ONE

Crack in Context

America's Latest Demon Drug

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In the spring of 1986, American politicians and news media began an extraordinary antidrug frenzy that ran until 1992. Newspapers, magazines, and television networks regularly carried lurid stories about a new "epidemic" or "plague" of drug use, especially of crack cocaine. They said this "epidemic" was spreading rapidly from cities to the suburbs and was destroying American society. Politicians from both parties made increasingly strident calls for a "War on Drugs." They even challenged each other to take urine tests to provide chemical proof of their moral purity. In one of the more bizarre episodes, the president and vice president of the United States had their own urine tested for evidence of marijuana, cocaine, and heroin. It is certainly true that the United States has real health and social problems that result from illegal and legal drug use. But it is certainly also true that the period from 1986 through 1992 was characterized by antidrug extremism.

We use the term "drug scare" to designate periods when antidrug crusades have achieved great prominence and legitimacy. Drug scares are phenomena in their own right, quite apart from drug use and drug problems. Drug scares have recurred throughout U.S. history independent of actual increases in drug use or drug problems. During "red scares," like the McCarthy period in the 1950s, leftists were said to be serious threats to the American way of life. Similarly, during drug scares, all kinds of social problems have been blamed on one chemical substance or another.[1] Drug scares typically link a scapegoated substance to a troubling subordinate group—working-class immigrants, racial or ethnic minorities, rebellious youth. The period from 1986 to 1992 was in many ways the most intense drug scare of the twentieth century. With few dissenting voices, politicians and the media embraced the Reagan administration metaphor "War on

Drugs" and pronounced the "drug war" to be good social policy. At dead center of all the hysteria was "crack."

Crack appeared in late 1984 and 1985 primarily in impoverished African-American and Latino inner-city neighborhoods in New York, Los Angeles, and Miami. Crack is smokeable cocaine. It gained its named from the "crackling" sound it makes when heated. It is easily produced in a pot on a kitchen stove by "cooking down" a mixture of powder cocaine, water, and baking soda. Crack is typically sold in tiny vials or envelopes that cost between $5 and $20. Crack was not a new drug; its active ingredient is entirely cocaine. Nor was it a new way of using cocaine; smoking cocaine freebase had been practiced since the 1970s.

Crack was a marketing innovation. It was a way of packaging a relatively expensive and upscale commodity (powder cocaine) in small, inexpensive units. So packaged, this form of smokeable cocaine (crack) was then sold, usually on the street by young African-Americans and Latinos, to a whole new class of customers: residents of impoverished inner-city neighborhoods. The marketing innovation was successful for at least two reasons. First, there was a huge workforce of unemployed young people ready to take jobs in the new, neighborhood-based business of crack preparation and sales. Working in the crack business offered these people better jobs, working conditions, and pay than any "straight" job they could get (and better than other entry-level criminal jobs like burglary or stealing car radios).[2] Second, the marketing innovation succeeded because turning powder cocaine into smokeable "crack" changed the way cocaine was consumed and thereby dramatically strengthened the character of cocaine intoxication. Smoking crack offered a very brief but very intense intoxication. This inexpensive and dramatic "high" was much better suited to the finances and interest in immediate escape of the inner-city poor than the more subtle and expensive effects of powder cocaine.

Cocaine in any form is a stimulant, much like amphetamine or even caffeine. When powder cocaine is sniffed in small doses (as it usually is), it makes the user moderately alert and energized. Thus, the typical psychoactive effects of sniffing powder cocaine are subtle. Users report having to learn to recognize it (see, e.g., Waldorf et al. 1991). In the 1930s, songwriter Cole Porter wrote that he'd "get no kick" from cocaine about powder cocaine.

Cole Porter would have gotten a kick from crack, but he probably would not have liked the experience very much. When cocaine is smoked, it enters the bloodstream quickly, providing a powerful rush. Crack is a strong, even harsh, drug. One experienced cocaine user said that after smoking $10 worth of it, "I was so high I was frightened—and I don't frighten easily. . . . I wouldn't bother with it again."[3] Contrary to the media stories and

drug war rhetoric, most of the people who have tried crack or smoked cocaine have *not* continued to use it. From its first appearance, crack has always been used heavily by the same population that has always used heroin heavily: the urban poor. Daily crack smoking, like daily heroin injecting, occurs mainly among the poorest, most marginalized people in American society—and only among a small minority of them. In its most popular year, crack was used heavily by only a small percentage of even the people who used cocaine. Crack never became a popular or widely used drug in the United States, or anywhere else in the world.

This, however, is not the way the mass media and politicians talked about crack from 1986 to 1992. Rather, crack was portrayed as the most contagiously addicting and destructive substance known. Politicians and the media depicted crack and other illicit drugs as virulent diseases that were attacking American society. Beginning in 1986 and continuing into the early 1990s, major American institutions—churches, schools, media, political organizations, voluntary groups, advertisers, foundations—carried on what amounted to a huge national educational campaign about drugs in general and crack in particular. One might expect that, as a result of all this attention, Americans would be among the most knowledgeable people on earth about crack and other illicit drugs. But the campaign did not increase understanding because virtually all these institutions took up the tasks of promoting the policies of the War on Drugs and of single-mindedly and simple-mindedly demonizing illicit drug use. Rather than report the complicated truth, the media joined politicians in producing drug war propaganda. In so doing, reporters found "experts" who provided scary antidrug sound bites and presented frightening, false generalizations as fact.

Consider some of the stories reported in six months in 1986, the first year of the crack scare. On March 17, in a cover story called "Kids and Cocaine," *Newsweek* quoted, without skepticism, a drug expert who announced that "crack is the most addictive drug known to man." He also said that smoking crack produces "instantaneous addiction" (pp. 58–59). As a result, *Newsweek* asserted, crack "has transformed the ghetto" and "is rapidly spreading into the suburbs." On March 20, the *New York Times* explained (in a front-page story) that crack was spreading from the inner city to "the wealthiest suburbs of Westchester county." " 'It's all over the place' " said an official from the New Jersey Health Department. A month later the *Times* printed another front-page story about crack spreading from the city to suburbs. "If we don't stop crack now, it will destroy our young people" said a politician from Westchester (April 27). On June 8, the headline of yet another front-page *Times* story announced that "Crack Addiction Spreads Among the Middle Class." On the same day, another *Times* story

reported that on the suburbs of Long Island "the use of crack has reached epidemic proportions (p. 5)." On June 16, *Newsweek* published a full-page editorial titled "The Plague Among Us." It began:

> An epidemic is abroad in America, as pervasive and dangerous in its way as the plagues of medieval times. Its source is the large and growing traffic in illegal drugs . . . a whole pharmacopeia of poisons. . . . [The epidemic] has taken lives, wrecked careers, broken homes, invaded schools, incited crimes, tainted businesses, toppled heroes, corrupted policemen and politicians. . . . [The epidemic] is a national scandal, and . . . we seem powerless to stop it (p. 18).

A week later the *New York Times* (June 29) announced the "growing use of crack" in three suburban and rural counties in New York. With neither evidence nor skepticism, the *Times* reported that in Westchester, Rockland, and Sullivan counties, the "per capita use of cocaine is the heaviest in the state." On July 28, *U.S. News and World Report* told readers that "illicit drugs pervade American life . . . a situation that experts compare to medieval plagues—'the No.1 problem we face' " (p. 49). Two weeks later, *Newsweek* reported that "nearly everyone now concedes that the plague is all but universal" (August 11, p. 19).[4]

On occasion, the same newspaper, magazine, or TV show did a follow-up story that contradicted its earlier accounts. For example, in 1990, after years of reporting that crack is instantly addicting, *Newsweek* wrote: "Don't tell the kids, but there's a dirty little secret about crack; as with most other drugs, a lot of people use it without getting addicted. In their zeal to shield young people from the plague of drugs, the media and many drug educators have hyped instant and total addiction" (February 19, pp. 74–75). *Newsweek* did *not* tell readers that it had been among the first to have "hyped instant and total addiction" and to have quoted, without questioning, the "drug educators" who also did so. Similarly, in 1989, after being a crucial source for the news that in the suburbs crack use was "epidemic" and "all over the place," the *New York Times* quietly noted that just the opposite was true. The *Times* reported that except for a few "urban pockets" in suburban counties, "educators, law enforcement officials, and young people say crack and most other narcotics are rarely seen in the suburbs, whether modest or wealthy." Crack, the *Times* now said, "is confined mainly to poor urban neighborhoods" (October 7, p. 26).

By and large, the media and politicians' pronouncements about drugs spread exaggerations, misinformation, and simplistic theories of cause and effect. They taught bad pharmacology, bad sociology, bad criminology, bad urban anthropology, and even bad history. During this time, some writers, journalists, commentators, TV and radio reports, news articles, and some whole publications provided thoughtful and accurate information about

drugs. But such good reports were vastly outnumbered by the misleading and false ones.

This was not the first time the press, politicians, and supposed medical and scientific "experts" in America have blamed an array of social problems on a drug and linked the drug with a "threatening" group. Indeed, American history has had more than its share of drug scares and antidrug crusades.

DEMON DRUGS AND DRUG SCARES IN U.S. HISTORY

The first, largest, and most influential of all antidrug crusades was the American temperance movement's campaign against "demon" alcohol. Indeed, the modern history of concern about "drugs," and of antidrug crusades, begins in America in the late eighteenth century and early nineteenth century with the temperance movement's battle against alcoholic drink. In effect, alcohol was "the first drug." It was the first substance to be regarded as inherently and inevitably addicting (just as heroin and crack are viewed today). It was the first drug to be the focus of a mass movement that sought to eliminate its use and prohibit its production and sale. It was the first drug to be regarded as causing violence and crime. It was the first drug to be blamed—scapegoated—for problems whose complicated origins lay in broader political and economic conditions. Throughout the nineteenth century and into the twentieth, the temperance or antialcohol movement claimed that alcoholic drink was responsible for most of the nation's poverty, crime, violence, mental illness, moral degeneracy, "broken" families, and individual and business failure. Temperance was an eminently respectable, mainstream, middle-class movement—the largest enduring movement of the nineteenth century (Levine, 1984).

In the first two decades of the twentieth century, America's new corporate elite increasingly joined with the middle-class supporters of temperance to create a new single-minded prohibitionist movement. Industrialization brought to America ever growing numbers of working-class and peasant immigrants with different cultural, religious, and drinking practices. The period between 1900 and 1920 was riddled with class, racial, cultural, and political conflict having little to do with drinking problems. As in the nineteenth century, alcohol was offered as a scapegoat; but, more than ever before, prohibition was offered as a panacea. Prohibitionists promised that a constitutional amendment banning alcohol would eliminate social problems, empty prisons and asylums, lower taxes, and ensure permanent prosperity.

Many corporate supporters of prohibition argued that working-class drinking interfered with the rhythms of the modern factory and thus with productivity and profits. To earlier fears of the barroom as a breeding

ground of immorality, prohibitionists added the idea of the saloon as alien and subversive. They argued that saloons were where unions organized, where socialists and anarchists found new recruits. For the corporate and political elite, and for much of the old business middle class and the new professional middle class, clamping down on drinking and saloons was part of a much broader strategy of social control—a quest for "order" at a moment when industrialization was transforming American life (Gusfield 1986; Levine, 1984, 1985, 1986; Rumbarger, 1989; Timberlake, 1963). Prohibitionists proudly claimed that the passage of the Eighteenth Amendment to the Constitution in 1919 was a blow against Bolshevism and anarchy and that it would usher in a kind of golden age. On January 16, 1920, the day before constitutional Prohibition went into effect, the evangelical preacher Billy Sunday articulated the utopian dream at the heart of temperance and prohibitionist ideology: "The rein of tears is over. The slums will soon be a memory. We will turn our prisons into factories and our jails into storehouses and corncribs. Men will walk upright now, women will smile and the children will laugh. Hell will be forever for rent" (in Kobler, 1973, p. 12).

Other demon drugs and drug scares have had similar roots and equally outrageous claims. The first law against opium smoking in the U.S. was much more the result of anti-Chinese agitation in California in the 1870s than it was of troublesome opium smoking. Chinese immigrants had been brought in as "coolies" to help build the railroad and work the mines. Some brought the practice of opium smoking with them. But when the railroad was completed and the gold ran out, recession set in. White workers found themselves competing with lower-paid Chinese workers for scarce jobs and viewed the Chinese as an economic threat. The campaign against *smoking* opium (but not against other, non-Chinese uses of opiates) included lurid, fictional newspaper accusations of Chinese men drugging white women into sexual slavery. The law against opium smoking was only one of several repressive laws designed, at least in part, to control the Chinese and thus assuage the economic *cum* xenophobic anxieties of whites (Morgan, 1978; Musto, 1973).

Broader political and racial issues were also factors in the first cocaine scare, which led to the first federal antidrug law, the Harrison Act of 1914. Just as the crack scare blossomed only after the practice of cocaine smoking spread to lower class, inner-city African-Americans and Latinos, so did class and racial fears fuel the first cocaine scare. At the turn of the century, the opiate addict population was shifting from white, middle-class, middle-aged women to younger, working-class men and other "disreputable" groups (Duster, 1970). Sensationalistic press accounts linked drug use with blacks, prostitutes, criminals, and transient workers. There was no evi-

dence that African-Americans used even as much cocaine as whites (Musto, 1973), and the actual number of opiate addicts was probably diminishing when the Harrison Act was being debated. Nonetheless, white politicians used race to incite public reaction against opiates and cocaine, at least in part for political purposes. For example, in an effort to overcome the objections of Southern congressmen to a federal drug law that might infringe on "states' rights," antidrug crusaders spread the myth that cocaine induced African-American men to rape white women (Musto, 1973, pp. 6–10, 67–68). Some Southern sheriffs even switched from .32 to .38 caliber pistols because they claimed that their old guns could not stop the "cocaine-crazed" Negro. As Yale medical historian David Musto has shown, this first cocaine scare was not primarily a response to cocaine use or opiate addiction, or to any drug-related crime wave. Rather, says Musto, it was animated by "white alarm" about "black rebellion" against segregation and oppression (Musto, 1973, p. 7).

Nearly a quarter of a century later, in 1937, Congress passed the Marijuana Tax Act. This first federal law against marijuana was the result of a "reefer madness" scare orchestrated by the quintessential moral entrepreneur, Harry Anslinger, a former Treasury agent who had enforced alcohol Prohibition and who was appointed chief of the Federal Bureau of Narcotics before repeal of Prohibition (Becker, 1963; Himmelstein, 1983). Before Anslinger began to paint marijuana as a great scourge, there was no evidence of widespread marijuana use and almost no coverage of marijuana in the press or public agitation for a clampdown (Becker, 1963; Grinspoon and Bakalar, 1993, p. 9). However, in the midst of the Great Depression, the bureau had endured four straight years of budget cuts, and opiates and cocaine had already been outlawed (Dickson, 1968). Anslinger circulated to newspapers and magazines across the nation alarming propaganda about how marijuana had caused a Texas hitchhiker to murder a motorist, a Florida youth to murder his entire family with an ax, and a West Virginia man to rape a nine-year-old girl. In addition to stirring general fears about crime, Anslinger relied on specific racial fears with his claims that marijuana made Mexicans in particular violent. He then told policy makers and all others who would listen that the use of this "killer weed" was spreading among Anglo youth, who would soon spread violence across society.

In the 1960s and 1970s, a new generation of drug warriors made marijuana the focus of a much broader crusade—not because it made users aggressive and violent but, in a curious way, because it *didn't*. These new crusaders did not view marijuana as the "killer weed," but rather as the "dropout drug" (see Himmelstein, 1983). They claimed that marijuana was "causing" youth to lose the achievement ethic and to become un-American (for example, by opposing the war in Vietnam). In this case, drug crusaders

regarded marijuana as a threat not because it was used by a "dangerous class," but because they believed it was turning an entire class of youth in a direction that dominant groups defined as "dangerous." In contrast to Anslinger's crusade thirty years earlier, this time there was substantial evidence of the widespread use of marijuana. However, virtually none of the claims about the horrid consequences of marijuana use were supported by evidence then or now (National Commission on Marijuana and Drug Abuse, 1972; National Research Council, 1982). Nor was evidence of ill effects the real issue. Here, too, a drug provided a useful symbol in an essentially political conflict between cultures and generations.

The anticrack frenzy of 1986 to 1992 was the latest in a long line of drug scares that were about more than drugs. In the next chapter, we lay out the ingredients in the crack scare in more detail. Like other demon drugs, crack became a scapegoat—it was blamed for a range of enduring and intensified urban problems that its use sometimes exacerbated but did *not* cause.

MORE THAN MOLECULES: SET, SETTING, AND THE SOCIOLOGY OF DRUGS

We began this book with a critical historical overview of demon drugs and drug scares to show some of the similarities between the crack scare and its predecessors. In the heat of the crack scare, policy makers, the media, and much of the public seemed to suffer from historical amnesia. For over a hundred years, U.S. drug policy has been forged by symbolic politics and special interests, by moral entrepreneurs and media magnification, and by efforts of dominant groups to control "threatening" others from different races and lower classes. These policies have not saved us from our drug-related problems. They have, however, pushed drug use into deviant subcultures and made users into criminals. They have added drug *policy*-related problems to our drug-related problems by creating a harm-maximizing context for drug use. In this book, we argue that this criminalized context has influenced how illicit drugs are used, by whom, what their effects are taken to mean, and to a significant degree even their behavioral consequences.

The idea that the social context of drug use has helped create our drug problems is heretical, but it is heretical largely because discourse about drugs in American culture is dominated by what we call *pharmacological determinism.* One cumulative consequence of our antidrug crusades and punitive policies has been a thoroughgoing demonization of drugs. This demonization invests the substances themselves with more power than they actually have. Citizens and scientists alike have been inculcated with

the notion that illicit drugs are inherently dangerous like contagious diseases. But drugs, unlike viruses, are not active agents; they are inert substances. They do not jump out of their containers and into people's bodies without the people in those bodies actively deciding to ingest them. Many Americans understand that drug abuse is more likely among some types of people and under some conditions than others. Yet, because of our history, American culture lacks a vocabulary with which people can speak about drugs in this more complicated, qualified way.

There is another way of thinking and talking about drugs that reveals more than malevolent molecules "causing" bad behavior. This perspective focuses on the psychological, sociological, and cultural factors shaping users' motives, experiences, and behaviors. Certainly pharmacology matters a great deal; crack is profoundly different than alcohol. But the pharmacological properties of a drug do not by themselves determine even a drug's effects, much less the behaviors that sometimes accompany those effects.

This perspective was most clearly formulated by the late Norman E. Zinberg, professor of psychiatry at Harvard Medical School. The basic premise of this theory of drug effects is that, in addition to the interaction between the molecules of the substance and the cells of the human body, drug effects are shaped by *the psychological mind-set of the user*—his or her expectations, mood, mental health, purposes, and personality—and by *the social setting of use*—the characteristics of the situation of use, the social conditions that shape such situations and impinge upon the users, and the historically and culturally specific meanings and motives used to interpret drug effects. All of us who contributed to this book have found that to understand crack and other drugs, we needed to employ this theoretical perspective.

In his book, *Drug, Set, and Setting*, Zinberg (1984, p. vii) wrote that after years of clinical and historical research on drug abuse and treatment, he had become convinced that "in order to understand how and why certain users had lost control," he "would have to tackle the all-important question of how and why many others had managed to achieve control and maintain it." Zinberg began to develop his theory in 1968 when he was on a Guggenheim Fellowship in Britain observing their heroin maintenance system, in which addicts were prescribed heroin by their doctors or special clinics. He found many addicts who functioned successfully and lived quite normal lives. He also found others who did not function well, but, unlike many American "junkies," even they were not engaging in crime or creating problems for anyone but themselves. Zinberg (1984, p. x) "came to understand that the differences between British and American addicts were attributable to their different social settings—that is, to the differing social and legal attitudes toward heroin in the two countries."

Dr. Zinberg also learned about the importance of set and setting in shaping the nature and consequences of drug use shortly after his return to the U.S. There was a new "terror" about a "heroin epidemic" coming from all the soldiers who used heroin in Vietnam. As a consultant to the U.S. Army, Zinberg visited Vietnam, studied the soldiers, and hypothesized that their heroin use was in part attributable to the social setting of a "destructive war environment" (1984, p. x). The army's generals rejected this understanding, but pathbreaking follow-up research on Vietnam veterans by Dr. Lee Robins demonstrated that nearly nine in ten of those who had been addicted to heroin in Vietnam had *not* become readdicted three years after returning to the U.S. (Robins, 1973; Robins et al., 1974). This was a landmark study because until that time drug researchers and heroin addicts alike had believed "once a junkie, always a junkie." Professor Zinberg went on to do further research on controlled heroin users that supported Robins's finding that heroin use did not inevitably lead to addiction and that showed the significance of psychological set and social setting in explaining why some become addicts while others remain controlled users.

Zinberg deserves credit for articulating the "drug, set, and setting" model, especially at a time when scientists and funding agencies were hostile to it, but he was not the only one to discover the importance of set and setting. Many other scholars also contributed to a more social-scientific understanding of drug use and abuse.[5] In 1947, Alfred R. Lindesmith discovered the crucial cognitive element in heroin addiction. His depth interviews with addicts about their drug careers showed that they became addicted *only after* they experienced withdrawal symptoms, recognized them as such, and then decided to ingest more heroin to relieve them. Without this shift in mind-set, heroin use alone did not always result in addiction.

Another early contributor to this perspective was Howard S. Becker. His classic text on deviant behavior, *Outsiders* (1963), contains two sections on marijuana that call analytic attention to sociohistorical, cultural, and social-psychological variables. "Becoming a Marijuana User," first published in a scholarly journal in 1953, followed Lindesmith's lead. Becker analyzed life history interviews with marijuana users and found that the marijuana high was not merely a reflex response of the human body and mind to the active ingredients in marijuana smoke. Rather, the high was *learned* in interaction with knowledgeable smokers. To be able to experience marijuana intoxication, neophyte users first had to learn how to smoke so they would ingest the active ingredients, then to recognize the initially ambiguous effects, and finally to interpret these as pleasurable. Only after people had taken all three of these steps successfully could they decide to become a "marijuana user." Becker's second piece explained how the construction of new rules and norms creates deviance. He traced how a "moral entrepreneur" orchestrated a crusade to criminalize marijuana in the 1930s. By

redefining marijuana as "the killer weed," criminalization changed the broad setting in which marijuana was understood and used thereafter.

A few years later Becker (1967) published a study of LSD-induced "psychotic episodes" that even more powerfully demonstrated the importance of set and setting. He drew upon the history of drugs to predict—accurately—that as more people tried LSD, there would be a lower rather than a higher incidence of "bad trips." Becker theorized that drugs produce a variety of effects, some of which can seem subjectively frightening, but that with experience users learn to focus on the positive or desired effects and not on others. This learning would occur because the number of experienced users would grow over time and a user culture would develop in which positive interpretations of the drug's effects would spread. As users came to learn and to teach each other what to expect from a drug, how to use it so as to minimize risks, and so forth, the drug-induced experience would be interpreted as positive rather than "going crazy." And so it was.[6]

Two years after Becker's article on LSD, the theory that drug effects had to do with learning and culture rather than just pharmacology received a major boost, this time from anthropological research on a legal drug. MacAndrew and Edgerton's (1969) classic study of drunken comportment across different cultures found that alcohol's effects on human behavior are highly independent of its effects on human physiology. Although drinking substantial quantities of alcohol always and everywhere eventually produces altered states of consciousness, the behavior of people in such states varies markedly according to the "limits" specific to each culture. In some cultures, alcohol use leads to aggression and sexual arousal, in other cultures, to one but not the other, and in still different societies, to neither. Americans tend to attribute much violent crime to alcohol use, but many other cultures do not. Despite the strong association between drinking and crime in the U.S., other societies have higher alcohol consumption and far less violent crime. Through MacAndrew and Edgerton's cross-cultural lens, one can see that the link between drinking and crime has more to do with American culture (setting) and character (set) than alcohol's direct chemical effects on the human organism.

The causal significance of set and setting also has since been demonstrated in a variety of laboratory experiments on the effects of alcohol. These showed that the mere *belief* that alcohol has been ingested is sufficient for the experience of altered consciousness and behavior culturally associated with drinking. These experiments have demonstrated that when people believe they have ingested alcohol (even when they have really ingested a placebo), they exhibit higher levels of sociability, aggression, or sexual arousal. Conversely, people who ingest real alcohol believing it to be a placebo often exhibit no behavioral change at all (see Critchlow, 1986, and Reinarman and Leigh, 1987, for reviews of this literature). This

point was nicely summarized by Robin Room in his introduction to *Drinking and Disinhibition,* a research monograph published by the National Institute on Alcohol Abuse and Alcoholism:

> In recent years evidence has been building up from a number of disciplinary areas to suggest that the link between alcohol and disinhibition is a matter of cultural belief rather than of pharmacological action. Alcohol is certainly a psychoactive drug; we feel different when drunk than when sober. But how we interpret those feelings, and in particular how we act on them, is largely determined by culture and circumstance; thus what is pharmacologically the same drug can make us aggressive or passive, ebullient or morose, frenetic or immobile. In this view, psychoactivity does not determine whether behavior is disinhibited or controlled: it simply provides an empty vessel of altered consciousness for culture, circumstance, and personality to load with meanings and explanations. (Room and Collins, 1983, pp. v-vi)

One need not resort to rigorous laboratory experiments to understand the influence of set and setting on drug effects. With respect to users' psychological sets, for example, our students report that at their "keggers" or beer parties, everyone gets high on the same beer, but a few people end up dancing on tabletops, one or two others might quietly cry in the corner, and most just dance, talk, and flirt. With respect to the social settings of use, most people have noticed that two drinks at a New Year's Eve party have very different effects than the same two drinks at a relative's wake. Most people understand from their own everyday experience that the felt effects and behavioral consequences of a drug vary according to how users' psychological sets interact with the social settings of their drug use. The mindset and drinking patterns of an office worker joining her colleagues for a beer after work are quite different from those of a bored, alienated, sixteen-year-old high school dropout using malt liquor to get through the day. But because of America's long history of drug demonization and pharmacological determinism, public debate and policy do not usually consider the social and psychological effects of set and setting.

In the case of crack cocaine, the most important psychological sets and social settings are the ones shaped by poverty, racism, and the range of other human troubles that flow from them. We do not mean by this that cocaine smoking has not occurred among the white and the affluent; indeed, the forerunner of crack, freebasing, first became widely known because it was associated with rock stars and Hollywood celebrities. As we note in Chapter 4, there is no doubt that there was considerable experimentation with and even some heavy use of crack and freebase by some white affluent suburbanites in the 1980s. In this book, we emphasize the distinctive mind-sets and settings of the inner-city poor because heavy

crack use has been highly concentrated among and most consequential for them. Further, it was the use and sales of crack by young, urban African-Americans and Latinos that animated the crack scare and much of the drug war's imagery.

All forms of licit and illicit drug use, abuse, and addiction can be found in all classes, races, and regions. The sociology of set and setting is just as important for understanding why white youth find LSD a temporary antidote to suburbia's spiritual impoverishment, why stressed-out affluent professionals savor an MDMA or "ecstasy" trip as if it were a chemically induced Club Med weekend, and why so many American men of all classes and races assault or batter women after drinking alcohol. But whatever constellations of sets and settings shape drug use among the broad middle strata of the U.S. population, these people tend to be employed and ensconced in lives that anchor them in the conventional order. Middle-class people whose lives become too difficult often have psychiatrists who prescribe them antidepressants like Prozac. When middle-class Americans become addicted, they have many more resources to use to pull themselves out of trouble and many more opportunities to make a successful life. When some middle-class Americans began having trouble with cocaine freebase in the early 1980s, for example, treatment industry entrepreneurs expanded their services to help them stabilize their lives.

By contrast, the inner-city poor and working class are far less often employed and more often live at the margins of the conventional order. When their lives become too difficult, they rarely have psychiatrists, but they sometimes self-medicate, escape, or seek moments of intense euphoria with what might be called anti*despondents,* such as crack. When some of them become addicted, they have far fewer resources to use to pull themselves out of trouble and far fewer opportunities to make a successful life (Harrell and Peterson, 1992). And when some of the inner-city poor began having trouble with crack, politicians declared a drug war that did *not* help them stabilize their lives.

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We have sketched this alternative theoretical framework because the drug war rhetoric and scare stories of politicians and the media have consistently attributed devastating consequences to crack, as if these consequences flowed directly from its molecular structure. Such rhetoric squeezes out of public discourse any serious consideration of the social, cultural, economic, and psychological variables that are essential for understanding drug use and its behavioral consequences. If we are to forge more effective and humane responses to our drug problems, then we must move beyond demonization and pharmacological determinism. What we

have called the drug, set, and setting perspective is the best theoretical sensibility we have found for this difficult task, and it informs each of the chapters in this book.

From the beginning, we, as editors, conceived of this book as a kind of expert commission report. We asked prominent drug scholars in a variety of fields to write chapters on various dimensions of the crack problem. Understanding all the issues raised by the crack crisis was beyond any one or two individual scientists. There is simply too much to know, too much research to be done. We designed this book to have a thematic and conceptual unity that is uncommon in edited collections. This is in large part because we and so many of our fellow contributors have worked out our ideas together over the years, shared leads and findings, tested hunches, and arrived at the sociological understanding of drugs outlined previously. All the contributors agree about the central role played by poverty and racism in shaping the sets and settings that created the crack crisis, and all believe that American drug policy can be both more effective and more humane.

NOTES

1. Scares have not been limited to drugs and communists. For example, in 1920, there was a ouija board scare of several months duration that shared some characteristics with the crack scare. Newspapers spoke of "a wave of insanity" caused by ouija boards that had grown to "national prominence." A typical front-page article in the *San Francisco Chronicle* read, "Breaking into a house at El Cerrito, . . . police officers yesterday took into custody several persons who had become insane from playing with ouija boards." It seems a fifteen-year-old girl had used the board to "induce unknown power" over the others (March 4, 1920, p. 1). Two days later in another raid, other "victims," including a policeman, were found to have been transformed "from a state of normality to that of madness" under the influence of this parlor game. In a fit of what appeared to be superhuman strength usually attributed to a drug, the policeman had "knocked down two guards," escaped, hijacked a car, and "dashed into the Central National Bank in a nude condition" (*San Francisco Chronicle,* March 6, 1920, p. 1). Before the ouija board scare had run its course, many others had been arrested and jailed or committed to asylums, and "experts" held serious discussions about "abolishing 'seances' " (*San Francisco Examiner,* March 7, 1920, p. 1). For an excellent theoretical analysis of such scares, see Goode and Ben-Yehuda (1994).

2. See, for example, Fagan (1992) for a strong empirical study showing that the youth drawn into crack and other drug sales in "distressed neighborhoods" were not drawn away from legal employment into the crack economy. Rather, most were unemployed and lacked the "human capital" necessary to break into the legal labor market. Thus, for these youth, the drug world provided economic opportunity as well as recreation.

3. From interviews conducted by Pat O'Hare and Peter McDermott, personal communication.

4. When we have pointed out to journalists these sorts of exaggerated and distorted claims, they have often defended their colleagues by saying that such sentiments were merely journalistic hyperbole. But these statements are not hyperbole. Hyerbole is a rhetorical device employing exaggeration that lets the audience in on the joke—for example, saying that the ice cream was "piled a mile high." Statements that the drug "plague is all but universal," that crack is "instantaneously addicting," and that crack is "all over the place" in affluent suburbs earnestly reported as fact what was actually fiction.

5. Although we have drawn in particular on Zinberg's theoretical formulation, we have also benefited greatly from many other scholars whose research on drugs fits within and has contributed to this perspective. They are too numerous to name, but we cite them throughout this book. Deserving of special mention in this regard is Zinberg's Harvard Medical School colleague, Professor Lester Grinspoon, M.D. See especially his book, *Cocaine: A Drug and Its Social Evolution* (1976), coauthored with James Bakalar.

6. Bunce (1982) subsequently tested Becker's prediction with data on the prevalence of "bad trips" on LSD and found it correct. Bunce also added the useful insight that the extraordinarily conflicting accounts of LSD's effects (*e.g.*, insanity producing vs. mind expanding) helped create a cultural setting and psychological sets that increased the likelihood of such "bad trips."

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