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A History of Adolescent Alcohol, Tobacco and other Drug Use in America¹

William L. White, MA²

The approach of a new millennium invites reflection into our past and speculations about our future. This paper will detail the evolution of adolescent alcohol, tobacco, and other drug (ATOD) use in America and identify those factors that have and will likely continue to influence the rise and fall of adolescent ATOD use.

I. ATOD Use in Native and Colonial America

At the time of European contact, Native American tribes had an extremely sophisticated knowledge of botanical psychopharmacology and utilized a wide spectrum of psychoactive drugs within Native medicinal and religious rituals. Native children had cultural access to such drugs only within the framework of such rituals. There is little early evidence of secular or recreational drug use or misuse among Native American tribes until distilled alcohol came to be used against them as a tool of economic, political and sexual exploitation (MacAndrew and Edgerton, 1969; Mancall, 1995; Westermeyer, 1996).

Europeans brought to the Americas a taste for alcohol and a comparatively limited knowledge of psychoactive medicines. Alcohol was the “Good Creature of God”--a gift from the Almighty that was integrated into nearly every aspect of Colonial life. Men, women and children drank alcohol daily, not so much from a desire for alcohol’s intoxicating effects as it was the lack of alternative liquids.

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²William White is a Senior Research Consultant at Chestnut Health Systems and is the author of *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*.

Contaminated water that could and did spread lethal disease earned alcohol its designation as *aqua vitae*--the “water of life” (Vallee, 1998). Children (even infants) were provided warmed alcohol (usually in combination with bread or other food), and young boys entered taverns to be taught by their fathers the arts of storytelling and drinking (Rorabaugh, 1979; Steinsapir, 1983). While alcohol was valued in Colonial America, drunkenness was highly stigmatized as a sinful misuse of this gift from God. While many pre-revolution laws were passed to prevent drunkenness in the Colonies, there is little evidence of special concerns about limiting the age of access to alcohol. When age ordinances did begin, they usually restricted access to alcohol for those under the age of sixteen (Mosher, 1980). Well into the late 1700s, drinking by students and faculty was an accepted and expected part of American campus life (Brown, 1966; Warner, 1970).

Slave Codes denied Americans of African descent access to alcohol, but many slave masters practiced a ritualized degradation of slaves with alcohol during holidays. There is no evidence of drinking by slave children, and African slaves were as a whole such a sober people, that they were long thought to be immune to the effects of alcohol (Douglas, 1855).

II. Growing Concerns about Juvenile ATOD Use in the Nineteenth Century

America went on an extended drunken binge in the post-Revolutionary War decades. Annual per capita alcohol consumption tripled, drinking tastes shifted from fermented alcohol to distilled alcohol, the colonial tavern (a symbol of community health and hospitality) gave way to the urban saloon (a symbol of drunkenness, vice, and political corruption), and moderate drinking within a family context shifted to excessive drinking by unattached and socially disruptive males. These alarming changes incited a century-long temperance movement whose goal was nothing short of completely banishing alcohol’s threat to children, families, communities, and the country (Cherrington, 1920; Lender and Martin, 1982; Rorabaugh 1979).

The temperance movement forced a cultural reassessment regarding children and adolescents’ access to alcohol and tobacco. Local and state laws were passed in the second half of the 19th century that required temperance education in all public schools and prohibited the sale of alcohol and tobacco to those under the age of first 18 and later 21 (Mosher, 1980). Children and adolescents were enlisted in the temperance movement (the “Children’s Crusade”), and special branches of temperance reform clubs were organized for adolescents and young adults experiencing alcohol-related problems (White, 1998). Not surprisingly, colleges and universities began to alter their previous tolerance and promotion of alcohol on

campus (Warner, 1970).

In spite of lurid journalistic tales of children seduced into the doorways of opium dens, there is little evidence that adolescents were involved in any widespread drug experimentation during the 19th century. There were, however, concerns about the growing exposure of infants and children to drug-laced medicines and tobacco. Opiate-laced preparations in products like Children's Comfort and Mother Bailey's Quieting Syrup were so popular for calming infants and children that warnings began to appear about the deadly possibilities that could accompany their use (Haller, 1989; Pollard, 1858). By the late 1900s, reports of neonatal narcotic addiction also began to appear that were the result of maternal opium use during pregnancy and while nursing (Fischer, 1894; Mattison, 1896).

III. Juvenile Narcotic Addiction and Alcohol/Drug Experimentation during the Prohibition Years

The 20th century opened with the culmination of decades of anti-alcohol and other anti-drug movements. These now mature movements used the vulnerability of youth as an ideological platform to support a ban on the non-medical use of narcotics and cocaine (1914) and the non-medical and non-religious use of alcohol (1919). Following implementation of these laws, illicit alcohol and drug cultures emerged. Youthful experimentation with alcohol, tobacco and other drugs became a sign of chicness and independence within these cultures. Particularly alarming was the first significant episodes of juvenile narcotic addiction.

The 19th century profile of opiate addiction--that of women addicted to opium or morphine as a consequence of medical treatment--gave way in the early 20th century to young males seeking not relief from pain but pleasure from a newly released narcotic, heroin. Heroin use rose among the children of first generation white immigrants who were crowded within the slums of America's largest cities. Explosive immigration, urban poverty, and the breakdown of country-of-origin cultural and family norms all played roles in the rise of early 20th century juvenile narcotic use. Drug use became ritualized within newly emerging drug cultures that offered a haven to youth who, whether by choice or exclusion, had become detached from the broader culture (Courtwright, 1982).

Following the repeal of the Eighteenth Amendment in 1933, alcohol and tobacco were destigmatized and then glamorized--in fact, ceased being viewed as "drugs," while use of other drugs became increasingly criminalized. The wounded anti-alcohol and anti-tobacco movements retained only enough power to pass age limits on alcohol and tobacco--an effort that succeeded in part by arguing that there was a direct link between tobacco and early alcohol use and juvenile delinquency

(Gehman, 1943). The late 1920s and 1930s saw new youth-oriented anti-drug campaigns launched that led, in 1937, to marijuana being added to America's list of prohibited drugs.

The marijuana plant had long been used in America for its fiber, and cannabis tinctured in alcohol had been used in 19th and early 20th century medicine—even as an adjunct in the treatment of alcoholism and narcotic addiction. Its use as an intoxicant in the U.S. was introduced by a young school teacher, Fitzhugh Ludlow, who wrote of his experiments with the drug in his 1857 book, *The Hasheesh Eater*. While there followed periodic journalistic exposés of “hashish houses” in the 1870s, the drug remained relatively invisible until its use rose during the 1920s. It was in this period that marijuana became linked to Mexican migrant workers at a time of growing racial and class conflict in Southwestern United States. The anti-marijuana campaign of the 1920s and 1930s linked the drug to crime, violence and insanity and portrayed young people as exceptionally vulnerable to the drug's effects (Anslinger and Cooper, 1937; Rowell, 1937, 1939). There is little evidence of widespread youthful marijuana experimentation during the 1920s and 1930s, but the prohibition of Marijuana in 1937 would eventually have an enormous effect on young people in America. As a newly classified “narcotic” under federal statute, all subsequent laws that increased the penalties for possession of narcotics were applicable to marijuana. This led to a situation where many young people in the early 1960s found themselves facing draconian sentences that in some states included the possibility of life imprisonment for possession of small amounts of marijuana (Bonnie and Whitebread, 1970; Musto, 1972).

The anti-marijuana campaign of the 1930s gave way to good news in the 1940s—a dramatic decline in narcotic addiction during World War II. While this decline precipitated predictions that America's drug problems were on the verge of being solved, events in the early 1950s quickly dashed those hopes (Musto, 1974).

V. Mid-Twentieth Century Polydrug Use: 1950-1980

As illicit trade routes were re-established following World War II, a new epidemic of juvenile narcotic addiction unfolded (Chein, 1956). Admissions of person under age 21 to the two federal narcotics hospitals rose from 22 in 1947 to 440 in 1950 while juvenile narcotic arrests in New York City rose from 33 in 1946 to 775 in 1951 (Conferences, 1953). There was also a marked change in the ethnic composition of America's young addicts. The incidence of heroin addiction among young African Americans and Latinos exploded in the 1950s as minority neighborhoods—the same neighborhoods that witnessed white ethnic narcotic

addiction at the turn of the century--were flooded with cheap heroin (Helmer, 1975). Concerns about the growing heroin epidemic triggered harsh new anti-drug laws whose provisions included the potential for life sentences or the death penalty for anyone selling drugs to a minor. In perhaps the first roots of a rising polydrug phenomenon, the 1950s also saw the first reports of youthful inhalation of volatile solvents for purposes of intoxication (Clinger and Johnson, 1951) and the first reports of a rebellious clique of young chain-smoking, hard-drinking artists and writers (known as the “beats”) whose challenges to conventional society sometimes included marijuana experimentation. The Beats were a cultural marker of things to come.

The 1960s and 1970s witnessed America’s first widespread youthful polydrug epidemic. Marijuana, and to a lesser extent LSD, became sacraments within a drug-experimenting youth subculture that by the 1970s usually involved alcohol, cannabis and an assortment of newly popular hallucinogens (PCP), stimulants, barbiturates, and “look-alike” drugs. This period was marked by an increased perception of marijuana as a relatively benign drug, a growing acceptance of marijuana use, and proposals for decriminalization of marijuana coming from the highest levels of government. The year 1979 was the high-water mark for 20th century adolescent illicit drug use with 30.9% of 12-17 year old youth and 60.4% of high school seniors reporting having used marijuana sometime in their life (Monitoring, 1996). Masked within this illicit drug experimentation were changes in youthful licit drug consumption. Concern about illicit drugs gave smoking and drinking a benign mask that triggered as much parental relief (that their kids weren’t using “drugs”) as alarm. Hidden behind headlines about new and exotic drugs was the cold reality that an inordinate and growing number of young people were killing themselves and others in alcohol-related traffic fatalities and were not heeding the warnings about tobacco to which there their parents were beginning to take notice.

VI. Late Twentieth Century ATOD Use Trends

There are two discernable changes in adolescent ATOD use in the closing decades of the 20th century. The first period from 1981 to 1991 was marked by declining daily, monthly and lifetime illicit drug use by adolescents at all grade levels surveyed, a parental backlash against drug tolerance, intensified prevention campaigns targeting marijuana, a repeal of many early marijuana de-criminalization experiments, and a growing stigma associated with illicit drug use. While the overall pool of illicit drug consumers was shrinking, there were concerns about changing patterns of use. Great alarm was expressed over the rise

in cocaine use during the 1980s and, in particular, the use of crack cocaine by adolescents. There were also concerns about the lowered age of onset of alcohol, tobacco and other drug use. But all of this was overshadowed by what some called a new era of temperance in America.

A second period emerged when the decline in overall drug experimentation began to reverse itself in 1992 and rose significantly until 1996 and then reached plateaus in 1997 and 1998. While middle and upper class cocaine use leveled off, there was growing concern that crack cocaine use was becoming endemic within America's most disempowered communities. There was also resurgence in polydrug use (marihuana, hallucinogens, solvents, amphetamines), and a rise in heroin use triggered in part by increased heroin purity and a resulting shift in method of ingestion from injection use to intranasal use (Monitoring, 1998; White and Webber, 1999). Resurging adolescent drug use is likely to once again capture, at least briefly, the attention a nation that is weary from a century of drug epidemics to which there seems to be no end and no solution.

VI. Adolescent ATOD Trends: The Big Picture

Let's see if we can step back from this briefest of sketches to explore in more depth what the most important themes are within the evolving history of adolescent ATOD use in America. The psychoactive drug menu presented to adolescents has continued to increase in number and variety of drugs. Illicit drugs have become more potent and more accessible to adolescents. Drug choices have continued to evolve with alcohol, tobacco and marijuana being the modern baseline drugs of choice for young drug users. The price-per-unit of some drugs has recently changed in ways that increased their accessibility to young people, e.g., crack cocaine. Most adolescents today are more likely to procure drugs from another adolescent than an adult. Adolescents today are more likely to be prescribed psychoactive drugs by a physician/psychiatrist than at any previous period in American history--drugs that can be potentially abused or diverted into the illicit drug market.

The characteristics of young drug consumers have evolved throughout the 20th century. Young men have become more vulnerable to illicit narcotic use, and young women are more likely to be involved with alcohol, tobacco, and illicit non-narcotic drugs. Young people of color are much more vulnerable to the misuse of alcohol, narcotics and other illicit drugs compared to a century ago when such use was virtually nonexistent. By far the most significant change in characteristic of drug consumers is the lowered age of onset of regular alcohol and other drug exposure. For 150 years (1820-1970) America successfully postponed the age of

onset of regular ATOD exposure until after the biological changes of adolescence. Between 1970 and 1990, that achievement was lost. A majority of adolescents entering addiction treatment in the 1990s reported pre-adolescent onset--perhaps adding confirmation to the findings of a just-completed study that found a direct relationship between early onset of use and increased risk of lifetime incidence of addiction (Dennis, et. al., 1998).

The physical, psychological, social and legal context of adolescent drug use has changed. The location of use has shifted from the home to the wider community. The motivations for drug use have also changed through this history from that of relief of physical pain to a search for pleasure and the use of drugs as a socially or politically symbolic act. The social setting of use has shifted from the family to one's generational peers. This century generated a highly organized youth-oriented drug culture with its own language, values, rituals, symbols, music and dress. This culture may be as attractive to some adolescents as the drugs that can be found within that culture. Adolescent drug use has moved from a licit to an illicit activity within the space of a single century. The resulting illicit drug culture has been recently transformed under resurgence of cocaine use, leaving young people who drawn to this culture more likely to be both perpetrators and victims of drug-related crime and violence. A final and dramatic recent change in the context of drug use is the emergence of injection drug use and sexual contact with injection drug users as the primary risk factors related to HIV transmission in America. HIV/AIDS has fundamentally changed the context of illicit drug use in the United States and the vulnerabilities adolescents face in experimenting with illicit drugs.

The Coming Century

ATOD use has long had multiple effects upon, and meanings to, adolescents. There are many factors that will continue to make adolescents particularly vulnerable to the untoward effects of these substances: low tissue tolerance, inexperience and poor judgment, responsiveness to peer coercion, a propensity for impulsivity and risk-taking, and a tendency to embrace drug use as ritualized affirmation of the transition from childhood to adulthood.

Juvenile drug use in America rose in tandem with a weakened nuclear family structure, decreased contact between youth and extended families and kinship networks, the dissipation of value-homogenous neighborhoods, the emergence of peer-oriented surrogate family structures, and the targeting of young people by licit and illicit drug industries. These ecological influences will continue to exert an enormous influence on adolescent drug use in the 21st century. The coming century will challenge us with new and more potent psychoactive drugs, drugs that

enhance various aspects of human performance, more efficient methods of drug administration, and the emergence of drug cocktails (precisely mixed drug combinations) that will challenge two centuries of research and control policies that focus on each drug in isolation. The 20th century trend that will have the greatest impact on the 21st century will be the dramatic lowering of age of onset of alcohol and other drug exposure. No change of the past 200 years has more profound and potentially enduring effects.

Our prevention and intervention technologies must evolve in anticipation of, and in tandem with, changes in the psychoactive drug menu, changes in the characteristics of adolescent drug consumers, and changes in the ecology of adolescent drug use.

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