
Amitai Etzioni, 1972

One twentieth-century president after another has found it politically advantageous to exploit, or at least cater to, the American public's near hysteria over heroin. During the Nixon presidency there appeared to be great political potential in battling heroin, as there had been for fighting drugs and alcohol under previous administrations. Public battles against drugs and drug addicts serve to quiet public fears regarding crime and intoxication. Recent presidential politics has led to an emphasis on quick, dramatic enactment of programs and symbolic actions in the short run in the pursuit of reelection and personal fame.

What social, epidemiologic and political factors transformed heroin addiction into a highly salient political controversy in the late 1960s and early 1970s? The Nixon administration launched its much-vaunted "war on heroin" in 1969. What treatment policies and programs were implemented under this offensive? Did they serve political functions? Nixon hoped that street crime could be reduced by altering demand for heroin through treating addicts. If such therapies lowered crime, they would be a signal of Nixon's all-out commitment to law and order, thereby ensuring his reelection in the Watergate-marred 1972 contest.

GENESIS OF THE RECENT WAR ON HEROIN

Between 1965 and 1970 the estimated number of active heroin addicts in the United States grew from about 68,002 to some 500,000. Extremely high and rapidly spreading incidence and prevalence were taken as indicators of "epidemic" heroin abuse, which supposedly grew to peak rates in American cities between 1969 and 1972. Medically, an "epidemic" is a disease attacking many people in a region at the same time, widely diffused and spreading rapidly.

The phrases "heroin epidemic" and even "pandemic" were used repeatedly to describe the
rapid spread of heroin use after 1965. This rhetoric escalated into an invocation of a “doomsday of infection” and to a fanatical quest for freedom from heroin. In 1971 heroin addiction ranked third in polls, behind only Vietnam and the economy, as the most serious problem facing the United States.5

NIXON'S TEN-POINT PLAN TO WIPE OUT HEROIN

Nixon gave nascent stages of the so-called “heroin epidemic” a fairly high priority as a campaign issue in 1968 but couched it mainly in a “law-and-order” framework. In an Anaheim, California, campaign speech he called heroin addiction America’s "Public Enemy Number One."6 Once elected, he immediately outlined a new ten-point drug law enforcement and addiction treatment strategy aimed at wiping out heroin abuse.

His plan included the following:
1. New federal drug control legislation, reclassifying some substances;
2. Uniform state drug control legislation;
3. International cooperation to stop heroin distribution;
4. Suppression of drug smuggling into the United States;
5. Suppression of domestic heroin distribution;
6. More local law enforcement aid to crack down on narcotic sellers;
7. New drug abuse education programs;
8. More addiction treatment programs;
9. More research in drug abuse prevention;
10. Training in drug abuse treatment, rehabilitation and prevention.'

His "treatment" rhetoric belied the fact that most federal funds went to the criminal justice system—police, courts and corrections—as the main program for controlling heroin abuse.

Operation Intercept

To kick off his law enforcement "war" on heroin, Nixon launched "Operation Intercept" in 1969, requiring close searches of all vehicles and persons crossing legal ports of entry between Mexico and the United States. The plan was to publicize Nixon's commitment to fighting heroin. G. Gordon Liddy, who masterminded the Watergate break-in, helped put together Operation
Intercept and other federal narcotic law enforcement efforts. Egil "Bud" Krogh, a close narcotic policy adviser to President Nixon, said the border operation fizzled out, ultimately evolving into a less-abrasive "Operation Cooperation." Said Krogh:

"Operation Intercept was developed through the spring and early summer of 1969. It was . . . somewhat embarrassing. . . . [It] resulted in tying up traffic, and seizure of marijuana. In terms of heroin, nothing really was accomplished."

Joel Fort, a criminologist, told Congress that Operation Intercept was "... the latest in a series of carefully designed smokescreens to make the public believe that something effective and important is being done about the drug problem." Stressing the spillover effects of Operation Intercept, David Smith, another criminologist, told a Senate subcommittee that the government's crash program to dry up the supply of heroin at San Ysidro and other ports of entry was only reducing the supply of Mexican marijuana. The whole program was backfiring by driving California teenagers to more dangerous drugs:

"... the use of dangerous drugs by adolescents increased dramatically following the implementation of Operation Intercept and the subsequent shortage of marijuana at their level. The youthful experimenters seemed to prefer marijuana, but in its absence, willingly accepted any substitute."

Gooberman, a sociologist, also studied the unintended consequences of Operation Intercept and concluded that more heroin users were created by the program than cured by it. In a like vein, the unintended consequence of heavy police crackdowns sponsored by the Nixon administration on heroin suppliers in Washington, D.C., was an outbreak there of intravenous amphetamine abuse.

CRIME, ADDICTION, AND VIETNAM

The Nixon administration promulgated the opinion that heroin addiction was: (1) responsible for the rise in crime, (2) radiating outward from the central cities, and (3) of "epidemic" proportions in Vietnam.
THE RISE IN CRIME

Crime during the Nixon administration seemed to be rising faster than before, and the president pledged to meet this problem directly. Empirical evidence collected in the 1960s suggested that criminal behavior in many cases precedes addiction, but Nixon was convinced that addiction was "... a major contributor to crime" and that he could significantly reduce crime rates by rehabilitating addicts. Since heroin abuse seemed to be exacerbating an already explosive urban crime situation, addiction control moved quickly to the top of his policy-making agenda.

Nowhere was the rise in crime as dramatic as in Washington, D.C., itself dubbed America's "crime capital." Between 1966 and 1969 rates of both addiction and crime in that city appeared to peak simultaneously. Much of this crime was attributed by medical researchers, the police and the media to heroin addiction.

One explanation given for the heroin "epidemic" among young Washington, D.C., blacks was pathologic, and went something like this: Thousands of economically obsolete rural poor were redistributed to cities like New York, Detroit and Washington, D.C., following World War II. The majority of these newcomers, especially blacks, were not absorbed into the urban environment. Automation had wiped out thousands of lower-skill jobs, and the post-Korean War years were marked by periodic recession and unemployment. As the structure of these poor families eroded, teenagers and young adults coming of age in the 1960s were hit hardest because they were partly detached from the family system but not fully absorbed into the occupational structure. The litany of urban disorders in the wake of these declining occupational and family controls included rising rates of gang delinquency, an alarming increase in juvenile crime and, finally, rapidly spreading heroin addiction.

Nationwide, reported crime was up 16 percent in 1967, 19 percent in 1968, and 11 percent in 1969. In 1971, 52 percent of all criminal cases in the Los Angeles County Superior Court system were drug-related. Forty-seven percent of all adult felony trials in that year in Los Angeles County were for drug law violations.

New York City's system for the administration of criminal justice nearly collapsed under the weight of drug-related offenses. Estimates were that over 50 percent of all inmates in New York City's jails were heroin addicts.
Addict-Committed Burglary

The number one property crime in the United States is residential and commercial burglary. The assumption is that most burglars are addicts. Sgt. Larry Gallu of the Phoenix Police Department, for example, said, "Somewhere between 65% and 80% of all burglaries here and across the country are committed by heroin addicts."19 Lt. Donald Betkey of the Los Angeles County Sheriff's Office says "... about four out of five burglary cases we close involve hypes..."20 A detective sergeant on the Los Angeles Police Department flatly concluded that "most burglars are hypes."21 Testimony like this from across the nation led Nixon to conclude that heroin addiction and crime, particularly property crimes, were inexorably linked in a causal fashion.

THE RADIATION OF ADDICTION FROM CENTRAL CITIES

A second factor behind the Nixon administration's war on heroin was the belief that heroin use was radiating from inner-city areas into the veins of white, suburban middle- and upper-class youth, much like an "infectious disease."22 Nixon declared, "Not very long ago . . . narcotic addiction was a class problem. . . . now the problem is universal."23 No longer was heroin addiction apparently confined to more disadvantaged elements of society where people sought escape from poverty24 or the opportunity to "be somebody" in an environment in which advancement through legitimate channels was closed.25 The Nixon administration was aware that the parents of new, better-off heroin users tended to vote more frequently than ghetto and barrio parents. John Ehrlichman stated that Nixon exploited white middle- and upper-class voters' fears about their children turning to heroin: "Narcotics repression is a sexy political issue. Parents are worried about their kids using heroin, and parents are voters. This is why the Nixon White House became involved [in fighting heroin]."26

Does, Addiction Spread Like a Disease?

The Nixon administration, medical reports, and the media gave the public the impression that heroin addiction was an infectious, communicable disease permeating all of society. A developing "doomsday of infection" was depicted. The sources of the supposed "infection" were presumed to be the "legions of pushers," and the solution was an "epidemiologic approach."27 But is heroin addiction an "infectious" process? Do novice users "catch" the habit in the same manner as a communicable disease?
The spread of heroin is not comparable to the spread of disease. In epidemiologic theory the host is infected by a pathogenic agent like a bacterium, virus or fungus. Communicable diseases are spread directly from person to person or indirectly, through such things as contaminated kitchen utensils or food. Addiction extends from person to person, but there the analogy to communicable disease ends.

Victims get communicable diseases inadvertently. Polio or tuberculosis infects the victim without his knowledge and without his willing consent to the infection and its painful consequences.

Heroin addiction does not conform to this process. First, users do not inject or "infect" unknowing, unwilling victims. New heroin users are not unwilling pawns in the path of some virulent contagion. As to first heroin use by novices, heroin transmission typically occurs in a climate of friendship and relaxation, among peers. Addicts usually see themselves as sharing with the novice a controllable, pleasurable substance. Moreover, users typically "turn on" a novice because the experimenter asks for the heroin. Thus, the communicable disease model of spreading heroin abuse employed by medical researchers and policymakers is not analogous to the transmission process of heroin addiction.

THE HEROIN "EPIDEMIC" IN VIETNAM

A third precipitating factor behind the Nixon administration's efforts against heroin was another "heroin epidemic" reported among American forces stationed in Southeast Asia. After an influx of potent heroin into Vietnam, an estimated 20 percent of the U.S. enlisted troops were addicted at one time or another during their tour of duty. Some commentators have questioned this high incidence figure, but the fact remains that many soldiers were using heroin.

U.S. Complicity Along the Southeast Asian Opium Trail

Narcotics traffic is deeply woven into the social, economic and political fabric of Southeast Asia. Many people there depend upon this industry for livelihoods. United States government personnel were heavily involved in the narcotics traffic in Indochina during the Vietnam War. Opium and heroin were moving about Southeast Asia on U.S.-supported Royal Lao Air Force Planes and on Air America, Inc., the CIA's clandestine airline. From Kuomintang bandit gangs in northern Thailand, to Lao generals, to the South Vietnamese governing elites, there appeared
to be one clear and consistent pattern: United States involvement all along the Southeast Asian opium trail. By turning away from obvious official corruption, American authorities used opium profits to reward Asian elites for their support of American goals in Southeast Asia.

Nixon’s Worries about Returning Addicts

President Nixon was haunted by the specter of "hundreds of thousands" of G.I.-addicts returning from the war in Vietnam, many of them armed, trained in guerrilla warfare, and stalking big city streets in search of an angry fix. When he took office, there were only sixteen federally funded addiction treatment programs nationwide. He wanted to make sure there were more treatment programs, so that none of these addicts could claim they were still using dope and committing crimes because no therapy was available.

Significantly, the great majority of Vietnam addicts remained abstinent when they returned to the United States. The situation, therefore, was not as severe as portrayed by the Nixon administration. Nevertheless, it fueled public fears and helped set the Nixon administration in action to mount an expanded addiction treatment effort at home.

THE FEDS IN ACTION

Three major factors, then—rising crime, the "epidemic" spread of addiction across class and status boundaries, and narcotics use in Vietnam by United States troops—precipitated the subsequent massive expansion of federal addiction treatment and rehabilitation capacity. These developments led Nixon to proclaim heroin addiction a "... national emergency," and he pledged to...-take every step necessary to deal with this emergency."34

TREATMENT AND REHABILITATION: A NEW EMPHASIS

Nixon's overall thesis was that heroin addiction and attendant crimes could be reduced through a two-pronged "war" on heroin: (1) expanded law enforcement activities on international, national and subnational levels to curtail supply of the drug, and (2) a massive treatment and rehabilitation effort to reduce heroin demand. The model employed was based on
the economics of supply and demand, but Nixon placed a new, well-publicized emphasis on the drug demand side of the equation, since narcotics law enforcement alone had never provided the easy solution to the heroin problem it seemed to promise. Public policies and criminal justice system efforts to reduce supplies of narcotics have been more symbolic than effective.35

COMBINED STRATEGY

Nixon made it plain that dealing with addiction solely through surveillance, arrest, jail, courts, prison, civil commitments, fines, probation and parole was insufficient to solve the heroin addiction problem. He ordered that narcotic law enforcement programs henceforth be coupled with

. . . a rational approach to the reclamation of the [heroin] user himself. The laws of supply and demand function in the illegal drug business as in any other . . . we must deal with demand. We must rehabilitate the users if we are to eliminate drug abuse and all the anti-social activities that flow from drug abuse [emphasis added]."  

The Demand Side of the Equation

The policy choice to increase treatment capacity dramatically after 1969 was based on the theory that demand for heroin is what economists call "price inelastic": An addict in withdrawal will pay almost any price for the drug.3' Nixon and his staff, along with relevant congressional committees therefore began focusing on the one irreplaceable factor in the heroin equation: the addicts themselves, who must have heroin to live and who live to use heroin. By reducing drug demand with methadone maintenance or other treatment, it was assumed that addiction and street crime would miraculously evaporate. Said the president:

. . . as long as there is demand [for heroin] there will be those willing to take the risks of meeting that demand. So we must act to destroy the market for drugs, and this means the prevention of new addicts and the rehabilitation of those who are addicted. Our programs . . . must be judged by the number of human beings who are brought out of the hell of addiction and by the number of human beings who are dissuaded from entering that hell."

Heroin does have algebraic properties: The more you shoot, the less you have. And the less
you have, the more you need. The addict thus becomes a person in total need of dope. This algebra of need makes heroin the ideal product, the model merchandise. No sales talk is necessary. Users will assault, rob, steal, cheat, then crawl through the sewer and beg to buy. Could this kind of compulsive craving be controlled through addiction treatment?

NIXON MOVES CONTROL OVER TREATMENT STRATEGY TO WHITE HOUSE

When Nixon took office, the federal government’s heroin control activities were a hodgepodge of divided, uncoordinated responsibilities. Myriad federal treatment and law enforcement programs were scattered over 7 cabinet-level departments and 114 federal agencies. The National Institute of Mental Health (NIMH) had to let a $100,000 grant to find out which programs its own Division of Narcotic Addiction and Drug Abuse was funding.

Mayor John Lindsay of New York summarized the state of the federal heroin control apparatus when Nixon took office:

Today the Federal effort, such as it is, is hopelessly fragmented. No fewer than four separate agencies fund [addiction treatment] programs in my own city. . . . Lacking coordination at the Federal level, there is an appalling waste of time and energy. . . . We must have a single Federal agency and top-level officials to direct a national anti-addiction strategy.40

Mayor Moon Landrieu of New Orleans called for concentrating federal treatment efforts into "... a compact, manageable unit which can accurately measure its successes and failures."41

The president and Congress, impelled by a lobby of metropolitan mayors, pledged to reorganize this "nonsystem" of overlapping duplication and bureaucratic wrangling. In proposing his drug abuse reorganization plan, Nixon lamented,

[The federal government] promises much but it does not deliver what it promises. [Power is] exceedingly fragmented and broadly scattered throughout the federal establishment. . . . It is extremely difficult for either the Congress or the President to see their intentions carried out when lines of responsibility are as tangled and ambiguous as they are. . . ."4 2
The Nixon War on Heroin

Written by David Bellis
Friday, 16 November 2012 00:00

THE 1972 DRUG ABUSE OFFICE AND TREATMENT ACT

To give him more direct control over the heroin battle, Nixon asked Congress for a Special Action Office for Drug Abuse Prevention (SAODAP) to be located in the Executive Office of the President.

Egil "Bud" Krogh was a key figure in the Nixon battle to control heroin abuse from the White House. Krogh, who worked for John Ehrlichman, is sometimes called the chief architect of Nixon's addiction treatment strategy. Best known as one of the "plumbers" who served time in jail for authorizing the burglary of a psychiatrist's office, Krogh played a key part in formulating White House addiction treatment policy, particularly methadone maintenance. By 1973, largely on the basis of his White House narcotics duties, Krogh became the youngest undersecretary ever appointed to the U.S. Department of Commerce.

Krogh said that SAODAP originated from Nixon's 1969 decision that crime in Washington, D.C., had to be stopped to symbolize the president's commitment to law and order. Krogh recalls how the Special Action Office was named:

This idea came up one evening in my office. We said, "You know, we ought to think about something that is going to be taking action [against heroin]." Somebody said, "Yea, but it ought to be a special action—there are lots of action programs. Why don't we call it a special action officer?"

Nixon thus offered the legislative package establishing SAODAP and its successor, the new National Institute on Drug Abuse (NIDA) to highlight the addiction treatment issue dramatically and to coordinate and control all federal drug treatment efforts from the White House itself. Nixon promised the new law would "...root out the cancerous growth of narcotic addiction in America."44 Later he would consolidate all federal drug law enforcement activities in a new Drug Enforcement Administration (DEA).

NIXON NAMES JAFFE TO HEAD SAODAP

Nixon immediately named Jerome Jaffe as director of SAODAP, and the press dutifully dubbed him the president's "Drug Czar." Jaffe, a psychiatrist, headed the Illinois State Drug
Abuse Program and had trained at the U.S. Public Health Service narcotics hospital in Lexington, Kentucky. Based on his record, he was a mover. When Jaffe arrived in Illinois from the Bronx in 1966, there was not a single state-supported addiction treatment bed in Illinois. His first year there he got 300 such "beds"; by 1968 there were 1,800.

From the beginning, the emphasis was on heroin. Nixon immediately ordered Jaffe to "... concentrate federal resources on the heroin problem." Heroin addiction, Nixon told Jaffe, "... is the most socially destructive form of addiction ... and it must command priority." Jaffe ardently supported methadone maintenance which, he said, "In many instances for many people ... permits them to function as law abiding, productive citizens. ... If there is a medication that permits a man to function as a law-abiding citizen, it is appropriate that the medicine [methadone] be given to him."

NIXON STRATEGY FOR THE 1972 ELECTION: THREE GOALS

Looking forward to the 1972 presidential campaign, Nixon strategists provided three major heroin-related goals:

1. To be in a position to say that the Nixon administration had mounted the most massive drug law enforcement and treatment effort in the nation's history. Statistical results would first come from the District of Columbia where the administration had direct control over the "comprehensiveness of the drug fight" and over the number of police who could be thrown into the battle.

2. To have developed "certain highly visible efforts in the area of narcotics distribution," such as drug raids, border blockades (of which Operation Intercept was an example) and other international agreements to demonstrate clearly in the public mind "the totality of the administration's commitment" to solving the heroin problem.

3. To have successfully shifted the burden of responsibility for controlling crime and addiction to state and local governments.

DEMOCRATIC HOPEFULS ON THE ATTACK

Criticism of Nixon's crime and drug control efforts was mounting among Democratic hopefuls testing the water for the 1972 presidential nomination, especially Hubert Humphrey and Eugene McCarthy." Nixon was "upset" by these challenges to his heroin control efforts and inertia in federal narcotic law enforcement and treatment agencies. He threatened to "knock heads together" if federal officials failed to cooperate in his heroin control efforts. Nixon said that if "petty bureaucrats" attempted to stand in the way of his war on heroin, "... then heads will roll."
He felt particularly vulnerable regarding the crime picture in Washington, D.C. If he could not halt the increase in crime there, would he be able to do it anywhere? Krogh recalled:

During the period from January to December, 1969, crime [in D.C.] continued to climb dramatically . . . and during November hit an all-time high. . . . When the President learned the news he became extremely upset and concerned. He . . . told [Ehrlichman] this [crime] must stop . . . and that every immediate measure had to be undertaken to reduce the crime rate by those in the District government, or else he would get a new team.5°

Krogh said it was the president's concern for crime in Washington, D.C., "... that led to the development of a national drug control program. "5i

ODALE AND LEAA

In his 1972 State of the Union address Nixon previewed what would become the Drug Enforcement Administration: "I will soon initiate a major new program to drive drug traffickers and pushers off the streets of America . . . to assist state and local agencies in detecting, arresting, and convicting those who would profit from the misery of others."52 With this, the president created a new Office of Drug Abuse Law Enforcement (ODALE) which sent law enforcement "strike forces" into thirty-three cities across the nation. He said the program would be "... built around a nationwide network of investigative and prosecutive units, utilizing special grand juries. . . ."53 Using "heroin hotlines" and informant tips, the teams made numerous arrests of drug users and sellers, mostly small fries. Since most users are sellers (and vice versa), federal strategy struck directly at heroin addicts rather than untouchable, faceless, "higher ups" in the heroin empire. But ODALE served its purpose: It was the quintessence of Nixon's "get-tough" law enforcement approach against heroin. Utilizing the "no-knock" provisions of the 1968 Omnibus Crime Control and Safe Streets Act (which allowed police officers to enter a suspect's premises unannounced), agents made midnight door-busting raids on the homes of suspected heroin dealers, sometimes terrifying and killing innocent people.54 Perhaps for this reason ODALE had a short life and was merged with the Justice Department's Bureau of Narcotics and Dangerous Drugs (BNDD) and the Office of National Narcotics Intelligence in 1973 to form a new Drug Enforcement Administration. National and international narcotic enforcement efforts at this writing are primarily centered in DEA.
One way of demonstrating the administration's concern—and perhaps of making an impact on crime by the 1972 election—was to channel additional federal money to local police departments. This was part of the Nixon administration's goal to turn over more drug control responsibilities to local governments; if failure resulted, it could be blamed on them. The instrument for accomplishing this purpose was the Law Enforcement Assistance Administration (LEAA), an appendage of the Justice Department set up in 1968 by the Johnson administration to aid local law enforcement agencies in the wake of urban uprisings by blacks and massive anti-war protests.

Under Nixon, LEAA had almost no direction or goals, it failed to provide real leadership to the state and local agencies it funded, and it was in effect "a giant subsidy program." The agency began spending most of its money on equipment, as if that would significantly reduce heroin addiction and street crime. Part of the problem was that state agencies receiving LEAA funds succumbed to public law-and-order pressures by funding state and local projects which were readily visible: riot control equipment, new guns, armored vehicles, helicopters and dope-sniffing dogs that cost up to $10,000 each to train. LEAA's programs did little to diminish the supplies of heroin available on the streets of large American cities.

Enter Methadone Maintenance: The Forlorn Hope

While these widely publicized law enforcement programs might be expected to produce favorable "visibility" for the president, Krogh personally did not believe they would have much of an effect on crime statistics. Heavy law enforcement crackdowns on heroin supply, he reasoned, would inevitably drive up the price of heroin, while lowering its quality. The result, he concluded, would be more rather than less crime.

Basing his judgement on positive reports on methadone maintenance emanating from New York City, he came to the conclusion that it provided a quick fix for the heroin problem. He said: "You had to provide an alternative to the heroin addicts whose price for the substance had increased; otherwise, it could lead to an increase in crime, because of the higher cost of obtaining [heroin]."
Quite simply, as America has taken great pains to keep heroin from addicts, its price has been escalating. The same society then declares addicts "dangerous" because they engage in crime to secure the heroin that the law has priced beyond their ability to afford. Egil Krogh and a number of others in the White House were convinced that the only solution to this problem was legal maintenance with methadone.

NOTES


2. The Nixon War on Heroin

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Friday, 16 November 2012 00:00

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31. Thomas S. Szasz claimed that the high incidence figures in Vietnam were deliberately inflated to justify the Defense Department's countermeasures, and suggested that the claimed "epidemic" there represented a "pharmacologic Gulf of Tonkin." See his "Scapegoating 'Military Addicts': The Helping Hand Strikes Again," Transaction, 9 (June 1972): 4-6.
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40. U.S. Senate, Committee on Labor and Public Welfare, Alcoholism and Narcotics, p. 18.
41. Ibid., p. 79.
47. Nixon's goals are recorded in Epstein, "The Krogh File," 107.
51. Ibid.
53. Ibid.