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Review Article

The Beginnings of Narcotic Use in the United States

Collins E. Lewis*

Department of Psychiatry, Washington University School of Medicine, USA

Abstract

Opium is derived from the poppy, and its principal active ingredient is morphine. For more than 4000 years, it was highly praised as a folk medicine and euphoric. As its value in the medical community increased, commercial opium trade spread across Europe from 1640 to 1773; it became extremely popular during this time. It was transformed from a luxury drug to a commodity for mass consumption, and narcotics became integral to the economies and lifestyles of both Asian and Atlantic nations.

***Corresponding author**

Collins E. Lewis, Department of Psychiatry, Washington University School of Medicine, 4560 Clayton Ave., Suite 1000, St. Louis, MO 63110, USA, Tel: (314) 286-2285; Email: lewisc@wustl.edu

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INTRODUCTION

Opium

The cultivation of opium poppies for ritual, food, and anesthesia dates back to the Neolithic age, and its use was prevalent in Sumerian, Assyrian, Egyptian, Indian, Minoan, Greek, Roman, Persian, and Arab Empires. Opium has also been discovered in Neolithic settlements in Switzerland, Germany and Spain. In 4300 BCE the Sumerians called the poppy the "joy plant," and anthropologists have speculated that ancient priests may have used it as a euphoric in rituals [1]. In Egypt, the use of opium was generally restricted to priests, magicians, and warriors. It has also been mentioned in most of the important, ancient medicinal texts. It was used to stop children from crying, to alleviate pain during surgery, and in combination with hemlock to put people to death quickly and painlessly [2].

In the early 7th and 8th century AD, Arab traders brought opium to India and China, and between the 10th and 13th century AD, opium had made its way to Europe. As early as the 16th century manuscripts described drug abuse and tolerance in Turkey, Egypt, Germany, and England. The problematic use, however, was greatest in China where the practice of smoking opium began in the mid 17th century [1].

The opium epidemic in China: Between 1284 and 1644, its analgesic and antidiarrheal qualities were highly recognized, but there was little mention of the addictive liability. The social problems of opium appear to have arisen around 1644 only after the initiation of smoking opium. Initially, opium was smoked a combination with tobacco, and later it was smoked alone. Interestingly, although opium was popular in India at the same time, it was used as a folk medicine and taken in pill or liquid form. However, despite its wide availability, smoking opium was uncommon, and India never had an opium problem [3].

In 1729, the drain on the Chinese treasury compelled the Emperor Yung Cheng to prohibit opium sale and decree punishment of the sellers. However, the Emperor's manifestos were ignored and opium importation and consumption increased. By the 1830's, the social problems related to opium smoking were immense, and a high of 12 million addicts was estimated. Addicted civilians were unproductive, addicted army personnel were unable to defend the country, and the balance to trade became negative. With China's population of about 450 million, England was forcing opium on the country, and the British East India Company achieved enormous profits. Opium had a detrimental impact on China's technological, political, and economic progress [4]. Finally, the Emperor banned the domestic growing and importation of opium. After 20,000 chests of opium were destroyed in Canton by the Chinese government, England declared war on China. Britain easily won the first Opium War from 1839 to 1842 andin 1858. The treaty of Tients in 1858 gave Britain more territory and legalization of the opium trade.

The United States becomes concerned

The China incentive: American concern about opium addiction in China was driven both by economic and political issues and by the use of the drug itself. The two defeats of China in the wars with Britain opened its ports to trade, and this was important to the growing US economy. In addition, American missionaries were alarmed by the ruination of the Chinese people due to opium addiction. Overwrought with economic, social, public health, and political problems related to the trade of opium, China sought US assistance and in turn, offered America favorable trade and economic access.

To meet China's crisis, the State Department pushed for an international conference to solve the opium problem. The conferences in Shanghai in 1906 and at The Hague resulted in the first international opium agreement in 1912. These two conferences put forth recommendations not policy, and little changed in the manufacture, distribution and consumption of opiates. The US swiftly ratified the conference in 1913, and this paved the way for American domestic opiate control policies.

However, putting these policies in place was not easy task, and moral entrepreneurs had to convince the government officials that opiate addiction was a problem in the United States [3].

AMERICAN PROBLEM

Introduction

In America from early colonial times into the 20th century, opium was indispensable. Morphine was an essential drug for physicians from the mid-1800s into the 1900s, and was widely used not only for pain and sedation but also for respiratory, digestive, endocrine, and blood disorders, in addition to fever, coughing, diarrhea, decreased thirst, hunger, itching from diabetes, and. mood disorders. In essence, morphine was almost a panacea.

The 1700s and 1800s: The early colonists had no major concerns about the misuse of opium and were probably not fully cognizant of the opium problem in China. However, the opium wars between England and China did raise cries of moral indignation against England. During the 1800s opium was readily available in the United States at a price within nearly the reach of everyone. In the latter 1800s and early 1900s, the same was true for morphine[11] and heroin[2]. Most of the imported opium was used for the manufacture of morphine and heroin, and some was even grown in New England and the Southern states. Physicians freely dispensed opiates, and opiates were also sold over the counter in pharmacies, groceries, and general stores. They could also be purchased from mail-order houses and were contained in many patent remedies. Opiates were advertised extensively for pain, coughing, consumption, diarrhea, and women's ailments.

In an 1888 survey in Boston, nearly 15% of prescriptions contained opium. Of the prescriptions filled three or more times, 78% contained opiates. Other surveys revealed similar figures; however, still the opposition to alcohol was greater than to opiates. There were numerous organizations for alcohol prohibition, but there were no similar anti-opiate organizations. Opium and morphine were not considered a serious menace to society.

The anesthetizing and analgesic effects of opiates revolutionized surgery as well as the treatment of injury and other medical illnesses. The medical community wholeheartedly endorsed the use of morphine and began prescribing it to cure multiple conditions. However, the destructiveness of opiate misuse was brought to the forefront during and after the Civil War when morphine was given by hypodermic needle. Pharmacists and physicians began to notice that many clients and patients were becoming dependent.

The attitude towards opiate use in the United States slowly began to change in the mid-1800s, as the US was beginning to witness increasing problems with opiate use. Interestingly, the abuse and dependence were not so much a consequence of recreational use as they were a side effect of medicinal use.

By the turn of the century, oral opium and morphine were the principal modes of misuse, and women out numbered men. About 0.3% of the United States population or 250,000 people were addicted to opium, morphine or cocaine. The general public was unknowingly becoming addicted to narcotics, and there was still little agitation to regulate opiate use with the exception of opium smoking, and this had local racial overtones.

Discrimination against the Chinese: There were Americans who faulted the Chinese immigrants for causing narcotic addiction in the United States; however, narcotic addiction was well established in the United States prior to their arrival during the 1849 gold Rush. "The Chinese might have exacerbated the problem to some extent in the Far West, but…they could not have been the primary causative factor for promoting opiate addiction...there are no reliable statistics to indicate a serious epidemic of opium smoking had developed among the non-Chinese" [5].

The economic and racist agitation against the Chinese by such agitators as Denis Kearney left a legacy of anti-Chinese laws in California. The first strategy linked the Chinese opium smoking to deviant sexual activity and the rape of white women. Hamilton Wright and others claimed that the Chinese men, who worked on the transcontinental railroad, lured white women into opium dens to smoke and that while under its influence, they initiated deviant sexual acts with them and forced them into sexual relations [4]. Thus a number of discriminatory laws against the Chinese were passed in the Far West.

In 1858, the California legislature passed a law that made it illegal for any person "of Chinese or Mongolian races" to enter the state. In 1879, California adopted a new constitution, which authorized the state government to determine who could reside in the state and banned the Chinese from working in corporations and municipal, county, and state governments. In 1882 the United States government passed the Chinese Exclusion Act which prohibited the immigration of Chinese laborers. After this California went on to pass more discriminatory legislation against the Chinese that along with the 1858 legislation were later struck down [6].

The early 1900s and beyond

Presidents Roosevelt, Taft, and Wilson relied primarily on Reverend Charles Henry Brent and Hamilton Wright to address the nation's drug concerns. Both men had assured the Shanghai Conference that the US would follow its recommendations on establishing controls on opiates. After returning from the Shanghai Conference, Hamilton Wright took the lead in structuring US policy for the control of opium and cocaine. Wright's first effort, the Foster Bill of 1911, ultimately died when the proponents were unable to convince Congress that cocaine and opium were a threat to the American public. There was more concern about the abuse of alcohol at that time.

Under pressure to deliver, Wright and the proponents employed the aforementioned, racist imagery and rhetoric to pass the Harrison Act of 1914. Precedents had been passed in states

1 In 1806, Serturner isolated the active ingredient in opium and named it morphine. Pure morphine could be made in large amounts and after the invention of the hypodermic needle in the 1850s it began to be used for minor surgical procedures, postoperative pain, chronic pain, and as an adjunct to general anesthetics.

2 In 1874 heroin was isolated from morphine, and by 1898 it was manufactured in the United States. Heroin was more potent than morphine.

such as California, which used racist tactics to curtail Chinese immigration. Since opiate addiction was viewed as an accidental outcome of its legal consumption, the Harrison Act targeted the producers and distributors and not the users. This included the pharmaceutical industry and the medical profession, which were the enemies to such legislation and had powerful political lobbies.

Both groups wanted to maintain control of the sale and distribution of patent medicines. The pharmaceutical industry reasoned that they were qualified experts on medication, that the federal government would jeopardize their profits with taxation and rules for manufacture, distribution, and sales, and that they had an interest in preserving patient health. Physicians believed that pain management with its resultant addiction should be medically treated. After negotiation between the pharmaceutical interests and Harrison and Wright, The Harrison Narcotics Act passed Congress and was signed by President Wilson on December 17, 1914 [4].

The Act laid out rules for the production, distribution, and sales of narcotics and cocaine. Physicians had to register with the federal government to prescribe them and pay tax on every transaction. The law did not disallow narcotic consumption but did dissuade physicians from prescribing them. In the succeeding years, additional laws were added to reinforce the Act and to redefine users as criminals. The Harrison Act limited the illicit supply of opium and morphine but failed to control the addiction; thus, a black market emerged to fill the need.

The association of heroin users with the underworld was first noted in New York City where illicit availability was greatest due to the proximity of the chemical companies that distributed heroin. In 1910, Bellevue Hospital had its first admission for heroin addiction. In 1915, 425 heroin addicts were admitted. The early users were between 17 and 25 years of age, and ingested it by snorting. After 1919, when the Harrison Act outlawed the medical prescription of narcotics to maintain addicts, they were completely dependent on illegal sources. The United States banned the domestic production of heroin in 1924. Since a number of addicts collected scrap metal from industrial dumps to support their habit, they became known as "junkies."

Organized crime obtained heroin produced by legitimate pharmaceutical manufacturers in Western Europe and later Turkey and Bulgaria until the restrictive policies of the League of Nations drove its manufacture underground in the early 1930s. The exception was in the Japanese held territories where pharmaceutical firms produced heroin on a massive scale for the Chinese market; however, since the end of WWII, the production of heroin belonged to international crime.

REFERENCES

1. Brownstein MJ. A brief history of opiates, opioid peptides, and opioid receptors. Proc Natl Acad Sci. 1993; 90: 5391-5393.
2. Wikipedia Opium.
3. Way EL. History of opiate use in the orient and the United States. Annals New York Academy of Sciences. 1982; 398: 12-23.
4. Anderson TL. A History of Drug and alcohol Abuse in America. In: Alcohol and Drugs in Society. Harrison L, Anderson T, Robbins C, Martin S, Editorss. Xxx Wadsworth Publishing, Belmont, CA. 2004.
5. Wikipedia Chinese Exclusion Act.
6. Scott I. Heroin: a hundred-year habit. History Today. 1998; 48.

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