

About Drugs in the Cities: Is There Something New

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The history of drugs allows to be focused on three interesting points: (1) the city has always been the place where artificial pleasures (like drugs) are invented then diffused; (2) the involved actors (doctors, the church, intellectuals, etc.) have displayed fluctuating doctrines in the field; and (3) there have been successive “waves of moralizing”. In the past, drugs were consumed by small groups, but today, it seems that they are consumed by almost all the middle class (at least occasionally). One can build two scenarios: a majority in the opinion appears which is in favor of drugs use and it will be decriminalized or legalized, either a new “wave of moralizing” triggers the choice of repression. However, a new wave of moralizing is improbable, because drugs have become popular. Also, the advantages of decriminalization or legalization (such as economies or emptying the prisons), which are described in the paper, should be taken into account.

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We could depict the history of drugs as “a tale told by an idiot, full of sound and fury” (*Hamlet*, Shakespeare). It provides picturesque stories¹. But from our point of view, it is more a story of actors whose behaviors fluctuate and with confuse doctrine.

We start from the works of Dr. Olievenstein, who distinguished three approaches:

(1) The approach by repression supposes that use of drugs is an evil to eradicate thanks to hard laws efficiently enforced;

(2) The approach by the product is the one of the doctors, relying on physiology. The drug addict is a patient to cure. In particular, this approach leads to using substitutes like methadone (a heroin substitute). It is not a panacea: It does not create addiction, but it can be used as a drug, if a high dose is taken or if it is mixed with other products (in this case, it becomes dangerous);

(3) The third is the social approach. The use of drugs is a social link. This is exemplified today by the “botellons” in Spain. People use internet to choose a place where they meet, escaping police. They buy cheap alcohol in supermarkets and drink it. It is a problem of urban governance: We have already an example of fluctuating doctrine, since local authorities can be hard or tolerant. In his famous book *John Barleycorn*, the American novelist Jack London has shown how anomic people are linked together by drinking alcohol in a saloon. The American sociologist H. S. Becker has shown how a community of marijuana users allows social life in his book *Outsiders*: They speak of their experience, they can learn one from the other how to use the drugs, etc. Indeed, the notions used by H. S. Becker, such as “career” and “sequential model”, can explain the

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¹ For instance, the French adventurer Henry de Monfreid has described his adventures as a hashish trafficker in the region of the Red Sea, in three books.

behavior of Jack London. “Career” and “sequential model” describe the moral and material process which results in the marijuana user mastering his consumption. He belongs to a group of users that is helping him. Drinking alcohol in the “first and last chance saloon” in San Francisco was useful to Jack London to obtain: (1) a rite of manliness (to drink and bear alcohol, to be able to return the courtesy and pay for rounds thanks to the money he won); (2) information on some business in the San Francisco Bay; and (3) links with people who are able to hire him or he could hire. Of course, it happens that addiction triggers serious problems, which are psychological and physiological. Moreover, the use of drugs in dramatic circumstances can be a “solution” to cope with personal difficulties (Barsony, 2010). But all this casts doubt on the utility of repression.

Indeed, to combine the approach by repression with the approach by the product could be a “solution” or a “way” for society. It should be to build an “analytical space” in the sense of Michel Foucault, to track users and traffickers: In an “analytical space”, the flows of things are watched, to achieve surveillance and to detect the bad “profiles”. The users should be considered as patients, and the traffickers should be considered as swindlers. But there are many criticisms to make. Repression involves to fill jails with prisoners, and in jails, drugs are diffused (a dose of drug is small, and easy to hide). Repression of traffic triggers higher price of drug: While demand does not decrease, poor users are indebted, become traffickers, etc. Or they buy cheap and altered product which is dangerous². Traffickers make illicit profit where not taken. Even, in Mexico, they use internet to recruit youngsters and they use technology to carry the drug (submarines, planes, drones to cross the border between Mexico and the United States). In some countries, drug traffic triggers corruption.

In this paper, we shall insist on the social approach.

We shall focus on three interesting points:

(1) The city has always been the place where artificial pleasures are invented and diffused. It is the case with drugs. Indeed, the economic aspects exist and matter. That is to say, the city could benefit from liberalization of drugs, from an economic point of view;

(2) The involved actors have had fluctuating stances, and have displayed changing doctrine, are concerned the church, the doctors, the intellectuals, etc. For instance, the United Nations (after the League of Nations) have been the spearhead of struggle against traffic and use of drugs. But currently, they are changing their mind;

(3) There have been successive “waves of moralizing”.

Having examined these points, we have enough material to build two scenarios:

(1) Decriminalization or legalization could be decided, after the appearance of a majority in the opinion in favor of them. The use of drug is in accordance with the Second Modernity (in the terms of Lipovetsky): happiness, individualism, and hedonism. It corresponds to the democratization of luxury and “emotional luxury” (Lipovetsky, 2003). For instance, drugs could be added to edibles, should the fashion appear;

(2) Repression could be chosen, if a new wave of moralizing occurs.

The City and the Invention of Pleasures

The city has always been the place where new pleasures are invented and diffused. It is also the place of artificiality. The Italian writer Malaparte quotes the noblemen of Versailles: “The countryside is where the birds are raw”. It is commonplace to tell that cities have benefitted from production, trade, and sale of luxuries (which have become ordinary goods), like alcohol, tobacco, sugar, coffee, tea, etc. In the 18th century, the

² An example is the “crack”, the “drug of the poor”. It is a mix of cocaine and another product, which is smoked. It is dangerous. There is also the Ecstasy, which is taken during the “rave parties”.

Physiocrats, a school of French economists, were aware that luxury generates large cities like Paris or London (Sombart, 1967). According to Sombart, the noblemen at the court were obliged to spend very much money to have a sumptuous appearance: It was necessary to attract the favor of the king to get honor and money. The financiers were on watch, lending money to the noblemen. Often they were bankrupt. The recourse was some marriage between members of a noble family and a family of financiers. The nobles won money and the financiers won a glorious name. The rich people were the courtiers, the noblemen living in the city, the financiers, and the creditors of the state. And what about the drugs? In his book *Luxury and Capitalism*, the German sociologist Sombart quoted the cordials, which are often aphrodisiacs. It was not surprising, since Sombart put the stress on the role of women and eroticism. He also quoted the import of laudanum (syrup with opium inside) from India. Indeed, it is an omission. Since the time of Renaissance, the doctors sold laudanum to rich customers: Richelieu, Colbert, Louis XIV, and prelates, for instance (Escotado, 1995). These syrups were made expensive by the doctors by adding powder of gems, of silver, or gold, etc. This kind of powder was supposed to make the women nicer (hence, the name of “belladonna”, a plant which is a painkiller and triggers a nice dilation of the women’s pupils when used as a cream). The drugs were part of luxury. Later, luxury is democratized and an “emotional luxury” appears (Lipovetsky, 2003). The use of drugs is diffused in almost all the groups of the society. This shows that economic factors matter, even if they are not the only which matter. Let us describe a historical example which shows this: the return of opium in Occident.

The ancient Greeks and Romans used opium. In Rome, there was a large organized market of opium, the authorities maintaining a low price (Escotado, 2003). Then, the Christian religion eradicated drugs for centuries³. They were considered as paganentheogens, triggering the contact with the Devil. According to Saint Augustine, the contact was imaginary (a dream), but according to Saint Thomas Aquinas, the contact was real (Escotado, 1995). A psychoanalytical explanation is the “comeback of the repressed”, since the Christian religion originates from pagan rites which have been changed (for instance, repressed Bacchus is considered as the Devil). The church prohibited the use of drugs and even the remembrance and knowledge, destroying the documents mentioned them. It culminated in the witch-hunt (the witches were accused to be in touch with the Devil thanks to drinks and creams). The Hippocratic medicine and the pharmacopoeia were forgotten. They survived in Byzantium then in Arabic countries, and finally came back to Occident at the time of Renaissance. Given the individualism, the search for happiness and the prestige of the study of nature at this time, drugs were examined and sold by doctors⁴. But drug users who were not rich and powerful were risky, they could have been given up to the Inquisition. Venice and Genoa began importing opium. At some time, the commercial routes allowing trade between Orient and Occident changed (the Silk Roads being abandoned, the new route was the one of the Cape of Good Hope). Portuguese, Dutch, and English tradesmen wanting to sell goods in Orient, to be able to import, sold the opium of the Mediterranean region (Iran, Turkey)⁵, which was of an excellent quality, to customers in Orient. The consequence was that Portuguese, Dutch, and English doctors

³ Alcohol is an exception. Even, wine is used during the mass, since it is the symbol of the blood of Christ (but only the priests drink it). The church struggled against the consumption of alcohol in vain. In France, in the villages, the tavern keeper was the traditional foe of the priest. Often the tavern keepers were atheists. Sometimes, the tavern keeper was the only atheist in the village. At the time of the Second Empire, a law was voted prohibiting the opening of the tavern during the mass of Sunday. Often the church obtained the enforcement of the law. The famous social thinker Proudhon blamed this law, arguing that the tavern was a “source of civilization”.

⁴ At this time (in the 16th century), the Swiss doctor and alchemist Paracelse invented the laudanum.

⁵ Sombart quoted the production of opium in some islands of the Mediterranean Sea.

examined the qualities of opium (since opium does not only allow pleasure, it is also a sleep inducing, an anesthetic, and a medicine) in detail. It paved the way for the diffusion of this drug (and later, of other ones).

The Involved Actors and Their Fluctuating Stances

The involved actors are the church, the doctors, and the intellectuals.

The Church

The church has always been (is still) a fierce opponent to drug use. But in history, there are exceptions, in Latin America at the time of the Spanish Empire. In Colombia and Peru, the Indians were accustomed to use cocaine. The clergy accepted the trade which was heavily taxed. It was the main source of the clergy's revenues. There was the same in Paraguay where the Jesuits accepted and taxed the trade of mate.

The Doctors

They have been proponents of drugs, during a long time. Today they are opponents, even if there are exceptions⁶. At the time of Renaissance, they struggled against the church, to exist as doctors, taking into account nature and the results of study of nature. They were interested in studying drugs. Often, the doctors who studied the drugs also chose to experience them. For instance, the French doctor Moreau de Tours was the first psychiatrist, having the idea of a psychological study of the "insane" (his predecessors Pinel and Esquirol, only examined external, clinical signs of the illness). He thought that there were similarities between insanity and effects of hashish, sleep, and dream. He experienced hashish. In his book *Du haschish (On Hashish)*, he describes his personal trips and the ones of other people. According to him, there are eight features of the effects of the drug on the user, one of them being "compelling impulses". It is the only danger for hashish users: The beginners have to be surrounded by some experienced friends, or should have received advice from doctors. Otherwise, they are risky, if they take a too high dose. At this time, drug use was authorized and rich amateurs were accustomed to use hashish or opium. Often they were doctors. Freud himself became notorious thanks to research on cocaine and experienced it. Later, Albert Hofmann discovered the LSD (lysergic acid diethylamide), used it, and became a proponent of its consumption. Timothy Leary is another example. In the 20th century, doctors invented drugs (medicines like barbiturates and amphetamines), experienced and used them. Also, it was lucrative trade. When repression began, in the USA, doctors and pharmacists protested it. They were angry because they lost a role. They ceased to be those who prescribed the drugs their customers wanted to use.

The Intellectuals

Innumerable intellectuals have experienced drugs, described them, and praised them. Let us quote Baudelaire, De Quincey, and Benjamin. Antonin Artaud described the religious rites in the tribe of Tarahumaras in Mexico, who used peyotl (with mescaline inside). Even, there are movies. The French writer Henri Michaux wrote a book on mescaline, he experienced, but without praising it (the title of the book is *Miserable Miracle*). He made a movie *Images du monde visionnaire (Images from the visionary world)*, showing the effects of mescaline, which is available on Wikipedia. In the famous Walt Disney's movie *Fantasia*, there is a particular atmosphere which is perhaps explained by the onirism triggered by drugs (hashish). Several effects of hashish according to Moreau are visible. The "dissociation of ideas" and the "dissociation of affects" correspond to "fantasy". Also, there is the sensitivity to music and synesthesia (It is

⁶ Dr. Olievenstein became a proponent of decriminalization of hashish when AIDS (Acquired Immune Deficiency Syndrome) appeared, due to intravenous injections of heroin in bad conditions.

when a sense is stimulated at the same time than another). And there is some euphoria, such that any joke or gag triggers good mood.

Intellectuals and artists have not created the fashion of drugs use. It existed already in the 18th century (the cordials). But they have strengthened it. Sometimes, the students took amphetamines before exams. Sportsmen took drugs to upgrade performance. Then, there were the hippies taking LSD. The show business took cocaine, and so did the “golden boys” (the traders). Those having to bear sufferings, jobless youngsters, or victims of racism or discrimination had recourse to drugs (Olievenstein, 2000). Someday, the price of cocaine lowered and the consumption extended. Finally, almost all the middle class has tried or used (on a regular basis) drugs (see the title of the book of Dr. Barsony). Many factors are involved: Drug use is a distinctive sign (among rich people), or it is imitation of rich people by those having less money, or it is the pleasure of challenging prohibition, or it is really a need of anomic people, etc. It is also “emotional luxury” in the terms of Lipovetsky. Drugs are painkillers and provide comfort, and they also provide euphoria and pleasure. They are part of the urban way of life at the time of the consumer society. They upgrade one’s performance, allow bearing the frantic pace of urban life (to work five days, then to take heroin or ecstasy during the weekend), they are useful to build one’s experience (sensations and emotions) and one’s image, etc.

The Successive Waves of Moralizing

There were three successive waves of moralizing:

(1) The first dated from the beginning of the 20th century. In our opinion, it was due to the proletarian misery at this time. Alcohol drinking in this context of misery is well-documented in famous novels: *L’assommoir (The Bat)* by the French Emile Zola, *The Jungle* by the American Upton Sinclair, or the Jack London’s report *The People of the Abyss*. Also, in the “underworld”, heroin was often taken. Leagues and personalities militated in favor of the prohibition of alcohol. The goal was moralizing the proletariat. It was also the goal of urban planners, concerning their projects of “company towns”. The Volstead Act triggered the prohibition from 1920 to 1934. It failed for many reasons: The consumption did not decrease, the price increased, Americans drunk an alcohol of bad quality, triggering illness, the traffickers were rich, etc. The Harrison act concerned opium and the Marijuana Tax Act concerned marijuana⁷. The jails in the USA were full of people sentenced for drug use or traffic. The other countries imitated the USA, but laws were more or less enforced;

(2) The second wave dated from the Cold War. There was a rumor that Soviet Union would flood the USA with drugs, to undermine the country. The goal of the Boggs Act was hard repression: All was in the hands of police, the judges were no more concerned. Doctors, pharmacists, advocates, and intellectuals (H. S. Becker) protested this law. Not only the doctors and the pharmacists lost their role (before it was possible to buy drugs by asking them for it), but they were trapped by policemen simulating to be customers. It is the time of the “junkie”, a poor youngster living for drug, selling it to be able to buy it, etc.;

(3) The third wave dated from the 1960s and 1970s. In the USA, a struggle between proponents and opponents to drug use begins. According to Escototado, the opponents won from a material point of view,

⁷ The vote of this law has been triggered by a “moral entrepreneur”, to use the words of H. S. Becker. It was the Bureau of Narcotics. This law was not in accordance with the constitution of the USA. Therefore, consumption and traffic were prohibited thanks to a huge taxation. The activity of the Bureau of Narcotics consisted in: (1) giving advices to states to write laws prohibiting marijuana; (2) diffusing statistics on usage and traffic, insisting on a murder committed in Florida by a drug user; and (3) lobbying the Congress and the Federal Administration to obtain the vote of the law (Becker, 1995).

while the proponents won from a moral point of view. Millions of Americans took LSD and marijuana. At this time, the “therapeuticism” (according to Escotado) appears. It is the Olivenstein’s “approach by repression” and “approach by the product”: The drug trafficker is a criminal and the drug user is a patient. Strangely, the other countries followed the USA. Almost all ratified some conventions in Vienna (1971, 1988), allowing the United Nations struggling against production, traffic, and use of drugs. In France, only in the beginning of the 1970s, the size of the department of police struggling against drug traffic and use became important. Even, at this time, it was prohibited by law to praise drug use (in books or speeches in public).

To sum up, shocks on the society trigger a reaction of order. But, the rebel creates the order and the order creates the rebel (Escotado, 1995). At some time, the choice of repression is challenged. Of course, law can be changed. The condition is a majority in the opinion which appears, wanting this change.

Conclusions

Now we propose two scenarios, one on decriminalization/legalization of drugs, and the other on repression again. We shall take into account what has been shown in the paper:

(1) There is a trend in the cities toward invention and diffusion of new pleasures. Drug use corresponds to the Second Modernity according to Lipovetsky: hedonism, individualism, and search for happiness. Repression should correspond more to the First Modernity: self-control. Also, with the democratization of luxury has appeared an “emotional luxury” (Lipovetsky, 2003), which affords emotions and sensations. Of course, it is provided by drugs;

(2) The involved actors have often changed their mind, in the past. It could happen again: It would be enough if a majority appears, in favor of drug use. Doctors would have a role: They should give advices to drug users in lawful conditions and they would be in charge of the very serious cases (dependency) which would exist. Even, they could treat the most serious cases in better conditions: The recourse to them would be lawful. Today, it is more or less mandatory and drug users hesitate to consult a doctor and accept a treatment (under control) or to go in jail. The states would win more taxes and make economies (The struggle against drug use and traffic is costly);

(3) Economic factors matter. Recently in the European Union, one has decided to count drug use (and prostitution) in the national product of every country. In case of legalization of drugs, a sector would appear: cultivation of plants, transport, transformation, and sale of drug.

A Scenario on Decriminalization/Legalization of Drugs

Decriminalization is to allow drug use. Production and traffic remain unlawful. In principle, the price decreases: A user can change his (her) provider, since he (she) no more fears to be denounced to police. Also, the product should be of better quality (Again, since a user can change his provider). When the price is high, poor users are incited to buy a product of bad quality. Illicit profit from traffic decreases. In the Nederland, where marijuana use is tolerated, one can cultivate the plant (cannabis) at a small scale, not selling it.

The legalization is to allow production, sale, and use. In the State of Colorado (in the USA) where legalization has been decided one year ago, the growing of cannabis and the sale are under the control of the state. It allows the control of the quality of the product. Also, there are taxes. The results seem good: There have been just a few accidents, due to the Moreau de Tours’s “compelling impulses”. The beginners should receive advice from doctors (it is lawful) or experienced friends. In Portugal, where drugs are decriminalized

for years, the consumption did not increase, crime related to drug traffic has decreased, and more users have recourse to doctors. In Uruguay, an experiment of legalization of marijuana has started. In Colombia, all the drugs are legalized, and in Mexico, they are decriminalized, but the serious problems come from unlawful production and transport of cocaine which is sold in the USA, where it is forbidden. There are more and more experiments of this kind in the world. The results should incite opinion to accept decriminalization or legalization of drugs in many countries.

A Scenario on Repression Again

A new wave of moralizing is possible. For instance, if jihadism becomes a more and more terrible threat for Occidental countries, a scapegoat could be the drug user, to justify a moral crusade and order. However, it seems improbable. First, the link between the jihadist and drug is loose: Jihadists often make money thanks to drug traffic. Also, the Second Modernity involves: (1) individualism, therefore acceptance of any means allowing happiness, like drugs⁸; and (2) human rights, therefore refusal of restriction of individual freedom and privacy which is the consequence of moral crusade and order. More a product is diffused, more it is uneasy to prohibit its consumption. An example is the failure of the Volstead Act (the prohibition). Also, the repression of tobacco use in Russia, Iran, Turkey, and China has failed. As many drugs are popular (the use being for entertainment and occasional), it could trigger the failure of repression. And the existence of repression makes usage more attractive (Therefore, it remains popular).

A third scenario is possible, in which political freedom would be curtailed (mass surveillance of internet to thwart a terrible threat), but freedom of use of drugs would be a concession. There is a historical example. In the book *Qu'est-ce qu'une drogue? (What Is a drug?)*, edited by H. S. Becker, an interesting article, "*Changements dans les politiques et les politiques de la drogue dans les pays de l'Europe du Sud et de l'Est*" ("Changes in Politics and Drug Policy in the Countries of Southern and Eastern Europe") by Jérôme Ferret, describes how the Communist regimes in Central Europe conceded the free use of drugs, after the invasion of Czechoslovakia in 1968. There was less political freedom in these countries after 1968 than claimed by the citizens. In compensation, there was a tolerance of drugs. When Communism ceased in these countries (around 1990), use of drugs was freer there than in the countries of the European Community. The same could occur if there was a shock on society. Again, such a scenario seems improbable, since it requires big changes: (1) a terrible threat; and (2) the activity of a "moral entrepreneur" such as the Bureau of Narcotics at the time of the Marijuana Tax Act (1937). Currently, there is no trend toward authoritarian regimes in developed countries, in Japan, in North America, or in Europe, except perhaps in Hungary.

There is no society without drugs (Olievenstein, 2000). But the community decides how drugs are used. In the cities, facts and how the stake is considered by actors (the users themselves, doctors, opinion, etc.) should be observed and examined. The paramount goal should be to understand the evolution of opinion: Today, opinion is all powerful, and when a majority will appear, concerning the use of drugs, a definitive choice between repression and tolerance will be made. In any case, discussion will last a long time. Today, the controversial topic is the supervised injection sites (places where drug users find a help when they want to make an injection). Interestingly, there are diverse reactions (acceptance or refusal) of people living in the surroundings of the sites. Depending on the city, the drug users are accepted in the urban space or excluded from it. This happened to tobacco smokers. Today, they are allowed to smoke tobacco as they want, but not in

⁸ It is the argument of the hippies in the 1960s: "My body belongs to me, I treat it as I want".

some places (public spaces). But they are not stigmatized. In other words, it is not the question of their pleasure, but only the question of fear of transmission of diseases and the “presentation of the self”. Returning to the topic of drugs, we see how things could progress. In Spain and the Nederland, the supervised injection sites have been more accepted than in other European countries. Of course, it is because in these countries, drug (marijuana, cannabis) is decriminalized or tolerated: The users do not infringe laws. The law facilitates an evolution of the society, and then this triggers laws again, etc.

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