

offenses but also for the illicit use of pharmaceuticals. In 1973, the high point for this phenomenon, white Americans accounted for 81% of drug arrests and 89% of juvenile apprehensions, roughly equivalent to their population share. In short, the familiar graphs demonstrating extreme racial disproportionality in mass incarceration have worked to obscure the extensive operations of drug control policy and discretionary law enforcement in white middle-class suburbia. It was mostly true, as Foster notes, that “young white people did not go to jail”—at least not usually, or not for that long. But millions were arrested, a not insignificant subset were in fact incarcerated, and the discretionary criminal-legal system “diverted” many others into treatment programs, probationary supervision, and other forms of compulsory rehab while rarely leaving a criminal record.

Drug criminalization was (and is) a policy designed in large part for the social control of all youth, even if the consequences unfold very differently based on race, class, and geography. Until the law enforcement shift to crack cocaine markets in the mid-1980s, the highest domestic priority of the American war on drugs—in terms of symbolic politics, government funding, and also arrests—was the futile campaign to deter white teenagers and young adults from smoking marijuana and consuming other criminalized substances. It is important here to recognize that this was only part of what Foster labels the “long war on drugs,” including the imperial origins and American-led international control system that has combined violent interdiction programs with favorable market access for the pharmaceutical industry. The white suburban front of this global drug war is key to understanding how U.S. drug control policy has long operated through a racialized politics of bipartisan consensus, merging punitive law enforcement and coercive public health through a philosophy that “protects” some and “punishes” others. Criminalization expands the power and reach of the carceral state into everyday life (both in the U.S. and around the world), while regulating access to the allegedly benevolent alternative of rehabilitation through the discretionary arrest-and-divert processes that the book’s case studies seek to excavate.

**The Long War on Drugs.** By Anne L. Foster. Durham: Duke University Press, 2023. 224p.  
doi:10.1017/S1537592725001124

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*The Long War on Drugs* explores the origins and consequences of American and global drug control policies, from European colonial encounters in Asia during the late 1800s through to the contemporary opioid crisis in the United States. The book is a welcome contribution to the

burgeoning scholarship on the intertwined history of legal and illegal drugs, especially through its chronological breadth and its focus on the role that international relations played in the emergence of the global prohibition regime. Anne L. Foster, a historian who has written two previous books about U.S. and European imperialism in the Philippines and Southeast Asia, rightly notes that President Richard Nixon’s infamous 1971 declaration of war on illegal drugs expanded rather than launched the supply-side suppression approach that first emerged at the turn of the twentieth century. This close attention to the international origins and contexts of the U.S.-led war on drugs is among the book’s foremost strengths, as is Foster’s comparative analysis of the fluid and racially/politically constructed boundaries between medicinal and recreational use of narcotics and other controlled substances. *The Long War on Drugs* is drawn from the interpretative framework of Foster’s university course of the same title and is designed primarily for college (and high school) classrooms, with 13 accessibly written chapters that mainly synthesize the insights of published scholarship. This allows the book to briskly cover an impressive amount of political, social, medical, scientific, and diplomatic history across time.

“The Battle for Prohibition,” the first of the book’s three sections, examines the period from the 1870s through the eve of World War II and will be the most useful and enlightening for scholars and teachers whose expertise and/or syllabi mainly center on the second half of the twentieth century and domestic policies in the United States. Foster begins with a brief overview of how “mind-altering substances available in local areas have been consumed throughout history” (p. 5), demonstrating that the drug-war binary between legality and illegality, a classificatory divide linked to the medical versus recreational use of particular substances, had little meaning before the rise of prohibition. By the mid-to-late 1800s, European imperialism had created a global market for particular drugs and related commodities—especially opium but also tobacco and the sugar required for alcohol. The British, Dutch, and French empires aggressively promoted the lucrative production and consumption of opium, especially by their colonized subjects. Great Britain forced peasants in India to grow opium, exported the drug to countries around the world, and most notably went to war to force China to rescind its efforts to ban importation. In England and the United States, opium was a routine ingredient in widely consumed patent medicines, although both nations stigmatized use of the drug by Chinese immigrants. Prohibition was far from inevitable, as Foster explains because opium was a major source of revenue for colonial governments, “commonly consumed for recreational and medicinal purposes” (p. 18). For residents of poor and rural areas around the world, with rudimentary health care available, opium was

an “absolutely indispensable medicine, at that time the only effective pain relief available” (p. 29).

The turning point in the emergence of narcotics prohibition policy came in the aftermath of the United States’ 1898 displacement of Spain as the imperial power in control of the Philippines. For several decades prior, religious groups and missionaries had been leading an anti-opium movement (and a campaign against alcohol) that had gained little traction among the European colonial powers. But then American missionaries in the Philippines and other Asian nations lobbied the Progressive administration of Theodore Roosevelt for an opium ban. Roosevelt established an investigative commission that produced, in Foster’s analysis, three key findings that have shaped U.S. prohibitionist policy to this day. Most significantly, the commission drew a sharp but questionable distinction between safe, “legitimate medical” use of opium and dangerous recreational use. The report also advanced a racialized understanding that Filipinos and other nonwhite groups were more “dangerous to society” (p. 39) with unregulated access to narcotics. Finally, the commission endorsed supply-side import controls on the non-medicinal circulation of opium as U.S. policy and through an international treaty. The report quickly led to an opium ban in the Philippines and soon in other Southeast Asian colonies, which, not surprisingly, created a more expansive and profitable underground market. American policymakers then applied this imperial policy to the domestic sphere in the Harrison Narcotics Act of 1914, banning nonmedicinal use of opiates (and cocaine) while facilitating the emerging pharmaceutical market for regulated narcotics. This philosophy has dominated U.S. policy ever since—first, the constructed distinction between dangerous illegal substances and therapeutic medical products; and second, the prohibitionist approach that has failed repeatedly to eliminate the illicit market and that, in many ways, has made it even more profitable and pervasive.

The middle section of *The Long War on Drugs* begins with the consolidation of U.S. power over the global drug control regime during World War II and the early Cold War. After the enactment of the Harrison Narcotics Act, European nations initially resisted American pressure to sign an international anti-trafficking treaty, but by the 1930s pharmaceutical companies began recognizing that prohibition combined with regulation would expand the licit “medical” market worldwide. The illicit heroin trade also proliferated in the postwar decades, as did the legal prescription market for amphetamines and barbiturates, taken mainly by affluent white Americans. Commissioner Harry J. Anslinger, the U.S. head of the Federal Bureau of Narcotics, led the establishment of global drug controls through the United Nations, with the mission of reducing the supply of illegal products from so-called source countries while enhancing the market share and exports

of pharmaceutical corporations. Signatories to the UN’s 1961 Single Convention treaty added cocaine and marijuana to the existing global commitment to interdict heroin, while declining to restrict prescription medications (which had addictive potential and often circulated illicitly). On the home front, Anslinger championed harsh laws against suppliers and consumers of illegal “narcotics”—the legal definition of which included heroin, cocaine, and marijuana—pushing an ineffective and racially discriminatory approach that primarily affected “people of color and those living in poverty” (p. 69). White middle-class Americans, in turn, kept consuming mood-altering drugs from medical providers. Foster notes that, as with the colonized subjects in the opium era, differential access to health care meant that many poor and nonwhite Americans “might have found it easier to buy heroin than to access the licit prescription drugs” (p. 100).

The ineffective prohibitionist approach of supply repression, dating back to the anti-opium movement, has continued to dictate American control policies since the 1960s, even as the target expanded from racially stigmatized heroin markets to pharmacologically different substances including marijuana, cocaine, and methamphetamine. White consumers constituted a majority of the illegal market for all of these products, but “racialized rhetoric about the dangers of drug abuse ... hid the more diverse and widespread patterns of drug use actually occurring” (p. 96). Foster critiques the escalation of the war on drugs under Republican presidents Richard Nixon and Ronald Reagan, although it is important to note that their get-tough policies enjoyed bipartisan support and that Democrats in Congress played key roles in the enforcement crackdown of the 1970s and 1980s. The assertion that “law enforcement showed little interest in policing marijuana” (p. 115) during the Nixon era also requires clarification, since around two-thirds of drug arrests nationwide between the late 1960s and the late 1970s were for marijuana possession, and younger white Americans made up a large majority of those apprehended. Policymakers generally advocated prevention, treatment, and rehabilitation for white middle-class users of marijuana and other illegal drugs versus the harsh penalties disproportionately imposed on Black Americans and other nonwhite and poor offenders. Foster concludes this section with a damning indictment of Nixon’s interdiction program, which set the precedent of direct U.S. intervention in other nations while often exacerbating illegal trafficking networks.

The second half of the book zooms in on drug politics and policies inside the United States since the 1960s, absent the global framework and comparative international analysis of the earlier sections. (The important exception lies with several case studies Foster provides of the harm caused by American interdiction in Asia and

especially Mexico and Columbia.) Given the classroom audience, it would have been useful to provide more comparisons to other nations, in Europe and beyond, that have implemented a different mix of policies in the areas of harm reduction and demand-side prevention and treatment programs, in contrast to the American emphasis on punitive mandatory-minimum laws and racially skewed punishments. Foster's third and final section, "Blurring the Lines," surveys recent developments and reforms in U.S. drug policy since the 1980s, including the racially discriminatory war on crack cocaine, the state-level movement for regulated medical and recreational access to marijuana, and pharmaceutical complicity in the contemporary opioid overdose crisis. The most original chapter provides a devastating accounting of the social and environmental damage caused by U.S. crop eradication programs in Central and South America. Foster argues that the effects of the long and seemingly permanent war on drugs "on people outside the United States have been as brutal" as the impact on racial minorities inside the U.S., and "arguably even more so, but not as visible to Americans" (p. 119). The book ends with an argument for a more rational and humane drug policy that prioritizes harm reduction and demand-side prevention and treatment programs over the often-counterproductive supply repression regime, combined with an acceptance of the fact that many different legal and illegal substances have beneficial medical and recreational uses.

### Response to Matthew Lassiter's Review of *The Long War on Drugs*

doi:10.1017/S1537592725001148

— Anne L. Foster 

Matthew Lassiter's review of *The Long War on Drugs* is the kind of generous review that makes one proud to have written one's own book, even while Lassiter gently and correctly pointed out the places the book could have been better. He was right, each time.

What I'd like to focus on in my response is not so much what Lassiter said about my book, but what our books together say about the state of "drugs history." The history of drugs, particularly illicit drugs, and particularly in the United States, is often seen as titillating. Tell someone at a

dinner party that you are working on a history of opium regulation in colonial Southeast Asia, a pedestrian topic if ever there was one, and people will usually giggle and start to ask probing, even personal questions about illicit drugs. I often caution young scholars that drugs history topics are best for second books, not first. Some institutions seem wary of the intellectual, political or actual company a drugs historian might keep.

A decade or more ago, one might have been able to make the case that drugs history, especially that about the war on drugs in the United States, was driven in large measure by a desire to criticize U.S. drugs policy—and was therefore susceptible to being both overly politicized and incendiary. But the new "drugs history," as one can see in, for example, *The Oxford Handbook of Global Drug History* edited by Paul Gootenberg, explores a longer trajectory of the use, trade, and meaning of mind-altering drugs, demonstrating a deep connection between these substances and the development of both economies and state power.

Although Lassiter and I use different scales (his local and state, mine international and comparative), we both build on the "new drugs history" to craft insights into not only drugs history but also a broader history of the United States. Lassiter explores the ways that race, class, and geography played out in local politics in the United States to create a national politics mired in segregation, where drug policies were both a driver and a victim of these politics. My work shows how the decision by early twentieth-century U.S. policymakers, taken first for a U.S. colony and then for the metropole, to define drugs as an external threat allowed them to expand state power in ways that reverberate to the present. He writes about local politics, whereas I write about international politics, both of us on the topic of drugs, and both in the end providing insight into the exercise of power in the nation more broadly.

Our books are another sign, one among many, that drug history has matured as a subfield. Drugs touch all aspects of human life: pleasure, greed, profit, power, beauty, health, and competition. We are deeply concerned with the political, taking it as an obligation to explore the myriad and problematic ways drug politics have been intertwined with other forms of politics that cause division and harm.