

Crack in the Rearview Mirror: Deconstructing Drug War Mythology

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The abuse of tea has taken on the characteristics of a plague. It is not only confined to men, but has even spread to women and children. The situation is becoming very dangerous. Tea abuse...takes the form of an imperious and irresistible craving.

— a Tunisian physician in the 1930s, commenting on the effects of tea when it first arrived in his country. Cited in *The Economist* (August 8, 2002).

IN THE LATE 1970s, CRACK FIRST CAME ON THE SCENE IN THE FORM OF COCAINE freebasing. Many of its users were stockbrokers and investment bankers, rock stars, Hollywood types, and a few pro athletes. Some of them began to get into trouble with this form of cocaine use, showing up in hospital emergency rooms and police stations. Congress passed new laws to extend health insurance coverage to include drug treatment. The treatment industry expanded the number of beds available.

In the mid-1980s, crack use spread into America's inner cities among impoverished African Americans and Latinos. Some of them began to get into trouble with this form of cocaine use, showing up in hospital emergency rooms and police stations. Congress passed new laws to extend the length of criminal sentences for crack offenses. The prison industry expanded the number of cells available.

The new laws against crack helped to drive the most massive wave of imprisonment in the history of the United States (Bureau of Justice Statistics, 1995: Table 1.5). The number of persons incarcerated increased each year from 1986 through 2000, helping to triple the prison population and giving the U.S. the

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highest rate of incarceration of any modern democracy. The number of drug offenders in prison grew eightfold, from about 50,000 in the early Reagan years to about 400,000 at the start of the second Bush administration. This bulging prison population was disproportionately comprised of poor people of color, most of whom had not committed violent crimes (Irwin and Austin, 1994; Parenti, 1999; Bureau of Justice Statistics, 2001).

Politicians typically justified their harsh crack-era laws in terms of the need to deter people from using and selling crack. But in the context of persistently high unemployment and crushing poverty in the inner cities, imprisoning large numbers of people had the paradoxical effect of *increasing* the total number of youth involved in the illicit drug economy. One person's arrest was another's job opportunity. Meanwhile, even after years of unprecedented imprisonment, hard-core drug abuse, overdose deaths, and the spread of AIDS drag on unabated (Treaster, 1992; SAMHSA, 2001).

A reasonable person might infer from the above facts that politicians, the media, and the drug-control complex conspired to repress the so-called urban underclass. Many people in the African American and Latino communities have found it difficult to avoid this conclusion. No one who honestly ponders the state of race relations or the level and pattern of economic inequality in the U.S. can doubt that it is at least plausible. Indeed, even after the prevalence of crack use had declined sharply in the early 1990s (Johnston et al., 2003: Table 5.2), the number of drug arrests of impoverished inner-city youth continued to rise — fewer and fewer for crack, more and more for marijuana (Bureau of Justice Statistics, 2001). At the very least, it is now clear that the laws rushed through Congress during the crack scare of the late 1980s had political purposes and racist consequences (see Beckett, 1997).

Our critique of the crack scare draws upon a tradition begun by Alfred Lindesmith and Howard Becker. Lindesmith (1947, 1965) studied opiate addicts ethnographically. His deeply sociological account of the process of addiction took the addict's point of view and called attention to unhelpful role played by criminalization. Such heresies put him on the enemies list of the Federal Bureau of Narcotics, with whom he battled for many years. Becker's seminal book, *Outsiders* (1963), outlined what came to be called "labeling theory," a framework that helped pave the way for social constructionist approaches to deviance and social problems and for critical criminology. Becker demonstrated that "deviance" is not an intrinsic property of behaviors or persons, but rather a label affixed to them by social control agents. One of Becker's key illustrations was the Marijuana Tax Act of 1937, the first federal law to criminalize marijuana use. He showed how a "moral entrepreneur" — Harry Anslinger, a Prohibition agent appointed to head the Federal Bureau of Narcotics — employed media manipulation, stereotyping, and scapegoating to arouse public fear and get Congress to pass the law he wanted.

Now that the passage of time has given us some distance on the fears and

passions that animated the crack scare, what can we learn by looking at it in the rearview mirror? Perhaps the now well-documented excesses and failures of the war on drugs that crack spawned have given us an opportunity to consider ideas that were once too heretical to hear. Perhaps we can seize this opening to move toward more effective and more humane drug policies. If so, a good place to begin is with the deconstruction of the five core myths about crack that helped to shape a public discourse in which a war against some of our own citizens and mass imprisonment of the poor became “thinkable” public policy.

Myth #1: Crack Is a Different Drug Than Cocaine

From the beginning of the crack scare in early 1986, politicians and the media found it useful to speak of crack as if it were an entirely new substance with unprecedented powers. This was false. Crack was only a new form of a very old substance. Crack is cocaine that has been cooked down to a smokeable base form, but its active ingredient is entirely cocaine, a drug in use in the U.S. for over a century.

Crack was new, however, in two ways. First, it was a *relatively* new mode of ingesting cocaine. It was not entirely new, for a small fraction of extreme cocaine users had been smoking cocaine base, a practice they called “freebasing,” for several years before the word “crack” was coined to describe the same drug, used in the same way, but by different people (Siegel, R., 1982; Inciardi, 1987). Freebasing, however, did not fire the imaginations of politicians and the media and so remained little known. Whether called crack or freebase, smoking cocaine does, by all accounts, yield a more intense “rush.” Just as humans can get more drunk much faster by downing shots of vodka than by sipping wine, so can we get a more intense “rush” by smoking crack cocaine than by snorting powder cocaine. When smoked, cocaine enters the lungs and thus the bloodstream and the brain very quickly and nearly all at once, much like when it is injected. But when snorted, cocaine is absorbed slowly through the nasal membranes, with smaller amounts reaching the bloodstream and the brain a little at a time.

Crack was also new in a second and perhaps more important sense. Unlike powder cocaine, which was typically sold in half-gram or one-gram units for \$50 to \$100 in the mid-1980s, crack was sold in small “rocks” for \$5 to \$10. Whereas powder cocaine tended to be used in private settings among more affluent people, crack was sold by and to a whole new class of people on inner-city street corners. In short, crack was a *marketing innovation*, not a new drug.

The claim that crack was a new, deeply dangerous drug allowed the media to write dramatic stories about it and politicians to scapegoat and pass punitive new laws against it. But this claim was not based so much on the increased intensity of this mode of cocaine ingestion as on its new market niche among the “dangerous class” of impoverished black and brown people (see Becker, 1963, on how anti-Mexican prejudice was similarly employed in the crusade against marijuana,

and Duster, 1970, on how a shift in the user base of opiates from whites to blacks helped to precipitate the shift from a medical or public health approach to criminalization). If the crack scare really had been about a new and extreme high, then freebasing and injecting cocaine would have been made subject to similarly extreme punishments long before anyone had ever heard of crack.

Myth #2: Crack Is Instantly and Inevitably Addicting

In the spring of 1986, *Newsweek* helped to kick off the crack scare with a cover story entitled “Kids and Cocaine.” It quoted an addiction treatment entrepreneur who claimed that crack caused “instantaneous addiction” and was “the most addictive drug known to man” (March 17, 1986: 58–59). The journalists who wrote this story betrayed no sense of skepticism about the first claim, which was brand new, or the second claim, which was quite old. Throughout the 19th century, Temperance crusaders claimed that anyone who touched “demon drink” — then the “most addicting substance known to man” — would succumb (Levine, 1978; 1984). That was never true, of course; most people, then as now, drank in moderation. But even after alcohol Prohibition was discredited and repealed, self-interested “moral entrepreneurs” (Becker, 1963) continued to make the same sort of misleading claims about opiates, cocaine, and even marijuana. But in spring 1986, *Newsweek* (June 15: 15) wrote as if none of this had ever occurred before, going so far as to claim that crack was the biggest story since Vietnam and Watergate.

Unfortunately, *Newsweek* was not alone in its historical amnesia. Virtually all major magazines, newspapers, and TV networks repeated the same wild, unsubstantiated claims about instantaneous addiction dozens of times from 1986 to 1992, although they reached a particularly feverish pitch during the election seasons of 1986 and 1988 (Reinarman and Levine, 1989; 1997; Reeves and Campbell, 1994). In 1988, the *New York Times* published a three-part, front-page series called “The Crack Plague” (June 24, 1988: A1). The word “plague” was routinely used by the media, with *Newsweek* claiming that “nearly everyone” agreed that this “plague is all but universal” (August 11, 1986: 19). But as we will show in the next section, it was never accurate.

Two years later, the *New York Times* noted that “America discovered crack and overdosed on oratory” (October 4, 1988), without ever letting on that it, too, had published many such exaggerated stories. Similarly, after publishing its fair share of scare stories about crack, the *Washington Post* editorialized against what it called a “hyperbole epidemic” in media coverage of crack in which a “proper sense of perspective” had been lost and “politicians are doing a number on people’s heads” (Harwood, 1989: D6; see also Beckett, 1997).

There was, of course, a kernel of truth in the scare stories. Many users reported that crack’s intense rush was powerfully pleasurable and reinforcing (e.g., Reinarman and Levine, 1997: 77–97; Morgan and Zimmer, 1997: 142–149). The fleeting high, combined with the “low” that immediately followed it, often left users

craving another hit. Some of them reported feeling unable to stop smoking crack and attributed a wide array of their troubles to it. They understood and referred to themselves in the terms culturally available for describing such feelings, “addicts.” But careful attention to their reports shows that craving and feeling unable to stop more often than not occurred *within binges* of crack use. Many users engaged in crack binges without ever reorganizing their lives into one long binge. There is little doubt that many crack users engaged in compulsive use, but it was more often an *episodic compulsion* than one that took over their daily lives beyond binges.

The evidence that crack was neither instantly nor inevitably addicting was available in every government survey on drug use that asked about crack from 1987 on. For example, Figure 1 (found at the end of the article) displays recent data from a top-quality survey funded by the National Institute on Drug Abuse to measure the prevalence of drug use among young people. It contains two crucial facts. First, the “Lifetime” prevalence column shows that despite the hysteria about crack “killing a whole generation of our children” (*Time*, September 22, 1986: 25), *less than five percent of 18 to 29 year olds in the U.S. have ever tried it*, let alone gone on to use it regularly, abuse it, get addicted to it, or die from it. That was true at the start of the crack scare in 1986 (see Johnston et al., 1988) and it is true now, in 2004.

Second, and more to the point, comparing across columns in Figure 1 shows exceptionally high rates of *discontinuation* — that is, of those who have ever tried crack, 80% have not used it in the past year, and over 90% have not used it in the past month. Either crack users have discovered the most miraculous mode of addiction treatment ever known and kept it secret, or the vast majority of people who try crack cocaine simply do not go on to become regular users, much less hopeless addicts.

Indeed, the same media that originally made false or misleading claims about crack being “instantaneously addicting” later admitted as much. In 1990, for example, *Newsweek* wrote:

Don’t tell the kids, but there’s a dirty little secret about crack; as with most other drugs, a lot of people use it without getting addicted. In their zeal to shield young people from the plague of drugs, the media and many drug educators have hyped instant and total addiction (February 19, 1990: 74–75).

Though *Newsweek*’s admission was welcome if belated, it did not include an acknowledgment that *Newsweek* itself had been among the first to have “hyped instant and total addiction” and to have quoted, uncritically, the unsubstantiated claims of “drug educators” about crack cocaine.

Myth #3: Crack Spread to All Sectors of Society

On May 23, 1986, NBC’s Tom Brokaw reported that crack had become America’s “drug of choice.” This was an extraordinary claim. At that point the

National Household Survey on Drug Abuse showed that about 60 million Americans had at least tried marijuana, with about 10 million using it in the month prior to the survey (NIDA, 1988). It also showed that *either* alcohol *or* tobacco use alone dwarfed the use of all illicit drugs *combined*. But crack use was so new that neither the Household Survey nor the Monitoring the Future survey of high school students had even begun to measure it, so no one knew how widespread it was. What was known at the time was that most Americans had never heard of crack until claims like Brokaw's were broadcast nationwide, and that only a tiny percentage of those who had ever tried cocaine used it in crack form.

But the media apparently were not willing to let the absence of evidence get in the way of a good story. Available at the time were anecdotes about people who had used crack and fallen into the abyss of addiction — just the sort of ruin and redemption tales that make for the melodrama media executives believe attracts viewers and readers. So they substituted clinical anecdotes and recovery narratives for epidemiological evidence, routinely invoking the words “plague” and “epidemic” to put the most fearful spin possible on the emergence of a new form of illicit drug use.

In spring 1986, *Newsweek* claimed that crack was “rapidly spreading into the suburbs” (March 17: 58–9) and described the spread of crack use as an “epidemic” like a “medieval plague” that was literally destroying American society (June 16, 1986: 5). *U.S. News and World Report* made a nearly identical claim about crack spreading to affluent suburbs (July 28, 1986: 49). The *New York Times* published several front-page stories claiming that crack was spreading across society, from the inner cities to “the wealthiest suburbs of Westchester County” (March 20: A1; April 27: A1), spreading “among the middle class” (June 8: A1), and reaching “epidemic” proportions in the suburbs of Long Island (June 8: A5).

It is certainly true that some middle-class and affluent people tried crack. Over 22 million Americans, many from the suburbs, had used cocaine at that point (NIDA, 1988). A small minority of them tried smoking it in freebase or crack form, and some smaller minority of that minority smoked it enough to get into trouble with it.

But the word “epidemic” usually connotes a contagious disease that is spreading rapidly across all of society. The word “plague” usually refers to the bubonic plague, a deadly bacterial disease that killed tens of millions of people in a few years during the Middle Ages. If these words are taken for what they mean in plain English, then media claims that crack use was an epidemic or plague spreading across society — pulling whomever it touched into the maw of addiction and death — were never accurate. Contrary to the confident predictions of politicians, police chiefs, drug treatment entrepreneurs, and the media, crack use never spread very far outside impoverished inner-city neighborhoods.

Precisely because crack yields an extremely intense, momentary high followed immediately by a low that is experienced as painful, it is a form of drug use that

lends itself to bingeing (Morgan and Zimmer, 1997: 142–147; Reinarman et al., 1997: 77–80). But long, expensive, and exhausting binges are not a form of drug use that very many people can engage in regularly without seriously disrupting their lives. This is one key reason most people of all classes and ethnicities who try it soon steer clear of it (see Figure 1). People who live at the margins of society, however, people without education, jobs, or life chances, people in pain and despair, are more likely to find the few moments of crack's extreme pleasure worth the risks.

If we were to design a rigorous experiment to test this hypothesis, we would want to compare the susceptibility of two groups of young people, one upper middle class and the other impoverished. We would want the two groups to live near each other and for both to have access to crack. We would also want these conditions to hold for a number of years so we could see how things turned out over time. Most of America's major cities conducted just this experiment, in effect, in the late 1980s. They found that crack spread predominantly among the most impoverished, disfranchised, and vulnerable segments of the population, while relatively few of their more well-to-do neighbors even experimented briefly with it.

For all their lurid stories about the spread of crack into all segments of society, did *Newsweek* or the *New York Times* ever find even one high school in an affluent middle-class suburb experiencing significant crack use? Has there been any significant crack use among, say, students at Columbia University, who live within blocks of the crack sales points repeatedly reported in the *Times*? The answer is “no” on both counts. If there had ever been any hint of these developments, the media would have pounced on such stories as if they were end zone fumbles, with headlines like “The School They Call ‘Crack High’” or “Ivy League Crackheads.”

The media did not write these stories because crack did not spread far beyond the most marginalized and vulnerable segments of society, which is precisely where the *consequences* (if not always the prevalence) of most hard drug abuse have always been concentrated. Jefferson Morley of the *Washington Post*, one of the few journalists with the courage to try crack before reporting on it, captured this point well: “If all you have in life are bad choices, crack may not be the most unpleasant of them” (1989: 12). In short, relatively few people who had even decent choices available to them chose crack very often or for very long.

By 1989, after serving as a key source of the claim that an “epidemic” of crack use was spreading over the suburbs and the nation, the *New York Times* reported (albeit far from the front page) that the opposite was true. Aside from “a few urban pockets” in suburban counties, the *Times* noted, “educators, law enforcement officials, and young people say crack and most other narcotics are rarely seen in the suburbs, whether modest or wealthy.” Crack, the paper finally admitted, “is confined mainly to poor urban neighborhoods” (October 7, 1989: A26). The admission was a welcome instance of journalistic integrity. The only

problem was, by then Congress had passed extremely harsh new laws against crack and financed an imprisonment binge.

Each year the National Institute on Drug Abuse sponsors an annual survey of over 50,000 high school students by top survey researchers at the University of Michigan. This survey found that that crack use was highest in 1986, when 4.1% of high school seniors reported having tried it that year. After that, the last-year prevalence of crack use declined steadily for several years. By 1991, it had dropped to 1.5%, and it has remained at roughly half the 1986 level since then (Johnston et al., 2003: Table 5.2). After six years of an “epidemic” or “plague” that was to have killed “a whole generation,” the University of Michigan (1994) press release announcing the 1993 survey findings did not even contain the word “crack.” The prevalence of crack was so small that it did not register on the appended graph. The press release did not mention that the oft-trumpeted crack “plague” had not materialized. It did note, however, a “three or four percentage point” rise (p. 2) in the number of students who had used marijuana at least once in the past year and on this basis exclaimed that “drug use among American young people has been making a clear comeback” (p. 1).

A decade after the crack scare, after Congress passed punitive new laws and police had made tens of thousands of arrests, *New York Times* reporter Timothy Egan wrote an in-depth, retrospective analysis of crack that finally got the story straight:

crack was never America’s drug of choice — it did not come close.... Crack was never the epidemic it was held up to be.... Although crack was labeled the world’s most addictive drug, 10 years of national surveys have shown that most people who try crack do not continue using it (*New York Times*, February 28, 1999: A1).

Stories reporting complex truths — that the problems possible with any drug are contingent on the context of use and thus limited to a relatively small, susceptible segment of the population — attract fewer readers and viewers than do stories claiming that “instant addiction” could “happen to anyone” (Best, 1999). News is a business, so the fact that the media construct their stories so as to maximize market share should not surprise. Yet the resulting mis-framing amounts to a kind of journalistic malpractice that fomented false fears and helped to drum up support for the repressive laws that are now widely regretted.

Myth #4: Crack Causes Crime and Violence

The media and drug control officials repeatedly claimed that crack was so powerfully addictive that it drove users to desperate acts of crime and violence. Politicians repeated these claims to justify their uniquely punitive new laws against crack. It turns out, however, that this allegation, too, needs complicating.

At the peak of the crack scare, Dr. Paul Goldstein and a group of his colleagues

worked with the New York City Police Department to investigate the nature and extent of drug-related homicides in New York City in 1988. Their research was funded by the National Institute of Justice, which later distributed a summary of their report as a model study of an important issue. After reviewing hundreds of homicide cases the police had filed as “drug-related,” Goldstein’s team found three distinct ways that drugs and violence can be related (Goldstein et al., 1989).

The first type was *psychopharmacological*, in which people ingest a drug and because of its presumed effects become irritated, excited, enraged, emboldened, or irrational and thus violent. The second type was what Goldstein and his colleagues called *economic compulsive*. Here the craving for a drug is held to compel the perpetrator to engage in economic crimes to finance costly drug use, in the course of which crimes something goes wrong and a victim is killed. The third type of drug-related homicide was termed *systemic*, meaning related to the black market drug distribution system. For example, violence can arise from the exigencies of doing business in illicit drug markets, where the monetary stakes are often very large, but where the parties have no recourse to legal means of dispute resolution. This category included homicides that resulted from territorial disputes between rival dealers, robberies of dealers, and punishment for failing to pay drug or dealing-related debts.

Surprisingly, of the 414 homicides in New York City in 1988 that the police defined as drug-related, only 7.5% were psychopharmacological in nature, where a drug’s effects were said to be the cause. In most of these cases the drug involved was alcohol; only a handful in this category involved crack. Equally unexpected was their finding that only about two percent of the drug-related homicides were of the economic compulsion variety. In these cases, crack users seeking money to finance their use committed robberies or burglaries in which a victim was killed. By far the largest number of drug-related homicides was of the systemic type — nearly three-fourths (74.3%) of the total. That is, the overwhelming majority of drug-related homicides in New York City at the peak of the crack “epidemic” had to do with the dangers of doing business in a black market rather than with the direct behavioral effects of crack or even with crimes born of a craving for crack.

This is not to say that crack was not related to homicides or other crimes. Rather, it means that the phrase “crack-related murders” rhetorically lumps together quite different types of criminal scenarios. In each case, the results were tragic and morally inexcusable, but the causal mechanisms were far more complicated than we had been led to believe by crack scare rhetoric and “crackhead” stereotypes. There were crucial contextual factors involved in most of these cases, including, for example, pre-crack criminality and the widespread availability of powerful handguns.

There are enormous sums to be made whenever a desired product is not legally available. Like their more well-heeled brethren in licit markets like Wall

Street, illicit drug sellers compete fiercely for market share and profits. When laws criminalizing that trade are designed to make it as dangerous as possible in the hope of deterring it, we should not be shocked when illicit drug dealing tends to attract those who are (or quickly learn they must become) callous and violent. In short, if we insert these sorts of people into a context of big money, easy access to weapons, the absence of lawful regulation, and desperate poverty, the wonder is why there weren't *more* "crack-related homicides."

Subsequent research by respected criminologists tends to support this more complex view of the crack-crime nexus. Zimring and Hawkins (1997), for example, have shown that where known violence-producing structural conditions are already in place, crack sales and other black market drug distribution systems can exacerbate the risks of homicide and other violence. Ousey and Lee further tested their "contingent cause" model by examining the homicide rates of 122 U.S. cities before, during, and after the crack scare. They, too, found that it is illicit drug *market* activity that is most strongly related to homicide rates, and that this relationship is contingent upon "preexisting, violence-conducive socioeconomic conditions" (Ousey and Lee, 2002: 73).

Again, these studies do not imply that crack was utterly unrelated to crime. Rather, they indicate that the relationship between crack and crime is first of all complex and comprised of many factors, some having little to do with crack cocaine *per se*. Most important, these studies show that the bulk of what was called "crack-related crime" was a function of black market *systems* in impoverished areas, not the direct psychopharmacological effects of crack on human behavior.

This was known by the late 1980s, but it did not stop drug control officials and politicians from continuing to invoke the specter of "crack-related crime" to justify draconian laws and mass arrests and imprisonment. Indeed, even in 2002 officials from the same U.S. Justice Department that funded and then lauded the research by Goldstein and his colleagues continued to make just such simplistic claims to rationalize the gaping sentencing disparities between powder cocaine and crack cocaine ("Justice Department Opposes Lower Jail Terms for Crack," *New York Times*, March 20, 2002: A19).

Myth #5: Crack Use During Pregnancy Produces Crack Babies

At the start of the crack scare in the fall of 1985, the news media began a series of startling stories about newborn infants who allegedly suffered severe and permanent health damage as fetuses because their mothers ingested cocaine during pregnancy. The forms of alleged damage ranged from premature birth, low birth weight, and central nervous system disturbances to more severe neurobehavioral disorders, brain damage, birth defects, and even sudden infant death syndrome.

The first such story was a short report on a pilot study of 28 pregnant women who had used cocaine, which had just been published in the *New England Journal of Medicine* (Chasnoff et al., 1985). The story listed the possible risks of using

cocaine during pregnancy, but took care to note that “not enough cocaine-using women were studied to provide definitive proof of these dangers” (*New York Times*, September 11, 1985: A20). The same day, *CBS Evening News* reported on the same study, but chose not to mention that the evidence was at that point anecdotal and the claims unproven. Nine days later, CBS ran an even more dramatic story that quoted a social worker who was following an 18-month-old “cocaine-exposed” infant. She predicted that this child would grow up to be “a twenty-one year old with an IQ of perhaps 50, barely able to dress herself.”

Within a few months, the concept of “crack babies” had been coined and a growing list of health horrors attached to it. *Newsweek* quoted a medical expert who predicted, “the long-term effects are going to be devastating.... I can easily see mentally retarded children, children who have severe difficulties in learning, severe difficulties in any motor movements at all, simple things like eating and dressing” (*Newsweek*, January 20, 1986: 50). Three years later, *Washington Post* columnist Charles Krauthammer was still stretching the already-stretched evidence when he caricatured “crack babies” as a “biological underclass”: “A cohort of babies is now being born whose future is closed to them from day one. Theirs will be a life of certain suffering, of probable deviance, of permanent inferiority. At best, a menial life of severe deprivation. And all this is biologically determined from birth” (*Washington Post*, July 30, 1989: C7).

Between the beginning burst of such claims in late 1985 and early 1986 and their tapering off to a trickle in 1993, the media and politicians told hundreds of horror stories about “cocaine-exposed” infants and then “crack babies.” Most implied that medical science was the empirical ground for their claims of severe health damage. Yet, while media stories mounted into a crescendo of such claims during the crack scare, the medical evidence supporting them was growing *weaker*. Most of the early evidence came in the form of clinical anecdotes and a handful of pilot studies marked by significant methodological limitations (Mayes et al., 1992). As soon as studies with larger samples, comparison groups, and multivariate designs allowed researchers to control for confounding variables and to assess the *independent* effects of cocaine exposure, empirical support for the major claims of fetal “damage” either declined or disappeared. Moreover, with few exceptions, the more rigorous and sophisticated the methodology used in a study, the *less* likely that clinically significant effects of *in utero* cocaine exposure were found.

A 1992 article in the *Journal of the American Medical Association* lamented what the authors termed a “rush to judgment” about so-called crack babies on the basis of thin evidence (Mayes et al., 1992: 406; see also Morgan and Zimmer, 1997: 152). Though cocaine use, like most other drug use, is surely not advisable during pregnancy, a growing body of medical research shows that the impact of cocaine exposure per se on newborn health and development was, at best, greatly exaggerated in media accounts.

Similarly, Dr. Ira Chasnoff, whose early reports warning of “cocaine-damaged

babies” sparked the first news stories, wrote after more systematic research that he had “never seen a ‘crack kid,’ and I doubt I ever will” (1993: 288). He wrote this in a special issue of the medical journal *Neurotoxicology and Teratology* devoted to correcting the misinformation about cocaine and pregnancy that had been spread by dramatic but simplistic stories in the media. Other leading medical scientists researching this phenomena made much the same point: “The public outcry for the punishment of substance-using mothers and the disenfranchisement of their children as an unsalvageable, almost demonic ‘biological underclass’ rests not on scientific findings but upon media hysteria fueled by selected anecdotes” (Frank et al., 1993: 299).

Most media reports and politicians’ speeches presumed the entitivity of “crack babies” — presumed that infants exposed to crack *in utero* were a discrete diagnostic entity. This was false. Medical researchers quickly discovered that it was extremely difficult to distinguish “crack babies” from other babies born to similarly impoverished mothers. Further, most of those who used crack during pregnancy also consumed alcohol, tobacco, and other drugs, had poor nutrition, lacked prenatal care, and often suffered domestic violence during pregnancy (see Zuckerman et al., 1989; Murphy and Rosenbaum, 1999; Humphries, 1999). With so many other known risk factors present, it is nearly impossible to isolate the effects attributed to *in utero* cocaine exposure.

Many media reports and politicians’ speeches repeated the claim that there were some 375,000 “crack babies” born each year in the U.S. But this was a kind of imbricated speculation — an extrapolation from estimates that were not rooted in solid epidemiological evidence. As soon as more sophisticated studies controlled for many of the other variables known to be capable of producing health problems in infants, this frightening estimate fell out of use.

The media and politicians also claimed that all these health problems they attributed to crack were irreversible (“crack babies” will “never be right, never be whole”; crack exposure causes “biological inferiority stamped at birth”; “not the stuff Head Start can fix”). Yet once medical scientists conducted the proper follow-up studies on these infants, they found that nearly all of the allegedly irreversible damage attributed to crack could be undone with proper pediatric care and a decent home environment. Thus, the repeated estimates of untold billions in health care, education, and criminal justice costs that “375,000” or “a whole generation” of crack babies were going to incur over their lifetimes quietly slipped out of use, with nary a trace of retraction or correction.

In short, “crack babies” were more the product of the crack scare than of crack itself. At first, media claims raced ahead of the medical science on which they were purportedly based. But then media reports lagged behind or ignored the newer, more sophisticated medical studies that painted a more complicated picture, showing weak or no support for most of the initial claims. Before the necessary research had been conducted, the media’s dramatic stories about “crack babies” created

a heart-rending victim — supremely innocent, helpless, quivering, damaged for life at birth — and a villain made more villainous by the stock of stigmas already attached to her — mostly poor, mostly Black, on welfare, disreputable, deviant, and now a drug user who failed to stop using even when pregnant (Reeves and Campbell, 1994; Humphries, 1999; Murphy and Rosenbaum, 1999).

Armed with such compelling villains and victims as additional ammunition, politicians of both parties waged their war on drugs, scoring electoral points by passing harsh new laws against crack cocaine. Beyond the tens of thousands given long mandatory minimum sentences, these laws led to routine drug testing and the arrest and imprisonment of pregnant women across the U.S. — mostly poor women in public hospitals. Infants were removed from their mothers at birth and mothers were prosecuted for child abuse or endangerment, often on the basis of a single positive urine screen (Moss, 1990; Siegel, L., 1997; Humphries, 1999). Many pregnant women who had used powder or crack cocaine chose abortion rather than risk the health horrors the media said were inevitable (Koren and Graham, 1992; Murphy and Rosenbaum, 1999). Others were refused prenatal care or avoided it for fear of being arrested or losing custody of their babies (Chavkin, 1990; Chavkin and Kandall, 1990; Coles, 1990; Poland et al., 1993; Kearney et al., 1995).

These punitive laws were based on a putative link between cocaine exposure and fetal damage that had not been established in medical science when the media and politicians pressed it into service. Once the myth of the “crack baby” had become part of public discourse, no amount of medical science to the contrary seemed able to dislodge it.

Conclusion

There are obvious humanitarian reasons why all these myths still matter. They can be read as so many discursive walls imprisoning public understanding of drug problems and drug policy. They helped to create and sustain a drug scare that resulted in an unprecedented wave of imprisonment, disproportionately of poor people of color. But there are also pragmatic, utilitarian reasons why we should rethink the harsh laws and policies that emerged from the crack scare. The scare and the racist repression it fomented have further eroded the legitimacy of the criminal justice system.

British historian E.P. Thompson’s classic study, *Whigs and Hunters* (1975), tells the story of the Black Act of 1723, “an act for the more effectual punishing of wicked and evil-disposed persons going armed in disguise” (1975: 270). This extraordinary law redefined dozens of traditional rural activities such as hunting, fishing, and gathering wood into felonies for which, if committed in disguise, they “shall suffer death...without benefit of clergy” (1975: 271). The ancient economy of the “foresters,” gentry and peasant alike, relied on forests as the source of food, fuel, and building materials. These traditional practices had come into conflict

with the emerging modern economy run by the King's newly moneyed officers and courtiers, who had begun to claim common lands as private preserves for deer hunting ("deer parks"). Traditional country people began to strike back at what they perceived as abridgements of their common rights by painting their faces black in disguise to continue hunting, fishing, and gathering wood.

The Black Act set out to punish these activities so ferociously because they explicitly challenged the then-fragile authority of the state. Walpole and the ruling Whig government found such rural dissent deeply threatening to the "delicate structure of patronage" on which the legitimacy of the English state then depended (Sutton, 2001: 90). In the cool, clear light of retrospect, it is easy to see that the Black Act's severe punitiveness paradoxically undermined the legitimacy of the very regime it was designed to buttress.

The Black Act was not an isolated case but an emblematic one. As Troy Duster (1997), among others, has noted, from the late 18th into the early 19th century, the criminal justice systems of many Western societies experienced similar crises of credibility. In those days, ruling monarchs often enacted whatever laws they felt like and appointed judges who often catered to their whims. Punishments varied wildly for the same crimes. The law was broadly and accurately perceived to be capricious and arbitrary. As in Hugo's *Les Misérables*, some thieves got long prison sentences for stealing a loaf of bread, while some murderers served less than a year.

Such unduly harsh and chaotic punishments were eroding the legitimacy of state power at precisely the moment when European nations were trying to establish the rule of law. Penal reform had become a hot topic for moral philosophers like Montesquieu, Rousseau, and Voltaire, and for a variety of legal scholars like Cesare Beccaria and Jeremy Bentham. All shared the goals of greater proportionality, or making the punishment fit the crime, and justice, applying the laws evenly to everyone. By the 19th century, making penal law less the capricious weapon of royalty and more the rational, fair, and consistent tool of the nation-state was understood as an urgent task throughout most Western European democracies.

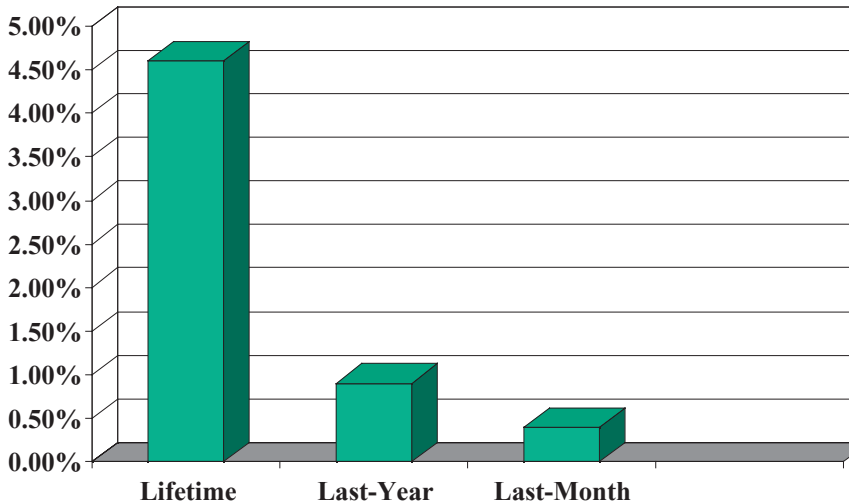
This history should make us wonder how America's late-20th-century drug laws will be understood a century or two from now. The harsh crack-era laws established longer mandatory minimum sentences for more drug offenses. They helped to triple the prison population, largely with low-level, nonviolent offenders who are disproportionately poor people of color. Like the Black Act, this combination of disproportionate punitiveness and unequal enforcement has further cracked the credibility of the U.S. criminal justice system. The U.S. imprisons a higher proportion of its citizens than any other modern democracy, and a far higher proportion for drug offenses. Many of our leading judges, most of our nation's closest allies, and a growing chorus of international human rights organizations all view the U.S. drug war and imprisonment wave of 1986 to 2000 as not merely ineffective, but as profoundly inhumane and unjust.

Looking back at crack, we can now see that a more effective and humane response would have been a Marshall Plan for America's inner cities — providing desperately needed housing, schools, jobs, and realistic hopes for a better life. What the U.S. mounted instead was more like a Dresden Plan — sparing no expense for overwhelming repression. One way to begin to rethink drug policy at the start of the 21st century is to return to that 19th-century moment when greater proportionality and justice was the order of the day.

*That justice is a blind goddess
Is a thing to which we poor are wise:
Her bandage hides two festering sores
That once, perhaps, were eyes.*

— Langston Hughes

Figure 1:
Discontinuation of Crack Use:
Lifetime, Last-Year, and Last-Month Prevalence, Ages 19 to 28



Source: National Institute on Drug Abuse, *Monitoring the Future Survey*, 2001.

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