



VALDEZ SOCIAL RESEARCH

# MEXICANS AND

IN THE UNITED STATES: THE EARLY 20TH CENTURY

# MARIJUANA



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## I. INTRODUCTION

This white paper documents the role of Mexicans in the cannabis prohibition movement in the United States from 1910 to 1930. This movement culminated when marijuana was effectively outlawed as a matter of national policy in 1937 when Congress passed the Marihuana Tax Act. The analysis in this white paper aims to contribute to our understanding of how social, political and exclusionary attitudes and policies toward Mexican-origin populations during this period influenced the cannabis prohibition movement.

In the early 1900s cannabis was part of the United States (U.S.) pharmacopeia and was widely used as a medicinal drug. At the same time, the use of cannabis, or “marijuana” as it was later called, was becoming negatively associated with the Mexican immigrants who crossed the Mexican-U.S. border to work as laborers in the agricultural, mining, or railroad industries. Throughout the first half of the 20<sup>th</sup> century, Anglo-American views of race and class have been central to the creation of self-serving legislation in the U.S. prohibiting marijuana. This white paper’s position is that marijuana prohibition was determined by specific background and foreground factors. Background factors are those macro-level factors such as social systems, economic structures, populations, social class and technologies that influence individual and collective behavior. Foreground factors are defined as the micro-level short-term conditions, situations and contexts that interact with the background factors to bring about specific individual and collective behaviors that constitute the social reality of marijuana prohibition in this country. This analysis will describe several key background factors in the early 1900s that determined one key element of marijuana prohibition, the popularization and depiction of the stereotype of the marijuana smoking Mexican. How these background factors in interaction



with foreground factors such as yellow journalism constructed this image is investigated. This white paper describes how the interplay of specific background and foreground factors was the major catalyst for a number of social, political and industry cannabis-related actions that fed on the widespread anti-Mexican and anti-marijuana sentiment existing at that time throughout the Southwest. This ultimately resulted in the passage of federal legislation to regulate narcotics and marijuana and the creation of federal anti-drug agencies to enforce these new laws. Finally, as the U.S. moved towards increased drug control the responsibility and enforcement shifted away from pharmaceutical manufacturers and medical practitioners to federal and state law enforcement agencies.

## **II. BACKGROUND**

### **A. HISTORICAL USE OF CANNABIS IN MEXICO**

Since the colonization of the New World by Spain in 1492, cannabis has had a constant presence throughout the various evolutionary stages of Mexico's history. Cannabis was prized for its use in the manufacturing of textiles like sails for Spanish ships. In 1545, the Spanish Crown quickly mandated that the cultivation of cannabis be converted into a true enterprise (Campos, 2012). With the support of all the viceroys and indigenous governors, the cultivation of cannabis indica became one of the economic foundations of the empire in Mexico (Garcia Vallejo, 2010).

The indigenous people soon discovered, not surprisingly, alternative uses. The medicinal properties of cannabis were rapidly adopted to treat smallpox, measles, typhus and mumps that were unknown to the New World before the arrival of the Spanish. As they had done prior to the conquest, the natives resorted to the use of herbs in their attempt to treat these fatal



diseases. The indigenous people soon discovered cannabis and added it to their herbal medicine repertoire. They also soon discovered the psychoactive properties of cannabis, or “pipiltzintzintlis” as they called it (Garcia Vallejo, 2010). Even though the Spanish did not condone the non-medical use of cannabis, they did formally restrict its use. It was Pope Innocent VIII in 1484 who issues a papal bull called “Summis desiderantes”. This decree demanded severe punishment for magic and witchcraft, which, at the time, included the use of medicinal and hallucinogenic herbs for ritual use. Cannabis was labeled an unholy sacrament of the satanic mass and all cannabis medicines were banned (Summers, 2003).

By the 19<sup>th</sup> century, the self-ruling Mexico had abandoned the use of cannabis for its textile use, but the medicinal use of cannabis had been ingrained into the culture of holistic medicine (Campos, 2012). Moreover, during this time period, Mexico entered a period of poverty that was experienced by over 20 million individuals in urban centers. These impoverished masses represented a constant and serious social threat. Garcia Vallejo (2010) further explains that this sector of society presented a new counterculture that attempted to confront social injustices. This sector and its counterculture rapidly became associated with the use of marijuana, the use of colorful language, having extramarital relationships, gambling and dissipation.

By 1841, the use of cannabis lost its spiritual and moral hold in Mexico and became a social problem. A few years later, in 1843, pharmacies were prohibited from providing medicines to “curanderos” or persons not legally authorized. By 1850, the use of “notas rojas” was first used by the newspaper Siglo XIX to refer to the use of marijuana as “diabolic and criminal,” creating a terrible image of all those that consumed it. The use of marijuana was



thus circumscribed to the socially and economically poor, prisoners, soldiers and all the dangerous classes. However, between 1888 and 1911 during the reign of Porfirio Diaz marijuana was once again accepted and sold in pharmacies to treat respiratory illnesses and rheumatism. By 1917, Mexico ended the legal commerce of marijuana when it prohibited its sale (Astorga, 1999).

## **B. IMMIGRATION**

The geographic proximity of Mexico to the U.S. Southwest, mainly California, Arizona and Texas, became key to the region's development with a surplus of cheap labor that could readily, and inexpensively, be imported into the United States (Acuña, 1988). From 1910-1920, the Mexican Revolution doubled Mexican immigration into the U.S. (Reisler, 1976). This wave of immigration from Mexico was facilitated by the expansion of the transportation industry, both in Mexico and the United States (Reisler, 1976). From 1911 to 1912, nearly 80 percent of all immigrants who left Mexico went to the U.S. (Bedolla, 2009). The railroad was the most common mode of transportation for the Mexican immigrant after 1910. Most of the immigrants going to California went by way of the Mexican border town of Juarez across from El Paso, Texas. Others went by way of Nogales, Arizona and in the late 1920's through Calexico, California and Mexicali, Baja California (Reisler, 1976). Mexican immigration records show that between 1911 and 1912, 135,125 Mexican immigrants, most of them single males, crossed into the U.S. Additionally, the U.S. Department of Labor reported in 1914 "approximately 8,000 panic-stricken aliens, mainly of Mexican race, entered the United States at Eagle Pass, Texas within a few hours after fleeing from the Federal forces who were reported about to attack the town of Piedras Negras."



Although most Mexicans fled to the U.S. as war refugees, thousands of other left because of social and economic disruptions. The economic prosperity enjoyed by the upper and middle class created by President Porfirio Diaz through the exploitation of Mexico's resources and citizens had come to an end. Unlike the seasonal laborers recruited by industry and agriculture, these refugees came from the middle and upper class of Mexico. An officer of the Red Cross stated:

The Mexican refugees have surprised all beholders with their healthy conditions, their quiet polite manners and especially with their failure to appear as half-starved, poverty-stricken people from a desolate land...They probably represent the best element there is in Mexico today, the farmers and small businessman who have taken no part in the wars (Romo, 1993).

Immigration into the U.S. during Mexico's industrialization and political and civil conflicts was undoubtedly a matter of survival. The proportion of Mexican immigrants in the U.S. in 1900 was 1.0 percent and by 1930 Mexicans comprised 4.5 percent of all U.S. immigrants (Table 1). In the first 30 years of the 20<sup>th</sup> century, there was a 350 percent increase of Mexicans in the U.S.



**Table 1. Number of Mexican Immigrants and Their Share of the Total U.S. Immigrant Population, 1850-1970**

Year	Mexican Born	Total U.S. Immigrants	Mexican Born as a Share of All U.S. Immigrants
1850	13,300	2,244,600	0.6%
1860	27,500	4,138,700	0.7%
1870	42,400	5,567,200	0.8%
1880	68,400	6,679,900	1.0%
1890	77,900	9,249,500	0.8%
1900	103,400	10,341,300	1.0%
1910	221,900	13,515,900	1.6%
1920	486,400	13,920,700	3.5%
1930	641,500	14,204,100	4.5%
1940	357,800	11,494,100	3.1%
1950	451,400	11,454,900	3.9%
1960	575,900	9,738,100	5.9%
1970	759,700	9,619,300	7.9%

*Notes:* The term "immigrants" (also known as the foreign born) refers to people residing in the U.S. who were not U.S. citizens at birth. This population includes naturalized citizens, legal permanent residents, certain legal non-immigrants (e.g., refugees and persons on student or work visas), and persons illegally residing in the U.S.

*Sources:* Migration Policy Institute tabulation of data from the U.S. Census Bureau's 2010, 2011, and 2012 American Community Surveys. Data from the 1970, 1990, and 2000 decennial Censuses were accessed from Steven Ruggles, J. Trent Alexander, Katie Genadek, Ronald Goeken, Matthew B. Schroeder, and Matthew Sobek. Integrated Public Use Microdata Series: Version 5.0 [Machine-readable database]. Minneapolis: University of Minnesota, 2010. Data for 1850 to 1990, excluding 1940 and 1950 were from Campbell J. Gibson and Emily Lennon, "Historical Census Statistics on the Foreign-born Population of the United States: 1850-1990," U.S. Census Bureau, Population Division, Working Paper No. 29, February 1999.

As the supply of Mexican labors continued to grow, nativist sentiments served as the motivating driving force to further regulate immigration in California and the U.S. The 1911 Dillingham Commission supported the nation's anti-immigrant attitude by recommending a significant reduction in the number of immigrants and suggested enacting a reading and writing test to help keep undesired immigrants out of the U.S. (McKay, 1993). It is important to note that the Commission's recommendation was a reaction to the 3.8 million Italians (compared to 447,065 Mexicans that had entered the U.S.) during this time period (Benton-Cohen, 2011).





Congress required a literacy test for immigrants and also barred all laborers from Asia, solidifying the recommendation with the passage of the 1917 Immigration Act. The bill was primarily aimed at European immigrants, not those from the Western hemisphere. During the following decade, eighty eight percent of all Mexicans in the U.S. were concentrated in California, Texas, Arizona and New Mexico. These states responded by passing discriminatory laws aimed primarily at controlling this population.

The problem of Mexican labor and unemployment surplus in 1928 according to Helmer (1975) is the key background factor in determining what became public policy and ultimately the law on marijuana. He further explains that if it had not been for the Depression, “marijuana would have remained part of the hostile stereotype of Mexican behavior without there being too much public concern about it.” Helmer further states that:

This is the sense in which it can be said that the ideology of narcotics grew out of the condition of the working class at the time and that it served to bolster the interests of certain social groups against others in an episode marked by the sharpest class conflict in our history (Helmer, 1975).

How Mexicans were treated depended on how imbedded they were in a labor market of a particular region.

### **C. RACISM**

Anglo-American xenophobic sentiments dating back to the early 1800s served as the backdrop to the exaggerated threat of the Mexican immigrant. Among Mexican immigrants there existed differences in socioeconomic status, education and ability. Early in the 20<sup>th</sup> century the Mexicans who came to the U.S. were described as being of “three types, namely the aristocracy or leisure class...the middle class...and the peon or laboring class...” (Hoffman, 1974). Nevertheless, Mexicans immigrants were collectively regarded by labor markets and by



journalists as the uneducated labor type. Mexicans were felt to be a population easily controlled and willing to do the work that Anglo-Americans considered lower class work. Countless reports indicate that Mexicans were the lowest paid labor compared to other immigrants, especially compared to Anglo-Americans (Acuña, 1988; Benton-Cohen, 2011; Perlmann, 2002). It is during this time period that California in particular saw a large number of Mexicans settling into urban areas like the city of Los Angeles. During the 1910s, Los Angeles showed a rapid increase in Mexicans with the arrival of 50,000 Mexicans, while at the same time over 500,000 Anglos flooded the city (Romo, 1993). Romo explains that by this time the “brown scare” was in full effect. In the period of 1900-1920, California’s population grew from about 1.5 million to 3.4 million, an increase of about 131 percent. The Mexican population continued to grow and together with the Japanese made up 9.5 percent of the work force in 1930; 38 percent was unskilled construction and 47 percent in menial service (Helmer, 1975).

Mexican laborers in Los Angeles continued to fill vacuums in numerous agricultural communities and low paying manual work. Their level of housing and sanitation was extremely poor, and their health standard much worse than the Anglo norm or county average (Helmer, 1974). As a consequence of poor working and living conditions, a disproportionate number of Mexicans would contract tuberculosis, influenza, diphtheria, and pneumonia. Historically Mexicans made much use of homeopath medicines containing cannabis. Helmer explains that in 1924, “drugstores reported very large sales of patent remedies which are taboo by most informed people.” Nativist sentiment accused Mexicans of being responsible for public health problems, illiteracy, economic competition, and high welfare cost. These sentiments became the main weapons used to influence public opinion against Mexicans. Anglo-Americans quickly



blamed the Mexicans and charged that these foreigners contributed to a rapid disintegration of traditional “American values” (Morgan, 1978).

Bonnie and Whitebread write that despite the increasing public interest in the narcotics problem during this period, there is no evidence of public concern for, or understanding of marijuana, even in those states that banned it along with the opiates and cocaine (Bonnie and Whitebread, 1970). They explain that states responded to the assumption that marijuana, which was presumed to be an addictive drug, would be utilized as a substitute for narcotics and alcohol that were prohibited under the Volstead Act. International attention on the U.S. was also a contributing factor for U.S. legislative action. However, the most prominent influence for concern for the drug was “racial prejudice” (Bonnie and Whitebread, 1970). The consensus in the literature indicates that legislation prohibiting the sale or possession of marijuana before 1930 was generally a regional phenomenon present in the southern and western states with large Mexican immigrant populations (Helmer, 1975; Musto, 1972). Nevertheless, Bonnie and Whitebread found that whether motivated by prejudice or not, “the result was the same in each legislature—little if any public attention, no debate, pointed references to the drug’s Mexican origins, and sometimes vociferous allusions to the criminal conduct inevitably generated when Mexicans ate ‘the killer weed’”.

#### **D. PHARMA-MEDICAL INDUSTRIAL COMPLEX AND MARIJUANA**

The economic interests and influence of the pharmaceutical manufacturers, pharmacists and medical practitioners were critical background factors shaping the unfolding of these probationary policies to control marijuana. By the early 20<sup>th</sup> century, apothecaries that were involved in the wholesale production of drugs such as morphine, quinine, and strychnine and



chemical companies that had established research labs and discovered medical applications for their products merged into what soon was identified as the pharmaceutical industry (Daemmrlich and Bowden, 2015). At the same time, the scientific fields of pharmaceutical chemistry and pharmacology emerged. This pharmaceutical industry was largely unregulated.

The U.S. experience with dependence and abuse of opiates was mostly an unintended “side effect” of medical practice and an emerging pharma-medical industrial complex (Musto, 1999). Cannabis as a clinical alternative to opiates in medicine was also a thriving market. For instance, the Parke, Davis & Co., a pioneering industrial leader in the early 1900s, began to market and differentiate the strains for different therapeutic purposes (Hoefle, 2000). In marketing cannabis sativa as an alternative to the more widely used cannabis indica, the pharmaceutical company highlighted its many medical uses. The company further affirmed that their product is safe and efficacious and its dosage “standardized”. The physiological activity of cannabis sativa and standardization was determined by the “internal administration to especially selected dogs and the standard dose of extract, 0.01 gram per kilo body weight of tested animals.”

Before the Pure Food and Drug Act of 1906, there were no labeling requirements. There was also an absence of restrictions on “druggists” refilling prescriptions containing excessive amounts of morphine and other opiates. The use of patent medicines labeled as cure-all elixirs often contained between 30-40 percent morphine and other opiates by volume (Bonnie and Whitebread, 1970). Moreover, most medicines were sold without a prescription and pharmacists locally compounded nearly half of the supply distributed. In many cases, physicians



dispensed medicines directly to patients without the involvement of pharmacists. The pharmaceutical companies often supplied physicians with their favorite compounds. This was the beginning of the establishment of the American pharma-medical industrial complex to develop medicines to treat an increasingly wider range of diseases including pain, infectious diseases, heart conditions and other ailments.

Prior to the passage of the Tax Act, the pharmaceutical manufacturers objected to the inclusion of seemingly harmless ingredients of proprietary medicines. In a congressional hearing that addressed the inclusion of opiates, cocaine, and cannabis in federal legislation, the National Wholesale Druggist Association (NWDA) argued that “cannabis is not what may be called a habit-forming drug” (Musto, 1972). Moreover, the New York pharmaceutical firm of Lehn & Fink objected to including it in the Tax Act that cannabis preparations were “insignificant articles, the habit-forming quality of which is more than doubtful” and that “it is used almost altogether for the manufacturing of corn cures and in veterinary practice. As a habit forming drug its use is almost nil.”

In addition to the pharmaceutical companies, the professional associations of the physicians and the pharmacists organized campaigns to establish legal control over narcotics distribution. The conflicts between the American Medical Association (AMA) and the American Pharmaceutical Association (APhA) forced doctors and pharmacists to turn to the federal government for some resolution. Both groups fought over who should assume the major responsibility in keeping records of narcotics prescriptions. Control over medicine patents and regulation of the sale of opiates, however, were the true motivation for the AMA and the APhA.



Morgan explains that the “American Pharmaceutical Association was less concerned with social problems of non-medical drug use than decreasing drug sales in grocery stores and through mail order houses. They were; however, ready to use the ‘problem’ of non-medical drug use to advance an argument for regulations” (Morgan, 1978).

With the passage of the State Poison’s Act of 1907, California strengthened and added tighter controls over the dispensing and sale of drugs. The Act established dispensing and buying regulations on substances like arsenic, chloroform, carbolic acid, among others (Morgan, 1978). The law also included narcotics like morphine, heroin, opium, cocaine and codeine. In 1909, in addition to making drug use illegal, the State Poison’s Act was amended imposing heavier penalties. In 1913, the Act was again amended to include marijuana on the list of illegal narcotics. During the same time, another bill was passed creating and appropriating funds for a State Board of Pharmacy (SBP). The SBP were to be the enforcers of the State Poison Act and oversee the regulation of the sale and use of poisons in the state of California. The passage of the first legislative drug reform laws in California were essentially actions of reforms to establish controls and professionalization of pharmacy and medicine as well as regulation of the competitive marketplace of health and medicine.

Professional reform would in essence allow those trained in medicine and pharmacology to limit professional entry into these fields and regulate all drugs. Professional reforms grew out of an effort to maximize the opportunities of this new U.S. economic order and were supported by a new middle class that had a stake in the direction of the country’s growth (Morgan, 1978). Morgan describes professional reforms as “demands on state and federal governments to guarantee an open door for professional development”; that is, reforms aimed at regulating the



economy and government and “to improve and make workable the structure of the state.” The regulation of the field of medicine was a major priority among professional reform movements. The objective was to develop legal requirements limiting professional entrance and to regulate the supply of drugs on the market. Pharmaceutical associations began demanding regulation of the sale and dispensing of medicine in the country beginning in the 19<sup>th</sup> century. Many states chose to have no controls at all with their legislatures reacting to contradictory health care philosophies by allowing free enterprise for all practitioners (Musto, 1991). Hence, there was a strong effort in the U.S. in the early part of the 20<sup>th</sup> century to revive the American Medical Association (AMA) and the American Pharmaceutical Association (APhA).

In 1913, California passed the first law to prohibit possession of cannabis unless prescribed by a physician. Shortly thereafter, nearly every state west of the Mississippi followed California's lead in passing marijuana legislature, i.e., Utah (1915), Wyoming (1915), Texas (1919), Iowa (1923), Nevada (1923), New Mexico (1923). Oregon (1923), Washington (1923), Arkansas (1923), and Nebraska (1927) (Abel, 2013). In the background, a commission composed of AMA and the APhA representatives controlled the drafting of the uniform narcotics code during the 1920s. However, the commission did not have the power to turn its recommendations into policy. What was lacking was effective leadership from within the narcotics control professions. The federal government realized that it was unable to secure this leadership neither from the medical and pharmacy professions nor the pharmaceutical companies. The state and federal government increasingly became heavily pressured by a diverse movement of anti-narcotics associations, immigrant control organizations and middle class fraternal, community and service groups for a stronger legal policy against the “narcotic



evil.” It was not until the inclusion of marijuana in the Uniform Narcotic Drug Act in 1932 and the passage of the Marihuana Tax Act in 1937 that there was a national public policy against the drug. Eventually, moral and professional reform converged. Their attention turned towards drugs with a resulting profound effect on the growth of a drug control strategy in the U.S.

### III. FOREGROUND

The prohibition of marijuana could not have occurred solely from the distal social and economic background factors that came to be associated with Mexicans. Foreground factors closer to Mexican’s everyday experience in the form of political ideology, cultural stereotyping, media campaigns, moral crusades and bureaucratic self-interest all interplayed against the social background to bring about prohibition. These key foreground factors are presented in this section of the white paper.

#### A. YELLOW JOURNALISM

The prejudices and fears that greeted peasant Mexican immigrants also extended to their traditional use of marijuana for medicinal remedies and as a drug. Much of the attention on marijuana in the early 20th century came from the yellow journalism propagated by the news media. One of the first American newspaper referenced Mexican “mariguana” in a Southwest travelogue published by the *San Francisco Call* (1897) stating:

In southern Arizona the jail and prison officials have their hands full in trying to prevent the smuggling into their institution of the seductive mariguana. This is a kind of loco weed more powerful than opium. It is a dangerous thing for the uninitiated to handle, but those who know its users say it produces more raising dreams than opium. The Mexicans mix it with tobacco and smoke it with cigarettes, inhaling the smoke. When used in this way it produces a hilarious sprit in the smoker that cannot be equaled by any other form of dissipation... (Gieringer, 1999).





From the very beginning of the 1900s any concern in the U.S. over the use of marijuana in the Southwest was quickly associated with its use by Mexicans and the presumed violent effects it had on them. In 1906, the *Pacific Drug Review* reported that:

Marihuana is one of the most dangerous drugs found in Mexico. The weed grows wild in many localities of the southern part of that country. Its wonderful powers as an intoxicant have long been known to the natives and many are the wild orgies it has produced...The poisonous weed always finds favor among the soldiers, who mix it with tobacco and smoke it...The habitual user of mariahuana finally loses his mind and becomes a raving maniac. There are scores and scores of such instances in Mexico. The smoking of mariahuana is a seductive habit. It grows upon a person more quickly and securely than the use of opium or cocaine (Gieringer, 1999).

Early on, marijuana in Mexico and in the U.S. had come to be associated chiefly with delinquents and freelance soldiers, which naturally enhanced its reputation for promoting violence. The middle class in Mexico called the use of marijuana a “bad habit” of the poor and uneducated that, at the time, was the majority of those in urban centers in Mexico. The poor were considered a dangerous class because they were the main protagonists in civic riots that endangered the social stability and the life expectancy of the government (Garcia Vallejo, 2010). Gieringer adds that according to a report from the Mexican Herald published in the *LA Times*:

Marihuana is a weed used only by people of the lower class and sometimes by soldiers, but those who make larger use of it are prisoners sentenced in long terms...The drug leaves of marihuana, alone or mixed with tobacco, make the smoker wilder than a wild beast...Everything, the smokers say, takes the shape of a monster, and men look like devils. They begin to fight, and of course, everything smashed is a “monster” killed...People who smoke mariahuana finally lose their minds and never recover it, but their brains dry up and they die, most of the time suddenly.

The presence of marijuana in the U.S. Southwest was certainly highlighted with the large influx of Mexican immigrants during the 1910s. The drug became deeply associated with the immigrants, and the fear and prejudice about the Spanish-speaking newcomers became



associated with marijuana. Anti-drug campaigners warned against the encroaching "Marijuana Menace," and terrible crimes were attributed to marijuana and the Mexicans who used it (Helmer, 1975). Lurid propaganda campaigns furthered anti-immigrant sentiment with headlines reading "Murder Weed Found Up and Down Coast" while another read "Deadly Marijuana Dope Plant Ready for Harvest That Means Enslavement of California Children" (Schlossler, 2015).

## **B. MORAL CRUSADES**

As the middle Anglo-American class grew so did the moral reform traditions. The class values and ideologies of the middle class were based in various reform movements, i.e. anti-slavery, temperance, and women's rights (Morgan, 1978). The middle class community was oriented towards the Protestant church and Christian values that helped to stabilize an American middle class ideology. Morgan states that moral reform movements were aimed at correcting or solving social problems that were seen as threats to middle class values.

While moral reforms were being accepted socially, the consumption of opiates, cannabis or cocaine was not considered a moral reform issue in the early 1900s. In fact, narcotic drugs were viewed as a medicine and as "acceptable indulgence of immoral activity" (Morgan, 1978). Bonnie and Whitebread (1970) estimated that there were between one-quarter and one half million Americans addicted to narcotics around the turn of the century, comprising at least one percent of the total population. They also note that the most significant characteristic was its "predominantly middle-class composition." Furthermore, in contrast to the initial use of opium for medicinal purposes by middle-class Americans, Chinese opium dens in California were viewed as immoral. This was mainly because opium was consumed by



smoking, rather than by ingestion. During this time views on drug use depended more upon the users of drugs and the form in which they were taken, rather than the actual properties of the drugs themselves (Morgan, 1978). Morgan explains that socially, smoking itself was “considered immoral, and races who were known to smoke drugs, i.e. the Arabs and hashish, the Indians and ganja, and the Chinese and opium, were considered weak and uncivilized.” Hence, Mexicans who smoked marijuana were quickly considered a threat against American values.

Even with the passage of the Narcotic Tax Act, drug control in the first 20 years of the 20<sup>th</sup> century was not a moral issue. Again, Morgan explains that the “overriding moral reform campaign was directed toward alcohol prohibition”. The Prohibition movement began a crusade for direct state and federal intervention on the problem of alcohol consumption (Morgan, 1978). The movement was led by Temperance societies, i.e. the American Temperance Society, the Women’s Christian Temperance Union and the Anti-Saloon League. In 1919, the Volstead Act became legislature establishing national prohibition of alcoholic beverages. During this period the use of other non-medical drugs continued to be perceived by reformers as a moral problem which caused individuals to “lose self-control, lessen the moral fiber and remove the individual away from community responsibility.”

### **C. GOVERNMENTAL BUREAUCRATIC ENTREPRENEURSHIP**

An important foreground factor was the entrepreneurship of federal and local enforcement agencies in creating a bureaucracy that socially constructed a problem as justification for the agency’s existence. This bureaucratization was a classic example of what the sociologist Max Weber termed rational-legal authority over the control of marijuana and other



drugs. (Allan, 2010). Up until 1914, the U.S. did not have any drug control laws. The passage of The Harrison Narcotic Tax Act of 1914 aimed at establishing a more responsible domestic government that was guided by rational-legal bureaucratic principles. The federal Tax Act regulated and taxed the production and distribution of opiates. Hamilton Wright, appointed by President Roosevelt to direct narcotic affairs, was the number one proponent of the Act and could be characterized as the nation's first bureaucratic entrepreneur for rationalizing marijuana control. He was a strong advocate of the Tax Act and saw good reason to have marijuana added to the list of narcotics regulated by the Act. He stated that:

In passing a federal law that will prevent undesirable drugs, it will be necessary to look well into the future. I would not be at all surprised if, when we get rid of the opium dangers, the chloral peril and the other now known drug evils, we shall encounter new ones. The habitués will feel that they must adopt something to take the place of the 'dope' they have lost through legal enactment. Hasheesh, of which we know very little in this country, will doubtless be adopted by many of the unfortunates if they can get it (Gierringer, 1999).

By 1920 drug control or professional reform was no longer seen as a simple medical problem requiring limited government regulation. Drug use became perceived as a "threatening social problem infused with an immoral and criminal ambiance" (Morgan, 1978). Although the State Board of Pharmacy had complete responsibility for drug enforcement, regulation and treatment as drug use began to take on an "increasing criminogenic identification", arrest in some urban areas began to increase. Table 2 illustrates the percent of arrests in California where drugs were involved. The table indicates that arrests that involved marijuana were the highest in Los Angeles (56.58%) in 1930. From the table it is also clear that statewide, arrest involving morphine and opium combined still posed a serious concern as arrests that involved these drugs comprised over 60 percent of the total arrests involving any



type of drug in each time period. Interestingly, Los Angeles was notably higher than the statewide average percentage of arrests for marijuana while San Francisco was considerably lower.

**Table 2. Drugs Involved in Arrests, California, 1930**

Drug	January 1 to May 31, 1930			July 1 to September 30, 1930		
	San Francisco %	Los Angeles %	Statewide*	San Francisco %	Los Angeles %	Statewide*
Morphine	32.93	26.32	42.81	64.29	27.58	41.34
Opium	29.02	14.47	18.77	21.43	6.9	26.26
Heroin	--	2.63	0.59	--	--	1.67
Cocaine	12.2	--	4.1	1.78	2.45	5.03
Marijuana	15.85	56.58	33.73	12.5	62.07	25.7
No. of cases involved	82	76	341	56	29	331

\* The number of cases involved during identical periods in the different columns do not conform because of difference in record-keeping procedures.

Source: Taylor. *Crime and the Foreign Born: The Problem of the Mexican*, p. 204

By 1925 urban cities like San Francisco and Los Angeles had created special “drug squads” which began to pressure state agencies for direction and assistance in the area of narcotics enforcement. Moreover, pharmacists in control of California drug policy were reluctant to deal with increased enforcement of narcotics violations. Consequently, the state created a special Chief of Narcotics Enforcement in 1927. By 1929, police rather than physicians and pharmacists had total responsibility of narcotic control and enforcement.

After the passage of the Harrison Act in 1914, the federal government took on a more active role in establishing several other anti-narcotic laws. The Narcotic Drug Import and Export Act was enacted in 1922 to assure proper control of importation, sale, possession, production



and consumption of narcotics. In 1924, the Heroin Act was passed prohibiting the manufacturing, importation and possession of heroin, including the medical use of the drug. A decade later the Uniform State Narcotic Drug Act in 1934 was passed to make anti-narcotic laws uniform in various states with respect to controlling the sale and use of narcotic drugs, issuing stricter penalties for violations.

By the 1930s the police-enforcement community established complete control over the narcotics problem. Table 3 illustrates that in 1930, Anglo-Saxons and Latins comprised the majority of all arrest for drug-related offences in Los Angeles and San Francisco. Mexicans made up 49 percent of the arrest in Los Angeles during the first half of 1930 and 39 percent in the second half of the year. Latins, who were largely immigrant Italians, were categorized with Anglo-Saxons and represented a small majority of arrests. Nevertheless, Mexican arrests for drugs, which included a significant number for marijuana, characterized the Los Angeles situation compared to San Francisco.

**Table 3. Nationality of Persons Arrested for Drug-Related Offenses, San Francisco and Los Angeles, 1930**

Nationality	January 1 to May 31, 1930		July 1 to September 30, 1930	
	San Francisco	Los Angeles	San Francisco	Los Angeles
	%	%	%	%
Anglo-Saxons and Latins	53.59	40.14	70.24	49.33
Negroes	6.2	2.63	5.79	4.00
Chinese	37.5	8.55	17.36	8.00
Mexicans	2.69	48.68	6.61	38.67
Number of cases involved*	112	152	121	75

\* These figures cannot be reconciled with those in Table 2, probably again because of difference in definition in bookkeeping.

Source: Taylor, Crime and the Foreign Born: The Problem of the Mexican.



In 1930, the U.S. Department of the Treasury consolidated the functions of the Federal Narcotics Control Board and the Narcotic Division that were initially established to enforce responsibilities assigned to the Harrison Narcotics Tax Act and the Narcotic Drugs Import and Export Act. Under the Treasury, Harry J. Anslinger was the first agency commissioner to lead the newly formed Federal Bureau of Narcotics (FBN). Initially, the FBN felt that control over marijuana should be entrusted to the governments of each state. The early annual reports published in 1932 expressed this:

This abuse of the drug is noted among the Latin-American or Spanish-Speaking population. The sale of cannabis cigarettes occurs to a considerable degree in States along the Mexican border and in cities of the Southwest and West, as well as in New York City and, in fact, wherever there are settlements of Latin Americans.

A great deal of public interest has been aroused by newspapers articles appearing from time to time on the evils of the abuse of marihuana, or Indian hemp, and more attention has been focused upon specific cases reported of the abuse of the drug that would otherwise have been the case. This publicity tends to magnify the extent of the evil and lends color to an inference that there is an alarming spread of the improper use of the drug, whereas the actual increase in such use may not have been inordinately large (Musto, 1972).

From the FBN's early reports it was clear that the agency was aware that there was a seemingly growing concern with "Latin-Americans," or more appropriately Mexicans, using marijuana. It is also evident that the agency was well aware of the yellow journalistic tactics the news media were using to exaggerate the issue, which at the time, was not a national phenomenon, but rather a localized concern of the Southwest. Lastly, in the same year, the FBN strongly endorsed the New Uniform State Narcotic Act and repeatedly stressed that the problem could be brought under control if all the states adopted the Act. Although this did not happen, Musto explains that the "growing alarm was directed at the 'Mexicans' whom the sheriffs and local police departments claimed got loaded on the stuff and caused a lot of



trouble, stabbings, assaults and so on.” Anslinger was more interested in more dangerous drugs, such as heroin, than cannabis in the beginning. But as an astute government bureaucratic entrepreneur, he was, “‘political,’ traveling from local police forces in affected states to the governors, then to the Secretary of the Treasury, Henry Morgenthau, Jr., and from him to the General Counsel, and the Commissioner of Narcotics (Musto, 1974)”. Ultimately, he saw the political pressure for a federal anti-marihuana law as an opportunity for expansion of his agency’s power.

With the compounding pressure of local and state law enforcement agencies and given that the FBN’s budget consisted of \$2 million annually to enforce narcotics and marijuana at the national level, Commissioner Anslinger tacitly employed the use of the media to reach deep into the cities and communities of the U.S. to create a fabricated and strategic fear of marijuana. Musto explains in an interview regarding Anslinger’s media tactics :

[Anslinger] had a very small budget, the budget was only \$2 million a year or so, and he would be cross-examined by Congress when he spoke before them as to how much he had spent on long distance telephone calls, for example. It was a very difficult time--the Depression. And so he was more than impressed with the difficulties he would have trying to control marijuana without any more money, without any more agents.

So what Anslinger decided he had to do was fight marijuana in the media. And so he tried to describe marijuana in so repulsive and terrible terms that people wouldn't even be tempted to try it. So he fought his battle against marijuana in the media, you might say, because it was the cheapest thing he could possibly do, and he had no money to do anything else with (D. Musto, PBS Frontline interview, 1997-1998).

Musto further explains that if all people knew about marijuana was based on the information they obtained from the newspapers and the FBN anti-marijuana campaigns which painted marijuana as a “terrible, violent, repulsive thing,” then “you wouldn’t want to try it once.” According to Musto, the ultimate goal of the FBN was to show that the FBN “fought a great





menace and that the menace was under control.” Marijuana prohibition at the federal level became a government bureaucratic innovation that allowed for both the sustaining of lost jobs for federal agents engaged in the discontinued alcohol prohibition and the establishment of a highly proactive and entrepreneurial drug control apparatus.

#### **IV. CONCLUSION**

We have seen in this paper that the prohibition of marijuana that surfaced in the 20<sup>th</sup> century stemmed from social, racial, political and economic background factors, some of which were not directly related to marijuana. We have identified multiple foreground factors that were directly related to marijuana and unjustly targeted the Mexican-origin population. These foreground factors included yellow journalism, governmental bureaucratic entrepreneurship and moral crusade movements. While the origin of marijuana prohibition cannot be simply be reduced to the oppression of Mexicans in the Southwest, marijuana prohibition would likely not have become a national policy without the interplay of the specific background and foreground factors described in this paper that had distinctively Mexican aspects. As the United States grappled to define its national identity in a rapidly changing time, these factors proved to be overtly influential. Whether it was a demand for cheap labor to aid in the booming agricultural markets, or the serious national addiction to narcotics or the real or imagined threat of marijuana, Mexicans were at the intersection of all these national issues.

One cannot adequately reflect on today’s political discourse on the regulation of marijuana without recognizing the important parallel role that U.S. Mexican-origin populations have had in the early part of the 20<sup>th</sup> century. Those that oppose today’s movement toward the



legalization and regulation of marijuana have used in their political arsenal negative attitudes towards Mexicans and other Latinos as a justification for their positions. Although not as directly racist as during the earlier period, pernicious perceptions of U.S. born Mexicans and Mexican immigrants are key background factors in this discourse. These social elements interplay with foreground factors, such as increased punitive anti-drug legislation, accompanied by a moral panic associated with marijuana use and increased legal access to marijuana through medical dispensaries and legalization. As during the early part of the last century, Mexicans remain at the intersection of this issue 100 years later.



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National Office  
1426 El Paso Street, Suite A  
San Antonio, Texas 78207  
210.223.2918 Phone  
210.922.7095 Fax

California Office  
2914 N. Main Street, 1st Floor, Suite A  
Los Angeles, CA 90031  
Phone: (323) 332-6160  
Fax: (323) 332-6167

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