

## The Crack Attack

### Politics and Media in the Crack Scare

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*America discovered crack and overdosed on oratory.*

—*New York Times*  
(Editorial, October 4, 1988)

This *New York Times* editorial had a certain unintended irony, for “America’s paper of record” itself had long been one of the leading orators, supplying a steady stream of the stuff on which the nation had, as they put it, “overdosed.” Irony aside, the editorial hit the mark. The use of powder cocaine by affluent people in music, film, sports, and business had been common since the 1970s. According to surveys by the National Institute on Drug Abuse (NIDA), by 1985, more than twenty-two million Americans in all social classes and occupations had reported at least trying cocaine. Cocaine smoking originated with “freebasing,” which began increasing by the late 1970s (see Inciardi, 1987; Siegel, 1982). Then (as now) most cocaine users bought cocaine hydrochloride (powder) for intranasal use (snorting). But by the end of the 1970s, some users had begun to “cook” powder cocaine down to crystalline or “base” form for smoking. All phases of freebasing, from selling to smoking, took place most often in the privacy of homes and offices of middle-class or well-to-do users. They typically purchased cocaine in units of a gram or more costing \$80 to \$100 a gram. These relatively affluent “basers” had been discovering the intense rush of smoking cocaine, as well as the risks, for a number of years before the term “crack” was

coined. But most such users had a stake in conventional life. Therefore, when they felt their cocaine use was too heavy or out of control, they had the incentives and resources to cut down, quit, or get private treatment.

There was no orgy of media and political attention in the late 1970s when the prevalence of cocaine use jumped sharply, or even after middle-class and upper-class users began to use heavily, especially when freebasing. Like the crack users who followed them, basers had found that this mode of ingesting cocaine produced a much more intense and far shorter “high” because it delivered more pure cocaine into the brain far more directly and rapidly than by snorting. Many basers had found that crack’s intense, brutally brief rush, combined with the painful “low” or “down” that immediately followed, produced a powerful desire immediately to repeat use—to binge (Waldorf et al., 1991).

Crack’s pharmacological power alone does not explain the attention it received. In 1986, politicians and the media focused on crack—and the drug scare began—when cocaine smoking became visible among a “dangerous” group. Crack attracted the attention of politicians and the media because of its downward mobility to and increased visibility in ghettos and barrios. The new users were a different

social class, race, and status (Duster, 1970; Washton and Gold, 1987). Crack was sold in smaller, cheaper, precooked units, on ghetto streets, to poorer, younger buyers who were already seen as a threat (e.g., *New York Times*, August 30, 1987; *Newsweek*, November 23, 1987; *Boston Globe*, May 18, 1988). Crack spread cocaine smoking into poor populations already beset with a cornucopia of troubles (Wilson, 1987). These people tended to have fewer bonds to conventional society, less to lose, and far fewer resources to cope with or shield themselves from drug-related problems.

The earliest mass media reference to the new form of cocaine may have been a *Los Angeles Times* article in late 1984 (November 25, p. c1) on the use of cocaine “rocks” in ghettos and barrios in Los Angeles. By late 1985, the *New York Times* made the national media’s first specific reference to “crack” in a story about three teenagers seeking treatment for cocaine abuse (November 17, p. B12). At the start of 1986, crack was known only in a few impoverished neighborhoods in Los Angeles, New York, Miami, and perhaps a few other large cities. . . .

### **The Frenzy: Cocaine and Crack in the Public Eye**

When two celebrity athletes died in what news stories called “crack-related deaths” in the spring of 1986, the media seemed to sense a potential bonanza. Coverage skyrocketed and crack became widely known. “Dramatic footage” of black and Latino men being carted off in chains, or of police breaking down crack house doors, became a near nightly news event. In July 1986 alone, the three major TV networks offered seventy-four evening news segments on drugs, half of these about crack (Diamond et al., 1987; Reeves and Campbell, 1994). In the months leading up to the November elections, a handful of national newspapers and magazines produced roughly

a thousand stories discussing crack (Inciardi, 1987, p. 481; Trebach, 1987, pp. 6–16). Like the TV networks, leading news magazines such as *Time* and *Newsweek* seemed determined not to be outdone; each devoted five cover stories to crack and the “drug crisis” in 1986 alone.

In the fall of 1986, the CBS news show *48 Hours* aired a heavily promoted documentary called “48 Hours on Crack Street,” which Dan Rather previewed 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.” Among many shots from hidden cameras was one of New York Senator Alphonse D’Amato and then-U.S. Attorney Rudolf Guiliani, incognito, purchasing crack to dramatize the brazenness of street corner sales in the ghetto. All this was good business for CBS: the program earned the highest Nielsen rating of any similar news show in the previous five years—fifteen million viewers (Diamond et al., 1987, p. 10). Three years later, after poor ratings nearly killed *48 Hours*, the show kicked off its season with a three-hour special, “Return to Crack Street.”

The intense media competition for audience shares and advertising dollars spawned many similar shows. Three days after “48 Hours on Crack Street,” NBC ran its own prime-time special, “Cocaine Country,” which suggested that cocaine and crack use had become pandemic. This was one of dozens of separate stories on crack and cocaine produced by NBC alone—an unprecedented fifteen hours of air time—in the seven months leading up to the 1986 elections (Diamond et al., 1987; Hoffman, 1987). By mid-1986, *Newsweek* claimed that crack was the biggest story since Vietnam and Watergate (June 15, p. 15), and *Time* soon followed by calling crack “the Issue of the Year” (September 22, 1986, p. 25). The words “plague,” “epidemic,” and “crisis” had become routine. The *New York Times*, for example, did a three-part, front-page

series called “The Crack Plague” (June 24, 1988, p. A1).

The crack scare began in 1986, but it waned somewhat in 1987 (a nonelection year). In 1988, drugs returned to the national stage as stories about the “crack epidemic” again appeared regularly on front pages and TV screens (Reeves and Campbell, 1994). One politician after another reenlisted in the War on Drugs. In that election year, as in 1986, overwhelming majorities of both houses of Congress voted for new antidrug laws with long mandatory prison terms, death sentences, and large increases in funding for police and prisons. The annual federal budget for antidrug efforts surged from less than \$2 billion in 1981 to more than \$12 billion in 1993. The budget for the Drug Enforcement Administration (DEA) quadrupled between 1981 and 1992 (Massing, 1993). The Bush administration alone spent \$45 billion—more than all other presidents since Nixon combined—mostly for law enforcement (Horgan, 1993; Office of National Drug Control Policy, 1992). . . .

An April 1988 ABC News special report termed crack “a plague” that was “eating away at the fabric of America.” According to this documentary, Americans spend “\$20 billion a year on cocaine,” American businesses lose “\$60 billion” a year in productivity because their workers use drugs, “the educational system is being undermined” by student drug use, and “the family” is “disintegrating” in the face of this “epidemic.” This program did not give its millions of viewers any evidence to support such dramatic claims, but it did give them a powerful *vocabulary of attribution*: “drugs,” especially crack, threatened all the central institutions in American life—families, communities, schools, businesses, law enforcement, even national sovereignty.

This media frenzy continued into 1989. Between October 1988 and October 1989, for example, the *Washington Post* alone ran 1,565

stories—28,476 column inches—about the drug crisis. Even Richard Harwood (1989), the *Post*’s own ombudsman, editorialized against what he called the loss of “a proper sense of perspective” due to such a “hyperbole epidemic.” He said that “politicians are doing a number on people’s heads.” In the fall of 1989, another major new federal antidrug bill to further increase drug war funding (S-1233) began winding its way through Congress. In September, President Bush’s “drug czar,” William Bennett, unveiled his comprehensive battle plan, the *National Drug Control Strategy*. His introduction asks, “What . . . accounts for the intensifying drug-related chaos that we see every day in our newspapers and on television? One word explains much of it. That word is *crack*. . . Crack is responsible for the fact that vast patches of the American urban landscape are rapidly deteriorating” (The White House, 1989, p. 3, original emphasis). . . .

On September 5, 1989, President Bush, speaking from the presidential desk in the Oval Office, announced his plan for achieving “victory over drugs” in his first major prime-time address to the nation, broadcast on all three national television networks. We want to focus on this incident as an example of the way politicians and the media systematically misinformed and deceived the public in order to promote the War on Drugs. During the address, Bush held up to the cameras a clear plastic bag of crack labeled “EVIDENCE.” He announced that it was “seized a few days ago in a park across the street from the White House” (*Washington Post*, September 22, 1989, p. A1). Its contents, Bush said, were “turning our cities into battle zones and murdering our children.” The president proclaimed that, because of crack and other drugs, he would “more than double” federal assistance to state and local law enforcement (*New York Times*, September 6, 1989, p. A11). The next morning the picture of the president holding a bag of crack was on the front pages of newspapers across America.

About two weeks later, the *Washington Post*, and then National Public Radio and other newspapers, discovered how the president of the United States had obtained his bag of crack. According to White House and DEA officials, “the idea of the President holding up crack was [first] included in some drafts” of his speech. Bush enthusiastically approved. A White House aide told the *Post* that the president “liked the prop. . . . It drove the point home.” Bush and his advisors also decided that the crack should be seized in Lafayette Park across from the White House so the president could say that crack had become so pervasive that it was being sold “in front of the White House” (Isikoff, 1989).

This decision set up a complex chain of events. White House Communications Director David Demarst asked Cabinet Affairs Secretary David Bates to instruct the Justice Department “to find some crack that fit the description in the speech.” Bates called Richard Weatherbee, special assistant to Attorney General Dick Thornburgh, who then called James Milford, executive assistant to the DEA chief. Finally, Milford phoned William McMullen, special agent in charge of the DEA’s Washington office, and told him to arrange an undercover crack buy near the White House because “evidently, the President wants to show it could be bought anywhere” (Isikoff, 1989).

Despite their best efforts, the top federal drug agents were not able to find anyone selling crack (or any other drug) in Lafayette Park, or anywhere else in the vicinity of the White House. Therefore, in order to carry out their assignment, DEA agents had to entice someone to come to the park to make the sale. Apparently, the only person the DEA could convince was Keith Jackson, an eighteen-year-old African-American high school senior. McMullen reported that it was difficult because Jackson “did not even know where the White House was.” The DEA’s secret tape recording of the conversation revealed that the

teenager seemed baffled by the request: “Where the [expletive deleted] is the White House?” he asked. Therefore, McMullen told the *Post*, “we had to manipulate him to get him down there. It wasn’t easy” (Isikoff, 1989).

The undesirability of selling crack in Lafayette Park was confirmed by men from Washington, D.C., imprisoned for drug selling, and interviewed by National Public Radio. All agreed that nobody would sell crack there because, among other reasons, there would be no customers. The crack-using population was in Washington’s poor African-American neighborhoods some distance from the White House. The *Washington Post* and other papers also reported that the undercover DEA agents had not, after all, actually seized the crack, as Bush had claimed in his speech. Rather, the DEA agents purchased it from Jackson for \$2,400 and then let him go.

This incident illustrates how a drug scare distorts and perverts public knowledge and policy. The claim that crack was threatening every neighborhood in America was not based on evidence; after three years of the scare, crack remained predominantly in the inner cities where it began. Instead, this claim appears to have been based on the symbolic political value seen by Bush’s speech writers. When they sought, after the fact, to purchase their own crack to prove this point, they found that reality did not match their script. Instead of changing the script to reflect reality, a series of high-level officials instructed federal drug agents to *create* a reality that would fit the script. Finally, the president of the United States displayed the procured prop on national television. Yet, when all this was revealed, neither politicians nor the media were led to question the president’s policies or his claims about crack’s pervasiveness.

As a result of Bush’s performance and all the other antidrug publicity and propaganda, in 1988 and 1989, the drug war commanded more public attention than any other issue.

The media and politicians' antidrug crusade succeeded in making many Americans even more fearful of crack and other illicit drugs. A *New York Times/CBS News* poll has periodically asked Americans to identify "the most important problem facing this country today." In January 1985, 23% answered war or nuclear war; less than 1% believed the most important problem was drugs. In September 1989, shortly after the president's speech and the blizzard of drug stories that followed, 64% of those polled believed that drugs were now the most important problem, and only 1% thought that war or nuclear war was most important. Even the *New York Times* declared in a lead editorial that this reversal was "incredible" and then gently suggested that problems like war, "homelessness and the need to give poor children a chance in life" should perhaps be given more attention (September 28, 1989, p. A26).

A year later, during a lull in antidrug speeches and coverage, the percentage citing "drugs" as the nation's top problem had dropped to 10%. Noting this "precipitous fall from a remarkable height," the *Times* observed that an "alliance of Presidents and news directors" shaped public opinion about drugs. Indeed, once the White House let it be known that the president would be giving a prime-time address on the subject, all three networks tripled their coverage of drugs in the two weeks prior to his speech and quadrupled it for a week afterward (*New York Times*, September 6, 1990, p. A11; see also Reeves and Campbell, 1994). All this occurred while nearly every index of drug use was dropping.

The crack scare continued in 1990 and 1991, although with somewhat less media and political attention. By the beginning of 1992—the last year of the Bush administration—the War on Drugs in general, and the crack scare in particular, had begun to decline significantly in prominence and importance. However, even as the drug war was receiving

less notice from politicians and the media, it remained institutionalized, bureaucratically powerful, and extremely well funded (especially police, military, and education/propaganda activities).

From the opening shots in 1986 to President Bush's national address in 1989, and through all the stories about "crack babies" in 1990 and 1991, politicians and the media depicted crack as supremely evil—the most important cause of America's problems. As recently as February of 1994, a prominent *New York Times* journalist repeated the claim that "An entire generation is being sacrificed to [crack]" (Staples, 1994). As in all drug scares since the nineteenth-century crusade against alcohol, a core feature of drug war discourse is the *routinization of caricature*—worst cases framed as typical cases, the episodic rhetorically recrafted into the epidemic.

### Official Government Evidence

On those rare occasions when politicians and journalists cited statistical evidence to support their claims about the prevalence of crack and other drug use, they usually relied on two basic sources, both funded by the National Institute on Drug Abuse. One was the Drug Abuse Warning Network (DAWN), a monitoring project set up to survey a sample of hospitals, crisis and treatment centers, and coroners across the country about drug-related emergencies and deaths. The other was the National Household Survey on Drug Abuse among general population households and among young people. Other data sources existed, but these usually were either anecdotal, specific to a particular location, or based on a skewed sample. Therefore, we review what these two NIDA data sources had to say about crack because they were the only national data and because they are still considered by experts and claims makers to be the most reliable form of evidence available.

## The Drug Abuse Warning Network

DAWN collects data on a whole series of drugs—from amphetamine to aspirin—that might be present in emergencies or fatalities. These data take the form of “mentions.” A drug mention is produced when a patient, or someone with a patient, tells attending medical personnel that the patient recently used the drug, or occasionally, if a blood test shows the presence of the drug. These data provided perhaps the only piece of statistical support for the crack scare. They indicated that cocaine was “mentioned” in an increasing number of emergency room episodes in the 1980s. During 1986, as the scare moved into full swing, there were an estimated 51,600 emergency room episodes in which cocaine was mentioned (NIDA, 1993a). In subsequent years, the estimated number of such mentions continued to rise, providing clear cause for concern. By 1989, for example, the estimated number of emergency room episodes in which cocaine was mentioned had more than doubled to 110,000. Although the estimate dropped sharply in 1990 to 80,400, by 1992, it had risen again to 119,800 (NIDA, 1993a).

Unfortunately, the meaning of a mention is ambiguous. In many of these cases, cocaine was probably incidental to the emergency room visit. Such episodes included routine cases in which people went to emergency rooms, for example, after being injured as passengers in auto accidents and in home accidents. Moreover, in most cases, cocaine was only one of the drugs in the person’s system; most people had also been drinking alcohol. Finally, the DAWN data do not include information about preexisting medical or mental health conditions that make any drug use, legal or illegal, more risky. For all these reasons, one cannot properly infer direct cause from the estimates of emergency room mentions. Cocaine did play a causal role in many of these emergency cases, but no one knows how many or what proportion of the total they were.

The DAWN data on deaths in which cocaine was mentioned by medical examiners also must be closely examined. When the crack scare got under way in 1986, coroners coded 1,092 deaths as “cocaine related” (NIDA, 1986a), and as crack spread, this number, too, increased substantially. In 1989, the secretary of health and human services reported a 20% decline in both deaths and emergency room episodes in which cocaine was mentioned, but both indices rose again in 1991 and 1992. The 1992 DAWN figures showed 3,020 deaths in which cocaine was mentioned (NIDA, 1992).

But cocaine *alone* was mentioned in only a fraction of these deaths; in 1986, for example, in less than one in five (NIDA, 1986a). In most of these cases, cocaine had been used with other drugs, again, most often alcohol. Although any death is tragic, cocaine’s role in such fatalities remains ambiguous. “Cocaine related” is not the same as “cocaine caused,” and “cocaine-related deaths” does not mean “deaths *due to* cocaine.” There is little doubt that cocaine contributes to some significant (but unknown) percentage of such deaths. But journalists, politicians, and most of the experts on whom they relied never acknowledged the ambiguities in the data. Nor did they commonly provide any comparative perspective. For example, for every *one* cocaine-related death in the U.S., there have been approximately two hundred tobacco-related deaths and at least fifty alcohol-related deaths. Seen in this light, cocaine’s role in mortality and morbidity was substantially less than media accounts and political rhetoric implied.

More serious interpretive and empirical difficulties appeared when the DAWN data were used to support claims about crack. Despite all the attention paid to the crack “plague” in 1986, when crack was allegedly “killing a whole generation,” the DAWN data contained *no specific information on crack* as distinct from cocaine. In fact, the DAWN data show that in the vast majority of both emergencies and

deaths in which cocaine received a mention, the mode of ingestion of cocaine was *not* “smoking” and therefore could not have been caused by crack. Thus, although it is likely that crack played a role in some of the emergencies and deaths in which cocaine was “mentioned,” the data necessary to attribute them accurately to crack did not exist.

### NIDA Surveys

The NIDA-sponsored surveys of drug use produce the data that are the statistical basis of all estimates of the prevalence of cocaine and other drug use. One of the core claims in the crack scare was that drug use among teenagers and young adults was already high and that it was growing at an alarming rate. Although politicians and the media often referred to teen drug use as an “epidemic” or “plague,” the best official evidence available at the time did not support such claims. The National Household Survey on Drug Abuse surveys over eight thousand randomly selected households each year. These surveys show that the number of Americans who had used any illegal drug in the previous month began to decline in 1979, and in the early years of the crack scare, use of drugs, including cocaine, continued to decline (*New York Times*, September 24, 1989, p. A1; *Newsweek*, February 19, 1990, p. 74). Lifetime prevalence of cocaine use among young people (the percentage of those twelve through twenty-five years old who had “ever” tried it) peaked in 1982, *four years before the scare began*, and continued to decline after that (NIDA, 1991, p. 14). The sharpest rise in lifetime prevalence among young adults had taken place between 1972 and 1979; it produced no claims of an epidemic or plague by politicians and journalists (Johnston et al., 1988; NIDA, 1986b).

In February 1987, NIDA released the results of its 1986 annual survey of high school seniors. The *New York Times* handling of the

story shows how even the most respectable media institutions sometimes skew facts about drug use to fit a story line. In the article’s “lead,” the *Times* announced a rise in the percentage of high school seniors reporting “daily” use of cocaine. Only later did one learn that this had risen very slightly and, more important for evaluating claims of a “plague,” that daily use among seniors had now reached 0.4%. Daily crack use, even by this fraction of 1% of high school seniors, is surely troubling, but it hardly constituted a new drug epidemic or plague. Still later in the story, the *Times* presented a table showing other declines in cocaine use by young adults and high school seniors. Indeed, as the *Times* noted toward the end of its piece, virtually all forms of teenage drug use (including marijuana, LSD, and heroin) had declined—as they had in previous years (*New York Times*, February 24, 1987, p. A21; cf. Johnston et al., 1988; NIDA, 1991).

Two leading NIDA scholars, reporting in 1986 on the results of the household survey in *Science* magazine, wrote that “both annual prevalence and current prevalence [of all drug use] among college students and the total sample up to four years after high school has been relatively stable between 1980 and 1985” (Kozel and Adams, 1986, p. 973). The director of NIDA’s high school surveys, Dr. Lloyd Johnston, made a similar point in 1987: “To some degree the fad quality of drugs has worn off” (*New York Times*, February 24, 1987, p. A21). When the findings of the high school senior survey for 1987 were released, the survey’s director reported that “the most important” finding was that cocaine had again “showed a significant drop in use.” He even reported a decline in the use of crack (Johnston et al., 1988).

These reported declines were in keeping with the general downward trend in drug use. In the early 1980s, according to the NIDA surveys, about one in six young Americans had tried cocaine powder. But between 1986 and

1987, the proportion of both high school seniors and young adults who had used cocaine in any form in the previous year dropped by 20% (Johnston et al., 1988). Further, two-thirds of those who had ever tried cocaine had not used it in the previous month. Although a significant minority of young people had tried cocaine powder at some point, the great majority of them did not continue to use it.

There had been a few signs of increasing cocaine use. The proportion of youngsters who reported using cocaine at least once in the previous month had increased slightly over the years, although it never exceeded 2% of all teens in the seven national household surveys between 1972 and 1985. The 1988 NIDA household survey found an increase in the number of adult daily users of cocaine, presumably the group that included crack addicts. But this group constituted only about 1.3% of those adults who had ever used cocaine. NIDA also estimated that about 0.5% of the total U.S. adult population had used cocaine in the week prior to the survey (NIDA, 1988).

But aside from these few slight increases, almost all other measures showed that the trends in official drug use statistics had been down even before the scare began. . . . The figures for cocaine use in particular were dropping just as crisis claims were reaching a crescendo, and had dropped still further precisely when the Bush/Bennett battle plan was being announced with such fanfare in 1989. Indeed, as White House officials anonymously admitted a few weeks after the president's "bag of crack" speech, the new plan's "true goals" were far more modest than its rhetoric: the Bush plan was "simply to move the nation 'a little bit' beyond where current trends would put it anyway" (*New York Times*, September 24, 1989, p. A1).

### National Survey Data on Crack

Tom Brokaw reported on *NBC Nightly News* in 1986 (May 23) that crack was "flooding

America" and that it had become "America's drug of choice." His colleagues at the other networks and in the print media had made similar claims. An ordinarily competent news consumer might well have gathered the impression that crack could be found in the lockers of most high school students. Yet, at the time of these press reports, *there were no prevalence statistics at all on crack* and no evidence of any sort showing that smoking crack had become the preferred mode even of cocaine use, much less of drug use.

When NIDA released the first official data on crack a few months later, they still did not support claims about widespread crack use. On the contrary, the NIDA survey found that most cocaine use could not have been crack because the preferred mode of use for 90% of cocaine users was "sniffing" rather than smoking (NIDA, 1986a; see also Inciardi, 1987). An all-but-ignored Drug Enforcement Administration press release issued in August 1986, during the first hysterical summer of the crack scare, sought to correct the misperception that crack use was now the major drug problem in America. The DEA said, "Crack is currently the subject of considerable media attention. . . . The result has been a distortion of the public perception of the extent of crack use as compared to the use of other drugs. . . . [Crack] presently appears to be a secondary rather than primary problem in most areas" (Drug Enforcement Administration, cited in Diamond et al., 1987, p. 10; Inciardi, 1987, p. 482).

The first official measures of the prevalence of teenage crack use began with NIDA's 1986 high school survey. It found that 4.1% of high school seniors reported having *tried* crack (at least once) in the previous year. This figure dropped to 3.9% in 1987 and to 3.1% in 1988, a 25% decline (Johnston et al., 1988; *National Report on Substance Abuse*, 1994, p. 3). This means that at the peak of crack use, 96% of America's high school seniors had never tried crack, much less gone on to more regular use,



abuse, or addiction. Any drug use among the young is certainly worrisome, particularly when in such an intense form as crack. However, at the start of the crusade to save “a whole generation” of children from death by crack in the spring of 1986, the latest official data showed a national total of eight “cocaine-related” deaths of young people age eighteen and under for the preceding year (Trebach, 1987, p. 11). There was no way to determine whether any of these deaths involved crack use or even if cocaine was in fact the direct cause.

In general, the government’s national surveys indicate that a substantial minority of teenagers and young adults experiment with illicit drugs. But as with other forms of youthful deviance, most tend to abandon such behavior as they assume adult roles. Politicians, the media, and antidrug advertisements often claimed that cocaine is inevitably addicting but that crack is still worse because it is “instantaneously addicting.” However, according to the official national surveys, two-thirds of Americans of all ages who had ever tried cocaine had not used it in the month prior to the surveys. It is clear that the vast majority of the more than twenty-two million Americans who have tried cocaine do not use it in crack form, do not escalate to regular use, and do not end up addicted. . . .

In sum, the official evidence on cocaine and crack available during the crack scare gave a rather different picture than Americans received from the media and politicians. The sharp rise in mentions of cocaine in emergency room episodes and coroners’ reports did offer cause for concern. But the best official evidence of drug use never supported the claims about an “epidemic” or “plague” throughout America or about “instantaneous addiction.” Moreover, as media attention to crack was burgeoning, the actual extent of crack use was virtually unknown, and most other official measures of cocaine use were actually decreasing. Once crack use was actually measured, its

prevalence turned out to be low to start with and to have declined throughout the scare (*National Report on Substance Abuse*, 1994, p. 3).

### Crack as an Epidemic and Plague

The empirical evidence on crack use suggests that politicians and journalists have routinely used the words “epidemic” and “plague” imprecisely and rhetorically as words of warning, alarm, and danger. Therefore, on the basis of press reports, it is difficult to determine if there was any legitimacy at all in the description of crack use as an epidemic or plague. Like most other drug researchers and epidemiologists, we have concluded that crack addiction has never been anything but relatively rare across the great middle strata of the U.S. population. If the word “epidemic” is used to mean a disease or diseaselike condition that is “widespread” or “prevalent,” then there has never been an epidemic of crack addiction (or even crack use) among the vast majority of Americans. Among the urban poor, however, especially African-American and Latino youth, heavy crack use has been more common. An “epidemic of crack use” might be a description of what happened among a distinct minority of teenagers and young adults from impoverished urban neighborhoods in the mid to late 1980s. However, many more people use tobacco and alcohol heavily than use cocaine in any form. Alcohol drinking and tobacco smoking each kills far more people than all forms of cocaine and heroin use combined. Therefore, “epidemic” would be more appropriate to describe tobacco and alcohol use. But politicians and the media have not talked about tobacco and alcohol use as epidemics or plagues. The word “epidemic” also can mean a rapidly spreading disease. In this precise sense as well, in inner-city neighborhoods, crack use may have been epidemic (spreading rapidly) for a few years among impoverished young African-Americans and

Latinos. However, crack use was never spreading fast or far enough among the general population to be termed an epidemic there.

“Plague” is even a stronger word than epidemic. Plague can mean a “deadly contagious disease,” an epidemic “with great mortality,” or it can refer to a “pestilence,” an “infestation of a pest, [e.g.,] a plague of caterpillars.” Crack is a central nervous system stimulant. Continuous and frequent use of crack often burns people out and does them substantial psychological and physical harm. But even very heavy use does not usually directly kill users. In this sense, crack use is not a plague. One could say that drug dealers were “infesting” some blocks of some poor neighborhoods in some cities, that there were pockets of plague in some specific areas; but that was not how “crack plague” was used.

When evaluating whether the extent and dangers of crack use match the claims of politicians and the media, it is instructive to compare how other drug use patterns are discussed. For example, an unusually balanced *New York Times* story (October 7, 1989, p. 26) compared crack and alcohol use among suburban teenagers and focused on the middle class. The *Times* reported that, except for a few “urban pockets” in suburban counties, “crack and other narcotics are rarely seen in the suburbs, whether modest or wealthy.” . . .

The *Times* also reported that high school seniors were outdrinking the general adult population. Compared to 64% of teenagers, only 55% of adults had consumed alcohol in the last month. Furthermore, teenagers have been drinking more than adults since at least 1972, when the surveys began. Even more significant is the *kind* of drinking teenagers do—what the *Times* called “excessive ‘binge’ drinking”: “More than a third of the high school seniors had said that in the last two weeks they had had five or more drinks in a row.” Drinking is, of course, the most widespread form of illicit drug use

among high school students. As the *Times* explained, on the weekend, “practically every town has at least one underage party, indoors or out” and that “fake identification cards, older siblings, friends, and even parents all help teenagers obtain” alcohol.

The point we wish to emphasize is that even though illicit alcohol use was far more prevalent than cocaine or crack use, and even though it held substantial risk for alcohol dependence, addiction, drinking-driving deaths, and other alcohol-related problems, the media and politicians have not campaigned against teen drunkenness. Used as a descriptive term meaning “prevalent,” the word “epidemic” fits teenage drinking far better than it does teenage crack use. Although many organizations have campaigned against drinking and driving by teenagers, the politicians and media have not used terms like “epidemic” or “plague” to call attention to illicit teenage drinking and drunkenness. Unlike the *Times* articles on crack, often on the front page, this article on teen drunkenness was placed in the second section on a Saturday.

It is also worth noting the unintentionally ironic mixing of metaphors, or of diagnoses and remedies, when advocates for the War on Drugs described crack use as an epidemic or plague. Although such disease terminology was used to call attention to the consequences of crack use, most of the federal government’s domestic responses have centered on using police to arrest users. Treatment and prevention have always received a far smaller proportion of total federal antidrug funding than police and prisons do as a means of handling the “epidemic.” If crack use is primarily a crime problem, then terms like “wave” (as in crime wave) would be more fitting. But if this truly is an “epidemic”—a widespread disease—then police and prisons are the wrong remedy, and the victims of the epidemic should be offered treatment, public health programs, and social services. . . .

## The Political Context of the “Crack Crisis”

If the many claims about an “epidemic” or “plague” endangering “a whole generation” of youth were at odds with the best official data, then what else was animating the new War on Drugs? In fact, even if all the exaggerated claims about crack had been true, it would not explain all the attention crack received. Poverty, homelessness, auto accidents, handgun deaths, and environmental hazards are also widespread, costly, even deadly, but most politicians and journalists never speak of them in terms of crisis or plague. Indeed, far more people were (and still are) injured and killed every year by domestic violence than by illicit drugs, but one would never know this from media reports or political speeches. The existence of government studies suggesting that crack contributed to the deaths of a small proportion of its users, that an unknown but somewhat larger minority of users became addicted to it, that its use was related to some forms of crime, and so on were neither necessary nor sufficient conditions for all the attention crack received (Spector and Kitsuse, 1977).

Like other sociologists, historians, and students of drug law and public policy, we suggest that understanding antidrug campaigns requires more than evidence of drug abuse and drug-related problems, which can be found in almost any period. It requires analyzing these crusades and scares as phenomena in their own right and understanding the broader social, political, and economic circumstances under which they occur (see, e.g., Bakalar and Grinspoon, 1984; Brecher, 1972; Duster, 1970; Gusfield, 1963, 1981; Lindesmith, 1965; Morgan, 1978; Musto, 1973; Rumbarger, 1989). The crack scare also must be understood in terms of its political context and its appeal to important groups within American society. The mass media and politicians, however, did not talk about drugs this way. Rather, they decontextualized

the drama, making it appear as if the story had no authors aside from dealers and addicts. Their writing of the crack drama kept abusers, dealers, crimes, and casualties under spotlights while hiding other important factors in the shadows. We suggest that over and above the very real problems some users suffered with crack, the rise of the New Right and the competition between political parties in a conservative context contributed significantly to the making of the crack scare.

## The New Right and Its Moral Ideology

During the post-Watergate rebuilding of the Republican Party, far right wing political organizations and fundamentalist Christian groups set about to impose what they called “traditional family values” on public policy. This self-proclaimed “New Right” felt increasingly threatened by the diffusion of modernist values, behaviors, and cultural practices—particularly by what they saw as the interconnected forms of 1960s hedonism involved in sex outside (heterosexual) marriage and consciousness alteration with (illicit) drugs. The New Right formed a core constituency for Ronald Reagan, an extreme conservative who had come to prominence as governor of California in part by taking a hard line against the new political movements and cultural practices of the 1960s.

Once he became president in 1981, Reagan and his appointees attempted to restructure public policy according to a radically conservative ideology. Through the lens of this ideology, most social problems appeared to be simply the consequences of *individual moral choices* (Ryan, 1976). Programs and research that had for many years been directed at the social and structural sources of social problems were systematically defunded in budgets and delegitimated in discourse. Unemployment, poverty, urban decay, school crises, crime, and all their attendant forms of human troubles were

spoken of and acted upon as if they were the result of *individual* deviance, immorality, or weakness. The most basic premise of social science—that individual choices are influenced by social circumstances—was rejected as left-wing ideology. Reagan and the New Right constricted the aperture of attribution for America's ills so that only the lone deviant came into focus. They conceptualized people *in* trouble as people who *make* trouble (Gusfield, 1985); they made social control rather than social welfare the organizing axis of public policy (Reinarman, 1988).

With regard to drug problems, this conservative ideology is a form of *sociological denial*. For the New Right, people did not so much abuse drugs because they were jobless, homeless, poor, depressed, or alienated; they were jobless, homeless, poor, depressed, or alienated because they were weak, immoral, or foolish enough to use illicit drugs. For the right wing, American business productivity was not lagging because investors spent their capital on mergers and stock speculation instead of on new plants and equipment, or for any number of other economic reasons routinely mentioned in the *Wall Street Journal* or *Business Week*. Rather, conservatives claimed that businesses had difficulty competing partly because many workers were using drugs. In this view, U.S. education was in trouble not because it had suffered demoralizing budget cuts, but because a “generation” of students was “on drugs” and their teachers did not “get tough” with them. The new drug warriors did not see crime plaguing the ghettos and barrios for all the reasons it always has, but because of the influence of a new chemical bogeyman. Crack was a godsend to the Right. They used it and the drug issue as an ideological fig leaf to place over the unsightly urban ills that had increased markedly under Reagan administration social and economic policies. “The drug problem” served conservative politicians as an all-purpose scapegoat. They could blame an array of

problems on the deviant individuals and then expand the nets of social control to imprison those people for causing the problems.

The crack crisis had other, more specific political uses. Nancy Reagan was a highly visible antidrug crusader, crisscrossing the nation to urge schoolchildren to “Just Say No” to drugs. Mrs. Reagan’s crusade began in 1983 (before crack came into existence) when her “p.r.-conscious operatives,” as *Time* magazine called them, convinced her that “serious-minded displays” of “social consciousness” would “make her appear more caring and less frivolous.” Such a public relations strategy was important to Mrs. Reagan. The press had often criticized her for spending hundreds of thousands of dollars on new china for the White House, lavish galas for wealthy friends, and high-fashion evening gowns at a time when her husband’s economic policies had induced a sharp recession, raised joblessness to near Depression-era levels, and cut funding for virtually all programs for the poor. *Time* explained that “the timing and destinations of her antidrug excursions last year were coordinated with the Reagan-Bush campaign officials to satisfy their particular political needs” (*Time*, January 14, 1985, p. 30). . . .

### Political Party Competition

The primary political task facing liberals in the 1980s was to recapture some of the electorate that had gone over to the Right. Reagan’s shrewdness in symbolically colonizing “middle American” fears put Democrats on the defensive. Most Democrats responded by moving to the right and pouncing upon the drug issue. Part of the early energy for the drug scare in the spring and summer of 1986 came from Democratic candidates trading charges with their Republican opponents about being “soft on drugs.” Many candidates challenged each other to take urine tests as a symbol of their commitment to a “drug-free America.”

One Southern politician even proposed that candidates' spouses be tested. A California senatorial candidate charged his opponent with being "a noncombatant in the war on drugs" (*San Francisco Chronicle*, August 12, 1986, p. 9). By the fall of 1986, increasingly strident calls for a drug war became so much a part of candidates' standard stump speeches that even conservative columnist William Safire complained of antidrug "hysteria" and "narcomania" (*New York Times*, September 11, 1986, p. A27). Politicians demanded everything from death penalties in North America to bombing raids in South America.

Crack could not have appeared at a more opportune political moment. After years of dull debates on budget balancing, a "hot" issue had arrived just in time for a crucial election. In an age of fiscal constraint, when most problems were seen as intractable and most solutions costly, the crack crisis was the one "safe" issue on which all politicians could take "tough stands" without losing a single vote or campaign contribution. The legislative results of the competition to "get tough" included a \$2 billion law in 1986, the so-called "Drug-Free America Act," which whizzed through the House (392 to 16) just in time for members of Congress to go home and tell their constituents about it. In the heat of the preelection, antidrug hysteria, the symbolic value of such spending seemed to dwarf the deficit worries that had hamstrung other legislation. According to *Newsweek*, what occurred was "a can-you-top-this competition" among "election-bound members of both parties" seeking tough antidrug amendments. The 1986 drug bill, as Representative David McCurdy (D-Okla) put it, was "out of control," adding through a wry smile, "but of course I'm for it" (September 22, 1986, p. 39).

The prominence of the drug issue dropped sharply in both political speeches and media coverage after the 1986 election, but returned during the 1988 primaries. Once

again the crack issue had political utility. One common observation about the 1988 presidential election campaigns was that there were no domestic or foreign policy crises looming on which the two parties could differentiate themselves. As a *New York Times* headline put it: "Drugs as 1988 Issue: Filling a Vacuum" (May 24, 1988, p. A14). In the 1988 primary season, candidates of both parties moved to fill this vacuum in part by drug-baiting their opponents and attacking them as "soft on drugs." In the fall, both Democrats Dukakis and Bentsen and Republicans Bush and Quayle claimed that their opponents were soft on drugs while asserting that their side would wage a "real War on Drugs." And, just as they did before the 1986 election, members of Congress from both parties overwhelmingly passed a new, even more strict and costly antidrug bill.

The antidrug speeches favoring such expenditures became increasingly transparent as posturing, even to many of the speakers. For example, Senator Christopher Dodd (D-Conn) called the flurry of antidrug amendments a "feeding frenzy" (*New York Times*, May 22, 1988, p. E4). An aide to another senator admitted that "everybody was scrambling to get a piece of the action" (*New York Times*, May 24, 1988, p. A14). Even President Reagan's spokesperson, Marlin Fitzwater, told the White House press corps that "everybody wants to out-drug each other in terms of political rhetoric" (*Boston Globe*, May 18, 1988, p. 4). But however transparent, such election-year posturing—magnified by a media hungry for the readers and ratings that dramatic drug stories bring—enhanced the viability of claims about the menace of crack far more than any available empirical evidence could. In the fall of 1989, Congress finalized yet another major antidrug bill costing more than the other two combined. According to research by the Government Accounting Office, the federal government spent more than \$23 billion on the

drug war during the Reagan era, three-fourths of it for law enforcement (*Alcoholism and Drug Abuse Week*, 1989, p. 3). . . .

Politicians and the media were *forging*, not following, public opinion. The speeches and stories *led* the oft-cited poll results, not the other way around. In 1987, between elections—when drug problems persisted in the ghettos and barrios but when the drug scare was not so enflamed by election rhetoric and media coverage—only 3 to 5% of those surveyed picked drugs as our most important problem (*New York Times*, May 24, 1988, p. A14). But then again in 1989, immediately following President Bush's speech escalating the drug war, nearly two-thirds of the people polled identified drugs as America's most important problem. When the media and politicians invoked "public opinion" as the driving force behind their actions against crack, they inverted the actual causal sequence (Edelman, 1964, p. 172).

We argued in the previous section that the New Right and other conservatives found ideological utility in the crack scare. In this section, we have suggested that conservatives were not the only political group in America to help foment the scare and to benefit from it. Liberals and Democrats, too, found in crack and drugs a means of recapturing Democratic defectors by appearing more conservative. And they too found drugs to be a convenient scapegoat for the worsening conditions in the inner cities. All this happened at a historical moment when the Right successfully stigmatized the liberals' traditional solutions to the problems of the poor as ineffective and costly. Thus, in addition to the political capital to be gained by waging the war, the new chemical bogeyman afforded politicians across the ideological spectrum both an explanation for pressing public problems and an excuse for not proposing the unpopular taxing, spending, or redistributing needed to do something about them.

## The End of the Crack Scare

In the 1980s, the conservative drive to reduce social spending exacerbated the enduring problems of impoverished African-American and Latino city residents. Partly in response, a minority of the young urban poor turned either to crack sales as their best shot at the American Dream and/or to the crack high as their best shot at a fleeting moment of pleasure. Inner-city churches, community organizations, and parent groups then tried to defend their children and neighborhoods from drug dealing and use on the one hand and to lobby for services and jobs on the other hand. But the crack scare did not inspire politicians of either party to address the worsening conditions and growing needs of the inner-city poor and working class or to launch a "Marshall Plan for cities." In the meantime, the white middle-class majority viewed with alarm the growing numbers, visibility, and desperation of the urban poor. And for years many Americans believed the central fiction of the crack scare: that drug use was not a symptom of urban decay but one of its most important causes.

All this gave federal and local authorities justification for widening the nets of social control. Of course, the new drug squads did not reduce the dangerousness of impoverished urban neighborhoods. But the crack scare did increase criminal justice system supervision of the underclass. By 1992, one in four young African-American males was in jail or prison or on probation or parole—more than were in higher education. . . . During the crack scare, the prison population more than doubled, largely because of the arrests of drug users and small dealers. This gave the U.S. the highest incarceration rate in the world (Currie, 1985; Irwin and Austin, 1994).

By the end of 1992, however, the crack scare seemed spent. There are a number of overlapping reasons for this. Most important was the failure of the War on Drugs itself.

Democrats as well as Republicans supported the War on Drugs, but the Reagan and Bush administrations initiated and led it, and the drug war required support from the White House. George Bush appointed William Bennett to be a “tough” and extremely high profile “drug czar” to lead the campaign against drugs. But Bennett, criticized for his bombastic style, quit after only eighteen months (some press accounts referred to it as the “czar’s abdication”). After that, the Bush administration downplayed the drug war, and it hardly figured at all in the presidential primaries or campaign in 1992. Bill Clinton said during the campaign that there were no easy solutions to drug problems and that programs that work only on reducing supply were doomed to fail. The Clinton administration eschewed the phrase “War on Drugs,” and Lee Brown, Clinton’s first top drug official, explicitly rejected the title of drug czar (Reinarman, 1994). After billions of tax dollars had been spent and millions of young Americans had been imprisoned, hard-core drug problems remained. With so little to show for years of drug war, politicians seemed to discover the limits of the drug issue as a political weapon. Moreover, with both parties firmly in favor of the “get tough” approach, there was no longer any partisan political advantage to be had.

The news media probably would have written dramatic stories about the appearance of smokeable cocaine in poor neighborhoods at any time. Television producers have found that drug stories, especially timely, well-advertised, dramatic ones, often receive high ratings. But the context of the Reagan-led drug war encouraged the media to write such pieces. Conservatives had long complained that the media had a liberal bias; in the mid-1980s, drug coverage allowed the media to rebut such criticism and to establish conservative credentials (Reeves and Campbell, 1994). As we have suggested, news coverage of drugs rose and fell with political initiatives, especially

those coming from the president. Therefore, as the White House withdrew from the drug issue, so did the press.

After about 1989, it became increasingly difficult to sustain the exaggerated claims of the beginning of the crack scare. The mainstream media began to publish stories critical of earlier news coverage (though usually not their own). . . . *Newsweek* finally admitted in 1990 what it called the “dirty little secret” about crack that it had concealed in all of its earlier scare stories: “A lot of people use it without getting addicted,” and that the anonymous “media” had “hyped instant and total addiction” (February 19, 1990, pp. 74–75). As early as 1988, it was clear that crack was not “destroying a whole generation”; it was not even spreading beyond the same poverty context that had long given rise to hard-core heroin addiction. Moreover, because of the obvious destructive effects of heavy use, people in ghettos and barrios had come to view “crack heads” as even lower in status than winos or junkies. Even crack dealers preferred powder cocaine and routinely disparaged crack heads (Williams, 1989). All of this meant that drugs in general, and crack in particular, declined in newsworthiness. Media competition had fueled the crack scare in its early years, and the same scramble for dramatic stories guaranteed that the media would move on to other stories. By 1992, the crack scare had faded beyond the media’s horizon of hot new issues.

Finally, the crack scare could recede into the background partly because it had been *institutionalized*. Between 1986 and 1992, Congress passed and two presidents signed a series of increasingly harsh antidrug laws. Federal antidrug funding increased for seven successive years, and an array of prison and police programs was established or expanded. All levels of government, from schools to cities, counties, and states, established agencies to warn about crack and other drug problems. And multimillion-dollar, corporate-sponsored,

private organizations such as the Partnership for a Drug-Free America had been established to continue the crusade.

## Conclusion

Smoking crack *is* a risky way to use an already potent drug. Despite all the exaggerations, heavy use of it *has* made life more difficult for many people—most of them from impoverished urban neighborhoods. If we agree that too many families have been touched by drug-related tragedies, why have we bothered criticizing the crack scare and the War on Drugs? If even a few people are saved from crack addiction, why should anyone care if this latest drug scare was in some measure concocted by the press, politicians, and moral entrepreneurs to serve their other agendas? Given the damage that drug abuse can do, what's the harm in a little hysteria? . . .

First, we suspect that drug scares do not work very well to reduce drug problems and that they may well promote the behavior they claim to be preventing. For all the repression successive drug wars have wrought (primarily upon the poor and the powerless), they have yet to make a measurable dent in our drug *problems*. For example, prompted by the crack crisis and inspired by the success of patriotic propaganda in World War II, the Partnership for a Drug-Free America ran a massive advertising campaign to “unsell drugs.” From 1987 to 1993, the Partnership placed over \$1 billion worth of advertising donated by corporations and the advertising industry. The Partnership claims to have had a “measurable impact” by “accelerating intolerance” to drugs and drug users. The Partnership claims it “can legitimately take some of the credit for the 25% decline in illicit drug usage since our program was launched” (Hedrick, 1990). However, the association between the Partnership's antidrug advertising and the declines in drug use appears to be spurious. Drug use was declining

well before the Partnership's founding; taking credit for what was already happening is a bit like jumping in front of a parade and then claiming to have been leading it all along. More important, drug *use* increased in the mid 1990s among precisely those age groups that had been targeted by Partnership ads, while drug *problems* continued throughout their campaign. Furthermore, Partnership ads scrupulously avoided any mention of the two forms of drug use most prevalent among youth: smoking and drinking. This may have something to do with the fact that the Partnership for a Drug-Free America is a partnership between the media and advertising industries, which make millions from alcohol and tobacco advertising each year, and with the fact that alcohol and tobacco companies contribute financially to the Partnership's campaign against illicit drugs. Surely public health education is important, but there is no evidence that selective antidrug propaganda and scare tactics have significantly reduced drug problems.

Indeed, hysterical and exaggerated antidrug campaigns may have increased drug-related harm in the U.S. There is the risk that all of the exaggerated claims made to mobilize the population for war actually arouse interest in drug use. In 1986, the *New England Journal of Medicine* reported that the frequency of teenage suicides increases after lurid news reports and TV shows about them (Gould and Shaffer, 1986; Phillips and Carstensen, 1986). Reports about drugs, especially of new and exotic drugs like crack, may work the same way. In his classic chapter, “How To Launch a Nationwide Drug Menace,” Brecher (1972) shows how exaggerated newspaper reports of dramatic police raids in 1960 functioned as advertising for glue sniffing. The arrests of a handful of sniffers led to anti-glue sniffing hysteria that actually spread this hitherto unknown practice across the U.S. In 1986, the media's desire for dramatic drug stories interacted with politicians' desire for partisan



advantage and safe election-year issues, so news about crack spread to every nook and cranny of the nation far faster than dealers could have spread word on the street. When the media and politicians claimed that crack is “the most addictive substance known to man,” there was some commonsense obligation to explain why. Therefore, alongside all the statements about “instant addiction,” the media also reported some very intriguing things about crack: “whole body orgasm,” “better than sex,” and “cheaper than cocaine.” For TV-raised young people in the inner city, faced with a dismal social environment and little economic opportunity, news about such a substance in their neighborhoods may have functioned as a massive advertising campaign for crack.

Further, advocates of the crack scare and the War on Drugs explicitly rejected public health approaches to drug problems that conflicted with their ideology. The most striking and devastating example of this was the total rejection of syringe distribution programs by the Reagan and Bush administrations and by drug warriors such as Congressman Charles Rangel. People can and do recover from drug addiction, but no one recovers from AIDS. By the end of the 1980s, the fastest growing AIDS population was intravenous drug users. Because syringes were hard to get, or their possession criminalized, injectors shared their syringes and infected each other and their sexual partners with AIDS. In the early 1980s, activists in a number of other Western countries had developed syringe distribution and exchange programs to prevent AIDS, and there is by now an enormous body of evidence that such programs are effective. But the U.S. government has consistently rejected such “harm reduction” programs on the grounds that they conflict with the policy of “zero tolerance” for drug use or “send the wrong message.” As a result, cities such as Amsterdam, Liverpool, and Sydney, which have needle exchange programs, have very low or almost no transmission of AIDS by intravenous

drug users. In New York City, however, roughly half the hundreds of thousands of injection drug users are HIV positive or already have AIDS. In short, the crack scare and the drug war policies it fueled will ultimately contribute to the deaths of tens of thousands of Americans, including the families, children, and sexual partners of the infected drug users.

Another important harm resulting from American drug scares is they have routinely blamed individual immorality and personal behavior for endemic social and structural problems. In so doing, they diverted attention and resources away from the underlying sources of drug abuse and the array of other social ills of which they are part. One necessary condition for the emergence of the crack scare (as in previous drug scares) was the linking of drug use with the problems faced by racial minorities, the poor, and youth. In the logic of the scare, whatever economic and social troubles these people have suffered were due largely to their drug use. Obscured or forgotten during the crack scare were all the social and economic problems that underlie crack abuse—and that are much more widespread—especially poverty, unemployment, racism, and the prospects of life in the permanent underclass.

Democrats denounced the Reagan and Bush administrations’ hypocrisy in proclaiming “War on Drugs” while cutting the budgets for drug treatment, prevention, and research. However, the Democrats often neglected to mention an equally important but more politically popular development: the “Just Say No to Drugs” administrations had, with the help of many Democrats in Congress, also “just said no” to virtually every social program aimed at creating alternatives for and improving the lawful life chances of inner-city youth. These black and Latino young people were and are the group with the highest rate of crack abuse. Although most inner-city youth have always steered clear of drug abuse, they could not “just say no” to poverty and unemployment. Dealing drugs,

after all, was (and still is) accurately perceived by many poor city kids as the highest-paying job—straight or criminal—that they are likely to get.

The crack scare, like previous drug scares and antidrug campaigns, promoted misunderstandings of drug use and abuse, blinded people to the social sources of many social problems (including drug problems), and constrained the social policies that might reduce those problems. It routinely used inflated, misleading rhetoric and falsehoods such as Bush's televised account of how he came into possession of a bag of crack. At best, the crack scare was not good for public health. At worst, by manipulating and misinforming citizens about drug use and effects, it perverted social policy and political democracy.

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## THINKING ABOUT THE READING

How does Reinerman and Levine's article support the contention that reality is a social construction? Consider the broader implications of their argument: The use of certain substances becomes a serious social problem *not* because it is an objectively dangerous activity but because it receives sufficient media and political attention. What does this contention suggest about the way social problems and public fears are created and maintained in society? What does it tell us about our collective need to identify a scapegoat for our social problems? Why are there such vastly different public attitudes and legal responses to crack cocaine versus powder cocaine? Can you think of other situations in which heightened media coverage and political attention have created widespread public concern and moral outrage where none was warranted? How has this article affected your views about the "War on Drugs" and the decriminalization of illegal drugs?