sup>65</sup> hinting at its qualities as a local anesthetic that would make this chemical a darling of the medical community in the 1880s. In the same year Pablo Mategazzo published an essay singing cocaine’s praises, naming its “ability... to reduce fatigue, increase strength, elevate spirits, and increase sexual desire.”<sup>66</sup> These qualities would make the drug highly sought after for recreational purposes in the years to come.

It was not until the 1860s that coca became popular in Europe. Corsican pharmacist Angelo Mariani developed a beverage containing coca extracts –Vin Coca Mariani– in 1863. He steeped coca leaves in Bordeaux wine to create a drink that was both intoxicating and invigorating. Mariani was one of the first to use celebrity endorsements to market his product, gaining endorsements from such diverse persons as Jules Verne, H.G. Wells, Thomas Edison, Ulysses Grant, and notably Pope Leo XIII.<sup>67</sup> Pope Leo XIII even went so far as to award Mariani with a gold medal, citing him as a benefactor of humanity for his invigorating beverage.<sup>68</sup> Clever marketing and sought after effects made this drink immensely popular. This beverage, however, was relatively weak because steeping the leaves in alcohol does not extract all the active ingredients, which in any case constitute only a small percentage of the leaf.

## **1.2) Cocaine as Medicine**

Upon introduction cocaine was widely lauded for its stimulating and anesthetic properties, but praise was not limited to these qualities. Cocaine came to be seen as a panacea –a cure-all. The aforementioned neurologist Paolo

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<sup>65</sup> Ibid.

<sup>66</sup> Ibid.

<sup>67</sup> Frankenburg, *Brain-Robbers*.

<sup>68</sup> Ibid.; International Cocaine Symposium, United States, and Bahamas, *The Cocaine Crisis*; Inciardi, *The War on Drugs II*.

Montegazza “recommended coca in 1859 for toothache, digestive disorders, hysteria, melancholia, and other illnesses –even as an aphrodisiac and a benign substitute for caffeine.”<sup>69</sup> The *British Medical Journal* editorialized in 1876 that coca would prove to be “a new stimulant and a new narcotic: two forms of novelty in excitement which our modern civilization is likely to esteem.”<sup>70</sup> Neurologist and former surgeon general of the army William Hammond “swore by it and took a wineglass of it with each meal. He was also proud to announce cocaine as the official remedy of the Hay Fever Association...”<sup>71</sup> In those early years of cocaine use, there seemed to be no end to the list of intractable diseases that this white powder could cure.

Two persons were particularly influential in popularizing the use of cocaine in the medical community: Sigmund Freud and Karl Koller. Freud published a paper in July 1884 titled *Über Coca*, in which he recommended the use of coca extracts to combat fatigue, nervousness, and a variety of other illnesses. Among these were “nervous stomach disorders, asthma, diseases of the vocal cords, lack of libido, and –perhaps most significantly– Freud recommended it as a cure for alcoholism and morphine addiction, based on his own observations and reports from American medical professionals.”<sup>72</sup> The prospect of treating the then-rampant bane of morphine addiction made cocaine immensely popular.

Also in 1884, Koller, a friend and colleague of Freud, applied cocaine as a topical anesthetic in surgery. The anesthetic qualities of cocaine were already well known at the time, but had somehow never been applied in surgery. Koller used the drug in eye surgery, allowing the patient to stay awake during the operation, and therefore able to cooperate with the surgeon. Previously eye surgery had to be performed either under full anesthesia, with the risk of cutting through nerve endings without the patient or surgeon noticing, or without any anesthetic, which was unbearably painful.<sup>73</sup> The use of cocaine as a local

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<sup>69</sup> Grinspoon and Bakalar, “Coca and Cocaine as Medicines.”

<sup>70</sup> Ibid.

<sup>71</sup> Musto, *The American Disease*, 7.

<sup>72</sup> Grinspoon and Bakalar, “Coca and Cocaine as Medicines.” 152

<sup>73</sup> Ibid.

anesthetic quickly spread to other forms of surgery, establishing cocaine as the wonder drug of the age.

“As soon as positive reports of cocaine’s efficacy began to circulate in medical circles,” writes Reinerman, “popular nostrums and patent medicines began to proliferate.”<sup>74</sup> The term “patent medicine” stems from the practice of patenting the label or name of a concoction claimed to have curative powers. According to Pendergrast, inventors of these nostrums would never patent “its ‘Secret Formula’...To reveal the ingredients would have ruined the mystique, opened the field for imitators, and, perhaps most important, it would have revealed the amount of alcohol, narcotic, and/or poisons present.”<sup>75</sup>

Such medicines had been marketed in America since colonial times, but the market for them exploded after the Civil War.<sup>76</sup> The Civil War was the first conflict in which morphine was used on a large scale to allay the pains of wounded soldiers. Furthermore, the rapid development of railroads, the telegraph, and mass media made it possible for these concoctions to be marketed in far-flung areas, where access to doctors was limited.<sup>77</sup>

It is important to note here that prescribing maintenance doses to addicts, such as wounded veterans, was common practice. This was partly because addiction was seen as a physical, rather than a psychological ailment. Hopes for a chemical “cure” for addiction made it perfectly acceptable for doctors to prescribe maintenance doses, even indefinitely.<sup>78</sup> Furthermore, most diseases and their cures remained shrouded in mystery throughout the 19<sup>th</sup> century, leaving doctors with no other option than to resort to palliative use of the drug.<sup>79</sup> Both cocaine and morphine were quite effective in combatting a diverse array of symptoms in the short term, and were therefore widely prescribed after they were introduced.

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<sup>74</sup> Reinerman, “Moral Entrepreneurs and Political Economy.” 227

<sup>75</sup> Pendergrast, *For God, Country, and Coca-Cola*. 9

<sup>76</sup> For an extensive history of the patent medicine industry see: James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America Before Federal Regulation*. Princeton UP, 1961.

<sup>77</sup> Pendergrast, *For God, Country, and Coca-Cola*. 9-10

<sup>78</sup> Musto, *The American Disease*, 124.

<sup>79</sup> *Ibid.*, 13.



Finally, lackluster medical training and licensing practices cast doubts over the scientific merits of established physicians, and therefore “distinctions between ‘legitimate’ medical practice and the practice of selling medicines was not as clear as physicians would have liked.”<sup>80</sup> Free enterprise on the medical market had therefore marginalized physicians, since neither law nor public confidence drove people to doctors rather than the ubiquitous and freely available patent medicines.

Fierce competition between physicians and the patent medicine industry erupted in the late-19<sup>th</sup> century, in large part due to these aspects of 19<sup>th</sup> century medicine. If doctors could do little more than prescribe drugs to allay (withdrawal) symptoms, patients had little reason to pay to see a doctor rather than pay a druggist for medicines.

To make matters worse for medical practitioners, manufacturers of patent medicines used their fat profit margins to carpet the quickly developing mass media with advertisements for their “cure-all” concoctions. Around the turn of the century, however, “the patent medicine industry had grown to such size in output, dollar sales, and the capital needed to sustain operations that it was no longer easy for the lone entrepreneur to make good.”<sup>81</sup> Because of the rising cost of entering the patent medicine market, the medical economy became more and more centralized in the hands of a few large manufacturers. To counter this, doctors banded together in the American Medical Association (AMA). The AMA was to become central to the debate to ban narcotics, including cocaine.

### **1.3) Criticism of Cocaine**

“Cocaine users,” writes Musto, “were so impressed by its euphoric properties that they were unable to evaluate the drug objectively.”<sup>82</sup> That does not mean, however, that cocaine was without its critics, even in the decade immediately following its introduction to the market. The addictive potential of cocaine soon became apparent. Freud, who had lauded cocaine as a cure for morphine addiction, was accused of merely substituting morphine and alcohol addiction for one that was even worse, unleashing “the third scourge of the

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<sup>80</sup> Reinerman, “Moral Entrepreneurs and Political Economy.” 229

<sup>81</sup> Helmer, *Drugs and Minority Oppression*. 35

<sup>82</sup> Musto, *The American Disease*. 7

human race.”<sup>83</sup> Freud retracted his claims about cocaine as cure for addiction two years after publishing *Über Coca*, and medical professionals generally prescribed the drug less and less after the unwanted side effects of cocaine use became more widely known.

Such unwanted side effects gained some notoriety in news media. A *New York Times* article dated November 30, 1885, for example, recounts the story of a physician who “ha[d] become crazed from excessive indulgence in cocaine.”<sup>84</sup> In his cocaine-crazed state, the doctor “injected some of the [cocaine] preparation into his own arm, and then burned out the surrounding tissues with a red hot iron without flinching. He made a similar experiment on his 3-year-old child, and...other members of his family.”<sup>85</sup> This is but one example of many articles concerning medical professionals who had developed a destructive cocaine habit in the period 1885-1886.

After 1888, the *New York Times* is silent on cocaine addiction until the early 20<sup>th</sup> century. Cocaine’s disappearance from the *Times* coincides with growing awareness among doctors concerning its addictive effects. Between 1885 and 1886 the *New York Times* ran 17 articles in the *New York Times* that speak of cocaine’s addictive effects. All of these feature a physician, druggist, or chemist –all of whom would have had virtually unlimited access to the drug in pure form– as the victim of cocaine. The most logical explanation of the disappearance of cocaine from the headlines seems to be a growing awareness among doctors of the harmful effects of prolonged use. With this in mind, doctors instated informal controls to lessen the supply of cocaine.

Aside from a growing awareness of the dangers of cocaine, medicine’s reliance on opiates and cocaine as a “sooth-all” diminished in the last decades of the 19<sup>th</sup> century. As advances in bacteriology lifted the veil that had shrouded many of the most troubling and widespread diseases, such as tuberculosis, diphtheria, and cholera. With better understanding came more efficient cures, which decreased the demand for opiates and cocaine, which even at their most efficacious merely relieved the symptoms of diseases. Only in surgery did

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<sup>83</sup> Reinerman, “Moral Entrepreneurs and Political Economy.” 228

<sup>84</sup> “Cocaine’s Terrible Effect.”

<sup>85</sup> Ibid.

cocaine use (as a topical analgesic) continue unabated until Novocaine, a substitute without cocaine's stimulant effects, was synthesized in 1905. Cocaine use in surgery does not appear to have been problematic, because miniscule doses were sufficient to achieve the desired effects.<sup>86</sup> In short: "Between 1885 and 1900 medical use of cocaine steadily declined while popular use in patent medicines and tonics continued to blossom."

Attempts at controlling the non-medical consumption of cocaine were made at the state level from 1887 onwards, but "such laws only regulated manufacture and distribution and had no powers of enforcement."<sup>87</sup> Race and class played into these attempts: "The expansion of nonmedical cocaine use, particularly among groups already regarded as socially marginal or threatening," writes Joseph Spillane, "raised serious concerns about the impact of the drug on the social order."<sup>88</sup> In the absence of legislation banning the sale and consumption of cocaine, local authorities resorted to informal forms of control. This mostly amounted to cocaine users being arrested for vagrancy, or for disturbing the peace.<sup>89</sup>

Even though concern over cocaine use was spreading, patent medicines containing cocaine remained unabatedly available. Pure cocaine continued to be sold on prescription, by unscrupulous apothecaries, and out-of-state mail order companies.<sup>90</sup> It would not be until the 20<sup>th</sup> century that steps would be taken to remedy this situation.

#### **1.4) Toward Control: The Pure Food and Drug Act of 1906**

"By the turn of the century," writes Barkan, "scientists found a connection between adulterants and poor health, and began to publishing their findings. ... Examinations of foodstuffs found that "potted turkey had no turkey in it; potted chicken, no chicken. ... Nostrums often contained narcotic or addictive drugs such as cocaine, opium, and morphine and were not labeled as such."<sup>91</sup> So-called "soothing syrups," for example, were marketed to mothers to ease the pain of

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<sup>86</sup> Grinspoon and Bakalar, "Coca and Cocaine as Medicines." 152

<sup>87</sup> Reinerman, "Moral Entrepreneurs and Political Economy." 228

<sup>88</sup> Spillane, *Cocaine*, 111.

<sup>89</sup> Ibid.

<sup>90</sup> Reinerman, "Moral Entrepreneurs and Political Economy."

<sup>91</sup> Barkan, "Industry Invites Regulation," 21.

their children during teething. Unbeknownst to consumers, these “syrups for children” contained considerable quantities of both morphine and cocaine.<sup>92</sup> Revelations in the popular press concerning the contents of these medicines turned the public mood against the nostrum industry.

In 1905 *Collier's Weekly* ran a series of articles by Samuel Hopkins Adams exposing the fraud of the patent medicine industry. In the series of articles, Adams charges the patent medicine industry with overstating the efficacy of their products through the use of testimonials:

The ignorant drug-taker, returning to health from some disease which he has overcome by the natural resistant powers of his body, dips his pen in gratitude and writes his testimonial. The man who dies in spite of the patent medicine –or perhaps because of it– doesn't bear witness to what it did for him.<sup>93</sup>

He continues by describing different patent medicines, arguing against the claims of their efficacy, and –as in the quote above– suggesting that some of these will do more harm than good.

Adams uses “Birney's Catarrh Cure,” an over-the-counter snuff that contained cocaine, as an example to plead for federal regulation of proprietary medicines. Adams mentions “a 14-year old boy, who was a slave to the Birney brand of cocain [sic]. He had run his father \$300 in debt, so heavy were his purchases of the poison.”<sup>94</sup> He writes approvingly of a Chicago ordinance banning the sale of these powders. Following the passage of the ordinance “the downtown stores were haunted by haggard young men and women, who begged for ‘the old powders; these new ones don't do any good.’ ... To-day the Illinois druggist who sells cocain [sic] in this form is liable to arrest.”<sup>95</sup> Finally, he notes that no such law exists in New York, where he “saw recently a show-window display of the Birney cure.”<sup>96</sup> This points to the lack of unity in legislation regulating narcotics, which could be remedied by introducing regulation at the federal level.

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<sup>92</sup> Wood, “The Strategic Use of Public Policy,” 411.

<sup>93</sup> Adams, *The Great American Fraud*. 4

<sup>94</sup> Ibid. 43

<sup>95</sup> Ibid.

<sup>96</sup> Ibid.

Increased public attention, fueled by exposés such as Adams', to adulterants in consumer products soon found political expression, partly because the nature of politics had changed.

Late nineteenth century politics, transformed in orientation from party to issue affiliation, saw the number of voters increase massively and people beginning to use political processes to address their concerns. The 1890s had witnessed the growth of 'a new, better informed, less parochial public,' and the public that reacted to food and drug issues epitomized that transition.<sup>97</sup>

The American Medical Association latched on to this growing political movement, as it saw an opportunity to make the patent medicine industry less competitive. The *Journal of the American Medical Association* began publishing articles to educate doctors about the dangers of patent medicines in 1900. These remedies provided inadequate therapeutic information, and "[t]heir use by laypeople circumvented the physician's role in health care."<sup>98</sup> The AMA also printed *The Great American Fraud* as a booklet, and sold about 500,000 copies of it at a nominal price to spread awareness among the population at large.

The result was the 1906 Pure Food and Drug Act. This act did nothing to curb consumption of narcotics per se, since it was primarily concerned with poisonous additives in food and beverages. The act only required manufacturers of patent medicines to list the exact ingredients of their products, and the quantity of narcotics they contained on the label.

Why this law was so toothless can partly be explained by the sway that the patent medicine industry held over the news media. Adams writes that many nostrum manufacturers included a "red clause" in their advertising contracts. This clause would render the contract void "if any law is enacted by [the newspaper's] State restricting or prohibiting the manufacture or sale of proprietary medicines." <sup>99</sup> Adams gives several examples of individual newspapers and journalistic associations that formed committees to oppose

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<sup>97</sup> Barkan, "Industry Invites Regulation." 22

<sup>98</sup> Wood, "The Strategic Use of Public Policy: Business Support for the 1906 Food and Drug Act," 410.

<sup>99</sup> Adams, *The Great American Fraud*, 6.

state versions of what would become the Pure Food and Drug Act.<sup>100</sup> The purpose of that act, however, was never to ban sales, but just to provide accurate information, and therefore the red clause did not apply.

Helmer argues that this first attempt at regulation”

[D]id not change much, not even the quality of medical goods and services; it simply reduced the ability of some groups to supply the goods and services and divided the market up between those who were left –organized doctors and a diminishing number of drug companies, with a system of licensed retailers in the middle.<sup>101</sup>

Early narcotics legislation, then, was largely driven by the desire of the medical profession to take up a larger share of the market for medical goods and services. That is not to say, however, that the AMA opposed patent medicines for entirely selfish reasons, since there is, and was, great danger in self-medication without any form of professional supervision. What made the proprietary remedies even more dangerous was that consumers were not aware of what they were dosing themselves and their children with.<sup>102</sup>

### **1.5) Total Prohibition: The Harrison Act**

The first steps toward prohibition were taken through the passage of aforementioned Pure Food and Drug Act. Even though the Pure Food and Drug Act constituted a significant victory for the AMA over proprietary remedies, the end goal of total prohibition of narcotics would only be achieved 10 years later with the Harrison Act. The drive for the prohibition of narcotics was led by medical scientist Hamilton Wright, who had previously represented the State Department in negotiations with the Chinese over the importation of opium into the Philippines, then under American colonial control.<sup>103</sup>

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<sup>100</sup> Ibid., 138–141.

<sup>101</sup> Helmer, *Drugs and Minority Oppression*, 36.

<sup>102</sup> Members of the Women’s Christian Temperance Union, for example, considered it quite a shock when it was revealed that the tonics that many of them drank daily contained a considerable percentage of alcohol, the very substance whose use in any form they vehemently opposed. See: Wood, *The Strategic Use of Public Policy: Business Support for the 1906 Food and Drug Act*, 410.

<sup>103</sup> Helmer, *Drugs and Minority Oppression*, 36.

In 1909 Congress passed an act restricting the importation of opium to 12 designated ports of entry, and banning the importation of opium for non-medical uses.<sup>104</sup> Wright linked this measure regulating foreign supply with the issue of domestic consumption. Helmer quotes Wright's testimony before the House Ways and Means Committee in 1910:

The opium problem as it now stands needs to be confined by a triangle. One side of that triangle has been laid down by the act of last February. The importation of opium prepared for smoking and of other forms of opium except for medicinal purposes is prohibited by that act. If the proposed act ... to control the manufacture and interstate traffic in the drug passes and is approved, the second side of the triangle will have been laid down. The third side may be made from an internal-revenue act that will prohibitively tax the manufacture of smoking opium within the United States.<sup>105</sup>

It would take four more years for this triangle to be completed by the passage of the Harrison Act, a tax measure that made the right to prescribe narcotics the exclusive purview of licensed physicians.

Central to Wright's argument against narcotics was that drug addiction was widespread after years of thoughtless prescription of morphine and cocaine. Furthermore, he held that addiction was physiological in nature and therefore could also be cured by medical treatment. He based this on new evidence of how drugs affected the body, and recipes for undoing their damage that attended this research. In his view, doctors held the tools to undo the damage that their wanton prescription of dangerous drugs had done in the past.<sup>106</sup>

Wright explicitly mentioned social class in his appeals against narcotics. In 1910 he said that use of opioids "had steadily spread to a large part of our outlaw [sic] population, and even into the higher ranks of society."<sup>107</sup> Cocaine, which Wright saw as "the most threatening of the drug habits that has ever appeared in this country," likewise spread through "the outlaw population, [and] threatens to creep into the higher social ranks of the country."<sup>108</sup>

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<sup>104</sup> Helmer, *Drugs and Minority Oppression*.

<sup>105</sup> Ibid. 37

<sup>106</sup> Ibid., 37–38; Musto, *The American Disease*, 76–77.

<sup>107</sup> Helmer, *Drugs and Minority Oppression*, 37.

<sup>108</sup> Ibid.

Dr. Alexander Lambert, a professor at Cornell University and associate of Hamilton Wright likewise saw a link between social standing and drug use. Lambert saw the type of drug that a person uses as indicative of their personality, and their social standing as indicative of the possibility of shaking the addiction:

[T]he heroin addict is of an inferior personality compared with the morphinist ... morphine is the drug of the strong personality. ... The social and public health problems of the narcotic drug question are practically confined to the addicts of heroin and cocaine, and their hospitalization and after-care. The problems of the morphine addicts belong more to general medicine and are more easily solved and show no tendency to become a social menace.<sup>109</sup>

The only cure for working class addicts, in his view, was a prison sentence, whereas upper- and middle-class addicts could be cured through medical intervention. In other words, the drug itself is not necessarily problematic. The problem arises when the drug is associated with groups that are already perceived as a danger to the social order.

Of particular concern to Wright, Lambert, and many other medical- and law enforcement officials was cocaine use by blacks. A 1910 report to congress written by Wright suggested that “it has been stated on very high authority that the use of cocaine by the negroes of the South is one of the most elusive and troublesome questions which confront the enforcement of the law in most of the Southern States. ... The Drug is commonly sold in whiskey dives, and ... the

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<sup>109</sup> quoted in: Ibid., 47. These observations are not that far from the truth. Research has shown a link between social standing, addiction, and crime. Drug users with greater financial resources and steady employment are less likely to become compulsive users. Compulsive users with high social standing and greater financial resources, in turn, are less likely to resort to criminal behavior such as theft or robbery to sustain their habit. The reasons for this are that those of higher social standing have “something to live for,” a reason not to lose themselves in addiction. Those with the resources to sustain a habit do not need to resort to crime, and therefore pose no great “threat to society.” See: Reinerman et al., “The Contingent Call of the Pipe: Bingeing and Addiction among Heavy Cocaine Smokers,” 77–93.

Even though Wright and Lambert made correct observations, they were wrong in attributing these differences to inherent character traits of persons of low social standing, rather than their circumstances, which did not allow for an untroubled existence as an addict.



combination of low-grade spirits and cocaine makes a most maddening compound.”<sup>110</sup>

According to one article dated February 8, 1914, a police chief in Asheville, N.C. “was informed that a hitherto inoffensive negro ... was ‘running amuck in a cocaine frenzy, had attempted to stab a storekeeper, and was ... ‘beating up’ the various members of his household.”<sup>111</sup> The officer, “having a record for courage,” tried to subdue

the crazed negro [who] drew a long knife... Knowing that he must kill the man or be killed himself, the Chief drew his revolver, placed the muzzle over the negro’s heart, and fired– ‘intending to kill him right quick,’ as the officer tells it. But the shot did not even stagger the man. And a second shot that pierced the arm and entered the chest had just as little effect in stopping the negro or checking his attack. ... The following day the Chief exchanged his revolver for one of heavier calibre.<sup>112</sup>

Add to this that cocaine’s “temporary steadying of the nervous and muscular system” made these “cocaine fiends” a truly terrifying prospect.

Cocaine use by blacks tied in with widespread reports of black men sexually assaulting white women. The *New York Times* of August 1, 1914, for example reported that a young black man “went insane from cocaine poisoning in Battery Park last evening and ran about like a madman. He seized several women who were taking the air on the benches and soon the park resounded with their screams.”<sup>113</sup> Few direct references are made to female addicts, but concern over “cocaine fiends” committing rape under the influence of the drug shows that cocaine was seen as a threat to the “natural” sexual order.

In spite of what such reports might suggest, the data available shows that blacks constituted only a small proportion of drug addicts in the years leading up

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<sup>110</sup> Helmer, *Drugs and Minority Oppression*, 47.

<sup>111</sup> Edward Huntington Williams, “Negro Cocaine ‘Fiends’ Are a New Southern Menace.”

<sup>112</sup> Ibid. The article further notes that cocaine use among the black population was a result of the prohibition of alcohol, which North Carolina enacted in 1908, making it the first Southern state to do so. Speaking against cocaine is therefore not the primary aim of the article. The specter of cocaine merely serves to turn the public against prohibition, a topic that was fiercely debated in public discourse throughout the 1910s.

<sup>113</sup> “Wild with Cocaine in Park.”

to the passage of the Harrison Act in 1914. Admissions for cocaine abuse at Bellevue Mental Hospital in New York peaked in 1907, sharply declined between 1908 and 1909, and stayed at a low level all the way through to 1916.<sup>114</sup> A Georgia State Sanitarium admitted 142 whites for cocaine-related psychosis between 1909 and 1914. The same sanitarium admitted only 3 blacks in that period for cocaine-related incidents.<sup>115</sup>

Wright had access to this data, and still claimed cocaine use was “a potent incentive in driving humbler negroes all over the country to abnormal crimes.”<sup>116</sup> Cloyd argues that he made these statements to whip up support among Southern Democrats for the federal control of the narcotics trade. These Democrats had resisted any form of federal control over inter- and intrastate trade, but the “black cocaine fiend,” who under the influence of cocaine might “rise above his place” was a potent enough image to overcome this resistance.<sup>117</sup>

With the support of Southern Democrats the Harrison Act passed Congress. The right to prescribe cocaine was now exclusively in the hands of licensed doctors. As a compromise to lessen opposition from the proprietary remedy industry certain nostrums containing a small dose of opiates were exempt from the Harrison Act.<sup>118</sup> No such exemptions applied to concoctions containing cocaine, a testament to the low esteem in which the drug was held.

Musto notes that the passage of the Act did not lead to significant public controversy compared to the contemporary debate surrounding alcohol prohibition. Even though “[m]ost American described themselves as in favor of temperance, ... almost no one ever used the term temperance in discussing the use of opiates or cocaine after 1900; by the teens of [the 20<sup>th</sup>] century both classes were deemed ... to have no value except as medicine.”<sup>119</sup> The Harrison Act, in short, served mostly as a legal reinforcement of the commonly held belief that cocaine was a dangerous narcotic with few merits outside of medical applications.

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<sup>114</sup> Helmer, *Drugs and Minority Oppression*, 49.

<sup>115</sup> Cloyd, *Drugs and Information Control*, 54.

<sup>116</sup> Helmer, *Drugs and Minority Oppression*, 53.

<sup>117</sup> Cloyd, *Drugs and Information Control*, 53–54.

<sup>118</sup> Musto, *The American Disease*.

<sup>119</sup> *Ibid.*, 67.

### **1.6) Conclusion**

Coca, as we have seen, had a long history of use as a mild stimulant in native American societies. Spanish colonizers opposed the practice at first, but reversed this position as it became clear that it increased the working capacities of forced laborers. It took several centuries for coca use to spread to Europe and the United States, but when it did, it took society by storm. It was widely lauded as a cure-all, a reputation that weakened as the negative side-effects and the addictive potential of cocaine became obvious.

The conflict between the medical profession and the patent medicine industry was fueled by a crowded market for medical goods and services, as well as an honest appreciation of the dangers of self-medication. Journalistic as well as scientific exposés of the dangerous contents of proprietary medicines turned the public mood against these nostrums, which led to the passage of the Pure Food and Drug Act of 1906.

Doctors, however, were not content with this law, as it did not explicitly ban narcotics, which had been shown to be both dangerous and inefficacious in combating diseases. Doctors such as Hamilton Wright and Alexander Lambert led the charge against narcotics, (probably) with honest intentions and out of a true conviction that non-medical use of narcotics had to be stopped by any means necessary. They believed that social standing was a determining factor in the possibility of “curing” addiction. In spite of these honest intentions, they resorted to racially- and emotionally charged tactics to spread fear of the “cocainized black” in order to whip up support for anti-narcotics legislation.

This shows that the drug debate has always been characterized by the use of emotion and racial fear to achieve political goals. Lambert and Wrights arguments for drug prohibition also reveal a defining aspect of the drug debate as it continued into the 20<sup>th</sup> century. Their claim that drug use by “the higher classes,” though troubling at the individual level, does not pose a threat to society at large is mirrored almost perfectly in media reports on powder and crack cocaine. The process of prohibiting drugs, therefore, set the terms by which the drug debate continues to rage.

## **Chapter 2) Crack: America's Most Dangerous Drug?**

Following the passage of the Harrison Act cocaine use steadily declined, virtually disappearing by the 1930s.<sup>120</sup> Underground use of cocaine persisted, but it did not achieve the mainstream popularity it had enjoyed in the years leading up to the Harrison Act. In later decades "cocaine use was associated with such exotic groups as the beatniks of New York's Greenwich Village and San Francisco's North Beach, the movie colony of Hollywood, and to such an extent with the urban smart set that coke became known as the rich man's drug."<sup>121</sup>

The *New York Times* of February 1, 1970 quotes John J. Bellizzi, the director of the New York State Bureau of Narcotics, who noted that cocaine was being smuggled into New York from Miami "because younger drug users are finding out about it. The kids are beginning to learn that it's pretty much like speed."<sup>122</sup> Furthermore: "The traffic of cocaine is growing by leaps and bounds. It was insignificant only a few years ago, but now it has become a serious problem. ... [C]ocaine seized in the nation increased from 22 kilograms in 1967 to 90 kilograms in 1969. In Miami, over 40 kilograms were intercepted last year."<sup>123</sup> The article also notes: "Because of its high cost, cocaine used to be known as a 'society drug,' and reportedly is still being used by wealthier users."<sup>124</sup>

Toward the end of the 1970s, some of these wealthy users took to smoking freebase cocaine. To produce freebase, powder cocaine is dissolved in ammonia to remove the hydrochloride. The resulting product is mixed with ether and crystalized to make cocaine with a low melting point, making it possible to smoke.<sup>125</sup> Smoking cocaine freebase produces a more intense high, which is replaced after only a few minutes by an intense craving for more cocaine. Inciardi notes: "Habitual [freebase] users have been known to freebase continuously for three or four days without sleep, using up to 150 grams of

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<sup>120</sup> Musto, "America's First Cocaine Epidemic," 64.

<sup>121</sup> Inciardi, *The War on Drugs II*, 82.

<sup>122</sup> Volsky, "Illicit Traffic in Cocaine 'Growing by Leaps and Bounds' in Miami."

<sup>123</sup> Ibid.

<sup>124</sup> Ibid.

<sup>125</sup> Inciardi, *The War on Drugs II*, 93.

cocaine in a 72-hour period.”<sup>126</sup> The cost involved with such practices limited the use of freebase to wealthier users.

This would change when crack cocaine arrived on the American drug scene in the early 1980s. Crack is made by mixing powder cocaine with water and baking soda. The baking soda in this solution binds to the hydrochloride in powder cocaine, evaporating the water by heating it leaves “rocks” of a mixture of cocaine in its base state and the baking soda salts. By this process, a single gram of cocaine powder can be transformed into 5 to 30 rocks of crack. In 1986, the *New York Times* quoted a drug enforcement officer as saying: “[N]ow you can purchase crack ... for \$10. ... He also said that smoking made it more accessible. ‘You don’t need to stick a needle in your arm or stick powder up your nose, but we are accustomed to, and predisposed toward, smoking.’”<sup>127</sup>

The low price of a single dose made smokable cocaine available for the first time to impoverished urban dwellers. Now that this already marginal (and therefore potentially dangerous) group could take up the habit, the seeds for a renewed moral panic were sown.

According to Reinerman and Levine, the first mass media reference to crack appeared in the *Los Angeles Times* in November 1984, when an article noted the use of cocaine “rocks” in some ghettos and barrios in Los Angeles.<sup>128</sup> One year later, the *New York Times* mentioned three teenagers who had sought treatment “for cocaine dependence resulting from the use of a new form of the drug called ‘crack,’ or rock-like pieces of prepared ‘freebase’ (concentrated) cocaine.”<sup>129</sup> Note that the qualification of crack as “concentrated” cocaine is incorrect. Unlike freebase cocaine, which has been chemically purified, crack cocaine still contains all the adulterants present in the powder cocaine from which it was made. To call it “purified,” however, is an easier, more relatable way of saying that it has a more intense effect than insufflated powder cocaine.

Two weeks later, the *New York Times*, featured a cover story on the rise of crack cocaine. It contains many of the elements that would feature in crack coverage when the bonanza would take off half a year later: Sales and use mostly

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<sup>126</sup> Ibid., 109.

<sup>127</sup> Feron, “New Training Program For Police Bolsters Efforts Against Cocaine.”

<sup>128</sup> Reinerman and Levine, “Crack in Context,” 19.

<sup>129</sup> Boundy, “Program for Cocaine-Abuse Under Way.”

took part in low-income areas, however, “[e]xperts assume that crack deals are also being made in the suburbs, although less conspicuously than in New York...”<sup>130</sup> Furthermore, experts in the article express concern over “reports of sexual degradation from women using crack. ... These women wake up one day and they cannot believe the degrading and bizarre things they’ve been involved with.”<sup>131</sup>

Isolated reports on crack use surfaced over the following half year. The storm of media attention to crack only broke after All-American college basketball player Len Bias, who had just been drafted by the Boston Celtics, died of a cocaine overdose on June 19<sup>th</sup>, 1986. Even though Bias had been using powder cocaine rather than crack, reporters were quick to connect his death with the crack cocaine that was so abundant in the neighborhood where he grew up. Following the death of this celebrity, journalistic interest in crack grew exponentially. Their coverage focused on three themes: poverty, violence, and sexuality.

### **2.1) *Black Devils and White Victims of Crack***

Reports often lay the center of crack activity in poor neighborhoods. According to the *New York Times* of September 1<sup>st</sup>, 1986: “The neighborhoods where the crack problem is the worst and continues to grow are poor and working class neighborhoods like Harlem and Washington Heights in Manhattan and Jamaica and Jackson Heights, Queens. ... ‘There are certainly middle class people who are using,’ he [James Hall of the Up Front Drug Information Center in Miami] said, ‘but primarily we are seeing young adults in the inner city.’”<sup>132</sup> In June of 1986, *Newsweek* noted: “Crack has captured the ghetto, and is inching its way into the suburbs. ... *West 107<sup>th</sup> Street in Manhattan is a fringe neighborhood populated by low-income blacks and Hispanics –and one of New York’s open-air drug markets.*”<sup>133</sup> Another *Newsweek* article was even more explicit in linking crack with poor, inner city areas: “[C]rack was targeted precisely to develop a young and downscale market as *middle-class users learned to fear cocaine.* ... It

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<sup>130</sup> Gross, “A New, Purified Form of Cocaine Causes Alarm as Abuse Increases.”

<sup>131</sup> Ibid.

<sup>132</sup> Kerr, “Use of Crack.”

<sup>133</sup> Morgenthau et al., “Crack and Crime.” Italics in original

has changed the drug scene. The new customers were young people trapped in the despair of the inner cities, surrounded by violence.”

By September of 1986, reports that crack use had spread beyond the inner city began to emerge with greater frequency. According to the *New York Times* of September 10<sup>th</sup>, “crack has also begun to appear in some rural communities, brought in by migrant workers from the South.”<sup>134</sup> When newspapers report on crack use in the inner cities, no such comments were made on where the drugs came. Crack was treated as somehow indigenous to the ghetto, whereas crack in suburbia and rural areas is treated as an invasive species.

With different territory comes a different type of user. There is a noticeable difference in tone when the users in question are not from the inner city. The aforementioned article draws its conclusion that crack use is spreading by quoting Dr. Theodore R. Clark, “who runs [a] 28-bed alcohol and drug treatment center” as saying that “the number of patients admitted with crack problems has mushroomed in recent months.”<sup>135</sup> Another *New York Times* article concludes: “[C]rack use has spread through the city in recent months, with a growing number of upper-middle-class, casual drug users ... suffering a severe crack addiction.”<sup>136</sup> It similarly bases these conclusions exclusively on those who have sought help.

By focusing on those seeking help when reporting on crack use outside of the ghetto, journalists implicitly portray them as victims of the habit. Even though their behavior is described as reprehensible, they show a willingness to quit. In the ghetto, however, the spread of crack became apparent because of more arrests, and more big “busts” of crack houses.<sup>137</sup> This difference can be explained by the fact that middle-class use takes place behind closed doors, whereas drug use in the ghetto’s takes place out in the open, where arrests are more easily effected. In newspapers, however, this goes unnoticed, leaving only

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<sup>134</sup> Times, “Police Say Use of Crack Is Moving To Small Towns and Rural Areas.”

<sup>135</sup> Ibid.

<sup>136</sup> Kerr, “Crack Addiction Spreads among the Middle Class.”

<sup>137</sup> Domash, “Use of the Drug ‘Crack’ Growing on L.I.”

the implicit message that middle-class users find help, whereas poor, urban users continue until they are arrested.

If white, middle-class users are arrested, it is usually the result of a car stop. In January of 1987, the *New York Times* ran an article about car searches:

Almost all of the arrested drivers and passengers were white ... Most of those arrested had no previous criminal records and appeared to regard themselves as law-abiding citizens ... They expressed shock that they would lose their cars, and did not seem to believe they had drug problems. ... They also said that the punishment was far out of proportion to the offense. 'For someone arrested for her first time, I think she has suffered enough,' said a woman who identified herself as the owner of a seized car ... 'the car is being financed and I don't think it's right we should be punished.'<sup>138</sup>

Here again, white users are portrayed as victims, this time of policies designed to curb use.

Later that month, the *New York Times* contained an even more glaring example of how white users are victimized:

'You can't blame everything on poverty and overcrowding,' said Gerard V. Beatty, director of the criminal justice program at Sacred Heart University and a former New York City Police captain. 'but the perception of disparity makes a big difference. If you're poor and everybody is poor, you can live with it better. But if you look around and see a lot of people driving big cars, living in big houses, that's different. You get some white kid in a sports car driving into the projects, and the dealer knows, 'hey this kid's got more money than he's giving me.' And he rips him off.'<sup>139</sup>

This "white kid in a sports car" is portrayed as the victim of a colored drug dealer. The fact that he was buying drugs is now a secondary crime compared to drug dealer either overcharging him or giving him fake crack. "As long as crack was presented as a rampant occurrence among working-class neighborhood," concludes Cobbina, "to the extent that middle-class Whites were portrayed as

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<sup>138</sup> Kerr, "Car Seizures Alter Selling Of Crack."

<sup>139</sup> Johnson, "In Bridgeport, A Sharp Rise In Murder Rate."



victims when they purchase drugs from poor neighborhoods, such reports would feed hostility towards poor minorities..."<sup>140</sup>

## **2.2) Violence and Crack**

An important aspect of the creation of fear of crack users and dealers is their propensity for violence. The aforementioned *New York Times* article claimed that "crack, ... has been blamed for the surge in slayings in urban centers across the country."<sup>141</sup> An article in the *Miami Herald* claimed that "[a]ddicts literally race from the crack house to the street, to rob and beat and burgle merely to finance their next pipeful."<sup>142</sup> Even more explicit in linking crack use and sales to violence was Courtland Milloy's *Washington Post* column in February 1988: "You smoke this stuff and you get so paranoid that when you see a police officer, you shoot at him. ... [Drug dealers] adopted the new modus operandi: Pass the dope and pull the trigger. So there you have it. Its just like Chicago, 1927, except this time Al Capone is black..."<sup>143</sup>

In the last example, of course, some of the hyperbole inherent to the column format was to be expected, but the same sentiment is expressed in many other reports about crack. In these reports, dealers are portrayed as violent, ruthless men. Addicts are portrayed as desperate for their next dose, and in pursuit of the high will commit the most heinous acts.

The *New York Times* alone ran 230 articles containing the words "crack," "addicts," and "violence between 1986 and 1992."<sup>144</sup> One of these, published on March 7, 1987, carried the subtitle "Crack Abuse Is Linked To Paranoid Behavior." The article recounted an episode in which "a man apparently using cocaine held four people hostage for 30 hours in an East Harlem apartment and

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<sup>140</sup> Cobbina, "Race and Class Differences in Print Media Portrayals of Crack Cocaine and Methamphetamine," 155.

<sup>141</sup> Johnson, "In Bridgeport, A Sharp Rise In Murder Rate."

<sup>142</sup> Duke, "The Graveyard [The Miami Herald]."

<sup>143</sup> Milloy, "The Dope Gangsters."

<sup>144</sup> Results came from a full text search of the *New York Times* database using the search phrase "crack AND violence AND addict," with results limited to the period 01-01-1986 to 01-01-1993

demanded baking soda, which the police feared he would use to process powdered cocaine into smokable crack.”<sup>145</sup>

In June of 1986, *Newsweek* portrayed the drug trade as a great source of violence: “The police are losing the war against crack, and the war is turning the ghettos of major cities into something like a domestic Vietnam.”<sup>146</sup> In September of that year, the *New York Times* reported that the Mt. Sinai Hospital emergency room was “seeing more patients who have been assaulted, stabbed, shot or injured in car accidents in which cocaine, possibly crack, was involved.”<sup>147</sup> Note that in both cases, the connection to crack is stated, but not fully developed. The question remains what “cocaine-related” means.

In an interview with *USA Today*, published on February 6, 1989, criminologist implicitly placed the blame for drug-related violence on black users. When asked why middle-class kids who use and buy crack tended not to get killed, he answers:

One reason is that middle-class kids are far less likely to try to cheat a dealer. A lot of the shootings are 17- and 18-year-old kids who have cheated dealers, or who have not paid dealers, or who are retailing for wholesalers and have ripped them off. I don't think you'll find that happening among middle-class kids. If a middle-class university kid wants to get crack, he's got to go into the ghetto in his father's BMW, and he is scared. He's on his best behavior. And so he's not going to do anything crazy. The middle-class kid has a hell of a lot more to lose.<sup>148</sup>

White, middle-class users, in other words, do not get shot because they know how to behave.

### **2.3) Nobody Cares About Dead Crack Dealers**

In their coverage of drug dealers, newspapers made frequent references to the profitability of the drug trade: “A teen-age crack dealer in Washington can earn \$1,000 a day;”<sup>149</sup> a drug bust yielded “about two pounds of crack worth

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<sup>145</sup> IVEREM, “A Crack Addict, 17, Is Held in the Killings Of Five Since Jan. 1.”

<sup>146</sup> Morgenthau et al., “Crack and Crime.”

<sup>147</sup> Weaver, “Hospitals See Rise in Use of Crack.”

<sup>148</sup> Meddis, “Our Violent Society: Eventually, the Crazies Will Kill Each Other Off.”

<sup>149</sup> Meddis and McQueen, “Cities High on Drug Violence: D.C. Fights Image of 'Dodge City.'”

about \$150,000...;"<sup>150</sup> "one kilo and you've got 10,000 bags of crack...You're talking about \$25 a bag, or \$250,000 per kilo. The kilo costs ... \$10,000 to \$12,000 in Miami, so there is a great, great profit margin here."<sup>151</sup> Many more examples abound, which all conclude that there is a lot of money to be made for little work by selling crack. Implicitly, this conclusion negates the assertion that drug use in the ghetto takes place because of few opportunities for employment. Any sympathy the drug dealer might have received for coming from a low-opportunity neighborhood is obliterated when such tremendous amounts of money are being made. This lack of sympathy feeds into reports concerning the murder of crack dealers.

On February 15<sup>th</sup>, 1987, the *New York Times* ran a lengthy article, which followed a homicide detective while he investigated the slaying of a crack dealer:

Of course, this case itself embodies a kind of touchy contradiction for [detective] Cachie. Because, after all, here he is, out in the streets of crack territory getting drenched in the rain, barging in on armed trigger-happy coke heads –for what? To bring the killers of a crack dealer to justice, to solve a murder which –although he does personally does not use the phrase– fits into the category cynical detectives call 'a community service homicide,' the killing of someone who's been poisoning a community and making a cold-blooded profit on the destruction of a lot of lives.<sup>152</sup>

This is evidence of a certain callousness towards violence among drug dealers. The fact that they are drug dealers seems to exclude them from the category of citizens who deserve to have their murderers brought to justice.

Several paragraphs later in the same article, the detective makes this explicit, when he recounts a man who lived in the neighborhood where the murder he is investigating took place. This man has "worked all his life, paid his taxes, lived an honest life... What it's really about is that gentleman ... at least if he sees here I am, the representative of the law, I'm going around, talking to people, I'm working on this case, it's not as if it's completely gotten to the point where

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<sup>150</sup> Morganthau et al., "Crack and Crime."

<sup>151</sup> Morganthau et al., "The Drug Gangs."

<sup>152</sup> Rosenbaum, "Crack Murder."

people are shooting each other in the streets and nobody cares, nobody even notices.”<sup>153</sup>

Almost a year later, the same newspaper reported that a “17-year old, described by the police as a crack addict, was charged ... with killing five people and wounding six others in a series of robberies... ‘In this case, all of the victims were innocent working people,’ Robert Colangelo, the Police Department’s Chief of Detectives, said at a news conference. ‘The crack homicides we’ve experienced in the past were of other crack dealers.’”<sup>154</sup> By this distinction, crack dealers are again portrayed as having forfeited the right to protection.

As the crack scare rolled on, reports of police departments responding to the crisis began to surface. In February of 1988, the Washington, D.C. police department switched to heavier weaponry in response to the violence associated with crack cocaine. “The question is not if we’re going to carry [semiautomatic weapons,] but which brand,” Police Chief Maurice T. Turner Jr. told the *Washington Post*, “It’s not going to stop the drug-related violence, but it’s going to give the police officer parity when they are confronted with all this firepower.”<sup>155</sup> Similarly, *Newsweek* reported that “[g]uns like Uzis, AK-47 assault rifles and AR-15 semiautomatics are widely bought ... by gang members, who finance their high-tech arsenals with profits from the drug trade.” In response, “many departments now equip all their officers with automatic pistols to increase their firepower.”<sup>156</sup>

Police firepower could indeed not stop gang violence, and journalistic interest in gangs persisted. On December 7<sup>th</sup>, 1989, *USA Today*, gave an overview of different gangs in Los Angeles as an addition to a report on gun violence in that city. The descriptions of the gangs are so blatantly racialized that they are worthy of quotation at some length:

Black Gangs: L.A.’s deadliest, and fastest moving, they are divided between the Crips and the Bloods. ... Crips are moving faster, apparently because new recruits prefer the Crips’ color, blue. Crips and Bloods have no central authority. Individual Crips

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<sup>153</sup> Ibid.

<sup>154</sup> Iyerem, “A Crack Addict, 17, Is Held in the Killings Of Five Since Jan. 1.”

<sup>155</sup> Churchville, “D.C. Police to Boost Drug War Firepower.”

<sup>156</sup> Morgenthau et al., “The Drug Gangs.”

gangs fight among each other, as do rival Bloods. Murder is mainly over drugs.

Hispanic Gangs: ... The big concern of Hispanic gangs is territory ... When they kill it's usually for that reason. ...

White gangs: The majority of white gangs are Stoners, driven mostly by love of rock music. Long hair, wild shirts and earrings are characteristic. They tend to take drugs rather than sell them. Initially non-violent, Stoners are moving into drug sales, and homicides have picked up....

Immigrant gangs: with no established leadership and no regard for territory, these nomadic gangs are the most difficult for authorities to deal with. They're heavy drug dealers and extremely aggressive.

Asian gangs: ... are the most secretive of the gangs and don't care about territory. ... Asian gangs are interested only in money. To make it they dabble in drugs, extortion and prostitution.<sup>157</sup>

Note that the only group that is described as essentially non-violent music aficionados is whites. Blacks and immigrants are portrayed as violent and disorganized, making them a big problem for the police. Such accounts of racial difference in gang behavior feed into existing fears of minorities. Constant referral to drugs, particularly crack, puts drugs at the center of the issue of gang violence and ignores structural, social problems that create the power vacuum of the ghetto which allow gangs to become powerful.

## **2.4) Crack and Women**

Whereas male crack addicts were oftentimes depicted as crazed individuals who robbed, burgled, and beat their way to the next rock, the means of acquiring drugs for women were highly sexualized in news reports: "For the poor, the sole source of such income [to sustain an addiction] is crime, be it drug sales, robberies and thefts by men, and, more likely, prostitution for women."<sup>158</sup> According to Reeves and Campbell, the "crack mother was a composite 'she-devil' ... [who] was reduced to her reproductive identity."<sup>159</sup>

Outrage was expressed over women whose "maternal instinct gets blocked out because the only thing that matters is the addiction."<sup>160</sup> These

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<sup>157</sup> Stewart, "Drugs, Violence, Rituals, Slaves."

<sup>158</sup> Kerr, "Addiction's Hidden Toll: Poor Families in Turmoil."

<sup>159</sup> Reeves, *Cracked Coverage*, 207-8.

<sup>160</sup> deCourcy Hinds, "The Instincts of Parenthood Become Part of Crack's Toll."

“maternal instincts” are all the more important because many addicted mothers are single. The *New York Times* of February 9<sup>th</sup>, 1987, noted: “So many poor families are headed by single mothers that the sudden increase in women becoming crack addicts has caused disproportionate damage to families... and produced a rise last year in reports of child abuse, neglect, and death linked to drug use by parents.”<sup>161</sup> Note that no mention is made of the absentee fathers, landing the responsibility squarely on the mothers’ shoulders.

Almost all reports on female crack abuse revolve around sexuality, or the unwanted pregnancies resulting from them. As noted in the introduction to this chapter, concern over “reports of sexual degradation from women using crack”<sup>162</sup> was expressed as early as 1985. In these reports, addicted women are portrayed as victims of their habit. From 1986 on, this situation changed, when the terrifying image of the “crack baby” surfaced. Babies replaced women as the victims of the crack habit. The *Washington Post* editorialized on July 30<sup>th</sup>, 1989: “The inner-city crack epidemic is now giving birth to the newest horror: a bio-underclass of physically damaged cocaine babies whose biological inferiority is stamped at birth. ... Douglas Besharov, the former director of the National Center on Child Abuse, who first coined the term bio-underclass [explains:] ‘This is permanent brain damage. Whether it is 5 percent or 15 percent of the black community, it is there...’”<sup>163</sup>

The babies were described in *Newsweek* as “‘very jittery, flailing their fists back and forth,’” while “the mother has not been to see the girls since her own discharge from the hospital.”<sup>164</sup> The *New York Times* described drug-exposed babies who “scattered and battered [their] toys. They picked them up and put them down, without purpose. If they did play with an object, they would walk away from it long before most children would, their faces dispassionate, joyless.”<sup>165</sup>

An article in the *Washington Post* of August 6, 1989, carried the title “Crack Babies: The Worst Threat Is Mom Herself,” decried that “we continue to

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<sup>161</sup> Kerr, “Crack Addiction Spreads among the Middle Class.”

<sup>162</sup> Gross, “A New, Purified Form of Cocaine Causes Alarm as Abuse Increases.”

<sup>163</sup> Krauthammer, “Children of Cocaine.”

<sup>164</sup> Adler, Carroll, and Washington, “Hour By Hour; Crack.”

<sup>165</sup> BLAKESLEE, “Crack’s Toll Among Babies.”

entrust their care to the very parents who are threatening their well-being.” A few paragraphs down, the article quotes neonatologist Dr. Jing Ja Yoon as saying: “These mothers don’t care about their babies and they don’t care about themselves... Children aren’t being fed. Mothers sell their food stamps. Young women sell their bodies, and that’s done in front of the children...”<sup>166</sup>

As more and more reports on crack babies flooded the newspapers, public opinion turned against the mothers who birthed them. By 1991, this blame had translated into legislation “making it possible for pregnant women to be charged with child abuse or endangerment if they gave birth to babies who tested positive for certain substances, especially cocaine.”<sup>167</sup>

According to Reeves and Campbell, the 1980s did indeed see a rise in prematurely born, severely underweight babies, and a rise in the infant mortality rate. Instead of attributing this development to crack, however, they link it with “Reagan’s budget cuts and his doctrines of privatization and Deregulation. In 1981 alone, cuts in Medicaid and other public assistance programs stripped more than 1 million poor women and their children of medical benefits.”<sup>168</sup> By portraying crack mothers as uncaring, blame was moved away from these cuts. Crack was a potent symbol of urban decline, and by pointing at crack as the sole cause for these problems, the more difficult discussion of inequality could be avoided.

### **2.5) Lonely Voices of Calm and Reason**

Even as the crack scare was in full swing, some individual writers, scholars, and contributors warned of the danger of being swept away by the anti-crack rhetoric inundating the media.

A *Washington Post* article by Charles Krauthammer dated August 22, 1986, is one of the few articles from 1986 that preaches caution in labeling crack use as an “epidemic.” He warns that the country is in the grips of “cocaine hysteria,” and that proposed “rough and tough” legislation is a sign that the

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<sup>166</sup> Besharov, “Crack Babies: The Worst Threat Is Mom Herself.”

<sup>167</sup> Lyons and Rittner, “The Construction of the Crack Babies Phenomenon as a Social Problem,” 317.

<sup>168</sup> Reeves, *Cracked Coverage*, 212.

“media-borne cocaine panic has finally hit Washington.”<sup>169</sup> He does not contradict that crack is dangerous, but only warns that proposed legislation will not be effective in curbing the tide of abuse.

The *New York Times* ran column in September of 1986, claiming that it was not crack, but deeper developments in the make-up of the ghettos that drove crime. Instead, the “rising proportion of illegitimate births is both effect and cause of wider patterns of community unraveling. Educated blacks particularly have moved up and away from the old neighborhoods. ... Schools beset by violence and disorder largely abandoned the effort to deal with problem children...”<sup>170</sup> The author sees crack as a “deus ex achine” for politicians, “if we can blame crime on crack, our politicians are off the hook. Forgotten are the failed schools, the malign welfare programs, the desolate neighborhoods, the wasted years. Only crack is to blame. One is tempted to think that if crack did not exist, someone somewhere would have received a Federal grant to develop it.”<sup>171</sup>

In a letter to the editor of the *New York Times* dated January 13<sup>th</sup>, 1989, sociologists Sheigla Murphy and Marsha Rosenbaum relate that their study of crack-using women in inner-city Oakland and San Fransisco

contradict[ed] common assumptions... The percentage of users who get in trouble with crack is probably the same as with other drugs. ... Many women subjects of our study are in abusive relationships with men, but those relationships predate their crack use. ... Crack mothers tend to neglect, but not to abuse, their children and are aware that they are doing so. They will often leave their children with other, responsible adults like grandparents.<sup>172</sup>

These moderating voices, however, were shouting against the wind. Isolated calls to calmly reflect on the circumstances that led to crack use could not overcome the flood of panicked reports about the dangers it posed to society. A handful of letters to the editor and columns does not have the same impact as hundreds of front-page headlines, cover stories, and “expert” statements.

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<sup>169</sup> Krauthammer, “Crazy About Crack.”

<sup>170</sup> Walinsky, “Crack as a Scapegoat.”

<sup>171</sup> Ibid.

<sup>172</sup> Murphy and Rosenbaum, “Treatment for Every Addict Who Wants It: Myths About Crack.”



## **2.6) Conclusion**

In the newspaper reports about crack discussed above, an image of crack as an all-powerful demon drug appears. Even though it had been a part of the inner-city drug scene for some time before the crack scare got under way, it did not gain much media attention until a celebrity's death was linked to its use. After June of 1986, crack was suddenly to be seen everywhere, spreading across the ghetto, even making its way into suburbia and the rural heartland of America.

When it came to the suburbs, its middle-class users were portrayed as victims of the habit. Although they made a grave mistake by falling for its appeal, they were shown as trying to redeem themselves by looking for help in kicking the habit. If they were caught in the act of buying or possessing the substance, the punishment they received was considered disproportionate to the crime. Furthermore, they were portrayed as victims of ruthless crack dealers looking to rip off the "white kid in a sports car." No such mercy was shown to black addicts. They were violent beasts who would stop at nothing to score their next pipeful. Robberies, burglaries, and murder were attributed to crack's hold over the inner-city users.

Even worse, of course, were the pushers who were "poisoning the community." Frequent references to the profit margins of the drug trade negated the assertion that drug trafficking is the last refuge of the unemployable. As long as they were making tremendous amounts of money, the drug trade was not a product of class differences. Not only were their profit margins forcing addicts to steal to support their habit, drug dealers committed atrociously violent acts to hold on to drug territory. The drug trade had turned the inner city into something of a "domestic Vietnam," with gangs arming themselves with increasingly heavy weaponry. This prompted police departments around the country to arm up to counter the threat. That this led to more dead drug dealers and gang members could only be seen as a boon to society.

Finally, mothers addicted to crack were subject to much vitriol. Even though at first newspapers were sympathetic to their plight as addicts forced to prostitute themselves, the mood turned when a wave of premature and stillborn babies was linked to their crack use. Here too, crack served as a lightning rod to

draw attention away from limited access to prenatal care and proper nutrition in the Ghetto. As Murphy and Rosenbaum wrote to the editor of the *New York Times*: “Before we label a generation of inner-city kindergartners as crack babies, many of whom have never been exposed to crack, perhaps we ought to call them what they truly are –poverty babies.”<sup>173</sup>

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<sup>173</sup> Murphy, Sheigla and Rosenbaum, Marsha, “Blame Poverty for Their Learning Disabillities.”

### ***Chapter 3: Ice: America's Most Dangerous Drug***

The history of methamphetamine shows many similarities with that of cocaine. Upon introduction, amphetamine and the closely related methamphetamine were widely lauded as somewhat of a panacea. Writing about amphetamines in 1946, W.R. Brett said: "It may be doubted whether, with the possible exception of sulphonamides, penicillin, and streptomycin, any therapeutic agent of modern scientific medicines has aroused such vivid interest in professional circles..."<sup>174</sup> It was prescribed to combat fatigue, to curb weight problems, and to alleviate depression. An advertisement for methamphetamine in the *American Journal of Psychiatry* of June, 1952, claimed: "A spontaneous, free flow of speech can be obtained by intravenous injection of 'Methedrine' [a brand name for methamphetamine]; previously withheld information is often disclosed, and abreaction is facilitated."<sup>175</sup>

As with cocaine, medical professionals soon discovered that these drugs could do more harm than good through their addictive potential. Furthermore, "since the amphetamines have ... properties which potentiate or disinhibit aggressive impulses and promote paranoid thinking and delusions, they have [great] potential for producing violence."<sup>176</sup> This tendency turned the public mood against speed users toward the late 1960s. According to Rasmussen, the decline in (meth)amphetamine use was the product of three developments:

First, public opinion shifted across different sectors from the youth counterculture to political authorities, wherein what had been viewed as an ordinary medicine, or an innocuous recreational drug, began to be seen as deadly and diabolical. Second, developing scientific knowledge ... supported the emerging popular perception of amphetamines as sinister. Finally, strong government agencies [were] in place ... willing to take advantage of public sentiment to justify unusually aggressive action against entrenched business interests.<sup>177</sup>

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<sup>174</sup> Grinspoon, *The Speed Culture*, 206.

<sup>175</sup> Reprinted in: Rasmussen, *On Speed*, 153.

<sup>176</sup> Grinspoon, *The Speed Culture*, 189.

<sup>177</sup> Rasmussen, *On Speed*, 182.

By the mid-1970s, narcotics agencies set production quotas for amphetamines, reducing the legal supply and, eventually, demand.<sup>178</sup>

Underground use of methamphetamine continued, particularly in California, from where it was trafficked by Hell's Angels and other biker gangs.<sup>179</sup> It became more prominent in the late 1980s, when it was referred to in new media as "white man's crack." In *Newsweek* of November 27, 1989, crystal meth, or "ice" was described as being "as addictive as crack cocaine, but far more pernicious, ice ... is a drug that seems culled from the pages of science fiction. In contrast to the fleeting 20-minute high of crack, an ice buzz lasts anywhere from 8 to 24 hours."<sup>180</sup>

As general journalistic interest in drug use declined after 1992, however, the "crystal meth scare" petered out as well. It was not until the turn of the millennium that crystal meth reappeared in the headlines as "The No. 1 drug problem in rural America."<sup>181</sup> This chapter follows that coverage, and how it differed from the crack scare in its treatment of users, dealers, and female addicts.

### **3.1) Those Poor Addicts**

The *New York Times* of February 2, 2002, reported that "nearly two-thirds of the crimes in Snohomish County [Washington state] ... can be tied to meth. That includes murders, burglaries, robberies, domestic assaults, traffic accidents and credit card thefts. 'These people on a meth binge get paranoid, their brains are literally getting eaten, and they will do anything to keep the high,' [district attorney] Krider said. 'But our solution is not to lock everybody up. If they agree to treatment ... they can avoid jail.'"<sup>182</sup> The *Washington Post* of June 17, 2003 quoted a Missouri Judge as saying: "'[Crystal meth] is so destructive ... that addicts must be protected from themselves.' That is why he regularly sets bail of

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<sup>178</sup> Ibid., 223. This did not mean, however, that demand for stimulants tapered off. As we have seen, amphetamines were merely replaced with cocaine as the stimulant of choice.

<sup>179</sup> Inciardi, *The War on Drugs II*, 51.

<sup>180</sup> Lerner, "The Fire of 'Ice.'"

<sup>181</sup> Egan, "Meth Building Its Hell's Kitchen in Rural America."

<sup>182</sup> Ibid.

at least \$100,000 in cash for those arrested on meth-related charges.”<sup>183</sup> In both these examples officials voice concern over the well-being of addicts and show a willingness to protect them. This stands in stark contrast with the universal calls to get “rough and tough” with crack addicts accused of similar crimes.

As with coverage of crack cocaine two decades earlier, the tone of newspaper reports of addicts who work is sympathetic. *Newsweek* of August 8, 2005, carried an article titled “America’s Most Dangerous Drug,” in which (formerly) middle class addict Terry Silvers is described as “one of the victims in this war... [He] worked for 19 years at Shaw carpet mill in Dalton, Ga., dreaming of the day he could open his own body shop. He had a wife, three kids and a 401(k), and he’d never missed more than a few days of work in his entire life... One day when he was drinking with his buddies they talked him into doing some meth...”<sup>184</sup> Strikingly, he is described as a victim even though he hit his wife, knocking a hole in her eardrum after she confronted him about his drug abuse.

The violence committed by Terry Silver is slipped into the article almost as an aside. Cobbina noticed this tendency in her analysis of methamphetamine coverage: “Interestingly enough, those stories that linked meth to violent crime discussed violence as a side effect of using meth, usually within a sentence.”<sup>185</sup> In reports on crack, by contrast, the violence committed by both users and dealers was constantly emphasized.

In describing methamphetamine addicts as victims in need of help, newspapers framed the spread of the drug as a public health issue. Likewise, methamphetamine production was portrayed as a danger to public health and the environment. The *New York Times* of November 11, 2000, describes the theft the attempted theft of a precursor used in the production of methamphetamine: “The thieves fled, dropping the hose to a 1,000 gallon tank of anhydrous ammonia... More than 200 gallons vaporized into a toxic cloud.”<sup>186</sup> In 2006, the *New York Times* reported that “[m]any of the people who arrive at emergency

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<sup>183</sup> Pierre, “In Missouri, an Uphill Battle Against ‘Meth’; Allergy Medicine Sales Regulated To Stem Illicit Use.”

<sup>184</sup> Jefferson, “America’s Most Dangerous Drug.”

<sup>185</sup> Cobbina, “Race and Class Differences in Print Media Portrayals of Crack Cocaine and Methamphetamine,” 159.

<sup>186</sup> Thomas, “Illegal Drug’s Manufacture Puts Rural Areas at Risk.”

rooms because of methamphetamine have been burned making it or are children who have been exposed to the chemicals.”<sup>187</sup> Although there is some level of indignation that permeates these reports, the accidental nature of the dangers are emphasized, implicitly making methamphetamine less dangerous than crack cocaine was.

### **3.2) Expectations of Perfection**

Female abusers of methamphetamine are portrayed differently from men in newspapers. Women are portrayed as taking to the drug to meet society’s expectations. The aforementioned *Newsweek* article notes: “For many women, weight loss is an even bigger draw. [Dr. Alex Stalcup of New Leaf Treatment Center in Lafayette, CA.] tells of one 5-foot-8 patient who weighed less than 90 pounds when she came to him.”<sup>188</sup> This patient became the victim of societies expectation that women have a slim figure.

The *New York Times* of June 23, 2002, contained an article titled “A New Drug Demographic: Supermoms.” In this article, “43-year-old Debra Breuklander, a divorced nurse from Clive, Iowa,” recounts how she turned to using methamphetamine and distributing, after she could no longer afford her \$150,000 home following her divorce. “The house, the kids, the cars, the groceries, the flower beds –I thought it all had to be perfect... My home was immaculate. I looked fine. I fooled everyone.”<sup>189</sup>

As opposed to the much-maligned crack mothers, the blame for Ms. Breuklander’s drug abuse is laid on society’s expectations:

‘... I didn’t want to let go of the fantasy that I could do it all perfectly.’ And where does that fantasy come from? It starts, I would submit, with the myth of the perfect mother... Then we layer onto that the equally mythical perfect employee based on the model offered by our fathers, nearly all of whom had a helpmate on the home front allowing them to work unencumbered by domestic worries. ... Multiply by two if, like Ms. Breuklander, you really are both the mother and father in your home.<sup>190</sup>

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<sup>187</sup> ZERNIKE, “Hospitals Say Meth Cases Are Rising, And Hurt Care.”

<sup>188</sup> Jefferson, “America’s Most Dangerous Drug.”

<sup>189</sup> Belkin, “A New Drug Demographic.”

<sup>190</sup> Ibid.

This article suggests that the strains of single motherhood led this woman to use drugs. In the case of crack, motherhood was expected to keep women away from drugs, and the failure of crack mothers to do so was grounds for extreme demonization and even persecution.

This does not mean, however, that women who use methamphetamine do not receive any kind of blame for their behavior. An article in *The New York Times* of July 11, 2005, describes a study in Oklahoma on

The effects of methamphetamine on babies born to addicted mothers. Doctors who work with them have already found that the babies are born with trouble suckling or bonding with their parents, who often abuse their children out of frustration. But the biggest problem ... is not with those born under the effects of the drug but with ... [growing up] surrounded by methamphetamine and its attendant problems. ... [T]he children are often exposed to pornography or sexual abuse, or watch their mothers prostitute themselves... The parents are basically worthless.<sup>191</sup>

Most of the article, however, is concerned with the strain the rise of methamphetamine addiction puts on adoption agencies. Furthermore, “[t]he federal Adoption and Safe Families Act of 1997, enacted as babies born to crack users were crowding foster care, requires states to begin terminating parental rights if a child has spent 15 out of 22 months in foster care... But rehabilitation for methamphetamine often takes longer than other drugs...” This leads Jerry Foxhoven of the Child Advocacy Board in Iowa to conclude: “We know pretty early that these families are not going to get back together.”<sup>192</sup>

The direct connection with crack babies is striking here. The article does not question the necessity of the Adoption Act for crack babies, and indirectly lays the blame for the termination of meth users’ parental rights on mothers addicted to crack. Furthermore, whereas crack mothers were portrayed as unwilling to take care of their children, meth users are portrayed here as being stopped only by legal barriers to reunification with their children.

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<sup>191</sup> ZERNIKE, “A Drug Scourge Creates Its Own Form of Orphan.”

<sup>192</sup> Ibid.

### **3.3) Conclusion**

In their coverage of methamphetamine use in the early 2000s, the newspapers analyzed here show an unwillingness to demonize the users of the drug. The drug is described as being highly addictive, much like crack was two decades before, but its users are described as victims of the habit. The focus lies on their willingness to find help, and the difficulties faced in overcoming their addiction. Judges and District Attorneys, who by their very position have a propensity for law and order views, show concern over the users' wellbeing, offering the option of rehabilitation rather than jail time, or keeping them in a form of protective custody by setting bail exorbitantly high.

Furthermore, methamphetamine is framed as a problem of public health rather than public safety. Even though meth labs are portrayed as highly dangerous, their danger lies in the possibility of accidental explosions without harmful intent. Even if the users are described as having a propensity for violent acts, such violence is mentioned in passing, rather than featuring as the core issue.

Female addicts are depicted as merely trying to conform to the high expectations set for them by society. Estranged mothers are portrayed as facing legal barriers to reunification with their children. The road to rehabilitation is depicted as being long and hard, but the fault lies with the drug's properties, rather than the unwillingness of addicts to better themselves.



#### ***Chapter 4) Conclusion***

As we have seen, issues of race, class, and gender have been driving forces in the debate surrounding drug use since the dawn of the 20<sup>th</sup> century. Cocaine, originally lauded as a miracle drug that would change medicine forever, came to be seen as singularly menacing when the racialized image of sex-crazed cocaine fiend appeared. It was this image of black cocaine users “rising above their place” that convinced Southern Democrats of the necessity for legal restrictions on cocaine.

Coverage of crack cocaine differed notably from coverage of methamphetamine. In both cases the drug was portrayed as a rapidly expanding scourge affecting low-income areas, but the people affected by it could count on varying levels of sympathy.

Black, male users of crack were portrayed as violent criminals, who had all but forsaken their humanity in pursuit of the rock. If violence was committed in pursuit of crack, that violence would take center stage in the coverage. White, middle-class users, on the other hand, could count on sympathy for their willingness to find help in curing their addiction. White users were victims of the rock, and even when arrested, their treatment by the law was portrayed as disproportional to their crime. Whites were also portrayed as more likely to be victimized by the dope slingers looking to prey on easy, rich targets.

Meth users, like white crack users, were singularly depicted as addicted against their will and judgment. The drug, not the user, was blamed for any violence committed by addicts looking for the next shard of glass to smoke. In newspaper reports, such violence was worthy only of passing reference, rather than taking center stage. Whereas crack was framed as a public safety issue by constant referral to drug-related gang violence, crystal meth was framed as a public health issue requiring better access to rehabilitation facilities.

In both crack and crystal meth reporting, a special place was reserved for female addicts. Female crack addicts were, at first, depicted as victims forced to prostitute themselves to sustain their habit. The crack crisis, however, coincided with a sharp rise in premature and stillborn births in the same communities afflicted by crack use. Crack-using mothers presented a ready target for receiving

the blame for this rise. A stream of articles related crack use to this tragedy, drawing attention away from cuts to prenatal care- and nutritional assistance programs. The crack mother became a she-devil who had chosen her addiction over her children.

Female meth addicts, on the other hand, were depicted as resorting to methamphetamine to give them the energy boost required to meet the strain of single motherhood. Although they were depicted as failing mothers, a willingness to better themselves was evident, making them victims rather than victimizers. Their difficulties in retaining custody over their children was linked to the crack baby crisis through legislation designed to lessen the strain on the foster care system. Indirectly, crack mothers had not only victimized their children, but now threatened to permanently estrange meth-using mothers from their children.

How can these differences be explained? The most obvious explanation lies in the racial makeup of both groups. If race continues to be a defining factor of social standing in the United States, the association of crack cocaine with black users makes explains the relative demonization of its users vis-à-vis meth users. This stance is supported by the fact that no noticeable legislation was passed to specifically target meth users. In that case, *The New Jim Crow's* thesis stands, in that fear of crack allowed for the specific targeting of blacks to stabilize the racial order upset by the civil rights movement.

Another potential explanation lies in the historical circumstances in which these drugs came to take center stage of public attention. As mentioned in the introduction, a *New York Times*/CBS in January of 1985 found that 23% of Americans saw nuclear war as the biggest threat facing America. This can be taken as evidence that the Cold War was losing momentum, and that the Soviet Union no longer seemed to pose much of an existential threat to the United States.

Crack presented itself as a perfect candidate to fill the void of public enemy number one, being a dangerous drug associated with an already at-risk group. News media were eager for an opportunity to present a single issue as a threat to the social fabric of America, rather than an amorphous and intractable soup of inequality, urban decline, and unemployment. Like Communism before it,

Crack could be pointed at with one finger and proclaimed to be the single cause of everything that could be considered wrong with America.

The Methamphetamine scare, coming as it did at the beginning of the new millennium, did not find an empty stage on which perform a one-man show of grave danger. That stage was already taken by international terrorism, which provided enough sensational headlines to keep newspaper editors happy. Methamphetamine was relegated to a role of only secondary importance in the troupe of public enemies.

The conclusions above, however, cannot be definitively drawn from the research presented here. Further research, particularly on the connection between media reporting on drug use and national security, could shed more light on that question.

This research is also limited by the focus on national publications. An analysis of local newspapers would provide more detailed information about the perception of the drug problem in specific locations. Alternatively, a comparison between American and European newspapers can provide an international perspective on the problem, thereby showing whether or not the crack and methamphetamine scares were a domestic or an international problem.

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