

REVIEW ESSAY

Recreation as Vice: Drugs in Twentieth-Century Canada

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Catherine Carstairs, *Jailed for Possession: Illegal Drug Use, Regulation, and Power in Canada, 1920-1961* (Toronto: University of Toronto Press 2006).

Marcel Martel, *Not This Time: Canadians, Public Policy, and the Marijuana Question, 1961-1975* (Toronto: University of Toronto Press 2006).

Jarrett Rudy, *The Freedom to Smoke: Tobacco Consumption and Identity* (Montreal and Kingston, McGill-Queen's University Press 2005).

This morning, countless millions of us ingested heavy doses of caffeine. Many enhanced the pleasure by adding sugar. Some also inhaled nicotine at the same time. As the day rolled on, these pleasures were often repeated. Some also turned to various over-the-counter barbiturates to enhance daily experiences. Before bedtime, many would take into their bodies one or more psychotropic substances—marijuana, cocaine, heroin, ecstasy, and so on. Vastly more would introduce into their bloodstreams the ethanol in various alcoholic beverages. Rarely were any of these drugs a remedy for a specific illness. We simply turned to them to heighten the pleasure of particular moments, often those enjoyed with friends or loved ones. They were, in the language of the experts, 'recreational' drugs.

There has never been a consensus in most western countries that we should have easy access to such substances and the pleasures and dangers they provided. At various moments, often identified by historians as ones of 'moral panic', public discussion of many of them has crested, and some kind of state intervention has ensued to restrict or prevent consumption (or sometimes, as in the case of alcohol, to roll back restraints). Three recent books explore some of these moments in twentieth-century Canada and open up fascinating windows on how some particularly controversial recreational drugs came to be constructed and regulated. Jarrett Rudy looks at the rapid expansion of tobacco smoking in the opening decades of that century, as seen in Canada's one-time tobacco capital, Montreal. Catherine Carstairs examines the fate of users of more marginal drugs, especially heroin, in the middle decades. And Marcel Martel describes the wide-ranging debate over marijuana in the late 1960s and early 1970s.

The main substances discussed in these books were certainly not introduced into Canadian society in the same ways. Distinctive drug cultures and communities of users developed around each. Tobacco consumption had a long history, in fact pre-dating the arrival of European settlers, who learned smoking from

the First-Nations occupants of North America. The practices of smoking, however, were evolving considerably at the turn of the twentieth century, and subtle social distinctions arose over what to smoke and where to smoke it. Pipe tobacco came to be discredited as 'uncivilized' by urbane bourgeois gentlemen, who preferred fancy cigars, and well-paid urban workers, who savoured the five-cent variety, although smoking Canadian pipe tobacco continued to be highly valued among many French Canadians keen to assert their rurally based national identity. Aside from some native and farm women who might enjoy a pipe of tobacco and prostitutes who might light up a cigarette, smoking was an almost exclusively male activity, and, as Rudy argues so well, was part of the ways through which men defined their own collective gendered space free of females, sometimes at home, but more often in public places (such as clubs, taverns, or cigar stores), where male-only recreational life could flourish. The rituals that men developed for smoking together also helped to distinguish them from each other, particularly by class, on the basis of the refinement of their tobacco choices (Cuban, not Canadian) and their independent self-control (not smoking excessively or in the presence of women, for example). Such distinctions explain why working men's preference for enjoying a smoke on the way home from work sparked sharp class tensions when smoking was banned on Montreal's streetcars in 1913.

The really new product of the early twentieth century was the mass-produced cigarette, which was less popular among Canadian smokers than pipe-smoking until the late 1920s, but which was culturally more open-ended, attracting defiant youths, provocative women, and disreputable dandies. Rudy could have said more about how cigarette smoking became the leading way for gangs of pre-adolescent boys to assert a defiant, transgressive masculine identity, especially in working-class neighbourhoods, but he does describe well how the young bachelors who were recruited into the Canadian Expeditionary Force during World War I turned cigarettes into a widely shared symbol of youthful, sensual manliness that persisted after the war (just as they did with beverage alcohol). The interwar period also saw women gradually take up cigarette smoking as part of the new, more assertive femininities of the period. By the 1930s, new advertising targeted middle-class women as a distinct market, and female movie stars were puffing away sensuously on screen. Tobacco smoking was mainstream and respectable.

There were other drugs that residents of Canada turned to for pleasure that were not greeted with such tolerance. Opium was the drug of choice among Chinese immigrants a hundred years ago, and small but growing numbers of white middle-class Canadians sought pleasure in this substance as well. For the Chinese, it was most often used for after-work relaxation, somewhat similar to social drinking among the European population. As it became less accessible and more expensive in the 1920s, opium more or less disappeared everywhere outside Vancouver and heroin (along with, to a lesser extent, morphine and cocaine) gradually became the most commonly used psychotropic drug in Canada. In contrast

to the highly visible Montreal tobacco factories or even the early Vancouver opium factories, the usual source of these drugs was illicit trafficking on the street.

Since selling and using these narcotics was illegal and ruthlessly policed, casual users, whether Chinese or white middle-class, dropped away, and hard-core users formed close-knit communities, more likely sharing a needle than an opium pipe, and operating in the shadows of Canadian social life. Carstairs gives us a remarkably clear picture of these people, based on a careful analysis of case files in legal and John Howard Society records. Most came from poor, white, working-class homes, typically had brushes with the law in their youth, and served time in penal institutions, starting with juvenile reformatories. Many were marginally employed vagrants or prostitutes, and after World War II they were typically young adults. They turned to opiates not simply for the physical relief the drugs could provide from such difficulties in their lives, but also as part of an assertion of transgressive defiance of authority and “the excitement of participating in a highly criticized and deviant activity” (66). She emphasizes that they were not all physically addicted, and often moved in and out of consumption, drawn back to the companionship of the users’ community, which frequently included their intimate partners. It nonetheless offered a life filled with health risks and regular trips to jail, and many users tried to quit for good as they aged.

Marijuana was almost unknown among these people before the 1960s. But, in that decade, smoking pot became popular among a whole new constituency that had had no contact with older illicit drug cultures—young baby-boomers of high-school and university age. How that happened is not discussed at much length in Martel’s book, which, to be fair, is a study of public policy rather than drug cultures. The public uproar about Toronto’s Yorkville or Vancouver’s Gastown certainly does not explain what was going on in suburban basements far from the evils of downtown life. But he does link the consumption of marijuana (and LSD, which gets considerable attention in his study as well) to other well-known trends in youth cultures of the period, particularly rebellious rejection of conventional morality about dress standards, comportment, sexuality, and deference to authority in general. In the eyes of numerous investigative bodies, the marijuana problem was intimately wrapped up with the general ‘problem’ of youth.

As with tobacco, there were significant gender dimensions to the consumption of other drugs. Far more men used them and got caught. Among the later generations of ‘soft-drug’ users, males were typically more likely to smoke pot, while females were much higher users of barbiturates. Men, of course, were also much heavier drinkers than women.

The three books thus help us appreciate how drug cultures take shape. Along with the search for recreational pleasure, it is repression and regulation that shapes the contours and rituals of consumption. Before World War II, smoking tobacco raised few of our current health concerns (many doctors even recommended moderate amounts of smoking), but moral reformers such as the

Woman's Christian Temperance Union (WCTU) abhorred the bad associations connected with the practice and spearheaded campaigns for prohibition. They did their best to generate a moral panic to parallel the public lamentations about booze in the early twentieth century, but, aside from getting an age restriction (under sixteen) entrenched in law, Rudy explains that they never succeeded in significantly suppressing adult tobacco consumption. The same could not be said for the other recreational drugs discussed in these books, which have remained illegal since 1908. There were nonetheless continuities in the moral construction of all these substances. The WCTU itself liked to link the degradation of tobacco smoking with the dangers to white youth that lay in Chinese opium dens. In fact, even though Chinese consumption dwindled, race (and racism) played a central role in the ongoing discrediting of opiate use and the stereotyping of drug traffickers as immoral. The fears raised about teenage pot smoking in the 1960s had the same resonance. As Martel notes (and might have explored further), "recreational drugs were no longer linked to specific subcultures and groups such as artists and writers, or certain ethnic groups such as blacks and Mexicans" (39). More generally, enjoying all these drugs, including at points tobacco, was repeatedly denounced as unacceptable self-indulgence—what Sabbatarians liked to call 'pleasuring'—and a lack of appropriately sober, restrained self-discipline.

The repressive policies that grew up around the most despised recreational drugs significantly distorted patterns of consumption. This is clearest in Carstairs' compelling account, which documents how the remarkably large-scale, invasive anti-drug policing of the 1920-60 period compelled users to find their increasingly expensive supplies through backstreet peddlers or by outright theft, put them in a regularly revolving door to a prison cell, made the defiant posture of drug use more attractive to young working-class users, and, perhaps most importantly, pushed them toward heroin as the most accessible drug. Similarly young marijuana users turned to the streets for their drugs, faced stiff jail for simple possession until 1969, and still continued to toké up in a determined gesture of defiance.

How did such repressive policies emerge and what challenged them? Rudy shows how efforts to cut off tobacco foundered on the shoals of deeply entrenched expressions of masculinity. Carstairs traces the intersection of racial concerns and social-purity issues that erupted between the 1900s and the 1920s. Martel devotes much more space to how public policy on drugs was challenged but ultimately not fundamentally changed, despite the lengthy ruminations of the federal Le Dain Commission on non-medical use of drugs between 1969 and 1973. Beyond widening use of marijuana, the main issue that provoked discussion was the heavy penalty young people were playing for this victimless 'crime'. Martel presents a model of interest group competition, in which some groups lacked the power to move the mountains of resistance. He identifies four groups—university students, police forces, doctors, and the pharmaceutical industry, each of which took a different public stand, all but the students opposing substantial liberaliza-

tion of marijuana legislation. He might also have given interest-group status to the government-funded drug-research centres, notably in Ontario and British Columbia, whose claims to expertise sometimes gave them considerable autonomy from provincial governments (and the medical profession, despite the dominance of doctors within them).

There might have been a different way to construct an argument about the failure to liberalize marijuana legislation. A closer look at the 'traffic' in this drug would have made clear that it was a black-market operation with no public face that could come forward to present its case, as tobacco producers or, in the great debates over alcohol consumption, the perfectly respectable brewers and distillers had done. Indeed, drug traffickers may have preferred the illegality, which guaranteed high prices. Moreover, those who seek pleasure from a clearly labelled 'vice' often savour the illicit qualities of the product and are reluctant to climb the ramparts of public opinion to defend their 'bad habits'. As I have argued elsewhere, for example, Canada's tipplers were remarkably quiet during most of the prohibition crusade in the late nineteenth and early twentieth century. As Martel notes, the students and youth more generally made few appearances before the investigative bodies, including the Le Dain Commission (my own memories of that period of student activism include a haze of pot smoke around many gatherings, but virtually no formal discussion of pro-marijuana resolutions in student councils or mass demonstrations demanding legalization). Young pot-smokers were not so much lighting up "to shock their parents and anyone else in authority" (most tried to avoid detection) as to create alternative communities among themselves (44). Baby-boomer youth was actually more divided on this issue than Martel suggests: surveys of drug use among the young consistently revealed that the numbers of these cultural rebels were rising dramatically, but that they remained a minority within their own peer groups. Ultimately, rather than invoking political-science models about interest groups, Martel is on firmer ground when he describes this debate as part of a cultural confrontation of wide and deep proportions, which pitted stern moralism and cultural conventionality against flamboyant, subversive 'pleasuring'.

What he also makes clear, as does Carstairs in her examination of earlier drug policies, is that there was a fundamental battle over expertise. Police forces, especially the RCMP, asserted their knowledge of drug use based on their contact with the criminalized users, from the 'hop-heads' of the 1940s to the teenage pot-smokers of the 1960s (whom the police pursued relentlessly). Their position never wavered and contrasted with the fragmentation of medical opinion. Most doctors throughout the twentieth century seemed uncomfortable with heavy drug users (as they also were with chronic drunks), and thus kept their distance. The Canadian Medical Association split between a more liberal approach (decriminalization and education) and grave caution. Medical science did not help much, since studies of the impact of psychotropic drugs on the body were limited and contradictory, and

debates raged over whether there was a 'slippery slope' from marijuana to harder drugs. Even the concept of 'addiction' itself and the disease-model that sustained it were uncertain. The two leading drug-research agencies in Canada, Ontario's Addiction Research Foundation and BC's Narcotic Addiction Foundation, presented radically different policy proposals, as the west-coast body allied with the RCMP in a more repressive perspective than the more liberal-minded Ontario foundation, which favoured a health-care approach. Social workers also tried to weigh in with greater concerns about the social adjustment of heavy drug-users, but they remained much more marginalized. The federal government's hand was also restrained both by the inevitable chorus of disagreement among the provincial governments and by the international commitments that successive governments had made since the early twentieth century to combat drug trafficking and consumption, generally spearheaded by the United States.

The debates about all these drugs have never let up. Indeed, there has been some convergence as the health risks of tobacco smoking and the healthful possibilities of marijuana have been widely promoted. The deep differences of opinion about liberalization of 'soft' drugs continue as well, and late in 2003 the Supreme Court weighed in with a harsh judgment against any 'right' to smoke pot. There are unquestionably problems with the use of any of these recreational drugs, but appropriate public policy remains elusive. What these histories of recreational drugs should remind us is that 'scientific' analysis has all too often been laden with moralism, and that heavy-handed repression of drug use has raised at least as many problems as it set out to solve. Carstairs' conclusion is dead right: "lawmakers should be suspicious of simplistic solutions" (161).