

The Long War on Drugs

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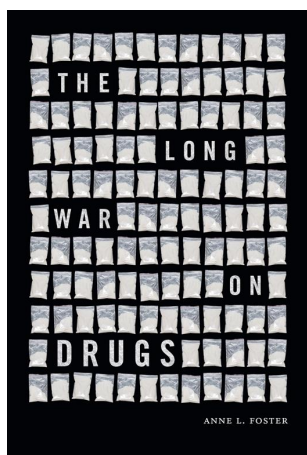
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Book Title: The Long War on Drugs

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Dr Anne Foster is an associate professor of history at Indiana State University. Her expertise is in modern US history, and she has written extensively on US involvement in the Philippines and Southeast Asia. *The Long War on Drugs* began as lecture notes for a class in US history and is intended as a survey of history on the subject.

Foster’s narrative is essentially chronological, beginning with the period prior to the 20th century when drugs were not regulated, and opium and its derivatives were used in household remedies for toothaches, headaches, and diarrhea—and Coca Cola actually contained cocaine! Although dependence and addiction were likely commonplace, Western governments took little notice and were more interested in the tax revenue derived from trade in the substances. As the temperance movement gained steam at the end of the 19th century, so did pressure to control access to other drugs. Foster goes into quite a bit of detail about early efforts to control the international trade in drugs and the international conferences and treaties of the first part of the 20th century. A subsequent chapter details the activities of the Federal Bureau of Narcotics (predecessor of the Drug Enforcement Administration) as the United States became a dominant world power with outsized influence in many parts of the world where drug precursors were grown.

As drug use became more widespread among White youth during the Vietnam War era, perhaps inevitably, President Nixon took the emphasis on drug interdiction to its logical conclusion with his declaration of a war on drugs in 1971. The author follows the changes in drug policy in the United States to the present, including the establishment of controlled substance classification, the implementation and subsequent removal of mandatory minimum sentences for drug dealers, and the grant of no-knock warrant authority to law enforcement agencies, showing many failures and unintended consequences. In her conclusion, Foster makes a strong argument for a policy that places a great deal more emphasis on demand reduction as well as harm reduction.

Foster makes some interesting choices about what to include and what to exclude from the scope of this fairly slim volume. A strength of the book is Foster’s analysis of the influence of racist and colonialist beliefs on the choice of which drugs and forms of drugs (eg, crack vs crystalline cocaine) would be banned or heavily penalized. Another aspect to which she devotes a valuable chapter is the environmental damage (eg, deforestation, toxic byproducts) done by criminals attempting to evade detection and by governments attempting to eradicate crops (eg, defoliants such as agent orange, paraquat, and glyphosate). This topic receives relatively little attention in discussions about drug policy and perhaps should receive more as we begin to see the adverse health effects of these environmental impacts more clearly.

Foster gives little attention to the history of equally addictive and perhaps more harmful substances like tobacco and alcohol, which are easily accessed by teenagers. The most obvious and fatal flaw of the policy of restricting supply without reducing demand is that the price of restricted drugs will rise to the point where the rewards of illegal trafficking far outweigh the risks. Little discussion is included on how drug users find the means to pay their dealers, such as sex for drugs or theft, or on users becoming dealers themselves and

the harms that result.

Presumably because of the timing of writing and publication, Foster does not discuss the recent decriminalization of narcotics in Oregon (or their very recent recriminalization). This policy experiment deserves some careful discussion, and one hopes she would include this topic in a second edition. Neither does she discuss the Dutch experience of decriminalization and intensive emphasis on harm reduction programs, which has resulted in lower rates of HIV and Hepatitis B and C.¹ Lastly, while she advocates quite sensibly for demand reduction and harm reduction programs, she doesn't provide much background on the solutions that have been attempted or their results.

The book was written to provide a survey of the history of narcotic drug use and policy for students taking a course on the subject. While it fulfills that intended purpose, policymakers and advocates might want a longer book that provides more depth on some of the topics mentioned here, in particular the past experience of demand and harm reduction programs.

REFERENCES

1. Van Santen DK, Coutinho RA, Van Den Hoek A, Van Brussel G, Buster M, Prins M. Lessons learned from the Amsterdam Cohort Studies among people who use drugs: a historical perspective. *Harm Reduct J.* 2021;18(1):2.