

**'Hop Heads' and 'Hypes': Drug Use, Regulation and Resistance
in Canada, 1920-1961**

by

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Abstract

This dissertation is a social and cultural history of drug users and their regulators, including narcotic officials, doctors, police officers and social workers. It draws on and contributes to gender and working class history, medical and legal history and the history of the welfare state.

Three main questions underlay the project: 1) What happened to drug users when certain types of drug use became a criminal activity? 2) How did the state, and other social actors, implement control over consumption? 3) How did drug users themselves respond to regulation by others and how did they regulate themselves? Since my goal is to demonstrate the effects of criminalization on the lives of users, I have focused on drugs which were controlled under the Opium and Narcotic Drug Act, including opium, morphine, heroin, cocaine and cannabis. Unlike much work of the work on moral regulation, which focuses on only one moral agent, I examine multiple sites and types of regulation. I have paid careful attention to the impact of regulation on the lives of targeted individuals, to the motivations and techniques of the regulators and to the interactions among drug users, regulators and the state.

The history of drug use gets to the heart of how bodies and subjectivities are constructed by individuals, by others, and by the state. By examining one of the most intensively regulated groups in society, we can better understand the operation of state and other types of power in the mid-20th century. Drug users were an extremely stigmatized group and their treatment raises serious questions about inequality, how and why it is reified and perpetuated and how it can be corrected. Finally, as a group

extensively targeted by the criminal justice system, the treatment of drug users forces us to ask important questions about the operation of the criminal justice system and normative notions of justice, equality and fairness.

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Introduction

In 1952, in the middle of a juvenile drug scare, a front-page article in the *Vancouver Province* stated: "I Can't Be Cured." Purportedly written by an "addict" the testimonial began:

You can't cure me of the drug habit.

I know. It is 20 years since I took my first fix, and I haven't been able to shake it. It has cost me my home, job and my happiness. It has threatened my marriage, kept me broke, sent me to prison three times. Drugs have ruined my life.

When I started I was only going to try it once. That's all. A little joy-pop now and then, maybe. But addiction? Not this guy.

How I detested those weak-willed parasites, slaves to a few grains of white powder. I had too much will-power. It could never happen to me.¹

It is impossible to know if a story like this was really written by a drug user, or if it was a journalist's idea of what a drug user would say if s/he wrote a story about drug use. Perhaps it was chosen among a series of stories because it best represented what the newspaper wanted to say about drug use. What is important is that this is a fairly typical, even archetypal, image of an addict, both then and today. The idea of the illegal drug user as someone who is unable to control their drug use and, by extension, their life as a whole, is what we have come to expect in the 20th century.

However, the lives of illegal drug users were far more complex than this media description allowed. Edgar A., for example, was born in Arcolow, Saskatchewan in 1901. He never learned to read or write. The John Howard Society believed that he worked as a barber in the tens and twenties. The National Parole Board thought that he was employed as a bush worker and circus hand. According to both accounts, he got married in the early 1930s but his wife died a year later. Apparently, he never worked steadily again. In what may have been his first serious offence, he served one year for car theft in a BC prison in 1934. He told a John Howard Society worker that he started using illegal drugs in the 1920s, but he was not convicted of a narcotic offence until the early 1940s. Over the next two decades, Edgar served eight penitentiary sentences

¹ "I Can't Be Cured" *Vancouver Province* July 5, 1952: 1

(sentences of at least two years) for drug offences. By the early 1960s, he was hard of hearing and blind in one eye.

In some respects, Edgar was unusual. His documented history of drug use was much longer than most. By the 1950s, when he spent most of his time in and out of jail, he was much older than the average user. However, in other respects, his story was only too familiar. He told social workers that his childhood memories were those of fighting and discord. He had little education and no real training for employment. His work record was sporadic. His health was poor. He had no significant family ties and many of his other relationships seem to have been fleeting and revolved around the use of drugs.

Like most drug users, Edgar had extensive contact with agents of the state. Frequent encounters with police netted him scores of criminal convictions and long periods of time in prisons and jails. He was on and off welfare for much of his adult life. He spent considerable time in hospitals, having suffered from tuberculosis, accidents, and work-related injuries. He knew social workers at the state institutions such as the Worker's Compensation Board, Community and Social Services and the National Employment Service, as well as private agencies such as the John Howard Society, the Central City Mission and the Goodwill.

Edgar's illegal drug use ensured that he spent long periods of time in penal institutions, but in other respects, drug use was the least of his problems. Edgar suffered from poor health, an inadequate education and few job skills. His activities were closely monitored by police officers and long residences in institutions significantly curtailed his freedom. However, while on the street, Edgar was not simply a helpless victim of the state. He used a variety of social services to advantage. He obtained short periods of employment. He procured drugs for himself and for his friends. He fought with social service providers who did not give him what he wanted.

This dissertation is about the lives of people like Edgar, and their encounters with the state in the middle of the twentieth century. It is a social and cultural history, not just of illegal drug users, but also of their regulators, including narcotic officials, doctors, police officers and social workers. Since my goal is to demonstrate the effects of criminalization on the lives of users, I have focused on drugs that were controlled under the Opium and Narcotic Drug Act, including opium, morphine, heroin, cocaine and

cannabis. Other drugs with potentially harmful consequences, especially alcohol and barbituates, were commonly used at this time but the legal, social and political consequences of being an alcohol or barbituate user were very different.

Three main questions underlay the project: 1) What happened to drug users when certain types of drug use became a criminal activity? 2) How did the state, and other social actors, implement control over consumption? 3) How did drug users themselves respond to regulation? I am interested in how drug users were “created” and “controlled,” as well as their strategies of resistance. By describing the day-to-day lives of drug users, this dissertation asks a number of important questions about the relationship among the state, regulatory agents, citizenship and consumption. As such, it goes beyond the study of drug use to examine the operation of regulation in mid-twentieth century Canada.

The study of illegal drug use is usually the domain of sociologists, psychologists and physicians. Nonetheless, historians can make an especially valuable contribution to the drug debate by showing the impact of drug policy over time. However, with the significant exception of Cheryl Krasnick Warsh and Dan Malleck, Canadian historians have paid little attention to illegal drug use.² Moreover, there has been little examination, either in Canada, or elsewhere, of illegal drug use in the period after the 1920s, when countries around the world significantly strengthened their legislation against drugs.³

² Cheryl Krasnick Warsh Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat 1883-1923 (Montreal and Kingston: McGill-Queen's University Press, 1989) and Dan Malleck “Refining Poison, Defining Power: Medical Authority and the Creation of Canadian Drug Prohibition Laws, 1800-1908” PhD Dissertation, Queen's University, 1998

³ David Courtwright's seminal book on drugs in the United States Dark Paradise: Opiate Addiction in America Before 1940 (Cambridge: Harvard University Press, 1982) focuses largely on the period between 1895 and 1914. David Musto's equally important book The American Disease: The Origins of Narcotic Control (New Haven: Yale University Press, 1973) ends in the 1920s. For Great Britain Virginia Berridge's and Griffith Edwards' book Opium and the People: Opiate Use in Nineteenth Century England (New Haven: Yale University Press, 1987) deals only with the 19th century and Terry Parssinen's book Secret Passions, Secret Remedies: Narcotic Drugs in British Society 1820-1930 (Philadelphia: Institute for the Study of Human Issues, 1983) only goes to 1930. One of the few American studies to look at this time period, David Courtwright et al's collection of oral histories Addicts Who Survived, characterizes the period between 1923-1965 as the “classic period” – an era in which narcotic control was “simple, consistent and rigid.” Certainly, enforcement was strict. However, this characterization obscures the many changes that took place among drug users and in drug enforcement and treatment. David Courtwright, Herman Joseph and Don Des Jarlais Addicts who Survived: An Oral History of Narcotic Use in America, 1923-1965 (Knoxville: University of Tennessee Press, 1989)

The history of drug use encapsulates some of the more interesting questions being asked by historians today. This subject gets to the heart of how bodies and subjectivities are constructed by individuals, by others, and by the state. There has been an explosion of regulatory mechanisms for controlling bodies and subjectivities in the 20th century and drug users were one of the most intensive loci of these new strategies of control. By examining one of the most intensively regulated groups in society, we can better understand the operation of state and other types of power in the mid-20th century. As an extremely stigmatized group, the position of drug users in our society raises serious questions about inequality, how and why it is reified and perpetuated, and how it can be corrected. Finally, as a group extensively targeted by the criminal justice system, the treatment of drug users forces us to ask important questions about the operation of the criminal justice system and normative notions of justice, equality and fairness.

Illegal drug users were subject to such intensive policing and such regular incarceration that it would be fairly easy to impose a “social control” model on the study of their lives.⁴ I have chosen to use the word “regulation” rather than “control” because it better encompasses the failures as well as the successes of the state’s efforts at drug prohibition, and it implies a more nuanced understanding of the multiple ways in which power operates. I am very concerned with the operation of state power, given its critical influence on drug users’ lives, but I have taken heed of Foucault’s warning that “we must construct an analytics of power that no longer takes law as a model and a code.” Power, Foucault explained “is exercised from innumerable points, in the interplay of non-egalitarian and mobile relations.”⁵ In this study, I show that power was exercised (in unequal ways) by police officers, social workers, doctors, government bureaucrats, journalists and by drug users themselves.⁶ Each of these groups of “moral agents” had different priorities, which changed over time, and varied among individuals. Moreover,

⁴ For a critique of “social control” see Linda Gordon “Family Violence, Feminism and Social Control” *Feminist Studies* 12(3) Fall 1986: 452-78

⁵ Michel Foucault *The History of Sexuality Vol 1* (New York: Vintage Books, 1990) First published 1978: 90

⁶ Nancy Fraser stresses that not all forms of power are “normatively equivalent” in her article “Foucault on Modern Power: Empirical Insights and Normative Confusions” in Stuart Henry ed. *Social Control: Aspects of Non-state Justice* (Aldershot: Dartmouth Publishing Company, 1994): 3-20

each group of “moral agents” had a unique relationship with the state, which added to the complexity of the “governance” of drug users.⁷

Unlike much work of the work on moral regulation, which focuses on only one moral agent, I examine multiple sites and types of regulation. In this sense, the dissertation draws upon Mariana Valverde’s excellent work on alcohol regulation. Like Valverde, I have been able to contrast legal and psychological forms of regulation. However, I have focused much more intensively on the impact of regulation on the lives of the regulated than Valverde has done.⁸ Like Margaret Little and Carolyn Strange, I have paid careful attention to the impact of regulation on the lives of targeted individuals, as well as to the motivations and techniques of the regulators.⁹ As a result, the dissertation also forays into gender and working class history, medical and legal history, and the history of the welfare state.

In examining the extent to which the subject is created by regulatory mechanisms, the possibility for resistance often seems lost. Foucault’s work on power is sometimes interpreted to mean that there can be no resistance.¹⁰ However, while Foucault’s work negates the idea of a simple liberation, he did not imply that there is no possibility of resistance.¹¹ Drug users did resist the moral agents who sought to intervene in their lives, and drug use itself, especially in the later part of the time period examined here, can be interpreted as an act of resistance against the forces of normalization in post-war Canada. This resistance was not very articulate, but I believe that by choosing to use

⁷ Mariana Valverde ed. Studies in Moral Regulation (Toronto: Centre of Criminology and Canadian Journal of Sociology, 1994): vii-xi, Graham Burchell, Colin Gordon and Peter Miller The Foucault Effect: Studies in Governmentality (Chicago: University of Chicago Press, 1991), Philip Corrigan and Derek Sayer The Great Arch: English State Formation as Cultural Revolution (Oxford: Basil Blackwell, 1985)

⁸ See Mariana Valverde Diseases of the Will: Alcohol and the Dilemmas of Freedom (Cambridge: Cambridge University Press, 1998), Mona Gleason Psychology: Schooling and the Family in Postwar Canada (Toronto: University of Toronto Press, 1999), Mary Louise Adams The Trouble with Normal: Postwar Youth and the Making of Heterosexuality (Toronto: University of Toronto Press, 1997)

⁹ Little, Margaret No Car, No Radio, No Liquor Permit The Moral Regulation of Single Mothers in Ontario 1920-1997 (Toronto: Oxford University Press, 1998) and Carolyn Strange Toronto’s Girl Problem: The Perils and Pleasures of the City, 1880-1930 (Toronto: University of Toronto Press, 1995)

¹⁰ See David Garland Punishment and Modern Society (Oxford: Clarendon Press, 1990)

¹¹ See David Halperin Saint=Foucault: Towards a Gay Hagiography (Oxford: Oxford University Press, 1994) provides a spirited defense of Foucault’s politics of resistance.

drugs in defiance of the law and social convention, drug users were engaging in a critique of the society they lived in.¹² Of course, drug users themselves also engaged in many different types of self-regulation, sometimes in cooperation with regulatory authorities, sometimes in conjunction with their peer group and sometimes more individually. The history of regulation and the history of “experience,” including resistance, are inseparable.¹³ Discipline and regulation shape options and choices, but they are not all consuming.

One of the strengths of this study is that it covers a long time period, and shows both continuities and change in the treatment of drug users.¹⁴ Up until the late 19th century, when doctors began to worry about “narcomania,” “morphinism” and other disorders, doctors regularly prescribed opiates such as morphine for pain relief. Prior to the passage of Canada’s first drug laws in 1908, Canadians could and did purchase opium, cocaine and morphine in their local pharmacy. However, in the early years of the 20th century, the use of opium, morphine, heroin and cocaine became increasingly disreputable. This was partly because many people frowned upon the use of all psychotropic substances, including alcohol. However, it also had to do with the fact that opium use was associated with Chinese-Canadians as well as prostitutes and dissolute young men. In the early 1920s, concurrent with the campaign for Chinese Exclusion, a full-scale moral panic developed over drug use and extremely harsh legislation was passed to prevent the consumption of drugs.

¹² For works on resistance see: James C. Scott Domination and the Arts of Resistance: Hidden Transcripts (New Haven Conn: Yale University Press, 1990), Eugene D. Genovese Roll, Jordan Roll: The World the Slaves Made (New York: Vintage Books, 1972). E.P. Thompson “The Moral Economy of the English Crowd” Past and Present 50 (1971): Robin Kelley Race Rebels: Culture, Politics and the Black Working Class (New York: Free Press, 1994) For an interesting critique of resistance see: Timothy Mitchell “Everyday Metaphors of Power” Theory and Society 19 (1990): 545-577

¹³ For works on “regulation” and the creation of the self see: Nikolas Rose Governing the Soul: Shaping of the Private Self (London: Routledge, 1990), Willem de Lint “Shaping the Subject of Policing: Autonomy, Regulation and the Police Constable” PhD Dissertation, University of Toronto, 1997 and Kari Dehli “They rule by sympathy: The feminization of pedagogy” Canadian Journal of Sociology 19(2) 1994: 195-216

¹⁴ The only other study I am aware of that takes this time period as its focus is: Joan Sangster Earning Respect: The Lives of Working Women in Small-Town Ontario 1920-1960 (Toronto: University of Toronto Press, 1995) Margaret Little also covers this time period, but she gives short shrift to the period after World War II. Little No Car, No Radio, No Liquor Permit

The new laws unevenly affected what was then a large and diverse body of drug users. In the 1920s, the experience of drug use differed enormously based on one's class background, the colour of one's skin, the types of drugs used and where they were obtained. In the early 1920s, Chinese opium smokers frequently faced police raids but they often paid for this offence with fines or short prison terms.¹⁵ Later, they faced prison terms and often deportation. Working class opiate users also encountered the law on occasion and often faced extremely harsh penalties but it was entirely possible to be a drug user in this time period and avoid arrest altogether. Some middle and working class drug users continued to obtain morphine from doctors on prescription. Others bought from street-peddlers but faced relatively little police harassment. However, the high penalties for drug use in the 1920s seem to have led to a slow decline in use. This cannot be seen as an entirely positive development, as the laws created much more dangerous conditions of drug use, including the replacement of the milder opium with morphine and heroin, and the substitution of the hypodermic needle for the opium pipe. Moreover, the laws drove out more moderate users from the drug-using community, a practice that likely contributed to more problematic patterns of drug use, since most drug users learn how to use drugs, including methods of controlling drug use, from other users.

By the post-war years, a far more homogeneous group of white, working-class drug users faced a remarkably different situation from users in the 1920s. Surveillance of drug use was vastly intensified. The department of narcotic control carefully monitored doctor's prescriptions and quickly wrote to any physician who was prescribing more than what the department thought was normal. The RCMP and municipal police forces in Toronto and Vancouver, where most of the known drug users lived, carried out a vigorous campaign against drug users. It seems to have been nearly impossible to be a drug user in post-war Canada and not spend a great deal of time in penal institutions. Only drug-using doctors escaped the constant cycle of arrest and imprisonment. People like Edgar, who used drugs throughout much of this time, saw their lives transformed by these changes.

¹⁵ Extensive work on class and race on the sentencing of narcotic offenders can be found in Clayton Mosher "The Legal Response to Narcotic Drugs in Five Ontario Cities, 1908-1961" PhD Dissertation (1992) University of Toronto.

The liberal narrative of Canadian history, often portrayed in textbooks and survey courses, argues that life improved for everyone with the prosperity of the post-war years and the growth of social programmes.¹⁶ However, drug users in Canada did not see their lives ameliorate after the war. In fact, the growth in post-war spending on policing, jails, and the narcotic bureaucracy meant that drug users spent more and more of their time incarcerated, were less able to obtain drugs from doctors and were subjected more often to “treatment,” a process which asked them to transform themselves into good Canadian citizens who did not use drugs or violate other norms. Moreover, the existence of a significant body of drug users, most of who came from extremely poor and troubled backgrounds, shows the extent to which the post-war “welfare” state failed to provide for all Canadians.¹⁷

Sources and Methodologies

Like other marginalized groups examined by Canadian historians, such as communists, homosexuals, single mothers on social assistance and juvenile delinquents, drug users were comprehensively scrutinized.¹⁸ As a result, there was no shortage of

¹⁶ For example, the much used textbook by Robert Bothwell, Ian Drummond and John English Canada Since 1945: Power, Politics and Provincialism (Toronto: University of Toronto Press, 1989) starts with the following “Although the years since 1945 have contained their shares of disappointments, they have been more successful than most. From 1945 to 1975 the nation enjoyed thirty years of unprecedented economic advance. Living standards rose to heights undreamed of at the end of the war. Thanks to these economic achievements, Canadians could afford a social welfare system that few in 1945 believed possible...By 1975, the country had the apparatus of a humane and urbane society.”: 3 Also see “The Affluent Society” in R. Douglas Francis, Richard Jones and Donald B. Smith Destinies: Canadian History Since Confederation (Toronto: Harcourt Brace, 1996): 323-350.

¹⁷ A more critical textbook is: Alvin Finkel and Margaret Conrad with Veronica Strong-Boag History of the Canadian Peoples Vol II: 1867 to the Present (Don Mills: Copp Clark, 1998). For other critical works on the post-war period see: Franca Iacovetta Such Hardworking People: Italian Immigrants in Postwar Toronto (Montreal and Kingston: McGill-Queen’s University Press, 1992) Reginald Whitaker and Gary Marcuse Cold War Canada: The Making of a National Insecurity State, 1945-57 (Toronto: University of Toronto Press, 1994), Joy Parr Domestic Goods: The Material, the Moral and the Economic in the Postwar Years (Toronto: University of Toronto Press, 1999), Joy Parr ed. A Diversity of Women, Ontario 1945-1980 (Toronto: University of Toronto Press, 1995), Bryan Palmer Working-Class Experience: Rethinking the History of Canadian Labour 1800-1991 (Toronto: McClelland and Stewart, 1992).

¹⁸ Greg Kealey and Reg Whitaker have done extensive work on the surveillance of Canadian communists. See Whitaker and Kealey eds. RCMP Security Bulletins: The War Series (St.

sources. The dissertation relies on a broad range of materials including government documents, court records, newspapers, medical journals, and contemporary reports by psychologists and social workers, but at the heart are two separate sets of case files – one set of social work case files from the John Howard Society of Vancouver and one set of case files maintained by the Division of Narcotic Control, which contained mug shots, drug users' criminal records, RCMP reports on arrests, RCMP reports on trials and departmental correspondence with doctors and prosecutors. For more detail on these case files and issues of confidentiality, please refer to the **Appendix: Notes on Confidential Case Files**.

Case files provide a fascinating window into individual lives, but it is extremely important to understand who produced these files and why and how they went about accumulating data. Case files tell us something about the interactions between drug users and social workers, police officers, judges, doctors and penal officials but researchers need to be conscious of the fact that the files themselves were always produced by only one of the two people involved in those interactions. The debate over how to read case files, begun with Joan Scott's and Linda Gordon's debate in Signs, is not likely to end soon.¹⁹ In their 1998 book On the Case, Franca Iacovetta and Wendy Mitchinson recently revisited this issue.²⁰ In a provocative article, Carolyn Strange read capital case files (cases in which people were sentenced to death) "as a textual artefact of competing truths – multiple, discordant interpretations of condemned persons' lives."²¹ Indeed, in

John's Newfoundland: Canadian Committee on Labour History, 1989), RCMP Security Bulletins: The Depression Years (St. John's Newfoundland: Canadian Committee on Labour History, 1993), RCMP Security Bulletins: the Early Years 1919-1929 (St. John's Newfoundland: Canadian Committee on Labour History, 1994). See also Reg Whitaker and Gary Marcuse Cold War Canada: The Making of National Insecurity State For single mothers on social assistance see Margaret Little No Car No Radio No Liquor Permit. For juvenile delinquents see: Franca Iacovetta "Gossip, Contest and Power in the Making of Suburban Bad Girls: Toronto, 1945-1960" Canadian Historical Review 80(4) December 1999: 585-623 and Dorothy Chunn From Punishment to Doing Good: Family Courts and Socialized Justice in Ontario, 1880-1940 (Toronto: University of Toronto Press, 1992)

¹⁹ Joan Scott "Book Review" of Heroes of their Own Lives: The Politics and History of Family Violence by Linda Gordon (New York: Viking, 1988) and Linda Gordon "Book Review" Gender and the Politics of History (New York: Columbia University Press, 1988) both in Signs 15(4) Summer 1990: 848-860

²⁰ Franca Iacovetta and Wendy Mitchinson On the Case: Explorations in Social History (Toronto: University of Toronto Press, 1998)

²¹ Carolyn Strange "Stories of their Lives: The Historian and the Capital Case File" On the Case:

reading case files, one must be aware of the ways in which different actors constructed their own narratives about the case. However, in reading several hundred case files of users, there were material commonalities that emerged. In the John Howard Society files it is clear that the majority of drug users grew up in economically-disadvantaged homes and that many experienced foster care and/or abusive family situations. In the National Archive files, it is obvious that many drug users were the subjects of police violence and surveillance. Admittedly, even here, I am imposing my own narrative on the cases but I have tried to do so in a reflective way. I have tried to follow the methodology described in the introduction to On the Case, in which “a sensitivity to representation, discourses, and the fractured nature of experience” is combined with a “materialist and feminist analyses of class, patriarchy and power.”²² I see much merit in post-structural analysis of case files, but at the same time, I have used these cases to uncover the details of people’s lived experiences.

Usually, a case file contained information that came from a number of different sources, and each type of source required different de-coding strategies. Let me use the police reports, found in the National Archives case files, as an example. The RCMP wrote the reports but they included arrests by municipal police officers as well as arrests by RCMP officers. The reports were designed with several audiences in mind. First, police officers relied on them heavily in giving testimony at trials. Prosecutors also received copies of the reports and used them to help prepare their case. Finally, the reports went to the Division of Narcotic Control, where government bureaucrats used them to determine trends in drug use and to record efforts made by drug users to resist arrest and prosecution. The Division then kept the RCMP across the country apprised of any important developments in drug users’ techniques of use or concealment.

The reports were remarkably homogeneous, indicating that police officers received central training and guidance in how to write them. Reports were written as soon as possible after the event in question, presumably so that police officers would remember as many details as possible. Standard phrases were common. Fights between drug users and police officers were usually described with the shorthand “after a brief

struggle.” Police carefully recorded any evidence found at the scene and had standard descriptions for processes of observation. The reports were designed to allow the police and the special prosecutor to make the strongest possible case against the drug user. Thus, police officers never expressed uncertainties. They never wrote that they thought they saw something – they were always as detailed as possible, saying “through the transom, x was observed standing beside the bureau. He was wearing a blue shirt.” In other words, police reports were a way of constructing a precise knowledge about an event after it had already happened. These reports revealed much more about the practices of policing and the attitudes of police officers than they do about drug users.

Nonetheless, from the hundreds of reports contained in these files, it is possible to partially construct the lives of drug users. Police reports described drug users’ homes (often residential hotels), their responses to arrest, their daily activities, their companions and the practice of shooting up. Police often had reason to stretch the truth about what they had seen, or had not seen, but in many cases, there was little to be gained, and much to be lost, from making up incorrect information. Police officers wanted to make successful cases and to have their testimony respected in the courtroom. There was little advantage to be gained from lying about the location where the arrest took place or about the number of people they found in the room at the time of arrest since this could lead to a loss of credibility if caught. Alternatively, there was some advantage to indicating that they saw person x take a shot before they entered the room, even if they did not. As I read the files, I constantly kept in mind the police officers’ audience and goals, and was extremely skeptical of the “truth” that was being presented.

I applied the same type of analysis to all other items in the case file. What was recorded and by whom? How were the writers of the documents trained? What audience did the recorder have in mind? Were certain things said to please superiors? What was the goal behind producing the document? What kinds of biases, exaggerations, and outright lies would be most likely to appear? What did the documents reveal about their producers, as well as about drug users? These questions cannot compensate for the one-sidedness of the case files, but they did help me filter through the levels of information contained within the document.

The dissertation does not rely on case files alone. The bureaucratic records of the Division of Narcotic Control provided extensive information on the Division's control over and relationships with doctors, narcotic prosecutors, pharmacists, and police officers. Giffen et al published a study of these records entitled Panic and Indifference in 1991.²³ This lengthy monograph argues that the Narcotic Division played a vital role in initiating and enforcing changes in Canada's drug laws.²⁴ I read these same records for the information they contained on the social history of drug use and the moral regulation of drug users, as well as for information on the genesis of drug legislation.

The confidential case files dated primarily from the 1930s, 40s and 50s, so finding information on the 1920s was particularly challenging. RCMP Criminal Investigation Branch files from the 1920s, available at the National Archives, were valuable in determining police practices in investigating and arresting drug users, drug traffickers and doctors who prescribed to drug users.²⁵ A Commission of Investigation into RCMP practices in British Columbia in the early 1920s also provided much information on police practices.²⁶ Court records from British Columbia and Alberta provided details on patterns of arrest and treatment by the courts, as did Clayton Mosher's work on drug convictions in Ontario.²⁷ Coroner's Inquests on deaths from illegal drugs in the 1920s in British Columbia proved to be interesting accounts of the deaths of drug users.²⁸

Another valuable source were the statistics compiled by the Dominion Bureau of Statistics kept detailed statistics on people who were arrested under the Opium and Narcotic Drug Act.²⁹ There was a great deal of information in these reports about the race, gender, geographical location, employment, education, religion and marital status of people convicted under the Opium and Narcotic Drug Act. However, there were some

²³ Janice Dicken McGinnis also looked at these records in her dissertation. Janice Dickin McGinnis "From Health to Welfare: Federal Government Policies Regarding Standards of Public Health for Canadians, 1919-1945" PhD Thesis, University of Alberta, 1980

²⁴ P.J. Giffen, Shirley Endicott and Sylvia Lambert Panic and Indifference: the Politics of Canada's Drug Laws (Ottawa: Canadian Centre on Substance Abuse, 1991).

²⁵ NAC, RG 18, Vols #3306, #3308, #3309, #3310, #3163, #3167, #3279, #3288, #3291 #3296, #3297, #3313, #3313A

²⁶ NAC, RG 18, Vol #3170 File #G494-7

²⁷ BC Archives GR-0602 and GR-2812, Alberta Archives Acc. 72.26, Clayton Mosher "The Legal Response to Narcotic Drugs in Five Ontario Cities, 1908-1961"

²⁸ BC Archives GR-1327

²⁹ Dominion Bureau of Statistics Annual Reports on Criminal and Other Offences 1922-1961

problems with these statistics. First of all, not all people convicted under the Opium and Narcotic Drug Act were drug-users, since a small number were non-using traffickers, doctors or pharmacists. Secondly, some drug users were arrested more than others and therefore appeared more often in the statistics. Drug users who obtained their drugs from doctors were much less likely to appear in arrest statistics than those who bought their drugs on the street. The statistics only gave me a general profile of who was convicted in any given year, not who was using drugs in a given year. Thirdly, the accuracy of these statistics is difficult to determine. The RCMP trial reports, which compiled much of the same information, sometimes varied quite considerably. Some drug users' birth dates changed over time, as did their recorded race. Nonetheless, an analysis of these statistics does reveal some important trends in types of drugs being used, the age at which users were arrested, the racial backgrounds of users and the intensity of policing. I have charted many of these trends throughout the dissertation.

The 600-page report "Drug Addiction in British Columbia," researched and written by psychiatrist George H. Stevenson between 1954-56, provided an extensive statistical and qualitative study of drug users' psychological and family histories.³⁰ As I discuss in the chapter on doctors and drug users, there were some methodological weaknesses in this study, but the report is a fascinating example of the production of psychological "knowledge" about drug users in the post-war period. The Stevenson Report was complemented by several very impressive master theses on drug users written at the University of British Columbia in the late 1950s and early 1960s. These studies were intended to query to causes of drug use and reveal the means by which regulators could get them to quit.

I also looked extensively at popular and medical literature on drug use. The sensational style favoured by newspapers and magazines between 1920 and 1961, but particularly in the 1920s, revealed much more about popular beliefs about drug use than it did about drug users. However, this was extremely useful for understanding why and how drug laws developed and changed. Doctors in Canada were not much interested in

³⁰ George H. Stevenson Drug Addiction in British Columbia Unpublished Manuscript (Vancouver: University of British Columbia, 1956)

drug use during this time period but I read all the major contemporary medical journals for an understanding of how they understood drug use.

In looking at all of my sources, I paid careful attention to gender, race, and class. I have tried to maintain a balance between acknowledging that these categories are socially constructed and showing their very real impact on lived experience in the 20th century. Joan Scott, Judith Butler, R.W. McConnell and others have successfully shown that there is nothing “essential” about gender.³¹ Femininity and masculinity are culturally constructed and ideologies about appropriate gender performance have shifted over time, and are not consistent across class and race. Nonetheless, gender ideologies and patriarchal relations of power had a strong impact on the lives of drug users. Stories of feminine weakness and guile were used to construct powerful anti-drug narratives that drove the campaign to increase the severity of Canada’s drug laws. Ideas about appropriate female roles as well as the structural realities of a gendered labour market meant that female drug users experienced the world of drug use very differently from male users. Narratives of femininity meant that middle-class women were much more successful at feigning illnesses and obtaining drugs from doctors than their male counterparts. Working class women who used drugs earned money for drugs primarily through prostitution, while male drug users more often committed theft, or engaged in peddling drugs. Peddling gave male drug users greater access to money and power, but it also resulted in long sentences. At the same time, both female and male users were stigmatized for their violations of normative gender roles. Thus, gender ideologies and gender inequalities, affected the lives of male and female drug users in multiple ways.

Similarly, most biologists agree that there is no such thing as “race” since genetic variation within racial types is much greater than the overall differences between races. In the words of Stephen J. Gould: “Human groups do vary strikingly in a few highly visible characters (skin color, hair form) – and these external differences may fool us into thinking that overall divergence must be great. But we now know that our usual metaphor of superficiality – skin deep – is literally accurate.”³² Theorists such as Robert

³¹ Joan Scott *Gender and the Politics of History* (New York: Columbia University Press, 1988). Judith Butler *Gender Trouble: Feminism and the Subversion of Identity* (New York: Routledge, 1990), R.W. McConnell *Masculinities* (Berkeley: University of California Press, 1995)

³² Stephen J. Gould *The Flamingo’s Smile: Reflections in Natural History* (New York: W.W.

Miles have argued that using “race” as an analytical tool reifies the idea that “race” represents something more than ideology and suggests that instead of analyzing “race” we should analyze “racism.”³³ At the same time, social and cultural historians such as Robin Kelley, George Sanchez and Ronald Takaki have produced compelling social histories of racialized “others”, demonstrating the impact of racial signification and/or identity on people’s lived experiences.³⁴ For this reason, I have followed the lead of Kay Anderson, Vic Satzewich and other Canadian scholars and have used “race” as an analytical category.³⁵

The processes of racialization, as well as the lived experience of racial discrimination and identity are all important to the history of drug users in Canada. Ideas about the morally-degenerate but highly intelligent and cunning Chinese, played a key role in anti-drug discourse in Canada. Moreover, men identified as Chinese-Canadians came in for a disproportionate share of police attention for their drug use and many were deported to China as result. The ideological construction of race and racial difference also ensured that most Chinese drug users, like most other people of colour in Canada, were obliged to work at the poorest paid and least desirable jobs. I have taken seriously the idea that “whites” also have a race.³⁶ The “whiteness” of the vast majority of drug

Norton and Company, 1985): 196

³³ See Robert Miles Racism after ‘race relations’ (London: Routledge, 1993) and Kenan Malik The Meaning of Race: Race, History and Culture in Western Society (London: Macmillan, 1996). For Canadian authors who have drawn on Robert Miles see: Kay Anderson Vancouver’s Chinatown (Montreal: McGill-Queen’s University Press, 1993) and Vic Satzewich Racism and the Incorporation of Foreign Labour: Farm Labour Migration to Canada since 1945 (London and New York: Routledge, 1991)

³⁴ George S. Sanchez Becoming Mexican American: Ethnicity, Culture and Identity in Chicano Los Angeles, 1900-1945 (New York: Oxford University Press, 1993), Robin D.G.Kelley Race Rebels, Ronald Takaki’s work is very empirical but is informed by a theoretical perspective on race. See his article “Race as a Site of Discipline and Punish” in Garry Y. Okiheho et al eds. Privileging Positions: The Sites of Asian American Studies (Washington: Washington State University Press, 1995) and his book on Asian-Americans: Ronald Takaki Strangers From a Different Shore (New York: Penguin Books, 1989)

³⁵ Both Kay Anderson Vancouver’s Chinatown (Montreal: McGill-Queen’s University Press, 1993) and Vic Satzewich Racism and the Incorporation of Foreign Labour: Farm Labour Migration to Canada since 1945 (London and New York: Routledge, 1991) draw on Miles’ work, but still use race as an analytical category. For a defense of the use of ‘race’ and a rebuttal of Miles: see Floya Anthias and Nira Yuval Davis in association with Harriet Cain racialized boundaries: race nation, gender colour and class and the anti-racist struggle (London: Routledge, 1993)

³⁶ See for example: David Roediger The Wages of Whiteness: Race and the Making of the

users in the post-war period meant that there was greater emphasis on “treatment”, and more sympathy for drug users.

Ever since the work of E.P Thompson, class has also been the subject of cultural analysis.³⁷ In recent years, a growing body of work, including literature on the construction of “whiteness,” has shown that class is lived through race and gender.³⁸ However, the inequalities of class, like the inequalities of race and gender, are no less real for the recognition that class experiences and identity have changed over time. People have varying access to wealth and to the possibility of acquiring wealth, on the basis of inherited money, education, connections, and other types of privilege including belonging to dominant racial and gender groups. Throughout the time period of this study, stigmatized Canadian drug users came primarily from working-class backgrounds. With their poor education and skills, most drug users had few opportunities to do anything other than working-class jobs. Since many drug users lived off the informal economy, some might identify them as an underclass, or as a lumpenproletariat. I have chosen to avoid the term “underclass”, partly because most drug users did work at “legitimate” employment from time to time and partly because the term has been used to stigmatize poor people and divide them into categories of deserving and undeserving.³⁹

The inequalities of class relations in capitalist society determined the contours of drug users’ lives. The fact that most drug users were working class permitted the state to take a “criminal” approach to drug use, allowed for the intensive surveillance of drug users’ lives and ensured that most drug users would spend much of their time in conflict with the criminal justice system. Also, I believe that drug use can be seen as a response to the alienating experience of life on the margins of consumer society, as well as an escape from the difficult emotional circumstances sometimes brought about by poverty.

American Working Class (London: Verso, 1991) and Grace Elizabeth Hale Making Whiteness: the culture of segregation in the South 1890-1940 (New York: Pantheon Books, 1998)

³⁷ E.P. Thompson The Making of the English Working Class (London: Penguin, 1991 First edition 1963)

³⁸ Ava Baron Work Engendered: toward a new history of American labor (Ithaca: Cornell University Press, 1991) See also the articles in Ellen Carol Dubois and Vicki L. Ruiz Unequal Sisters: A Multicultural Reader in U.S. Women’s History (New York: Routledge, 1990)

³⁹ Particularly passionate arguments against the use of the term can be found in Michael B. Katz Improving Poor People: The Welfare State, the “Underclass” and Urban Schools as History (Princeton N.J.: Princeton University Press, 1995) and Robin D.G. Kelley Yo’ Mama’s Disfunktional: Fighting the Culture Wars in Urban America (Boston: Beacon Press, 1997)

Drug Use and the Problem of “Addiction”

Opium, morphine, heroin and codeine (which was periodically controlled under the Opium and Narcotic Drug Act) are all opiates, meaning that they all derive from the opium poppy. Synthetic opiates in use at this time included methadone, pethidine, and demerol. The illicit use of these drugs was also prohibited under the Act. Opiates are often regarded as highly addictive drugs, and their users are frequently referred to as “addicts.” Users of opiates sometimes acquire a physical dependence on their drug of choice, and will suffer from withdrawal when they are unable to obtain the drug. Withdrawal symptoms include uneasiness, yawning, tears, diarrhea, abdominal cramps, goose bumps and a runny nose.⁴⁰ Despite the difficulties of withdrawal expressed in recent movies like *Trainspotting* or *The Basketball Diaries*, both users and drug researchers have claimed that withdrawal is more like a bad case of the flu.⁴¹ Even physically addicted users quit without much difficulty when the circumstances are right. Most American soldiers who became “addicted” to heroin while serving in Vietnam, quit when they returned to the States.⁴² This suggests that their heroin use was environmental in nature, and depended on social factors, including the stress of war, the widespread availability of opiates and removal from friends, family, and community. Moreover, physical dependence is by no means automatic. Most users need to use opiates on a daily basis for several weeks before becoming physically addicted. At some points during the period of time covered by this study, when drugs were hard to obtain, or were heavily diluted, it is likely that very few opiate users obtained drugs in sufficient quantity and regularity to be physically dependent on their drug of choice. Moreover, there were

⁴⁰ See Addiction Research Foundation “Facts About...Opioids” (Toronto: Centre for Addiction and Mental Health, 1997)

⁴¹ James A. Inciardi *The War on Drugs* (Palo Alto: Mayfield Publishing Company, 1986): 62-64

⁴² Approximately 15-20% of American soldiers serving in Vietnam became “addicted” to heroin. However, in a follow-up study conducted 12 months after the vets returned home, only 7% of the addicted population were still using the drug. L.N. Robins, D.H. Davis, and D.W. Goodwin “Drug Use by US Army enlisted men in Vietnam: a follow up on their return home” *American Journal of Epidemiology* 99: 235-249 Cited in S.J. Allsop and W.M. Saunders “Commonalities in the Addictive Behaviors” in Gill Edwards ed. *Current Issues in Clinical Psychology* Vol. 4 (1986): 197-209

always drug users who used only occasionally, or controlled their use in such a way that they never suffered from withdrawal symptoms.

Cocaine and marijuana are not usually associated with physical withdrawal in the way that the opiates are. Nonetheless, these drugs, especially cocaine, have been referred to as “addictive” drugs. There are people who have found it very difficult to maintain what they, or others, regarded as control over their use of these drugs, and/or have found it very difficult to quit using them. Nonetheless, the vast majority of people who use cocaine and marijuana apparently do not experience their use as problematic.⁴³

Ideas about “addiction” and what is considered to be the appropriate use of psychotropic substances are so firmly entrenched in our own society that it is sometimes difficult to imagine that other cultures and other times have looked at psychotropic substance use very differently.⁴⁴ In her book Diseases of the Will, Mariana Valverde points out that control over alcohol use, by ourselves, by licensing authorities and by the criminal justice system, constitutes an important site for governance of the self. The use of opiates, cocaine and other drugs prohibited under the Opium and Narcotic Drug Act, was never anywhere near as widespread as the use of alcohol. Nonetheless, the control over these drugs exerted by government officials, doctors and drug users themselves, has also been a way of disciplining subjectivities.

The very concept of “addiction” is historically contingent. In his 1978 article “The Discovery of Addiction”, Harry Levine pointed out that the modern conception of alcoholism dates from the late 18th century. Prior to that time, he argued, “the assumption was that people drank and got drunk because they wanted to, and not because they ‘had’ to.”⁴⁵ The idea that alcohol disabled the will, and forced some people to engage in compulsive behavior did not emerge until the early 19th century. However, the

⁴³ Empirical studies show that only a small minority of people who use cocaine (between .5 and 2.5%) will ever exhibit compulsive drug seeking behaviour. Moreover, unlike the opiates, there are no physical withdrawal symptoms associated with the cessation of cocaine use, meaning that traditional definitions of addiction do not apply to cocaine. Patricia G. Erickson and Bruce Alexander “Cocaine and Addictive Liability” Social Pharmacology 3(3): 249-270 See also: Dan Waldorf, Craig Reinerman and Sheigla Murphy Cocaine Changes: The Experience of Using and Quitting (Philadelphia: Temple University Press, 1991)

⁴⁴ Eve Kosofsky Sedgwick “Epidemics of the Will” in Tendencies (Durham: Duke University Press, 1993)

⁴⁵ Harry Gene Levine “The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America” Journal of Studies on Alcohol 39(1) 1978: 144

idea that alcoholism was an uncontrollable “disease” took root quickly. The temperance crusades of the 19th century relied heavily on speeches and testimonials by reformed drinkers who told tales of their loss of control over alcohol, their subsequent trials and tribulations, and their reassertion of control through abstinence. Temperance depended on the idea that everyone was vulnerable to alcohol’s powers. However, in the years after prohibition, thanks partly to the enormous influence of Alcoholics Anonymous, alcoholism came to be regarded by many as a disease that affected only a proportion of drinkers. According to Alcoholics Anonymous, as well as alcohol researchers such as E.M. Jellinek, “alcoholics” need to abstain completely from alcoholic beverages, while those drinkers who do not suffer from “addiction” can continue to drink moderately.⁴⁶ The changing concepts of “alcoholism” and “addiction” show that despite endless empirical research into their “causes”, these concepts are socially contingent and depend on a particular concept of the self and its capacity for free will and control, which is specific to our place and age.

Historians are not the only ones who have pointed out problems with the term “addiction.” According to Ronald Akers “no term relating to alcohol and drug use has caused as much misunderstanding and been as misused as the term addiction. It has been applied in popular discussion and the media, and often in the professional and research literature in vague, unsystematic and inconsistent ways. Virtually anything that some people do with regularity, dedication, commitment, single-mindedness, or “compulsion” has been called addiction.”⁴⁷ The term “addict” has been used as a means of stigmatizing the user of drugs and passing judgement on his or her drug use. At the same time, it has provided many users and former users as an organizing tool with which they can make

⁴⁶ See also: Robin Room “Governing Images of Alcohol and Drug Problems: The Structure, Sources and Sequels of Conceptualizations of Intractable Problems” PhD Dissertation, University of California, Berkely, 1978, Mariana Valverde Diseases of the Will and William L. White Slaying the Dragon: The History of Addiction Treatment (Bloomington: Chesnut Health Systems, 1998)

⁴⁷ Ronald L. Akers “Addiction: The Troublesome Concept” Journal of Drug Issues 21(4) 1991: 777 In recent years, there has been considerable criticism of the “recovery movement”. See: Wendy Kaminer I’m Dysfunctional, You’re Dysfunctional (Reading Mass: Addison-Wesley, 1992), Elayne Rapping The Culture of Recovery: Making Sense of the Self-Help Movement in Women’s Lives (Boston: Beacon Press, 1996) and John Steadman Rice A Disease of One’s Own: Psychotherapy, Addiciton and the Emergence of Co-Dependency (New Brunswick, NJ, Transaction Publishers, 1996), Stanton Peele Diseasing of America: Addiction Treatment out of

sense of their behavior and lives. While I sympathize with the need to find answers for one's behavior, I think that attributing a variety of problems to "addiction" reduces and simplifies what is often a very complex personal situation. I have generally used the term "user" throughout this study to avoid stigmatization and to avoid a reductionist model of users' behavior. I also wanted to acknowledge that there were users who used occasionally and there were regular users who did not necessarily experience their drug use as problematic. Nonetheless, in a few cases, I have used the term "addict" to reflect the language that was in use at the time. By avoiding the use of the term "addict," I do not mean to imply that drug use was never harmful. Some of the users studied here expressed a desperate desire to stop using. They and their families believed that drug use caused them hardship. However, I also believe that in a few cases, drug use was a relatively harmless, or at least a highly understandable, adaptation to poverty and misery.

Structure

The dissertation is divided into three parts. The first chapter focuses on the discursive construction of drug use by journalists, reformers, politicians, and doctors, and examines the judicial consequences of these discursive constructions. It argues that a highly-racialized and gendered anti-drug campaign, which was tied in with the campaign for Chinese Exclusion, was responsible for the passage of strict drug legislation in Canada. The second and third chapters concentrate on the lives of drug users including their health, romantic relationships, family lives, working lives, and participation in crime. The first of these two chapters looks at the impact of the anti-drug campaign in Chinese communities and contributes to the study of Chinese immigration and the experience of racism, and adaptation. Both chapters contribute to the history of white working-class Canadians, and their encounters with the state, capitalism, and the consumer economy. Both chapters show how experiences of drug use changed over time and differed according to race, class, gender, sexuality, and age. They also show how people moved in and out of drug use and drug-using communities in response to drug shortages and their own desires to use or to quit. These chapters demonstrate that

strict laws and enforcement turned drug use into an increasingly dangerous and problematic activity.

The third part of the dissertation focuses on the moral regulation of drug users. Each chapter examines the interactions among a moral agent, drug users and the state. Each of the three moral agents (doctors, police officers and social workers) had a different emphasis, and employed different techniques in their regulation of drug users. Each had different relationship with the state. All three chapters show how moral regulators became increasingly concerned with transforming drug users' subjectivities. Controlling drug users' bodies did not disappear, and in fact, became more common, as the number of enforcement officials increased relative to the number of users.⁴⁸ However, moral regulators became increasingly convinced that punishment was not enough. Drug users needed to have their personalities transformed so that they no longer desired to use drugs.

One might expect that it was doctors who were most concerned with the bodies of drug users, but instead, it was police officers that involved themselves most intensively in the bodies of the user, as it was their responsibility to physically stop users from consuming drugs. The chapter on policing explores the techniques of enforcement, especially surveillance, the use of informants, physical violence, and undercover operations. It examines the way that policing forced drug users forced to engage in extreme caution even with their closest friends and families and to create (often dangerous) secret rituals of drug use to avoid detection. The chapter on doctors looks at the way that doctors were controlled as well as the controllers when it came to dealing with drug use. It examines the increase in doctors' autonomy in the prescribing of narcotics during this time period and it shows how doctors, especially in the growing field of psychiatry, increasingly took an interest in the "reform" and "treatment" of the drug users, especially in institutional settings. However, it was not doctors, but social workers who were the most concerned with the transformation of drug users' personalities. My sixth chapter examines how social workers encouraged drug users to

⁴⁸ In Bodies that Matter, Judith Butler argues that the materiality of bodies is created through discursive practices. I do not disagree. However, I have maintained the body/subject division here partly because I believe that this Cartesian divide was important to the way moral regulators and drug users thought at the time. Judith Butler Bodies that Matter: on the discursive limits of

engage in a careful and prolonged process of self-examination and to find within themselves the reasons for their use of drugs.

Most of the drug users examined here were poor, stigmatized, troubled and the subject of considerable attention from regulatory agents. The history of drug users therefore provides an interesting case study of the state, and of power, in Canadian society. This study will show that there were multiple sites of power relations, and that they unequally operated on, and “created” the bodies and subjectivities of drug users. However, it will also examine the lived experience of drug users, including their difficulties and pleasures. I can not claim that this is anything but my own analysis of the history of drug use in Canada, but I hope that any users, social workers, doctors, police officers, and drug bureaucrats who read this study will feel that I treated their experience with critical respect.

Chapter 1: The Narratives of Narcoticism: Creating “drugs” through Discourse

The meanings of psychotropic substance use have changed over time, depending on who was using the drugs and cultural attitudes about the desirability of altering consciousness. Opiates have been thought of as the world’s best painkillers, an elixir for the romantic imagination and a dangerous cause of moral decay. Cocaine has been regarded as harmless “glamour drug” and as a dangerous producer of inner-city violence. Even within a particular time and place, the meanings of drug use are not consistent. Different users interpret the effects of drugs differently, partly in accordance with his or her beliefs about the drug.¹ In other words, language and practices construct the “meanings” of drug use for both users and non-users.

This chapter will focus on the way drug use was perceived and presented by journalists, politicians, reformers and activists in the period between 1920-1961 and examine the impact of these constructions on drug laws and policy. It will argue that the strengthening of Canada’s drug laws in the early 1920s was strongly linked with the campaign for Chinese Exclusion, and fears about changing gender roles. It will pay particular attention to why incarceration was deemed to be the appropriate response to drug use and examine why little “treatment” was provided for drug users, despite much professed sympathy for the plights of users. It will also call into question the idea that “treatment movement”, at least as it developed in Canada in the immediate post-war period, was more progressive than incarceration.

This chapter critically examines how and why drug use was defined as a “social problem.” Like studies of prostitution, mugging, and hooliganism,² it looks beyond the contemporary presentation of drug use, to examine how race, class, gender and age affected the timing and substance of representations of drug use. It examines the way

¹ An article that extensively details people’s different experiences with the use of marijuana is: Andrew D. Hathaway “Marijuana and lifestyle: Exploring tolerable deviance” Deviant Behavior: An Interdisciplinary Journal 18 (1997): 213-232

² Deborah R. Brock Making Work, Making Trouble: Prostitution as a Social Problem (Toronto: University of Toronto Press, 1998), Geoffrey Pearson Hooligan: A History of Respectable Fears (London: MacMillan Press, 1983): 213-8, Stuart Hall, Chas Critcher, Tony Jefferson, John Clarke and Brian Roberts Policing the Crisis: Mugging, the State, and Law and Order (London: Macmillan, 1978)

that social anxieties and tensions construct ideas about “drug use” and argues that public portrayals of a “problem” such as drug use, can reveal much about society, culture and politics.

The Early Development of Canada’s Drug Laws

Canada’s first drug law was the indirect result of anti-Asian riots on the West Coast in 1907.³ The government sent Deputy Minister of Labour, William Lyon Mackenzie King, to investigate the riots and the claims for compensation. One of the claims was by several opium manufacturers who up until that time had been operating openly and legally on the West Coast. When he was in British Columbia, members of a Chinese anti-opium league called upon King and asked for the government’s help in their efforts to discourage and prevent the manufacture and sale of opium. King subsequently tabled a report that warned that opium smoking was not confined to the Chinese in British Columbia and that it was spreading to white women and girls. He quoted a newspaper clipping that told the story of a pretty young girl who had been found in a Chinese opium den. His report reviewed the progress of the anti-opium movement in China, the United States, England and Japan, leaving the impression that Canada was far behind in this international moral reform movement.⁴ A few weeks later the Minister of Labour introduced legislation prohibiting the manufacture, sale and importation of opium for other than medicinal purposes. The legislation passed without debate.

Three years later the government prohibited the use of opium and other drugs. In 1911, the sale or possession of morphine, opium or cocaine became an offence carrying a maximum penalty of one year’s imprisonment and a \$500 fine. There was no minimum penalty. Smoking opium was a separate offence and carried a maximum penalty of \$50 and one month imprisonment. Again, there was no minimum penalty. There were several reasons behind the new legislation. First of all, the 1908 legislation had not stopped opium smoking in Canada and the police felt that more drastic measures were

³ Canadian churches had also passed a variety of resolutions and forwarded them to the Governor-General asking Canada to take action against the drug trade. See: NAC, RG 6 Vol #119 File #1724

⁴ A Report By W.L. Mackenzie King, Deputy Minister of Labour, on the need for the suppression of the opium traffic in Canada. Sessional Papers of Canada 1908 Paper No. 36b

needed. Chief Rufus Chamberlain, the Chief Constable of the Vancouver City Police recommended that opium smoking and possession of opium should be offences under the Act. Secondly, Mackenzie King, who introduced the legislation, had attended the 1909-10 International Opium Commission in Shanghai. The Commission was an American initiative meant to help China eradicate the opium traffic. Canada's 1911 legislation was intended to bring its legislation in line with the Resolutions passed by the international meeting. The legislation also had public approval in Montreal where a cocaine panic, initiated by the Children's Aid Society, had enlisted the support of churches and clergymen (both Catholic and Protestant), settlement house workers, the council of women, pharmacists, and the mayor.⁵

The 1908 and 1911 laws were the result of a number of different factors including a growing unease about psychotropic substance use in a prohibitionist era, changing medical practices which created fewer cases of iatrogenic addiction and the international anti-opium movement. The fact that opium was perceived to be used by working-class Chinese, and cocaine by underclass Montrealers also contributed to the notion that these drugs, like the people who used them, needed to be controlled and regulated. However, there was a significant difference between this legislation and the legislation of the 1920s. Fines were the norm in the 1910s. After the drug panic of the 1920s, an increasing number of drug users were imprisoned.

The Drug Panic of the 1920s

In the early 1920s newspapers, women's groups, social service organizations, labour unions, fraternal societies and church congregations all joined in a campaign to eradicate what they described as the "drug evil." Blaming Chinese-Canadians for degradation of white youth through drugs, they demanded harsh new drug legislation, as well as Chinese exclusion. As a result of their campaign, maximum sentences for trafficking and possession increased from one year to seven in 1921. In 1922, parliament passed legislation that allowed judges to order the deportation of any aliens convicted of possession or trafficking. That same year, the Honourable Members decided that people

⁵ G.F. Murray "Cocaine Use in the Era of Social Reform: the Natural History of a Social Problem in

convicted of possession or trafficking offences should serve jail terms of at least six months. Police were given the right to search all locations except a “dwelling-house” without a warrant if they suspected drugs were present. In 1923, codeine and marijuana were added to the Schedule of Restricted Drugs without debate. The same legislation limited the right to appeal a conviction for possession or trafficking.⁶ This legislative flurry marked a significant turning point in Canada’s approach to drug use. By the mid-1920s, drug use had been thoroughly criminalized, both by the law and within the public mind.

With the significant exception of work by Cheryl Krasnick Warsh and Dan Malleck on the 19th century⁷, historians have largely ignored the history of drug use and legislation in Canada. The slack was taken up by sociologists such as Shirley Cook and Elizabeth Comack who produced a theoretically engaged series of articles on the history of Canada’s drug laws. These scholars were strongly divided between the conflict theory approach and more structural interpretations of racism but they agreed that Canada’s drug laws were inspired by hostility against racial minorities.⁸ In recent years, this view has

Canada, 1880-1911" Canadian Journal of Law and Society 2(1987): 29-43

⁶ An Act to amend the Opium and Narcotic Drug Act, Statutes of Canada 1921, c.42; An Act to Amend the Opium and Narcotic Drug Act, Statutes of Canada 1922, c.36; An Act to Prohibit the Improper Use of Opium and Other Drugs, Statutes of Canada 1923 c.22

⁷ Dan Malleck "It's baneful influences are too well known': Debates over drug use in Canada, 1867-1908" Canadian Bulletin of Medical History 14 (1997) 263-88; Dan Malleck "Refining Poison, Defining Power: Medical authority and the Creation of Canadian Drug Prohibition Laws, 1800-1908" and Cheryl Krasnick Warsh Moments of Unreason: 155-171.

⁸ G.E. Trasov "History of Opium and Narcotic Drug Legislation in Canada" Criminal Law Quarterly 4 (1961-62): 274-284; Shirley Small "Canadian Narcotics Legislation, 1908-1923: A Conflict Model Interpretation" in William K Greenaway and Stephen L. Brickley eds. Law and Social Control in Canada (Scarborough: Prentice Hall of Canada, 1978): 28-42; Melvyn Green "A History of Canadian Narcotics Control: The Formative Years" University of Toronto Faculty of Law Review 37 (1979): 42-80; R. Solomon and M. Green "The First Century: The History of Nonmedical Opiate Use and Control Policies in Canada, 1870-1970" Illicit Drugs in Canada: A Risky Business (Scarborough: Nelson Canada, 1988): 88-117; Neil Boyd "The Origins of Canadian Narcotics Legislation: The Process of Criminalization in Historical Context" Dalhousie Law Journal 8.1(January, 1984): 102-137; Elizabeth A. Comack "The Origins of Canadian Drug Legislation: Labelling vs. Class Analysis" in Thomas Fleming ed. The New Criminologies in Canada: Crime, State and Control (Toronto: Oxford University Press, 1985): 65-78. Historian Terry Chapman also published two articles on the topic. See: Terry Chapman "The Anti-Drug Crusade in Western Canada, 1885-1925" in D. Bercuson and L. Knafla eds. Law and Society in Canada in Historical Perspective (1977): 100-121; Terry Chapman "Drug Usage and the Victoria Daily Colonist: The Opium Smokers of Western Canada" in L.A. Knafla ed. Canadian Society for Legal History Proceedings (1977); and Terry Chapman The Drug Problem in Western Canada

been challenged, most notably by Clayton Mosher, whose 1998 book Discrimination and Denial asserted that the drug literature in Canada “has rather uncritically accepted the notion that the legislation was implemented to control the immigrant Chinese.”⁹ Mosher argues that there is considerable evidence to show that the laws were a response to Chinese opium-smoking on the West Coast, but insists that more empirical evidence is needed to substantiate these claims. An earlier article by Mosher and John Hagan showed that between 1921-1928, Chinese actually received shorter sentences for narcotic offences than whites in five Ontario cities.¹⁰ Mosher and Hagan believe that white paternalism and questionable police practices accounted for this result. Although this chapter argues that anti-Chinese racism was critical to the passage of Canada’s extraordinarily severe drug laws, Mosher correctly points out the need for a more rigorous historical examination of the links between anti-Chinese discourse and drug laws. In particular, the important newspaper and citizen campaign in Vancouver has been largely ignored in the drug literature. By carefully examining the drug panic of the 1920s and its impact on drug debates and legislation in the House of Commons, this paper shows that the racial tropes of the drug panic and the accompanying campaign for Chinese exclusion critically influenced drug legislation in Canada.

Mosher has not been the only scholar to challenge the traditional interpretation of Canada’s drug laws. The only book on the topic, published in 1991, downplayed the importance of racism. A thorough examination of government documents led by P.J. Giffen et al. acknowledged the importance of the ‘dope fiend mythology’, including its anti-Chinese elements, but concluded that demands for new drug legislation came primarily from enforcement officials and bureaucrats in the narcotic division. In their view, the officials responsible for enforcing the legislation were the most important group influencing the development of Canadian narcotic policy.¹¹ Giffen et al. successfully

(MA Thesis, University of Calgary, 1976)

⁹ Clayton Mosher Discrimination and Denial: Systemic Racism in Ontario’s Legal and Criminal Justice System, 1920-1961 (Toronto: University of Toronto Press, 1998): 139

¹⁰ Clayton Mosher and John Hagan “Constituting Class and Crime in Upper Canada: The Sentencing of Narcotics Offenders, circa 1908-1953” Social Forces 72(3) March 1994: 626-629. Also see Mosher’s dissertation “The Legal Response to Narcotic Drugs in Five Ontario Cities: 1908-1961” PhD Dissertation (1992) University of Toronto

¹¹ P.J. Giffen, Shirley Endicott and Sylvia Lambert Panic and Indifference: The Politics of Canada’s Drug Laws (Ottawa: Centre on Substance Abuse, 1991): 534.

demonstrated that the enforcement network initiated many of the encroachments on legal civil liberties. However, I will argue that these would have never passed through the House of Commons without the sense of panic inspired by the anti-drug campaign. In 1924, for example, the Chief of the Narcotic Division wrote that: “in view of the very strong feeling in the country at the present time on this drug question, and it being an unpolitical question, no difficulty has ever been encountered in getting the necessary appropriation to cover the expenses involved in carrying out the intention of the act.”¹²

An additional critique comes from the United States, where David Courtwright argued that by 1914 and the passage of the Harrison Act, the drug-using population had undergone a critical demographic shift. Drug use among upper and middle-class white females had significantly declined while drug use among lower class urban males had increased. His interpretation provides an important corrective to earlier work by looking extensively at medical practice. He shows that regular practitioners had become much more restrained in their use of narcotic drugs in the 1890s and that the number of medically-created addicts had declined significantly by the time of the Harrison Act.¹³ In Canada, Cheryl Kasnick Warsh’s book on the Homewood Retreat showed that a parallel decline in medically addicted users likely took place in the late 19th and early 20th centuries.¹⁴ The fact that there were relatively few medically addicted users by the 1920s made anti-drug legislation possible. However, Courtwright’s thesis fails to explain why drug legislation took such drastic form, in both the United States and Canada. After all, a vehement campaign against alcohol resulted in prohibition, but people were rarely incarcerated for using their drug of choice. To understand the severity of Canada’s drug laws, we must look to the racialized nature of the drug panic.

As Kay Anderson described in her book Vancouver’s Chinatown, racialization is the process by which attributes such as skin colour, language, and cultural practices are given social significance as markers of distinction.¹⁵ The effectiveness of the drug panic

¹² Letter from F. W. Cowan to W.J. Egan January 11, 1924 in NAC, RG 76 Vol #591 File #831196 Part 2

¹³ Courtwright Dark Paradise: Opiate Addiction in America before 1940

¹⁴ Warsh: 155-171

¹⁵ Kay Anderson Vancouver’s Chinatown (Montreal and Kingston: McGill-Queen’s University Press, 1991): 18. She drew this definition from Robert Miles Racism and Migrant Labour (London: Routledge and Kegan Paul, 1982)

depended on the creation of a racial drama of drug use that featured “innocent” white youth and shadowy Asian traffickers who turned them into morally depraved “dope fiends.”¹⁶ This drama was believable because it took shape in the middle of a concerted drive to exclude the Chinese from Canada, segregate their children in West-Coast schools, and place restrictions on their business enterprises and land-ownership.¹⁷ Echoing many of the same themes as the “white-slavery” panic, the drug panic creatively bricolaged concerns over miscegenation, eugenic decline, prostitution, and venereal disease.¹⁸ Examining the racialization of drug panic helps explain why anti-drug crusaders called for strict penalties for possession and trafficking and at the same time wished to establish treatment facilities for the poor (white) drug addicts for whom they had so much sympathy. It also explains why parliamentarians, many of whom were lawyers, were willing to overlook traditional civil liberties in their desire to pass harsh legislation to counter what they regarded as a “Chinese” menace.

Race was the driving force behind the anti-drug campaign but the discourses of class, gender and age were also employed to advantage. The “victims” of the evil Chinese drug traffickers were always young; feeding into long-standing fears about the dangers posed by urban environments and unsupervised leisure. The gender norms of the era meant that journalists and reformers preferred to highlight the stories of female drug addicts, even though drug use appears to have been more common among men at this time. There were two reasons for this. First, notions of female vulnerability allowed authors to portray women as blameless victims of “drug addiction disease.” Second, the problem of female addiction was more conveniently associated with other compelling social issues such as white slavery and venereal disease. As diseased prostitutes and poor mothers, female drug addicts were “dope fiends” in a particularly dangerous and female

¹⁶ In another article I more fully explored the “narratives of narcoticism.” Catherine Carstairs “Innocent Addicts, Dope Fiends and Nefarious Traffickers: Illegal Drug Use in 1920s English Canada” Journal of Canadian Studies 33(3) Fall 1998: 145-162

¹⁷ The literature on anti-Asian racism on the West Coast includes: Peter Ward White Canada Forever (Montreal and Kingston: McGill-Queen’s University press, 1978), Patricia Roy A White Man’s Province (Vancouver: University of British Columbia Press, 1989) and Gillian Creese “Exclusion or Solidarity? Vancouver Workers Confront the ‘Oriental Problem’” BC Studies 80 (Winter 1988-89)

¹⁸ Use of the word “bricolaged” comes from Dick Hebdige Subculture: The Meaning of Style (London and New York: Methuen and Company, 1979)

way. They fit neatly into a narrative of womanly weakness and guile with which Canadians were already familiar. Masculinity, on the other hand, was linked to professional status and family responsibility. Male victims were invariably said to be successful young men from good families. Men's downward descent in class status as a result of drug use was used to create a sense of drama and excitement in the narratives of male users.

The Canadian Drug Panic

Canada was not alone in passing severe laws against drugs in the 1920s. Countries around the world were outlawing the use of opium and other drugs. Nonetheless, Canada's laws were among the most severe in the world, and for this reason, it is important to look at the specifics of the Canadian situation.¹⁹ Drug crusaders claimed that the drug situation was especially troubling in Canada, but this does not seem to have been the case. In 1923-4, based on a survey of doctors and police departments, the Division of Narcotic Control estimated that there were 9 500 "drug addicts" in the country: 2 250 in British Columbia, 3 800 in Quebec, and 1 800 in Ontario, with small numbers in every other province except PEI.²⁰ This estimate can not be regarded as definite and did not seem to include Chinese opium smokers, but it indicated that only 1 in every 1000 Canadians was a drug user.²¹

Drug scholars have generally dated the beginning of the drug panic to 1920, when the practiced social reformer, Emily Murphy, published a series of five articles in *MacLean's Magazine*. Murphy was a leading suffragist, a temperance activist, and a

¹⁹ For information on the international context see: David Musto *The American Disease: The Origins of Narcotic Control* (New Haven: Yale University Press, 1973), Andrew Blake "Foreign Devils and Moral Panics: Britain, Asia and the Opium Trade in Bill Shwartz ed. *The Expansion of England: Race, ethnicity and cultural history* (London and New York: Routledge, 1996); T.O. Reins "Reform, Nationalism and Internationalism: The Opium Suppression Movement in China" *Modern Asian Studies* 25(1): 101-42; S.D. Stein *International Diplomacy, State Administrators and Narcotics Control: The Origins of a Social Problem* (Aldershot, Hampshire, England: Published for the London School and Economics and Political Science by Gower, 1985), Berridge and Edwards *Opium and the People: Opiate Use and Drug Control Policy in the 19th and Early 20th Century*

²⁰ Annual Report of the Department of Health for the Year Ended March 31, 1924: 36

popular writer under the pen-name “Janey” Canuck. She was also a key player in eugenic debates, and a staunch supporter of the Sexual Sterilization Act in Alberta, which allowed for the sterilization of the mentally disabled.²² In 1916 she was appointed police magistrate for Edmonton, and then for Alberta, becoming the first female magistrate in the British Empire. It was as a judge that she first became interested in drug use. She followed her 1920 articles with two additional articles in *MacLean's* in 1922 and her book The Black Candle. In 1923, she nominated herself for a Nobel Prize for her work in this area.²³ Although Murphy’s articles marked the beginning of a sustained anti-drug campaign, she had little impact on the Vancouver drug panic and her importance has been overstated both by herself and by subsequent drug historians. The Division of Narcotic Control had little respect for Murphy, and the Vancouver parliamentarians who played a leading role in drug legislation paid far more attention to the anti-drug crusade in their own city.²⁴ Nonetheless, Murphy’s articles did mark a turning point and her book, which drew heavily on the Vancouver campaign and was dedicated to the Vancouver drug investigators, brought the Vancouver drug panic to a larger Canadian audience.²⁵

Murphy’s debut article was entitled “The Grave Drug Menace.” The first page delineated that this was a Chinese menace. It featured a menacing drawing of a hand with long fingernails holding a Chinese tablet, a picture of a wizened Asian man with smoke coming out of his ears and a photo of a Asian man smoking a pipe. The text itself focused primarily on white female addicts and warned that “all folks of gentle and open

²¹ The population of Chinese in Canada in 1921 was: 39 587. It is impossible to know how many of them smoked opium. Peter S. Li The Chinese in Canada (Toronto: Oxford University Press, 1988)

²² See Byrne Hope Sanders Emily Murphy: Crusader (Toronto: Macmillan Company of Canada, Ltd., 1945): 186 and Christine Mander Emily Murphy: Rebel (Toronto: Simon and Pierre, 1985): 117

²³ Michael Bliss The Discovery of Insulin (Toronto: McClelland and Stewart, 1982): 225

²⁴ The Department was pleased with Murphy’s first article and furnished her with considerable information. See: NAC, RG 29, Vol #602 File #325-1-3. However, by 1923 the Department was obviously disillusioned. In January 25, 1923 letter F.W. Cowan wrote to D.M. Donald, the medical health officer in Saskatoon that: “Had I known Mrs. Murphy, as well, at the time, I furnished her with considerable information as I do now, I can assure you that I would have been more cautious in my dealings with her.” In NAC, RG 29, Vol #551 File #320-6-5

hearts should know that among us there are girls and glorious lads who, without any obliquity in themselves, have become victims to the thrall of opiates.”²⁶ Murphy explained that drug use posed a serious threat to the white race, as it accounted for most cases of miscegenation.²⁷ In subsequent articles, Murphy accused the Chinese of continuing their nefarious activities behind locked doors and hidden passages despite the Opium and Narcotic Drug Act.²⁸ Several times she referred to her imaginary Chinese characters as “Ah Sin”²⁹, a quick shorthand for describing the moral failures of the Chinese, and had them engage in what was clearly meant to come across as “foreign” behavior.

In her 1922 book, Murphy took care to distance herself from what she considered to be prejudice or racism. “We have no sympathy with the baiting of the yellow races, or with the belief that these exist only to serve the Caucasian, or to be exploited by us,” she wrote. “The Chinese as a rule are a friendly people,” she condescendingly pronounced “and have a fine sense of humor that puts them on an easy footing with our folk, as compared with the Hindu and others we might mention. Ah Duck, or whatever we choose to call him, is patient, polite and persevering.” Despite her favourable assessment of what she viewed as the Chinese character, she assumed that it was her right to name the Chinese, and to tell the “truth” of their character.

She followed this up with the statement: “it behooves the people in Canada and the United States, to consider the desirability of these visitors – for they are visitors – and to say whether or not we shall be “at home” to them for the future. A visitor may be polite, patient, persevering, as above delineated, but if he carried poisoned lollypops in his pocket and feeds them to our children, it might seem wise to put him out.”³⁰ By complementing the Chinese and criticizing their exploitation, she gave greater credibility

²⁵ Murphy’s dedication read: “To the members of the Rotary, Kiwanis and Gyros Clubs and to the White Cross Associations who are rendering valiant service in impeding the spread of drug addiction, this volume is respectfully dedicated.”

²⁶ Emily Murphy “The Grave Drug Menace” MacLean’s Magazine February 15, 1920: 9

²⁷ Murphy “The Grave Drug Menace”: 11

²⁸ For further an excellent account of the metaphor of the partition see: Madge Pon “Like a Chinese Puzzle: Constructions of Chinese Masculinity in Jack Canuck” Gender and History in Canada eds. Joy Parr and Mark Rosenthal (Toronto: McClelland and Stewart, 1996): 88-100

²⁹ Murphy “The Underground System” MacLean’s Magazine March 15, 1920: 55 “Fighting the Drug Menace” MacLean’s Magazine April 15, 1920: 11

³⁰ Emily Murphy The Black Candle (Toronto: Thomas Allen, 1922): 187-88

to her view that the Chinese were outsiders who threatened the well being of Canadian children through drugs.

Murphy was one of Canada's best-known writers and her monthly feature in Canada's leading news magazine garnered attention in newspapers across the country.³¹ However, her campaign was dwarfed by a far more important anti-drug campaign in Vancouver. Vancouver had the largest number of drug arrests and the biggest Chinese community in Canada. It was also the primary location for anti-Chinese organizing, which was gathering steam in the years immediately following World War I. The issue of drug use and minorities began to capture public attention again in 1917, when an African-Canadian drug user killed the Chief of Police.³² In the spring of 1920, coinciding with Murphy's campaign in *MacLean's*, the *Vancouver Sun* ran a brief campaign against the drug traffic, and in editorials, it called for the abolition of Chinatown. One declared that it is "absolutely necessary to prevent the degrading of white boys and girls who are being recruited into the ranks of drug addicts. If the only way to save our children is to abolish Chinatown, then Chinatown must and will go, and go quickly."³³ The *Sun* was not alone in its campaign. The Child's Welfare Association and the Chief of Police public called for more severe penalties and the Kiwanis club began planning a home for "drug-sufferers."³⁴

The catalyst for the first major anti-drug campaign occurred in March 1921, when returned soldier Joseph Kehoe plead guilty to eight charges of robbery with violence and was sentenced to five years in the Penitentiary and 24 lashes. According to the fast-growing *Vancouver Daily Sun*,³⁵ which covered the issue intensively, this unlikely "hero"

³¹ In its introduction to the second article the Editors of *MacLean's* wrote that newspapers across the country commented on the first article and commented that the editors of *MacLean's* had received a large number of letters as a result. A collage of some of the newspaper clippings was featured in the second article. Murphy "The Underground System" : 12

³² See "Chief MacLennan is Shot Dead in Battle with Negro Desperado" *Vancouver Daily Sun* March 21, 1917: 1 There was considerable coverage of his death and funeral in all Vancouver newspapers.

³³ "Chinatown – or Drug Traffic?" *Vancouver Daily Sun* March 22, 1920: 6. See also "Chinatown and the Drug Traffic" *Vancouver Daily Sun* March 31, 1920: 6

³⁴ "Drug Habit is Rampant: Chief of Police Says" *Vancouver Daily Sun* March 18, 1920: 1, "Kiwanis Club to Aid Helpless" *Vancouver Daily Sun* April 2, 1920: 7

³⁵ According to McKim's newspaper guide, the *Vancouver Daily Sun* was the fastest growing newspaper in Western Canada. *The Canadian Newspaper Directory* (A. McKim Ltd, 1922): 418 The circulation for the year ended September 30. 1923 was: 22 666 daily.

was twenty-eight years old and came from a “good family” in Nova Scotia. According to the story told in the paper, Kehoe had been a medical student when he enlisted at the very start of the war. In April 1915 he was gassed and taken prisoner at Ypres. The Germans put him to work in a munitions factory, but he refused to take part in work that would be used to harm his fellow allied soldiers and eventually convinced his fellow prisoners to break his arm so that he could no longer work. He was brought before a military tribunal and sentenced to 15 years imprisonment in a military prison. At the end of 16 months his health was so poor that he was sent to England in an exchange of prisoners. He was discharged in 1919 and after his return to Canada he started using drugs.³⁶

Vancouverites, especially returned soldiers, immediately began protesting his sentence.³⁷ In a subsequent interview Kehoe advised any young person who was offered “dope” to “hit the man who offers it to you, and if you are not big enough to use your fists, take a club.”³⁸ A few weeks later a general meeting of the Comrades of the Great War passed a resolution opposing light sentences in the case of dope peddlers.³⁹ As it had the previous year, the coverage quickly took an anti-Chinese turn. In a front-page article on April 12, entitled “Dope Peddler King is Taken”, the *Vancouver Sun* told its readers that prominent Chinese businessman Wong Way boasted that he was turning over more than half a million dollar’s worth of drugs each year and that he drove one of the best limousines in the city. This undoubtedly added fire to business complaints that Chinese merchants were competing unfairly with whites.⁴⁰

A week later, Vancouverites held a mass meeting to demand “drastic federal action” to defeat the “dope traffickers.”⁴¹ The meeting was organized by the Returned Soldier’s Council and included the Mayor, the Chief of Police, the City Prosecutor, Oakalla Prison Farm officials and service club representatives. A week later, a second

³⁶ “War Veteran to be Given Lashes” *Vancouver Daily Sun* March 18, 1921: 1 In a subsequent interview Kehoe admitted that he had used drugs before he went overseas. “Kehoe, Now in Prison, Whipped the Germans at Every Turn But He Couldn’t Beat His Old-Time Enemy “The Dope” *Vancouver Daily Sun* March 27, 1921: 1

³⁷ “May Reduce War Hero’s Sentence” *Vancouver Daily Sun* March 19: 1

³⁸ “Kehoe, Now in Prison, Whipped the Germans at Every Turn But He Couldn’t Beat His Old-Time Enemy ‘The Dope’” *Vancouver Daily Sun* March 27, 1921: 1

³⁹ “Dope Peddler King is Taken” *Vancouver Daily Sun* April 12, 1921: 1

⁴⁰ Ward *White Canada Forever*: 124-128 Kay Anderson *Vancouver’s Chinatown*: 110-113

⁴¹ “War Opens on Drug Traffickers: Mass Meeting of Citizens Demand Federal Action” *Vancouver Daily Sun* April 21, 1921: 1

meeting called for minimum two-year sentences for first-time traffickers and five years and the lash for a second trafficking offence. Participants demanded that all aliens convicted of selling drugs to be deported, and wanted the police to have the right to search for drugs without a warrant.⁴² The enormous headline proclaimed “DEATH ON DOPE: CITIZENS PLAN BIG CAMPAIGN TO SMASH UP THE DRUG RING.” Beginning May 3, the newspaper hired a former drug user to carry on a special investigation into the traffic. J.B. Wilson described himself as a “successful young businessman” before he started using drugs. Now cured, he was anxious to “devote my talents and my energies to assisting in rescuing others who have fallen victims to the drug ring.” Wilson argued that police were doing everything they could to stamp out the drug traffic, but that the “Chinese dope peddler is about the most cunning human being and the smartest of them all.”⁴³ In a later article he commended the RCMP who “are bending their energies to rid our Canadian soil of the Oriental filth of the drug traffic.”⁴⁴

Several weeks after the first Vancouver meeting, the Minister of Health introduced legislation to amend the Opium and Narcotic Drug Act. H.H. Stevens, a Conservative MP from Vancouver South who had been an active participant in the Vancouver meetings, proposed two new amendments to the Act: 1) that a person found guilty of an offence be liable on indictment to imprisonment for seven years, and that 2) a person convicted of giving or distributing to a minor be liable to whipping as an additional penalty. This was the first time the House of Commons discussed drug use as a serious social menace. Stevens introduced his amendment with the announcement that drug traffickers were distributing drugs to high school children and even to children in the higher grades of elementary school.⁴⁵ The amendments were initiated by a Vancouver MP but it was clear that others in the country shared Vancouver’s alarm. Dr. Matthew Blake, a Conservative member from Winnipeg contended that “the drug ring today is the greatest menace we have to contend with in Canada.”⁴⁶ A Frontenac MP

⁴² “Death of Dope” Vancouver Daily Sun April 28, 1921: 1

⁴³ “Ex-Crook and Reformed Drug Fiend Aids City Police in Fight on Dope Ring” Vancouver Daily Sun May 3, 1921: 1

⁴⁴ “Drug Exposure Causes Mass Meeting to Be Called to Fight Evil” Vancouver Daily Sun May 12, 1921: 1

⁴⁵ House of Commons Debates May 3, 1921: 2897

⁴⁶ House of Commons Debates April 19, 1921: 2268

John Edwards mused “I can imagine no more brutal character than he who coolly and deliberately plans, for his own financial gain to absolutely ruin the lives of his fellow citizens.”⁴⁷

However, in 1921, not all members were convinced. Early in the debate, Dr. Peter McGibbon, a Liberal doctor from Muskoka argued that restrictions against the availability of drugs were too strict. “While we have a few morphine and opium fiends in Montreal, Toronto, Winnipeg and probably Calgary and Vancouver, throughout the great length and breadth of this country there is practically none.”⁴⁸ Colonel John Currie, a Conservative from Simcoe argued that there were “so-called social service workers who are magnifying the effects of these drugs in order that they may draw good salaries; that is about the size of it.”⁴⁹ The Honourable William Fielding, a Liberal from Nova Scotia said that he had difficulty believing that the “evil of trafficking” in drugs with children could be as widespread as was alleged.⁵⁰

In the end, the House implemented the harsher new penalties but did not include the lash. The members concurred with Dr. Robert Manion, the Unionist member from Fort William, who said that even though he was convinced of the “great criminality of people who administer and sell these drugs,” he did not think that whipping was appropriate. If the longer sentences did not succeed, Dr. Manion argued that he would be willing to consider whipping at a later date. He would have that chance just a year later.

As spring progressed, the Vancouver drug panic temporarily disappeared from the headlines, but there was still considerable backstage activity. In the spring of 1921, the Rotary, Gyros and Kiwanis Clubs established an Investigating Committee into the Drug Traffic.⁵¹ That summer the *Vancouver Sun* published Hilda Glynn Ward’s novel The Writing on the Wall. The plot featured wealthy Vancouver citizens who became addicted to drugs and subsequently cooperated with the Chinese in their drive for the domination of Canada.⁵² At the beginning of 1922, the Investigating Committee had a great

⁴⁷ House of Commons Debates May 3, 1921: 2904

⁴⁸ House of Commons Debates April 19, 1921: 2264

⁴⁹ House of Commons Debates May 3, 1921: 2905

⁵⁰ House of Commons Debates May 3, 1921: 2903

⁵¹ “Clubs to Report on ‘Dope’ Probe” Vancouver Daily Sun January 28, 1922: 3

⁵² Hilda Glynn Ward The Writing on the Wall (Toronto: University of Toronto Press, 1974) First Edition 1921.

opportunity to expose their findings when the *Vancouver Daily World*, Vancouver's oldest newspaper⁵³, launched a campaign that far exceeded the one launched by the *Sun* a year earlier. This newspaper highlighted the drug issue on its front page for months and increased its circulation by one-third.⁵⁴

From the day the *World* campaign began, it was clear that they blamed Asians for the spread of the drug habit. The first day featured two front-page articles. The headline banner proclaimed "Drug Soaked Addicts pass on the Way to Jail." The upper article commenced with the case of Yung Yuen "an ivory faced Chinese." He was sentenced to a year in prison for procuring three packages of drugs for a "white victim." The next paragraph highlighted the case of Lim Gum, "an undersized bald-headed little Chinese" who was found with four tins of opium. The descriptions of the Chinese men were unflattering and attempted to draw attention to the physical ways in which the Chinese were perceived to be different from whites. At his trial, Yung was said to have written his name on a piece of paper and burned it with a match while mumbling "Chinese rigmarole to the effect that so might his soul burn after death if he failed to tell the truth." This depiction highlighted the "foreign" nature of the Chinese and their customs.⁵⁵

By contrast, the two whites described in the article were both "victims". The "sorriest case of all" was a young man named Fawcett whose "white face, constricted knees and scarred limbs bear witness to his plight." The descriptions of the Chinese were meant to make the reader feel hostile, angry and disdainful. The portraits of whites, who were accused of similar crimes, provoked sympathy and compassion. White drug use and Chinese drug use were thereby delineated as two quite separate problems. Later in the campaign this division became even more striking. When the newspaper tried to account for the number of addicts in Vancouver their numbers were quoted "exclusive of

⁵³ The Circulation of the *Vancouver Daily World* averaged 16 182 in 1921. *The Canadian Newspaper Directory* (A. McKim Ltd, 1922): 463 The Directory referred to the *World* as the "oldest and most influential newspaper."

⁵⁴ In an advertisement in the newspaper directory, the newspaper claimed that its circulation for February, 1922 was: 21 353, much higher than it had been for the year ended September 30, 1921. The population of Vancouver was: 116 700, indicating that the *World* campaign reached a broad Vancouver audience. The *Province* had a much wider circulation than either the *Vancouver Sun* or the *Vancouver World*, but it was distributed throughout British Columbia.

⁵⁵ "Drug Soaked Addicts Pass on Way to Jail" *Vancouver Daily World* January 16, 1922: 1

Orientalism” indicating that they saw drug use among whites as a very different issue than drug use among the Chinese.”⁵⁶

The anti-Asian discourse in Canada during this time period consistently emphasized the intelligence of the Chinese and their craftiness as reasons for why they should not be permitted to immigrate to Canada. The idea that the Chinese were consummate drug smugglers, on account of their ingenuity and cleverness, would not come as any surprise to the citizens of Vancouver. Most were already convinced that the business acumen of the Chinese posed a serious threat to white enterprise. The article below “Drug Soaked Addicts” announced that “All Boats from Asia Bring in Illicit Drugs,” and was subtitled “Oriental Crews Largely Engaged in Traffic.” Asian traffickers were described as “wily” and the newspaper proclaimed that innocent passengers were sleeping on top of drugs hidden under berths and stitched into mattresses. Obviously, Vancouverites needed to wake up to the danger. The following day, the article “Dying Lad Tells How Boys and Girls are Made Drug Addicts” asserted that most of the drugs came from Chinatown. One dealer, the young addict confided, had a secret code whereby the purchaser would request drugs by number, lessening the chance of being caught over the phone.⁵⁷ Under such circumstances, it would not be easy to catch the “cunning” Asian drug traffickers. The entire community needed to unite to defend itself.

On the third day of their campaign, the newspaper announced its solution to the drug problem. The headline blared “Deport the Drug Traffickers”. The article asserted (wrongly) that 1 778 Asians were convicted of drug offences in the Vancouver Police Court in 1921.⁵⁸ Since most received fines and only a few went to jail, they all became free again to “commit the same sin against society.” The article concluded “Vancouver’s

⁵⁶ See “Three Thousand Addicts in City, Inquiry Shows” Vancouver Daily World February 6, 1922: 1

⁵⁷ “Dying Lad Tells How Boys and Girls are Made Drug Addicts” Vancouver Daily World January 17, 1922: 1

⁵⁸ Statistics kept by the Dominion Bureau of Statistics were for the year ended September 30. Statistics on race were not published until 1922. In the year ended September 30, 1922 519 Chinese were convicted of drug offences in British Columbia. For the year ended September 30, 1921, 649 people of all races were convicted of drug offences in British Columbia, meaning that the newspapers’ statistics were far off. Dominion Bureau of Statistics Annual Reports of Criminal and Other Offences

first move in abolishing the drug traffic must be the absolute banishment by deportation of every Oriental who lends himself to the drug ring.”⁵⁹ Over the months that followed, the *World* encouraged organizations throughout Vancouver to pass resolutions to that effect. As a result thousands of Vancouverites signed petitions asking for mandatory sentences for drug possession and trafficking and the deportation of naturalized aliens who participated in the drug traffic.⁶⁰ The measure was included in the 1922 amendments to the Opium and Narcotic Drug Act and in fact was even stricter than requested since deportation could be applied to people convicted of possession as well as trafficking.

The third day contained the announcement that the Child Welfare Society was joining the fight against the “drug evil”, despite the ‘fact’ that other officials had received threats against their lives when they opposed the “drug ring” and that “actual attempts have been made on the lives of government officials engaged in the fight against the big influences at work behind the scenes.”⁶¹ The following Sunday, Evangelist C.O. Benham of the Central City Mission urged all Christians to get behind the *Vancouver World* campaign.⁶² Within ten days, a variety of social service clubs and fraternal organizations including the Rotary Club, the Kiwanis Club, the Board of Trade, the Imperial Order of the Daughters of the Empire, and the Child’s Welfare Association were organizing a mass meeting. In the meantime, the newspaper kept up its daily barrage of stories about white victims and Chinese villains. The frequently repeated idea that the Chinese might bring about the destruction of the white race through drug use, appeared in a particularly

⁵⁹ “Deport the Drug Traffickers” *Vancouver Daily World* January 18, 1922: 1

⁶⁰ “Call on Liberal Executive to Take Action on Drugs” *Vancouver Daily World* March 7, 1922: 9. The *Vancouver World* claimed that over 300 of these resolutions were generated and sent to Ottawa by various organizations. It is hard to know what happened to all of these resolutions or if they all passed. Giffen, Endicott and Lambert, who did their research at the Division of Narcotic Control before these papers were turned over to the National Archives indicate that the Division received 57 copies of this resolution: 206. At least 19 copies of the resolution were sent to H.H. Stevens by various groups including churches, the Vancouver Board of Trade, the Vancouver YMCA, the British Columbia Women’s Christian Temperance Union and the Parent Teacher Federation. H.H. Stevens Papers Drug Abuse Vancouver 1922 Vancouver City Archives MSS 69.

⁶¹ “Waterfront Open Gate for Drugs; Child Welfare Society Joins Fight” *Vancouver Daily World* January 18, 1922: 1

⁶² “Urges People to Help Vancouver World in its Campaign Against Drugs” *Vancouver Daily World* January 23, 1922: 1

blatant form in a front-page story about a wealthy addict who was “dragged down by drugs.” In this story, which once again emphasized Chinese “superiority”, this time in terms of greater will-power and self-control, the white “addict” asserted that the Chinese drug sellers “taunted him with their superiority at being able to sell the dope without using it. Taunted him by telling him that the yellow race would rule the world. That they were too wise to attempt to win in battle but that they would win by wits. That they would introduce drugs into the homes of the Caucasians; would strike at the white race through “dope,” and that when the time was ripe they would take command of the world.”⁶³ On January 29, less than two weeks after the start of the *World* campaign, 2000 Vancouverites attended a meeting held at the Empress theatre, where they passed a unanimous resolution asking for the elimination of fines as a penalty and the substitution of prison sentences of not less than six months and not more than ten years, with lashes, and the deportation of aliens.⁶⁴ The *World* reported that women openly wiped tears from their eyes, as the self-styled drug investigator Charles E. Royal told the audience about young girls in their teens who sold themselves to Chinese, Japanese and “Hindoos” to get money for drugs. “They shuddered”, the newspaper continued, “when he pointed out that many of them came from the best families in Vancouver and in the Dominion and when he told of a young boy of this city, himself an addict, who had, at the instigation of the Chinese traffickers, started his sister on the drug habit, and then had used her to pander to the passions of these self-same traffickers in order to get the money to buy drugs, women turned pale, while men clenched their hands and gripped their lips with their teeth to keep down the anger that fought for an outlet.”⁶⁵ The following day, the city council and the Mayor both endorsed the anti-drug campaign.⁶⁶

Four days later the New Era League sponsored a meeting of women to organize against the drug traffic. This meeting was also held at the Empress Theatre and filled the

⁶³ “Dragged Down by Drugs From Post Giving Big Pay” Vancouver Daily World January 21, 1922: 28

⁶⁴ “Ten Years for Drug Sellers Demanded by 2000 Citizens” Vancouver Daily World January 30, 1922: 1 The Vancouver Sun said that 1800 people attended the meeting. “Prison and Lashes Is Urged as Punishment for the Drug Peddlers” Vancouver Daily Sun January 30, 1922: 13

⁶⁵ “Ten Years for Drug Sellers Demanded by 2000 Citizens” Vancouver Daily World January 30, 1922: 1

⁶⁶ “Mayor and Council Endorse World’s Anti-Drug Campaign” Vancouver Daily World January 31, 1922: 1 and “City to Join in the Drug Crusade” Vancouver Daily Sun January 31, 1922: 2

stalls, balcony and boxes. At this meeting, Mrs. James O'Brien, one of the leading Vancouver activists, "touched on the degradation of young girls who fell into the tolls of the Orientals once they became drug addicts."⁶⁷ O'Brien then told the story of a young boy who was in jail on a charge of stealing and administering drugs to a young girl. An Asian man caught in the same circumstances would have been thoroughly vilified, but O'Brien regarded this boy's youth and race as far more important than his crime:

I could not forget the sight of that young fellow behind bars," she said. "I keep on remembering his big blue eyes, filled with tears. I asked him if there was anything I could do.

"Just tell mother I'm hungry," he said.

"And then I went to Stanley Park and saw Orientals driving by in their big limousines, rich through the gains that had put that poor boy behind the bars."⁶⁸

The idea that numerous Asians could drive through Stanley Park in limousines in the early 1920s was preposterous. Nonetheless, it would be an effective oratorical flourish for white Canadians alarmed about Asian economic competition.

The next Sunday there was another meeting at the Colonial Theatre and a few days later a well-attended meeting of the Vancouver Board of Trade passed the now familiar resolution asking for the end of fines and the substitution of prison sentences for all persons convicted of illegally selling drugs or narcotics.⁶⁹ In the meantime, the Chinese elite grew increasingly worried about these attacks on their community. In early February, according to *The Chinese Times*, a number of the wealthier merchants, the President of the Chinese Benevolent Association and the Chinese ambassador got together to discuss ways to stop the drug traffic in Chinatown. Charles E. Royal crowed: "I cannot say how glad I am that influential Chinese are linking up with us. It takes an Oriental to fight an Oriental with any degree of success."⁷⁰

⁶⁷ "Women Ask Special Hospital for Care of Local Drug Addicts" Vancouver Daily World February 3, 1922: 3

⁶⁸ "Women Ask for Special Hospital" Vancouver Daily World February 3, 1922: 3

⁶⁹ "Drug Fight Joined by Board of Trade and Labor Council" Vancouver Daily World February 8, 1922: 1

⁷⁰ English translation of the Chinese Times February 11, 1922: 3 in the Chinese Canadian Research Collection Box 4 University of British Columbia Archives. Also see "Chinese Plan to Join Fight Against Drugs" Vancouver Daily World February 10, 1922: 1

The momentum slowed somewhat in February, but by early March Charles Royal and Mrs. James O'Brien had addressed tens of smaller meetings. Numerous telegrams had been sent to Prime Minister Mackenzie King and the Liberal Party Executive encouraging action on the issue.⁷¹ In April a coalition of Ministers from British Columbia and the Yukon met with the Minister of Health and asked for compulsory sentences, and deportation.⁷²

In May 1922 New Westminster Unionist W.G. McQuarrie introduced a motion into the House of Commons asking for the government to take "immediate action with a view of securing the exclusion of Oriental immigration."⁷³ Vancouver South Liberal-Conservative Leon Ladner, who had spoken at several of the Vancouver mass-meetings, gave a long speech highlighting the discoveries of the Vancouver Investigating Committee. He concluded that the drug traffic was reason enough to stop all Chinese immigration.⁷⁴ While most members participating in this debate stressed economic issues, three other members also emphasized the dangers of the drug traffic.

The government introduced new drug legislation at the beginning of June. By this time, no parliamentarian asserted that the drug panic was overblown. Members from a variety of parties urged the Health Minister to take even more stringent steps against the drug traffic. In introducing the legislation, the Minister Henri Beland indicated that numerous requests had reached him from benevolent, charitable and religious bodies as well as parliamentarians from both sides of the House, to abolish the option of a fine.⁷⁵ At the first reading, Progressive Member Archibald Carmichael asked for an amendment deporting all Asians found guilty of trafficking in drugs.⁷⁶ Ladner advised the government to pass an amendment allowing for the lash.⁷⁷ A Conservative Victoria MP Simon Tolmie supported these resolutions and added that "we find that this traffic is increasing very rapidly in British Columbia, and is becoming a serious menace there,

⁷¹ "Call on Liberal Executive to take Action on Drugs" Vancouver Daily World March 7, 1923: 9

⁷² Letter from L.J. Ladner to H.S. Beland, Minister of Health April 3, 1922 Cited in Giffen, Endicott and Lambert: 207

⁷³ House of Commons Debates May 8, 1922: 1509

⁷⁴ House of Commons Debates May 8, 1922: 1529-1531

⁷⁵ House of Commons Debates June 15, 1922: 3014

⁷⁶ House of Commons Debates June 12, 1922: 2824

⁷⁷ House of Commons Debates June 12, 1922: 2824

being largely, though not exclusively, engaged in by Orientals. We feel that the penalties cannot be made too severe against those who profit from this nefarious traffic.”⁷⁸

In the debate that followed, the anti-Asian racism of the Vancouver campaign had a clear impact. Ladner told the story of a girl of sixteen who had come before the investigation committee in Vancouver. The girl was a morphine or a cocaine addict. Infected with venereal disease, she worked as a prostitute with Chinese men. Ladner concluded “this traffic is carried on in a cool and calculating way. The men who sell the drug do not themselves use it; they know its terrible effects, but they exercise all their resourcefulness and ingenuity to induce others to acquire the habit.”⁷⁹ Fully persuaded, Dr. Manion, who had been opposed to the lash the previous year, admitted that “I believe that the hon. Gentlemen who represent British Columbia in this House are more familiar with this question than perhaps the rest of us, even those who are in the medical profession” and agreed to support the lash.⁸⁰ Although there were still a few such as United Farmer Oliver Gould who opposed the lash on humanitarian grounds, even he felt compelled to state that the traffic “is one of the greatest evils extant in this country.”⁸¹

In the discussion over deportation it was clear the “foreigners” to be deported were Chinese. Health Minister Henri Beland pointed out that “so far as a provision for deportation is concerned the committee will realize that it would not very well apply to Canadians. Only to Chinese who have not been naturalized could it apply.”⁸² He did not even consider the possibility that citizens of other countries might be deported by this legislation, although once the legislation was implemented, large numbers of Americans were also deported.

In 1923, not long after the passage of the 1923 Chinese Immigration Act, which initiated Chinese exclusion, the anti-drug consensus resulted in yet another set of revisions to the Opium and Narcotic Drug Act. By this time, the panic had also spread to

⁷⁸ House of Commons Debates June 12, 1922: 2825

⁷⁹ House of Commons Debates June 15, 1922: 3015

⁸⁰ House of Commons Debates June 15, 1922: 3016 Neither Manion’s biography or autobiography provide any further information about his change of mind. R.J. Manion Life is an Adventure (Toronto: Ryerson Press, 1936) and Roy H. Piovesana Robert J. Manion: Member of Parliament for Fort William 1917-1935 (Thunder Bay: Thunder Bay Historical Museum Society, 1990)

⁸¹ House of Commons Debates June 15, 1922: 3017

⁸² House of Commons Debates June 12, 1922: 2824

Toronto and Montreal. That spring large meetings of prominent citizens were held at the Loew's Roof Garden Theatre in Toronto and at the Mount Royal Hotel in Montreal.⁸³ In the House of Commons debate that followed, the government passed legislation that restricted people's right to an appeal, increased the fine for smoking opium and increased the maximum penalty for being found in an opium den and possession of opium equipment. This debate was short, but the anti-drug consensus was clear. Mr. E.M. Macdonald stated that "we are all agreed that this nefarious traffic, which saps the mind and body of the people can only be dealt with in the strongest possible way."⁸⁴ Dr. Manion, who opposed the measure to restrict appeals on constitutional grounds, made sure to indicate that his failure to support the amendment was not because he was "soft on drugs." "I presume," he clarified, "there is no member of this House, whatever may be his party affiliations who is not just as eager as my hon. friend to do away with the illicit use of any of these habit-forming drugs."⁸⁵

Although the "panic" ended in 1923, the tropes that guided it had been firmly established and regularly reappeared in magazine and newspaper articles throughout the decade. In 1929, the debate over the consolidation of the Act, which added whipping at the discretion of the judge to all trafficking offences, showed how clearly the discourse of the innocent addict and the nefarious trafficker had permeated the public mind. Mr. Edwards described a murderer as "white as the driven snow in comparison with the low, degraded human beast who for a few dollars' profit will gradually murder his fellow-man by selling to him habit forming drugs."⁸⁶ By contrast, the addict was described as a "poor creature."⁸⁷ The Minister of Health, James King, declared that addicts were not being prosecuted under the Act.⁸⁸ However, in that year, more than half of the convictions under the Act were for smoking opium or for frequenting an opium den, two provisions which were clearly aimed at drug users, not at drug traffickers.⁸⁹ What he meant when

⁸³ Letter from F.W. Cowan to Elizabeth MacCallum April 9, 1923 in NAC, RG 29 Vol #605 File #325-4-7

⁸⁴ House of Commons Debates April 23, 1923: 2132

⁸⁵ House of Commons Debates April 23, 1923: 2117

⁸⁶ House of Commons Debates February 12, 1929: 62

⁸⁷ House of Commons Debates February 12, 1929: 65

⁸⁸ House of Commons Debates May 29, 1929: 2971

⁸⁹ Dominion Bureau of Statistics Annual Report of Criminal and Other Offences for Year Ended September 30, 1929: 148-9

he said that they did not prosecute the addict, was that they did not prosecute the imaginary white “victims” of drugs. However, they were prosecuting working-class drug users of all races.

Interestingly, in the 1929 debate, there was no mention of the race of traffickers. Did this mean that the racialization of drug use was on the decline? Perhaps, although the connection between drugs and Asians was still strong in the popular press.⁹⁰ In fact, the 1929 debate was short, and by this time parliamentarians may not have felt the need to stress the culpability of the Asian trafficker, since it was already well-established in the public mind, and the Chinese Exclusion Act had all but ended Chinese immigration. However, the lack of attention to race in the 1929 debate may also mark a transition point. By this time, the panic was over, but the public remained fully convinced that drug use was dangerous and drug traffickers immoral. Perhaps it was no longer necessary to exploit anti-Asian sentiment to pass strict laws against drugs.

The government never did act to provide treatment facilities, even for the innocent young addicts who incurred so much sympathy and who inspired such a strict legislative response to drugs. Throughout the decade, the Minister of Health and the Division of Narcotic Control asserted that treatment was a matter of provincial jurisdiction. They encouraged the provinces to pass legislation allowing for compulsory treatment of drug addicts in provincial mental institutions, but only Alberta and Nova Scotia passed such legislation and only Alberta put it into effect.⁹¹ Ultimately, white drug users were rarely the promising young men and women of the middle-classes who were featured in anti-drug campaigns. Many female drug users were prostitutes and the men were often vagrants who had had previous encounters with the law.⁹² These “dope fiends” received little notice in anti-drug campaigns and police officers and health officials who came into contact with them regarded them as difficult and noisy prisoners and patients. Although “innocent” white addicts served as an effective rhetorical tool for

⁹⁰ See for example: Anne Anderson Perry “The Dope Traffic in Canada” The Western Home Monthly August, 1929 and Thomas Warling “Canada’s Greatest Meance” Canadian Home Journal August, 1930

⁹¹ For information about the efforts to establish treatment facilities and the government’s response see: National Archives of Canada, RG 29, Vol #326 File #324-1-2 Parts #1-3

anti-drug crusaders who wanted stricter laws against drug use, neither the government or social service organizations were willing to spend money on the treatment and rehabilitation of the socially disadvantaged “dope fiend.”

The link between drug use and the Chinese was a key factor in the demonization of drugs that took place in the early 1920s. It was no accident that the most important campaign against drug use in Canada took place at the same time as a concerted drive for Chinese Exclusion. In this intolerant environment, an understanding of drug use emerged in which Chinese drug traffickers were vilified, Chinese drug users were ignored or regarded as a moral contagion, and white drug users were regarded as tragic victims. This imagery provided one more excuse for keeping the Chinese out of Canada, and resulted in the passage of severe drug legislation.

Racism does not “hurt us all”, as an ad campaign declared in the mid-1990s. It hurts some much more than others. However, as Elizabeth Comack, Patricia Roy and many others have noted, racism often divides the working class, and as such it can work to the disadvantage of people of all races. Although the middle and upper classes also used drugs, especially alcohol, to excess, the drugs prohibited under the Opium and Narcotic Drug Act seem to have been used primarily by working-class people by the 1920s. The middle and upper class people who did use opiates and cocaine were often able to obtain supplies through doctors. They had little contact with the illicit market and rarely faced criminal sanctions for their drug use. This was not true for working-class users.

Nonetheless, drug laws did hurt all drug users, and even all Canadians. By the mid-1930s opium smoking had all but died out, and the mostly white drug users caught violating the law were sentenced to at least six months in prison for possession. Moreover, the Opium and Narcotic Drug Act contained provisions for corporal punishment, limited the right to an appeal, and allowed the police extensive power to search without a warrant. These provisions were dangerous precedents for the civil liberties of all Canadians, regardless of whether or not they used drugs.

⁹² Clayton Mosher’s thesis shows that 85.9% of people convicted of drug offences in five Ontario cities between 1921-1928 were working class or had no occupation “The Legal Response to

Narratives of the 1930s

The sense of panic had almost completely died out by the early 1930s. The Department of Health declared that a decade of careful and increased enforcement by the RCMP had largely solved the problem. The number of convictions fell from a high of 1 858 in 1921-22 to 230 in 1932-33.⁹³ Many important traffickers were behind penitentiary walls. By the early 1930s, drug users were finding it difficult to obtain their drug of choice, and many were turning to paregoric or codeine as a substitute.⁹⁴ Many Chinese drug users had been deported, and with the number of Chinese in Canada declining, the image of the evil Chinese drug trafficker was less effective. The demise of the anti-drug campaign was also part of the retreat of middle-class social reform in the 1930s. With the declining influence of older reformers and the organisations they spawned, the anti-drug campaign faltered. *Social Welfare*, the leading organ of the reformers and a strong voice against drugs published only erratically throughout the 1930s. Emily Murphy, who remained one of the key players in the drug campaign, died in 1933, leaving behind articles on the drug traffic that were never published.

The Division of Narcotic Control was also quite anxious to suppress publicity. In 1931, the Rev. Dr. Vining, Associate Secretary of the Social Service Council of Canada, launched an inflammatory campaign against the drug traffic. Speaking at churches and rotary clubs, Dr. Vining proclaimed that drug addiction was increasing at a rapid rate, particularly among the young. An Ottawa address concluded in evangelical style:

Listen, ladies and gentlemen, in the year 1929, while men and women played bridge and sipped their wine, and rode out into the country in their fine limousines, 75 000 young girls went to the devil through dope. There they go!....People of Canada, in the name of Jesus Christ, stop this evil traffic.⁹⁵

Narcotic Drugs in Five Ontario Cities 1908-1961”:

⁹³Dominion Bureau of Statistics Annual report of Criminal and Other Offences Reports are for the year ending September 30.

⁹⁴See: Canada Department of Pensions and National Health Annual Reports. See Year ended March 31, 1931 to Year ended March 31, 1935.

⁹⁵ Speech by Vining recorded by the Division of Narcotic Control December 10, 1931 in NAC, RG 29, Vol #605 File #325-4-7 Vol 2

Vining's speeches received newspaper coverage, but did not result in the same kind of mass campaign or panic that developed a decade earlier. The department repeatedly wrote to Vining and to his superiors at the Social Service Council to ask that he stop providing the public with such inaccurate information. By February, 1932 the Community Welfare Council, formerly known as the Social Service Council of Canada, had completely disassociated itself from Vining.⁹⁶

Similarly, in 1933, Colonel MacLean, the owner of *MacLean's* wrote to the Minister suggesting that they do another series on the drug traffic. The Department had cooperated with Murphy with her *MacLean's* articles thirteen years earlier (although they had some regrets about this cooperation), but now they advised Colonel MacLean that if he wanted any information about the drug traffic, he could look at the Annual Reports of the Department.⁹⁷

Editorials and publicity about drug use in Canada in the 1930s focused primarily on the need for treatment.⁹⁸ However, there were two new drugs that captured some public attention. The first was codeine, which seems to have been used by addicts as a "carry-over" drug when they could not obtain more effective drugs such as morphine and heroin. Newspaper and magazine articles on codeine told sad stories of down-and-out male addicts and suggested stronger controls on the sale of the drug.⁹⁹ Like the anti-drug campaign of the 1920s, this campaign was more active in Vancouver than anywhere else. Several organizations in Vancouver, including the United Church Conference, the John Howard Society, and the Homeless Men's Committee at the Council of Social Agencies, petitioned Ottawa to add codeine to the Schedule of Restricted Drugs and to provide facilities for the treatment of drug users.

The second was marijuana. Canada had added marijuana to the Confidential Restricted List in 1923. The inclusion of marijuana at this time is a puzzle. There were no seizures of marijuana in Canada until 1937. There appears to have been very little psychotropic use of marijuana in Canada at the time, and the anti-drug campaign paid no

⁹⁶ NAC, RG 29, Vol #605 File #325-4-7 Vols #1+2

⁹⁷ NAC, RG 29, Vol #552 File #320-7-2

⁹⁸ NAC, RG 29, Vol #327 File #324-1-2 Part 4

⁹⁹ See R.E. Knowles Jr. "The Legal Drug Traffic" National Home Monthly January, 1937
Newspaper clippings in File #F-1-1-6-52, Box #11, John Howard Society Papers, Simon Fraser University Archives

attention to the drug. Most historians have pointed to a chapter on marijuana in Murphy's book The Black Candle to explain the inclusion of marijuana.¹⁰⁰ However, this was the 23rd chapter in a 400-page book. It was only seven pages long and was easily lost in the shuffle.¹⁰¹ Moreover, the Department had little respect for Murphy and was unlikely to take her views seriously.¹⁰²

The answer probably lies in Canada's attendance at international meetings where the drug came under discussion. The Hague Opium Conference in 1911-12, which MacKenzie King attended, called for a scientific study of Indian hemp.¹⁰³ By 1922, ten U.S. states had enacted marijuana prohibition. At the Geneva Convention (1924-25) Indian hemp was brought under international control. In a 1929 memo the Assistant Chief, of the Narcotic Division, K.C. Hossick wrote that Canada was required to include cannabis on the schedule of restricted drugs because Canada had ratified the opium convention. This was not true, as it was not until 1925 that hemp was brought under control and Canada made marijuana illegal before that time. Nonetheless, the fact that Hossick thought it was because of international concern may indicate that the idea for putting marijuana on the restricted list came from international discussions. In 1974, Alexander B. Morrison, the Assistant Deputy Minister, Health Protection Branch, Health and Welfare Canada, argued that while the reasons for marijuana's inclusion in the Act "are somewhat obscure, it appears that Col. Cl. Sharman, then Director of the Federal Division of Narcotic Control, returned from meetings of the League of Nations convinced that cannabis sound would fall under international control. In anticipation of such action, he moved to have it added to the list of drugs controlled under Canadian law."¹⁰⁴

In 1936, the International Conference for the Suppression of Illicit Traffic in Narcotic Drugs met in Geneva. Harry Anslinger, Commissioner of the Federal Bureau of Narcotics in the United States, strongly urged the 26 nations, including Canada, who

¹⁰⁰ See Green: 54, Small: 40, Solomon and Green: 321-323

¹⁰¹ Murphy The Black Candle

¹⁰² See Footnote 23 Also, NAC, RG 29, Vol #551 File #320-6-5

¹⁰³ Arnold H Taylor American diplomacy and the narcotics traffic, 1900-1939 : A Study in international humanitarian reform (Durham, N.C: Duke University Press, 1969): 98-108

¹⁰⁴ Alexander B. Morrison "Regulatory Control of the Canadian Government over the Manufacturing, Distribution and Prescribing of Psychotropic Drugs" in Ruth Cooperstock ed. Social Aspects of the Medical Use of Psychotropic Drugs (Toronto: Alcoholism and Drug Addiction Research Foundation of Ontario, 1974)

attended the conference to incorporate control of marijuana in any drug treaty.¹⁰⁵ In 1937 Anslinger ushered the Marijuana Tax Act through Congress. In addition to his position as head of the Federal Bureau of Narcotics, Anslinger was the author of “Marijuana: Assassin of Youth,” and he spearheaded a successful anti-marijuana campaign in the mid-1930s. His crusade had slight echoes in Canada. The WCTU put the item on its agenda, and newspapers occasionally commented on this new scourge.¹⁰⁶ In a 1938 Debate over revisions to the Opium and Narcotic Drug Act in the House of Commons, several members supported the government’s efforts to suppress the cultivation of marijuana before “too many lives are endangered” and “before the morals of the people are contaminated.”¹⁰⁷ In 1937-1938, the year after the passage of the Marijuana Tax Act in the United States, the Division of Narcotic Control carried out a survey of the provinces to determine whether or not marijuana was being grown in Canada. In 7 provinces, 1000 premises were found in which cannabis was growing. In practically every instance, the person apparently had no knowledge of the psychotropic properties of the plant and willingly helped to destroy the plant. At the same time, arrangements were made with provincial governments to add cannabis to a schedule of noxious weeds in order to provide convenient machinery for handling the destruction of cannabis growing on vacant lots.¹⁰⁸ Not every case went smoothly. C.W. Harvison, the former Commissioner of the RCMP described a situation in his memoirs where the police found marijuana growing in a well-kept garden. The owner was an elderly woman, who grew the marijuana for her canaries. According to Harvison: “On behalf of her happy birds, she took furious objection to any ridiculous law that would deny them their happiness. The constables expressed their regrets, explained that they had no alternative but to destroy the plants and started for the garden. They were half-way to the marijuana patch when the door of the cottage burst open and the spinster, armed with a broom, and

¹⁰⁵ John C. McWilliams The Protectors: Harry J. Anslinger and the Federal Bureau of Narcotics, 1930-1962 (Newark: Univ. of Delaware Press ; London: Associated University Presses, 1990): 66-67

¹⁰⁶ NAC, RG 29, Vol #602 File #325-1-3 See also “Canadian parliament begins battle against menace of marijuana” Victoria Colonist February 25, 1938: 2 and “Government curbs new drug scourge “marijuana”” Vancouver Sun March 11, 1938: 14

¹⁰⁷ House of Commons Debates February 24, 1938: 775

¹⁰⁸ Annual Report of Canada to the League of Nations for the Calender Year 1938: 8 in NAC, RG 29, Box 592 File #325-5-3 Part 3

screaming “Scat you brutes!” rushed forth to do battle. To their everlasting credit, the policemen decided that the situation called for discretion rather than valour. They beat a hasty retreat to the car and drove off. As far as I know, the lady continued to grow marijuana, and her birds continued to sing magnificently for the rest of her days.”¹⁰⁹

Although codeine and marijuana use attracted some attention, there was nothing like the panic of the early 1920s. Overall, Canadians paid little attention to psychotropic substance use during the Great Depression. There were other, far more important, issues at hand. Similarly, the issue of drug use attracted little attention during the war. Drugs were in short supply and many drug users obtained supplies from doctors. Hold-ups of drug stores received some attention in local newspapers, but the country was far more focused on what was happening overseas.

Beyond World War II

In the post-war period, drug addiction received steady attention in the press, especially in Vancouver, where the majority of Canada’s drug users resided. Although it never reached the furor of the 1920s, the discourse of the post-war period drew on many of the same themes. Journalists claimed that drug use had extremely deleterious effects on the bodies of drug users, expressed considerable concern about the dangers posed to the youth of the nation and warned that drug users posed a public-health menace through the spread of their habit. Politicians and social reformers blamed evil drug traffickers for the problem and demanded harsher sentences for people caught selling drugs. The stories and problems of female addicts continued to attract disproportionate public attention. However, there were also some critical differences. The Chinese trafficker disappeared from the story. The language of journalists and social reformers was much less melodramatic. Journalists prided themselves on a scientific approach to the “problem” and tended to rely more heavily on professional “experts”, such as police officers and prison officials for their stories. In some cases, the authors were “experts.” *MacLean’s* featured an article by former RCMP drug squad member T.E.E. Greenfield, and *Saturday Night* published an article on drug users by the wife of a prison chaplain at

¹⁰⁹ Clifford Harvison *The Horsemen* (Toronto: McClelland and Stewart, 1967): 69-70

Oakalla, the provincial jail in British Columbia where many drug offenders served their time. The post-war period also saw considerably more debate about the appropriate response to drug use. Many commentators called for a “humane” approach to treating the addict, and many demanded some sort of legal supply, similar to that available in Britain. Balanced with this call for “humane” treatment was an incredibly persistent accounting of the cost of drug addiction, usually quoted in the “millions” of dollars. Finally, the influence of psychiatry, psychology and the other “psy” professions created a whole new discourse about addicts’ “inadequate personalities” and their need for psychiatric treatment.¹¹⁰

One might expect that this new liberalism, or what Giffen et al characterized as the “treatment movement” would have reduced the severity of Canada’s drug laws. In reality, the results were more complex. Maximum sentences for trafficking increased to fourteen years in 1954 and to life in 1961. Somewhat paradoxically, the minimum sentence for trafficking was removed in 1954, although the minimum sentence for possession remained. Minister of Health Paul Martin Sr. claimed that he was confident that the courts would provide harsh sentences in the case of trafficking, rendering the minimum penalty unnecessary. By contrast, the minimum penalty for possession was needed so that the addict could be “cured.”¹¹¹ In 1961, the Narcotic Control Act removed the minimum sentence for possession. However, this did not reflect a promising new approach. Instead, the second part of the Act (which was never signed into effect because the institutions were not in place to implement it) allowed judges to sentence narcotic offenders to indeterminate periods of custody for “treatment.” Once released from custody, the drug user could be paroled for a period as long as ten years. In actuality, since Part II was never signed into effect, most magistrates continued to impose six-month sentences in the early 1960s. Many encroachments on civil liberties, including the right to search without a warrant and the reverse onus of proof remained. A

¹¹⁰ Interestingly, in his social history of drug use in the United States H. Wayne Morgan argues that psychological explanations of drug use began in the 1920s and began to retreat in the late 1950s. In Canada, perhaps because few doctors were interested in drug use in the pre-war period, the “psychological” approach to drug use must be seen primarily as a post-war phenomenon. H. Wayne Morgan Drugs in America: A Social History (Syracuse: Syracuse University Press, 1981)

¹¹¹ House of Commons Debates June 1, 1954: 5319

closer look at the post-war discourse shows why the trope of “humane treatment” had less impact than one might expect.

First of all the image of the drug user as violent criminal or “dope fiend” never disappeared. In the final years of the war and in a few years thereafter, most press reports dealing with drug use focused on drug shortages and hold-ups. In the spring of 1944, a run of drug-store robberies in Vancouver led to front-page newspaper coverage and the BC Pharmaceutical Association demanded that “dope bandits” be given the lash.¹¹² However, this panic passed quickly, and two years later the robbery of a wholesaler drug firm in Oshawa that netted nearly \$500 000 dollars worth of narcotics (according to the RCMP) captured little press attention.¹¹³ Nonetheless, the association between drug use and crime regularly reappeared. A 1952 editorial in the *Vancouver Sun* claimed that drug addicts engaged in all manners of “vicious crimes” including “shooting people in holdups” and “knocking them over the head on the streets.”¹¹⁴ In 1955, Vancouver Chief of Police Walter Mulligan angrily declared that “seventy percent of Vancouver’s crime originated in the drug traffic.”¹¹⁵ However, there was a counter-narrative. In the House of Commons, British Columbia CCF MP, Frank Howard admitted that drug users engaged in breaking and entering, petty theft and shoplifting but emphasized that they needed to in order to raise money to buy drugs.¹¹⁶ In a speech to the Vancouver Art Gallery in 1954, B.K Stevenson of the John Howard Society (JHS) emphasized that drug addicts were not “vicious and dangerous criminals,” and that as a group they were “charming, affable, intelligent and interesting persons.”¹¹⁷ Nonetheless, the counter-narrative came from less mainstream sources and was less likely to be taken seriously by the majority of the population.

¹¹² See for example “City Druggists Demand War on Dope Bandits” *Vancouver Daily Sun* April 14, 1944: 1 and “Lash Urged to Curb Dope Bandits” *Vancouver Daily Sun* April 14, 1944: 1

¹¹³ See Annual Report of the RCMP for the Year Ended March 31, 1947: 25 Police estimates of drug seizures are usually based on “street-level” prices and are notoriously exaggerated.

¹¹⁴ “Face Drug Problem Squarely” *Vancouver Sun* August 11, 1952: 4

¹¹⁵ McKenzie Porter “The Dope Craze That’s Terrorizing Vancouver” *MacLeans* February 1, 1953: 12

¹¹⁶ House of Commons *Debates* June 18, 1959: 4916

¹¹⁷ B.K. Stevenson “The Drug Addict – As a Citizen” Presented to the Canadian Service Citizens, March 18, 1954 John Howard Society Papers, Simon Fraser University Archives F-1-1-6-45

In addition to the fear of violence, many stories stressed that drug use was contagious, especially in the late 1940s, when authorities warned that the drug traffic would spread now that war-time shortages were over. These narratives emphasized “the fact” that drug users promoted drug use to their peers. In 1949, *Saturday Night* interviewed “Betty”, who initially attracted public attention in Toronto by appealing to authorities for a “cure”. Betty told the reporter that while she was in jail “the addicted girls used to talk so much about the ‘kick’ in dope that the matron prohibited any mention of drugs... You used to hear many young girls say ‘Oh, I’m going to try that when I get out.’”¹¹⁸ Similarly, the 1948 NFB film “The Drug Addict” featured a young man who first found out about drugs in jail. He sought a “fix” when he got out and was soon sending his “woman” out on the street to prostitute for him. T.E. E. Greenfield, a former RCMP Drug Squad member who published an article in *MacLean’s* in 1948, wrote: “drug addiction is catching. We segregate smallpox victims to prevent them from contaminating others. Yet we lock up dope addicts and non-addicts in the same prison. For bad measure we even toss in the drug traffickers. The addict or the trafficker tempts the nonaddict with stories of the thrills and the solace of drugs and when he gets out the nonaddict often becomes a convert.”¹¹⁹ Ten years later an article in *Saturday Night* confirmed this trope: “addicts breed more addicts. Misery likes company and the addict likes to introduce new members to his circle. It gives him companionship and perhaps the clubman’s sense of belonging. A Vancouver alderman compared addicts to smallpox carriers – “Only” he added, “they want to spread their disease.”¹²⁰

As they did in the 1920s, journalists frequently stressed the danger posed by drugs to young people. A minor panic started in Vancouver in the spring of 1952 when police arrested a group of juveniles in a downtown rooming house.¹²¹ The sensational coverage that followed highlighted the story of a seventeen-year old waitress who told the court that she had been using drugs since she was 15.¹²² Eight-days later another headline

¹¹⁸ Ann Fromer “Drug Addiction Call for Social Cure Rather than Criminal Sentence” *Saturday Night* September 13, 1949: 6

¹¹⁹ T.E.E. Greenfield “The Hopheads are Ahead” *MacLean’s Magazine* November 15, 1948: 13

¹²⁰ Gordon Donaldson “Our Losing Battle with Dope: Part 1” *Saturday Night* June 21, 1958: 43

¹²¹ “Teen-Age Drug Wave Uncovered in City” *News Herald* May 18, 1952: 1

¹²² “Sordid Drug Traffic Bared in Court by Teen-Age Girls” *Vancouver Sun* July 16, 1952: 1

declared “Teen-Age Girls Tell of Dope Orgies”.¹²³ In July of that year, the round-up of a group of juvenile addicts made front page news for several weeks.¹²⁴ Despite reassurances by the police and by the Minister of Health and Welfare that very few of Canada’s drug addicts were teenagers, and that the few who did exist were not attending school at the time they became addicted,¹²⁵ the specter of juvenile addicts refused to disappear.¹²⁶ In 1954, during the debate over the new Opium and Narcotic Drug Act, Social Credit MP Ray Thomas claimed: “the dope peddlers are getting children started in order to obtain further outlets. In many cases these youth are started when they are quite young, they become addicted and have to have the drug....not long ago I was told that if you want to get any narcotic in Edmonton you go to one of the better-known high schools.”¹²⁷ In 1955 a Senate Committee which investigated the drug traffic recommended that the Juvenile Delinquency Act be amended to make the association of an addict with a juvenile prima facie evidence of contributing to delinquency.¹²⁸

The threat of juvenile addiction gave rise to a particularly vehement condemnation of traffickers. In 1959, CCF MP Frank Howard claimed that: “Young people become addicted to drugs and are milked and bled for every cent they have by those who get them addicted. Drug pushers also lead girls into drug addiction and persuade them to engage in prostitution to earn money to purchase drugs and the drug pushers profit from this.”¹²⁹ A 1952 article in the *Vancouver Sun* claimed that “a person who commits murder is a minor lawbreaker compared with the vile creature who for profit, deliberately ruins a youngster’s life by enticing him or her to become a drug

¹²³ “Teen-Age Girls Tell of Dope Orgies: Youthful Logger Accused of Supplying Narcotics” *Vancouver Sun* July 24, 1952: 2

¹²⁴ See “Reports Indicate 2 More Young Dope Users Found” *Vancouver Province* July 2, 1952: 1, “Juvenile Dope Users List Grows as Probe Widens” *Vancouver Province* July 4, 1952: 1, “Drug Probe Grows” *Vancouver Province* July 5, 1952: 1

¹²⁵ “High Schools Given ‘Clean Bill’ by Police Investigation on Drugs” *News Herald* July 18, 1952: 11 See also Annual Report of the RCMP for the Year Ended March 31, 1953: 20 See also House of Commons *Debates* June 21, 1951: 4450

¹²⁶ See for example: “What Else Could I do? Dad Asks” *Vancouver Sun* March 16, 1960: 1 and “I know I can beat the habit” *Vancouver Sun* January 9, 1960: 1

¹²⁷ House of Commons *Debates* June 1, 1954: 5313

¹²⁸ Proceedings of the Special Committee on the Traffic in Narcotic Drugs in Canada (Ottawa: Queen’s Printer, 1955: xxi

¹²⁹ House of Commons *Debates* June 18, 1959: 4917

addict.”¹³⁰ However, it was not necessary to involve juveniles to roundly condemn the trafficker. In his 1954 speech to the Canadian Service Citizens at the Vancouver Art Gallery, B.K. Stevenson claimed that drug traffickers were “ingenious and ruthless types of criminals.”¹³¹ Not surprisingly, these views were also expressed in the House of Commons, where members were more than willing to impose stricter penalties on traffickers. In the 1954 debate on the new Opium and Narcotic Drug Act Conservative MP John Diefenbaker stressed “I think it is generally agreed, and it needs no repetition, that trafficking in narcotics is one of the most terrible offences that can be committed. Indeed it has been described as murder by installments. In many ways it is a more serious offence than homicide although regarded as such in our law.”¹³² Social Credit MP Ray Thomas concurred “if anyone is caught peddling dope to a minor in this country, I think he should be sentenced to life imprisonment, because he is killing that youth as surely as if he took a knife to him, and in whole lot dirtier way.”¹³³ Even CCF MP E. E. Winch, who regularly pleaded for a new approach to addicts, asserted that “I am not a sentimentalist with respect to those who sell to addicts. They can be put in jail as far as I am concerned; put them in jail for life.”¹³⁴ In 1961, the penalty was increased to life, and the House of Commons spent considerable time debating an amendment that would have allowed for the death penalty for traffickers. This did not pass despite receiving vehement support from several members of the House of Commons. In fact, most people convicted of trafficking offences in Canada were not the fiendish criminals of the public imagination. They were usually small-scale peddlers and were drug users themselves. Nonetheless, the mirage of the murderous trafficker provided an easy target as well as a convenient solution to what was regarded as a troubling problem.

Traffickers were not the only ones held responsible for the problem of drug addiction. Reflecting the new emphasis on the importance of good parenting in the

¹³⁰ Elmore Philpott “For Insurance, Drugs” Vancouver Sun August 8, 1952: 4

¹³¹ Speech by B.K Stevenson to the Canadian Service Citizens March 19, 1954 in John Howard Society Papers, Simon Fraser University Archives in File #F-1-1-6-45

¹³² House of Commons Debates June 1, 1954: 5312

¹³³ House of Commons Debates June 1, 1954: 5313

¹³⁴ House of Commons Debates January 9, 1948: 3103

1950s, social commentators often blamed the parents of addicts for juvenile addiction.¹³⁵ One detective told the *Vancouver Sun* that “lack of proper supervision by parents is the principal cause of young people falling into the drug habit. If parents paid more attention to where their children were at nights and the company they were keeping there would be less likelihood of their becoming involved with the life that leads to narcotic addiction.” In the same article, probation officer Gordon Stevens testified “Behind the drug addiction among juveniles is some kind of personal problem with the youngster. Parents of juvenile delinquents have either failed to cope with a personality problem or do not recognize it.”¹³⁶ Some parents apparently accepted the blame. One mother admitted that her 17-year old son had used drugs four times in the past two years. The *Vancouver Province* reported that his contrite mother gave the following interview:

“You look back when something like this happens,” said his mother in the living room of their attractive home. “You thought you have your children a nice home food and clothes. You and your husband worked to the best of your abilities.”

“I was always at home. You think you’re doing right by being a companion. Maybe it isn’t enough....

“It’s got to be started long before he’s reached 15” she said quietly. “We should have gotten him interested in the Cubs and Scouts where he’d have good activity and share recreation with others.

“I should have taken an interest myself in these organizations. ..

“My boy was active in sports and took prizes. When he came home we’d just tell him he did a swell job. But we weren’t there to see him...

His mother told us too that he didn’t have enough religious education.¹³⁷

This self-blaming mother had apparently fully absorbed the lessons of post-war parenting “experts”. Good parents took an active interest in the lives of their

¹³⁵ See Gleason Normalizing the Ideal especially Chapter Five. Also see: Robert Rutherford “Fatherhood and the Social Construction of Memory: Breadwinning and Male Parenting on a Job Frontier, 1945-1966” in Joy Parr and Mark Rosenthal eds Gender and History in Canada (Toronto: Copp Clark Ltd, 1996)

¹³⁶ “Solution to Drug Problem? Experts’ Views” Vancouver Sun August 1, 1952: 23

¹³⁷ “Parents wonder how they failed with some who resorted to drugs” Vancouver Province December 6, 1955

children, got involved in the local school, went to church and participated in youth groups.¹³⁸

Perhaps to frighten the curious, the effects of drug use were still written on the bodies of users. A 1947 *MacLean's* article entitled "Hop Heads" began:

A muscle in the man's face twitched compulsively, and in the smoky light of the tavern in Vancouver's east end the grey scars on his face and neck seemed like deep pockmarks. The bones appeared ready to break through the dirty skin of his restless hands.....

He peeled back a soiled shirt sleeve above the elbow.

"See those needle marks?"

Grey scars like those marring his neck and face crowded almost every square inch of his forearm.

"I'm like that almost all over my body." He said. That's how you get after a while. Those are the marks of my trained nurse. Her name is Miss Morphine."¹³⁹

A 1961 article in *Le Magazine MacLean* claimed that the "narcomane" had "peau jaunâtre, chairs flasques, cheveux secs et cassants, dents et ongles en mauvais état, bouche sèche et haleine fétide. Il ne mange presque pas, la viande lui répugne mais il adore les sucreries. Il dort mal et souffre de palpitations. Le contact de l'eau lui fait horreur."¹⁴⁰

Probably the most frequently repeated trope of the post-war discourse on narcotic addiction had to do with the cost of drugs. Drug use was problematic because it interfered in the project of creating a prosperous post-war nation. Newspapers and magazines frequently provided detailed statistics of the cost of addiction. Former RCMP officer T.E.E. Greenfield quoted an estimate of \$42 million yearly, though he believed that the loss was even greater than this. He concluded: "an effective plan of actions will repay the cost to the taxpayer many times over." The Vancouver Community Chest and Council estimated that drug addiction cost Vancouver \$10 million/year.¹⁴¹ An accounting by Porter McKenzie in *MacLean's* in 1955 estimated that male addicts stole

¹³⁸ For more information on juvenile delinquency in the 1950s see Franca Iacovetta "Family Court Intrusions into Working-Class Life" in Franca Iacovetta and Wendy Mitchinson eds. *On the Case* (Toronto: University of Toronto Press, 1998)

¹³⁹ Robert Francis "Hop Heads" *MacLean's Magazine* February 15, 1947: 13

¹⁴⁰ Alain Stanke "L'Enfer De La Drogue" *Le Magazine MacLean* Juin 1961: 35

¹⁴¹ "War on \$10 million Dope Traffic Bared" *Vancouver Sun* July 30, 1952: 1

more than \$16 000 a year to keep in dope. "This brings the total of theft by male addicts in Canada to 38 million dollars. Adding to this the eight million dollars derived by women addicts from prostitution indicates an annual loss to Canada of 46 million dollars with Vancouver's share standing at more than eighteen million dollars."¹⁴²

In the popular discourse of the 1920s, addicts were criticized for having little moral sense after they started taking drugs. This did not disappear in the post war period. In the article "Hop Heads" Francis explained that: "the wrong use of drugs leads sooner or later to loss of moral control and even to physical and mental collapse. They shorten life, diminish usefulness, undermine mental power and character and sometimes destroy sexual powers....Addicts neglect their responsibilities, become utter liars, are completely dominated by their desire for drugs."¹⁴³ Social worker Lindsay McCormick explained that heroin's "effect in producing deterioration in personality with disregard for social and moral values is unsurpassed."¹⁴⁴

However, in the post-war period, it was more common for journalists to regard the drug user as a flawed personality even before they started using drugs. In part, this reflected the much greater use of the language of "psy" in the post-war period. In *MacLeans Magazine*, Robert Francis reported that "Psychiatrists contend that the psychoneurotic factor bulks large in the make-up of any addict, that the danger of addiction is much greater in persons with a neuropathic temperament, that a family history of insanity, neurosis or alcoholism is usual among addicts."¹⁴⁵ An editorial in the *Vancouver News Herald* emphasized "drug addiction is the result of a mental disease, not a crime. It is an escape mechanism resorted to by neurotics."¹⁴⁶ G.H. Stevenson, a psychiatrist who headed a multi-year study of drug addiction in British Columbia, and whose report had an important impact on subsequent drug policy and treatment, also promulgated the idea of that addicts suffered from an "inadequate personality." Stevenson denied that addicts were "psychopathic personalities." However, he wrote in

¹⁴² McKenzie Porter: 52

¹⁴³ Francis: 51

¹⁴⁴ Lindsay McCormick Group Living for Drug Addicts: An Assessment of the Narcotic Drug Addiction Research and Treatment Unit at Oakalla Prison Farm 1956-60 MA Theses Social Work UBC: 1960

¹⁴⁵ Francis: 51

¹⁴⁶ "Action is Needed" Vancouver News-Herald August 30, 1951: 4

his report that “in our interviews with adult addicts we have been constantly impressed with their close resemblance to children, in their restlessness, hedonism, selfishness, ingratitude, parasitism, cruelty, resentment of discipline and lack of concern for the future. . . . they live only for immediate needs; their moral principles are immature or weak; they have low frustration tolerance, are easily depressed or discouraged, they are adventuresome and reckless, often generously foolhardy; they are emotionally immature generally, although intellectually they have average adult intelligence.” By the mid-1950s, psychiatry was no longer just about the severely abnormal, and drug users did not need to be defined as “psychopaths” to be considered to be in need of psychiatric care and attention. Stevenson could conclude that many of the drug users’ problems stemmed from social and economic deprivation, and still believe that psychiatric care was the appropriate response. Science and psychiatric expertise could transform even criminal and delinquent drug users into good citizens. This “treatment model” assumed that drug users were fundamentally flawed. Their desire for drugs was indicative of their immaturity, poor judgement and inadequate social skills.

This paralleled changing attitudes towards alcohol consumption. In the prohibition campaigns of the early 20th century, it was the substance itself that was held to be at fault. By the post-war period with the development of Alcoholics Anonymous, the problematics of alcohol consumption were said to reside in the individual consumer. Certain people were said to have “alcoholic personalities” and only they needed to avoid the use of alcohol. By contrast, no one was supposed to use illegal drugs, partly because they were considered to be much more dangerous than alcohol, and partly because they were illegal. However, like alcoholics, drug users were said to suffer from particularly flawed personal make-ups, which were then responsible for their drug use. No one referred to drug users as “addictive personalities” but the kernel of that idea was implicit in the discussion.

The greatest demand for changes to Canada’s drug laws came out of Vancouver. In the spring of 1952, the panic over juvenile addiction led the Vancouver Community Chest and Council to establish a committee to study the problem of drug addiction. The distinguished committee was led by Dr. Lawrence Ranta and included the Chief of Police, the Archbishop and other prominent community members. Its report was released

with great fanfare several months later. The committee had three main recommendations. First of all, it urged the provincial and federal governments to provide a pilot “medical treatment and rehabilitation centre together with comprehensive follow-up services.”¹⁴⁷ Secondly, it exhorted the Community Chest and Council and other organizations to initiate a program of adult and youth education on the dangers of addiction. Thirdly, and most controversially, the committee recommended that the Canadian government establish narcotic clinics where registered narcotic users could receive their minimum required dosages of drugs.

At first, the clinic proposal received a great deal of popular support. Both leading dailies in Vancouver endorsed the scheme. The *Vancouver Sun* claimed that it would significantly reduce the social cost of drug addiction, and would ultimately rid the country of addiction entirely.¹⁴⁸ The *Vancouver Province* declared that taking the profit out of the drug traffic by clinics “will find support among all the intelligent persons who have given any serious thought to what is rapidly becoming one of our greatest social problems.”¹⁴⁹ Much alarmed, the Division of Narcotic Control rushed officials out to Vancouver to meet with the Community Chest and Council. In early 1953, the federal government agreed to fund a study into drug addiction in British Columbia. George H. Stevenson, a Professor of Psychiatry at the University of Western Ontario and a past president of the American Psychiatric Association was appointed to head the project, which was conducted under the auspices of the University of British Columbia. (I will discuss this report more thoroughly in Chapter 5.) In addition to Stevenson, the research team consisted of a psychiatric social worker, a physician and a psychologist. It was not surprising that people from the mental health professions dominated the research committee – psychiatrists and psychologists were enjoying a new prestige in the 1950s.

Stevenson emerged as an important opponent to narcotic clinics. After the publication of his 600-page report in 1956 (generally known as the Stevenson Report), the *Vancouver Sun* rescinded its support for the clinic idea, and even E.E. Winch’s speeches in the House of Commons were less enthusiastic. Nonetheless, it was probably

¹⁴⁷ Drug Addiction in Canada: The Problem and Its Solution July 30, 1952 Published as part of Stevenson Drug Addiction in Canada

¹⁴⁸ “Drug Reform Vital” *Vancouver Sun* July 30, 1952: 4

¹⁴⁹ “The Fruit of Greed” *Vancouver Province* July 30, 1952: 4

no accident that Stevenson emerged as an opponent of narcotic clinics. The federal government, who approved the study in order to counter the clinic proposal, was unlikely to approve of a research director who was in favour of clinics. At his first meeting with the Community Chest and Council Stevenson promised to undertake a comprehensive study of narcotic clinics and in turn, the Council agreed that they would not push the clinic idea on either the Federal or the Provincial Governments during the period of the study. In 1955, Stevenson published his "Arguments for and Against the Legal Sale of Narcotics" which concluded that the legal sale of narcotics "would not only fail to solve the addiction problems but would actually make them more serious than they are at present." Drawing on the brief experience with narcotic clinics in the United States in the early 1920s, Stevenson argued that permitting addicts to receive legal drugs would not reduce crime, or lead to addicts to find employment. Instead, he asserted "drug addiction is not an unfortunate habit acquired innocently, but is part of a general personality disorder. There is no reason to think that simply curing the addict of his addiction, or on the other hand, supplying him with all the drugs he wants at minimum prices will solve his problem." Instead "his underlying personality distortion and antisocial tendencies...have to be recognized and dealt with."¹⁵⁰

In place of the clinic proposal Stevenson recommended a three-part programme of voluntary treatment. This plan paralleled one submitted by the Community Chest of Council to the British Columbia government in November 1954. The first stage of treatment was physical withdrawal. Stevenson recommended that this take place in general hospitals, mental hospitals or private institutions. Men in the second stage of treatment would live in a residence for drug users. Men in residence would be given occupational and recreational therapy, social psychotherapy, and placed in employment. Men would be allowed to reside in the residence for up to four months, provided they found nearby employment. Women would be placed in foster homes and cared for by a "housewife". This reflected a long tradition of prescribing "household labour" to problematic women. Stevenson and his co-authors probably thought female addicts were in particular need of "household" training. And they probably thought that a house full of

¹⁵⁰ G.H Stevenson "Arguments for and Against the Legal Sale of Narcotics" in G.H. Stevenson Addiction in British Columbia Reprinted from the Bulletin of the Vancouver Medical Association

female addicts, many of who had worked as prostitutes in the past, would have been unseemly.

Stevenson was not the only one to throw cold water on the idea of narcotic clinics. In 1955, the Senate established a Special Committee on the Traffic in Narcotic Drugs. This committee heard from 52 witnesses including police chiefs from Montreal, Toronto and Vancouver, representatives of welfare organizations, and officials from the United States and Britain. It was the first Senate Committee to ever hold meetings outside of Ottawa. After hearing evidence from Stevenson, police officers, and Dr. Harris Isbell, the head of the US Narcotic Prison in Lexington Kentucky, the twenty-three senators unanimously rejected the idea of narcotic clinics. Instead the committee recommended severe penalties for traffickers and urged provincial governments to establish treatment facilities for addicts.¹⁵¹

In the meantime, the Division of Narcotic Control had begun thinking about a treatment centre even before the Stevenson study began, and it continued to do its own research on the subject. As far back as 1948, the Chief of the Narcotic Division K.C. Hossick told a police convention that the prime objective of the Department was to cure the addict and to teach him how to become a productive member of society.¹⁵² In 1951 the Chief of the Mental Health Division of the Department of Health suggested that the former quarantine station at William's Head British Columbia could be used as a narcotic treatment centre, but this proposal was abandoned.¹⁵³ In 1954, Health Minister Paul Martin Sr. and C.M. Roberts (Chief of the Mental Health Division) visited Lexington, the large US prison/treatment facility for addicts, which had been opened in 1935. At this time, the Department envisaged building a 500 bed institution, located in central Canada, and close to a University.¹⁵⁴ However, pressure from British Columbia, as well as the obvious fact that there were more drug users in Vancouver than there were anywhere else in the country, ensured that by 1961, the first institution would be in British Columbia.

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¹⁵¹ Proceedings of the Special Committee on the Traffic in Narcotic Drugs in Canada: xvi-xxii

¹⁵² Journal of Proceedings of the Annual Conference of the Chief Constables Association of Canada 1948: 80

¹⁵³ Memo from Charles G. Stogdill to K.C. Hossick January 13, 1951 in NAC, RG 29, Vol #604 File #325-3-2

In developing its own plan, the federal government drew heavily on the Stevenson report.¹⁵⁵ However, the government rejected the idea of voluntary treatment. There were several reasons for this. First of all, in keeping with the post-war penchant for large-scale social engineering, the government was under pressure to develop a comprehensive programme that would permanently rid Canada of the problem of drug addiction. A voluntary treatment programme would only reach a small portion of addicts. Secondly, despite the cultural shifts that had given greater legitimacy to a medical approach to the problem, the Division of Narcotic Control, headed by ex-RCMP officer K.C.Hossick, still paid careful attention to the views of enforcement officials. Leading police officials wanted drug users to be incarcerated for long periods. R.S.S. Wilson, a former superintendent of the RCMP, who sat on the Department's Technical Advisory Committee on Drug Addiction, believed that drug addicts should be committed for a period of not less than 10 years to a narcotic hospital operated by the Federal government. There the addict would receive psychotherapy "to treat the underlying psychopathic condition which led the patient to become an addict and to reeducate and reconstruct his personality so that he can learn to adapt himself to his emotional reactions." After a year in hospital the addict could be released on parole. If an addict was re-committed more than twice, he would be classed as "incurable" and sent to an institution for life.¹⁵⁶ RCMP Commissioner L.H. Nicholson also favoured compulsory isolation or quarantine for an unspecified period of time. Nicholson argued that under "forced detention" the addict would "enjoy conditions and surrounding far, far in advance of those within which he has been accustomed."¹⁵⁷ Institutional "treatment" would improve addicts' lives and create valuable citizens.

The 1961 Bill had something for everyone except for clinic supporters. It included stricter penalties for traffickers, "treatment", and the compulsory segregation of addicts for periods of up to ten years. By controlling doctors through regulations rather

¹⁵⁴ Minutes of the Technical Advisory Committee Meeting on Drug Addiction September 23, 1954 in NAC, RG 29, Vol #604 File #325-3-2

¹⁵⁵ See Davie Fulton's speech at the beginning of the second reading of the Bill. House of Commons *Debates* June 7, 1961: 5984-5988

¹⁵⁶ R.S.S. Wilson "Drug Clinic Plan Opposed in Canada" Appendix O Canada. *Proceedings of the Special Committee on the Traffic in Narcotic Drugs in Canada* (Ottawa, 1955) originally published in the *Vancouver Province* August 16, 1952

than the criminal law, the bill even opened a window to maintenance programs, if not to the idea of narcotic clinics. Conveniently, the construction of a new “treatment centre” for addicts in British Columbia, an announcement which was made hand-in-hand with the introduction of the new Bill, would also reduce prison overcrowding, which was becoming a serious problem.¹⁵⁸ All three parties in the House of Commons gave the legislation their full support. Everyone in the House who spoke saw it as a progressive step forward and no one expressed concern about the fact that it meant that people could potentially serve terms of up to ten years for simple possession. Even E.E. Winch, who had previously supported the idea of clinics, did not oppose the idea of compulsory treatment. In fact, in 1960, Winch strongly supported the idea of compulsory treatment in a speech to the House of Commons. “Some might take the view and, indeed, they would be right, that in legislation of this kind we are moving into the realm of civil rights.” But, he elaborated, “there is no infringing of the civil rights of an individual when it is being done not only for his own benefit but for the protection of the majority.”¹⁵⁹ In British Columbia, there was some opposition to the establishment of the first “treatment centre” in Matsqui, located 45 minutes outside of Vancouver but this had little to do with drug users’ civil rights. Instead, social service representatives claimed that the institution was too far away,¹⁶⁰ that drug addicts needed to be cured in the community rather than outside of it and that it was premature to invest \$5 million dollars on a new institution when it was not at all clear if drug users could be treated in institutional settings.¹⁶¹

The compulsory treatment provisions of the 1961 Narcotic Control Act were never signed into effect. Instead, in the early 1960s, the Division of Narcotic Control encouraged prosecutors to proceed against drug users under the Habitual Criminal Act, a piece of 1948 legislation which allowed for the indefinite detention of repeat offenders.

¹⁵⁷ Special Committee: 31

¹⁵⁸ See Letter from E.D. Fulton to K.R. Vaughan June 23, 1961 John Howard Society Papers Simon Fraser University File F-1-1-1-10

¹⁵⁹ House of Commons Debates June 30, 1960: 5611

¹⁶⁰ See House of Commons Debates June 12, 1961: 6211

¹⁶¹ See Letter from K.R. Vaughan Lyon, President John Howard Society to the Honourable David Fulton June 14, 1961 in John Howard Society Papers Simon Fraser University File F-1-1-1-10

Matsqui was the only institution ever established for drug users and it only operated for three years as an institution exclusively devoted to the treatment of drug users.¹⁶²

In the years between 1920-1961, there was much talk about the need to “treat” the drug user. This sounded progressive, but it did little to improve the lives of users. In the 1920s, the Minister of Health and the Division of Narcotic Control asserted that treatment was a provincial responsibility and refused to take any responsibility. In the post-war period, a new optimism for social engineering, as well as increased prosperity inspired the Division to take a more active role in providing “treatment” but by this point, it could not imagine doing so outside of the penal system. The image of the drug user as the dangerous “dope fiend”, a menace to society, never disappeared and made it impossible for politicians and bureaucrats to consider other options.

¹⁶² Canada Commission of Inquiry into the non-medical use of drugs Commission Research Paper Correctional Institution Section of the Administration of Criminal Justice (Ottawa, 1972): 24-5

Chapter 2 “Hop Heads 1920-1945”

The “narratives of narcoticism” and the legal changes of the 1920s had a dramatic impact on the lives of drug users. Between 1920-1945, the types of drugs used, the people who were using them and the consequences of drug use significantly changed. This was not just the result of criminalization. The Great Depression, social sanctions against drug use, and changes in the Chinese population also played an important role. Nonetheless, criminalization made drug use an increasingly risky and dangerous activity. After 1922, drug users frequently served long terms in prison for possession. The intense policing and increased costs meant that users switched from smoking opium and snorting cocaine to injecting drugs which involved smaller amounts, and was easier to hide, creating far more health problems for users. Finally, the difficulty in obtaining drugs ensured that drug use came to assume an increasingly central and problematic position in drug users lives.¹

It is impossible to know for certain how many drug users there were in Canada at this time. Working class users, who were less able to hide their drug use than middle-class users, and users who had previous involvement with the criminal justice system were more likely to come to light. Enforcement made a big difference. Police brought different types of users to attention, depending on whether they spent much of their time chasing street-level users or whether they spent their time checking the narcotic records of doctors and pharmacists. Nonetheless, a review of a broad range of records including medical literature, court cases, government documents, police reports, the records of social service agencies and the media indicates that this time period can be divided into three main periods of use. In the 1920s, there was a broad range of users, from a variety of class and racial backgrounds, who used a diverse array of drugs. In the 1930s, the supply of drugs shrank. An increasingly homogeneous group of white users traveled across the country trying to obtain drugs from doctors. Codeine was often used as a substitute for hard to obtain opiates such as morphine and heroin. In the early 1940s,

¹ In reaching these conclusions I have been influenced by the growing literature on harm reduction. Patricia G. Erickson, Diane M. Riley, Yuet W. Cheung and Patrick A. O’Hare Harm Reduction: A new direction for drug policies and programs (Toronto: University of Toronto Press, 1997) “Harm Reduction – A Special Issue” Substance Use and Misuse 34(1) 1999 See Franklin E. Zimring and Gordon Hawkins for a good description of different approaches to drug policy: The Search for Rational Drug Control (Cambridge: Cambridge University Press, 1992)

there were extreme shortages of drugs. Thefts from drug stores increased. Despite the shortages, a new cohort of rebellious young people started using drugs at this time – a group of drug users that would grow in the period after World War II.

There appears to have been a significant increase in drug use in the 1910s. Imports of cocaine, morphine, and opium rose dramatically between 1912-1919. According to the Department of Trade and Commerce, wartime casualties could not account for this increase. The Department believed that the quantities far exceeded the legitimate requirements of Canada.² In 1919, the Opium and Narcotic Drug Act, which had not been under the supervision of any one department was put under the control of the Department of Health. Early in 1920, the department inaugurated a system for controlling the imports, exports, manufacture, sale and distribution of illegal drugs. All wholesale druggists were forced to provide the department with a full statements of their sales of these drugs to retail druggists, dentists, veterinarians and physicians, while retail druggists furnished the department with a statement of their sales of narcotics on prescription. As a result, the department removed from the market a number of preparations that contained large quantities of opium and morphine. Between 1919 and 1922, the importation of cocaine fell by 417%, morphine fell by 344% and crude opium fell by 2015% (See Chart 1).³

By the early 1920s, it was quite difficult to obtain drugs through legitimate channels. Nonetheless, the illicit market thrived. If you knew where to look, opium, cocaine, and morphine were readily available in every major city. This was partly because there were still very few international controls on drug production and export. In 1924-25 the Second Opium Conference was held in Geneva, under which the nations concerned agreed to exercise more strict control over the manufacture, sale and distribution of opium, morphine, heroin and cocaine and to adopt a licensing system with regard to the import and export of such drugs.⁴ By 1925-26, the Division of Narcotic Control reported that these new international agreements were already having an effect, although this may be somewhat optimistic since the Geneva Convention did not come

² RG 13 Series A-2 Volume #329 File 1805-1824/ 1919

³ Annual Report of Canada to the United Nations for the Year 1943 in NAC, RG 29, Vol #592 File #322-5-3 Vol 3

⁴ Annual Report of the Department of Health for the Year Ended March 31, 1925: 24

into force until 1928. By 1931, the Advisory Committee of the League of Nations, felt that the situation had been brought under control and that there was no longer any surplus of legal manufacture to supply the illicit traffic.⁵ Kettil Brunn, the leading authority on international drug control argued that this was one of the few instances “in which the beneficial effects of control outweigh(ed) the harmful ones.”⁶ Indeed, by the early 1930s, Canadian drug users were finding it considerably more difficult to obtain drugs.

In the early 1920s, the Division of Narcotic Control made some attempt to measure the number of users. In 1923-24 the Division sent out a questionnaire to all registered physicians in Canada. About 50% of doctors responded and together they identified 777 people who required narcotics under the care of a doctor. At the same time, the department collected information from chiefs of police, crown attorneys, magistrates and medical officers of health as to the number of drug users in the community. From this information, the department estimated that there were 9 500 drug users in the country: 2 500 in British Columbia, 3 800 in Quebec and 1 800 in Ontario, with small numbers in every other province except PEI.⁷ However, drug users in the 1920s could use drugs for a long time without coming to the attention of authorities, especially if their lives were “respectable” in other respects. Moreover, the department did not indicate whether or not these estimates included Chinese opium-smokers, but significantly, I suspect that they did not. Otherwise one would expect the numbers in British Columbia to be much higher. Throughout the early 1920s, many more people were arrested in British Columbia than in Quebec for drug offences, although this might reflect differences in policing practices between the two provinces. In 1922 alone, 519 Chinese men in British Columbia were arrested for drug offences, indicating a much higher rate of use than suggested by the statistics above. The racism of not even

⁵ Herbert A. May “The International Control of Narcotic Drugs” International Conciliation 441 (May 1948): 324-333. For more information about the International Control of Narcotic Drugs see: Kettil Bruun, Lynn Pan and Ingemar Rexed The Gentleman’s Club: International Control of Drugs and Alcohol (Chicago and London: University of Chicago Press, 1975) Arnold H. Taylor American Diplomacy and the Narcotics Traffic 1900-1939, William O. Walker Drug Control in the Americas (Albuquerque: University of New Mexico Press, 1989) and William B. McAllister Drug Diplomacy in the Twentieth Century (London and New York: Routledge, 2000)

⁶ Kettil Brunn “International Drug Control and the Pharmaceutical Industry” in Ruth Cooperstock ed. Social Aspects of the Medical Use of Psychotropic Drugs (Toronto: Alcoholism and Drug Addiction Research Foundation of Ontario, 1974)

⁷ Annual Report of the Department of Health for the Year Ended March 31, 1924: 36

including Chinese drug users in their statistics shows the extent to which authorities did not consider them to be members of the Canadian community.

By 1930, the department thought that there were only 8000 people addicted in Canada including people who were addicted as a result of a medical condition.⁸ By 1939, they had further downsized this estimate to 4000.⁹ These estimates appear to be based on nothing other than reasonable guesses, based on information received from doctors and police. There was also a noticeable decrease in convictions over the time period. (See: Charts 2, 3 and 4) Of course, convictions often tell us more about the practices of police forces and judges than they do about drug use.¹⁰ Nonetheless, the dramatic decrease in convictions was not the result of lack of zeal on the part of the police. Nor was it the result of judges refusing to convict. Instead, the declining number of convictions seems to correlate with a decrease in the total number of drug users, especially occasional drug users and Chinese drug users, as well as changes in how people obtained drugs.

Police were also seizing much smaller quantities of drugs and supplies. By 1935, seizures of opium were less than a third of what they had been twelve years earlier and seizures of morphine and cocaine were less than a seventh of what they had been.¹¹ By the 1930s, drug users were increasingly turning to substitutes: especially codeine, paregoric and poppy heads, indicating that there was a serious shortage of more desirable drugs. The drop in the number of convictions, the drops in imports and seizures, changes in drug use practices as well as departmental estimates based on information from doctors and police officers, do seem to support the idea that drug use fell between 1920-1945. I will divide my discussion of how this fall played out into two parts – the first will deal with Asian Canadian drug users and the second with non-Asian users.

⁸ Annual Report of the Department of Health for the Year Ended March 31, 1930: 69

⁹ Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1939: 109

¹⁰ An excellent discussion of the problems associated with criminal statistics can be found in Geoffrey Pearson Hooligan: A History of Respectable Fears: 213-8

¹¹ Annual Report of the Department of Health for the year ended March 31, 1923: 40 and Annual Report of the Department of Pensions and National Health for the year ended March 31, 1936:

Asian-Canadian Users

The majority of Asian drug users in Canada were Chinese-Canadian. Chinese-Canadian drug use was different from Euro-Canadian drug use in several respects. First of all, they usually smoked opium in preference to the so-called “white” drugs – cocaine and morphine. Secondly, opiate use was proportionally much more widespread among Chinese Canadians than it was among other Canadians. The place of opium smoking in their lives had more in common with alcohol use among white Canadians than it did with drug use among white Canadians. Since opium smoking was less stigmatized within the Chinese population than opiate use was among whites, drug users in the Chinese community were often not the cultural outsiders that opiate users frequently were in the white community.

Chinese opium-smoking had a long history in Canada. Before the passage of the Opium Act in 1908, which made it illegal to import, manufacture or sell opium for non-medical purposes, there were several Chinese-run opium factories in Victoria, Vancouver and New Westminster, which employed between 70-100 people.¹² Opium smoking was widespread in China at that time, and since most Chinese in Canada had immigrated from China it is not surprising that they would smoke opium in Canada as well, especially since it was perfectly legal. The Royal Commission on Chinese Immigration in 1885 heard from a variety of witnesses about the Chinese practice of opium smoking. Some derided it as a vicious habit while others downplayed its importance, but no one asserted that it did not occur.¹³ Within the Chinese community itself, there appears to have been some disapproval of smoking opium. In 1908, William Lyon McKenzie King received a petition from Peter Hing, the secretary of the Chinese Anti-Opium League requesting

¹² Chan asserts that there were 11 opium factories in Victoria in 1883. By 1901, three Victoria firms with eighteen partners had established a monopoly on the manufacture of opium. Anthony Chan *Gold Mountain: The Chinese in the New World* (Vancouver: New Star Books, 1983): 76-7. Mackenzie King reported in 1908 that there were at least seven factories in Vancouver, Victoria and New Westminster, and that the annual gross receipts of these concerns was between \$600 000 and \$650 000. The factories were all owned by Chinese. Report by W.L. Mackenzie King, Deputy Minister of Labour on the need for the Suppression of the opium traffic in Canada July 3, 1908. Published in Sessional Papers for the Year 1908. Much of the opium produced in these factories was probably exported to the United States where it was illegal to produce or sell opium. Chan: 75

¹³ Royal Commission on Chinese Immigration 1885 Sessional Paper #54a

legislation against opium. Nonetheless, elite disapproval seems to have had relatively little impact on this common practice.

Obtaining information about Chinese opium-smoking habits is difficult. Anti-drug crusaders such as Emily Murphy, provided long and colourful descriptions, but these seem to be largely imaginary creations. A former Commissioner of the RCMP, C.W. Harvison, spent his early years in the RCMP enforcing the Opium and Narcotic Drug Act. In the early 1920s he was assigned to drug enforcement in Montreal where he regularly undertook raids of “opium joints.” In his memoirs he reported:

These were not the luxurious “opium dens” of the movies, wherein smokers sprawl in comfort on plush divans while scantily clad maidens flit across deep oriental rugs to serve their every want. These were rows of dirty, smelly little cubicles. The furnishings were simple: a wooden shelf covered with straw matting....The premises used for smoking were usually on the upper floor of buildings, over shops, restaurants, or other business premises. Three or four of the larger and most frequented places were upstairs over gambling rooms.....The Chinese opium smokers were almost invariably, peaceful and docile. Many of them were older citizens who had had the habit for years and could not understand why, suddenly a fuss was being made.¹⁴

Not all smoking took place in “opium dens.” Many Chinese men worked together in isolated communities and they smoked where they lived. In the fall of 1922 Wong Mew was found smoking during a police raid on a building used by Chinese men at Stoltz Mill at Ruskin, British Columbia. Mew was found smoking in a room that was used jointly by all the Chinese workers at that mill. At his trial, Wong Mew claimed that only he and one other man were opium-smokers and that “people do not go in there to smoke opium. Only I and one other go there to smoke. I take my opium with me when I go to smoke.”¹⁵

In his book Gold Mountain, Anthony Chan estimated that as many as 40-50% of the Chinese in British Columbia were addicted to the drug in the 1880s, but this seems extraordinarily high.¹⁶ More likely, there were large numbers of Chinese men who smoked occasionally without acquiring any physical dependence on the drug and a few

¹⁴ C.W. Harvison The Horsemen (Toronto: McClelland and Stewart, 1967): 40-42

¹⁵ NAC, RG 18, Vol #3291, File # 1922 HQ -189-E-1

¹⁶ Chan: p.76

who were highly dependent. As R.K. Newman pointed out in his study of opium smoking in late imperial China, careful observers of opium smoking in China in the late 19th and early 20th centuries divided users into 'light' or 'moderate' smokers, 'regular' users or those who had 'the yin' (craving) and at the extreme, 'opium sots' who gave up their work and family to pursue opium-smoking.¹⁷ This was probably true in Canada as well. Drug experts like Norman Zinberg have shown that large numbers of people use drugs such as opium, heroin and cocaine without experiencing their use as problematic, or acquiring physical or psychological dependence on them.¹⁸

Very few Chinese in Canada could devote themselves fully to opium-smoking, since most of their time was occupied at work. The majority of the Chinese who came to Canada in the late 19th and early 20th centuries, labored long hours at menial jobs.¹⁹ Most worked for low wages as servants, cooks, labourers, and launders.²⁰ Opium smokers in Canada at this time, as many other opium smokers have done at other times and places, probably engaged in opium-smoking as a relaxing, recreational activity in their spare hours away from physical labour.

The Opium and Narcotic Drug Act affected Chinese Canadians differently from white Canadians, partly because the Act contained separate offences for smoking opium, being found in an opium joint, and possession of opium smoking equipment. These offences carried significantly less severe penalties than possession. Opium smoking, for example, carried a maximum penalty of \$50 and costs, and/or 1 month in jail. Clayton Mosher's dissertation on narcotic enforcement in five Ontario cities shows that Chinese arrested under the Act received, on average, shorter sentences than those received by

¹⁷ R.K. Newman "Opium Smoking in Late Imperial China: A Reconsideration" Modern Asian Studies 29 (4) 1995: 775

¹⁸ Norman Zinberg Drug, Set and Setting: The Basis of Controlled Intoxicant Use (New Haven: Yale University Press, 1994)

¹⁹ Works on the Chinese-Canadian experience include: Anthony Chan Gold Mountain: The Chinese in the New World, Edgar Wickberg et al From China to Canada: A History of the Chinese Communities in Canada (Toronto: McClelland and Stewart, 1982) and Peter S. Li The Chinese in Canada

²⁰ Wages for Chinese men in 1902 ranged from \$40-50/month for a cannery worker, \$20-25 for an agricultural worker. See: Li: 44 from Report of the Royal Commission on Chinese and Japanese Immigration 1902: 44-197

white Canadians.²¹ This was largely because they were often charged with one of the lesser offences, rather than being charged with possession or trafficking. These charges had lower standards of evidence and were easier to prosecute and served to raise revenue for the judicial system.

Before the drug panic of the early 1920s, most Chinese men found with drugs in possession were given fines, although some may have served time in gaol if they were unable to pay their fines. On July 22, 1918 the *Chinese Times* indicated that three Chinese opium smokers had been arrested. One was fined \$50 or 2 months in prison, the others were fined \$25 or 1 month in prison. A few weeks later 8 opium smokers were arrested in Chinatown. They were fined \$27.40. Men who were found to be in possession of drugs or to be selling drugs were often given much harsher sentences including fines of up to \$500 and sentences as long as three months. For example, on January 19, 1918 the owner of a smoking den was sent to prison for three months. A resident of the den at the time of the arrest was given a \$50 fine or two months in jail.²²

In 1922, minimum sentences of six months were imposed for all cases of possession. However, the offences of opium smoking and being found in an opium den were still on the books and remained punishable by fine. Moreover, especially in the first year, many magistrates interpreted the new legislation to mean that they could still give fines for possession.²³ Nonetheless, over the course of the decade, it became far more common for Chinese men to be charged with possession and to receive harsher sentences. Although it is impossible to separate the option of receiving a fine by race, it is clear that the option of receiving a fine diminished significantly²⁴, while the percentage of Chinese Canadians convicted under the Act remained high. (See: Chart 6) This meant that more

²¹ See: Clayton Mosher "the Legal Response to Narcotic Drugs in Five Ontario Cities: 1908-1961"; Clayton Mosher and John Hagan "Constituting Class and Crime in Upper Canada: The Sentencing of Narcotic Offenders, circa 1908-1953"; Clayton Mosher Discrimination and Denial: 138-174

²² Translation of the Chinese Times in the Chinese Canadian Research Collection, University of British Columbia Archives. See: Chinese Times July 22, 1918: 3, August 8, 1918: 3, January 19, 1918: 3

²³ Letter from J.A. Amyot to Deputy Minister, Department of Justice, September 5, 1922 in NAC, RG 13, Series A-2 Vol #2174 File 1625/1922

²⁴ In 1918, 84% of all people convicted under the Opium and Narcotic Drug Act received the option of a fine. By 1925 this had fallen to 65%, and by 1932, it had fallen to 43%. See graph at

Chinese men started serving time in prison for offences against the Act. For example, Wong Duck was tried for having smoking opium in his possession on January 16, 1925. He was given 1 year and \$200 fine, in default of which he was to serve another six months. On February 2, 1925 Lim Guen was sentenced to six months and \$200 (or 1 month) for having smoking opium in possession. Dong Young Boar received the same sentence for the same crime eight days later.²⁵ In 1924, Mak Sing, a market gardener outside of Saskatoon, lived in a shack with another Chinese man. At 11:00 pm one night, the police raided the shack and found a complete opium lay-out including a lamp, pipe, opium pills and seconds. Mak Sing claimed that these belonged to his previous partner, who had already been convicted under the Opium and Narcotic Drug Act. At his trial, the Sheriff testified that Mak Sing was a “hard working, industrious man.” In his judgement, the judge wrote that “I have no doubt that he is, but it does not seem that this throws much light on his smoking proclivities.” The judge sentenced Mak Sing to six months, \$200 and costs.²⁶

On the other hand, some Chinese men still managed to escape with fines – either because they were charged with one of the lesser offences, or because magistrates had some sympathy for their situation. In 1932 the police conducted an early morning raid of a Chinese laundry. An informant told police that the Chinese man living there was expecting a quantity of opium. The police found an opium pipe in the closet with traces of stale opium adhered to the pipe. On being questioned, the Chinese man “stated that he had had that old pipe for a long time but that he was not using it not being in the habit of smoking any more and that he knew nothing about Opium and did not want to know anything about it.” The RCMP took the pipe away from him and did not press any charges. For unknown reasons, the man was later arrested and charged with having opium-smoking apparatus in possession. He was sentenced to \$5 and costs in default of which he was to serve 1 month. He pleaded guilty and in court he said that the pipe had been left at his place by another Chinese man several years ago and had never been used since. The Judge apparently took this into consideration as well as the “age, frail health

end of chapter for more information. Dominion Bureau of Statistics Annual Report of Criminal and Other Offences.

²⁵ Vancouver Lock-up Charge Books Vol 5 GR-0602 British Columbia Archives

and poor financial condition of the accused.”²⁷ In 1924, the Deputy Minister of Health complained that Chief Justice Decarie in Montreal took it upon himself to reduce a number of charges from possession or trafficking to opium smoking offences. For example, Fong Thick Guoy in Montreal was arrested in 1924 with 43 decks of opium, and another tin partly full of opium, indicating that he was probably a peddler. He was charged with possession, but the Judge reduced the charge to Opium Smoking and he was sentenced to \$50 and costs. Chief Justice Decarie did this so that the man would avoid deportation.²⁸ In British Columbia, Chief Justice Hunter of the Supreme Court liberated 17 Chinese men serving sentences from 6-18 months on the grounds that the papers of commitment were irregular. He dismissed another 5 Chinese men on the grounds that the complaints did not show the year of the Statute.²⁹ This level of attention to detail may have reflected Hunter’s views on the law.

For Chinese Canadians, what was even more important than the increased penalties was the 1922 change to the Opium and Narcotic Control Act which allowed the government to deport any alien, whether or not s/he was domiciled in Canada, who was convicted of possessing or selling narcotic drugs.³⁰ In 1924, Chong Tong, who had lived in Canada for forty-four years, was convicted of having drugs in possession and was sentenced to six months. He was deported at the close of his sentence.³¹ In 1930, the government deported Mun Wong, a man who had lived in Canada for 47 years.³² Between 1923-1932, 761 Chinese were deported as a result of this section, representing almost 2% of the total Chinese population in Canada.³³ On average, people deported under the Act had been in Canada almost 17 years.³⁴ People who had previously smoked

²⁶ Report Re Mak SING alia Mack YEU July 15, 1924 in NAC, RG 29, Vol #234 File #324-1-1 Part 3

²⁷ RCMP Report April 6, 1932 in NAC RG 29 Vol #601 File #324-6-2

²⁸ Letter from the Acting Deputy Minister of Health to the Deputy Minister of Justice, December 15, 1924 in NAC, RG 29, Vol #234 File #324-1-1

²⁹ Letter from Acting Deputy Minister of Health to the Deputy Minister, Department of Justice September 14, 1925 in NAC, RG 29, Vol #234 File #324-1-1 Part 3

³⁰ An Act to Amend the Opium and Narcotic Drug Act 1922 Chapter 36 Section 5

³¹ “Chinese Will Be Deported” Vancouver Sun April 16, 1924

³² NAC, RG 76, Vol #591 File 831196 pt. 2

³³ Annual Report of the Department of Pensions and National Health for 1932-33: 70

³⁴ Answer to a question in the House of Commons February 27, 1929 asking for the average length of time deported aliens had been in Canada. Debates: 508-9

on a recreational or casual basis likely stopped when faced with such serious penalties, leaving only a few devoted users, many of who were ultimately sent back to China.

Not only did Chinese drug-users face potentially draconian sentences after 1922-23, they also realized that the police were extremely serious about enforcing the Act. Police regularly raided opium-dens. In 1922, 1 117 Chinese were convicted under the Act, meaning that nearly 3% of the total Chinese population was convicted under the Opium and Narcotic Drug Act that year alone. In some cities, the arrest statistics were even higher. In Vancouver, 4.5% of all Chinese were convicted for narcotic offences in 1922. In Montreal in 1923, 6.3% of all Chinese were convicted. These exceptionally high rates of arrest show the extent to which the Opium and Narcotic Drug Act was used as a tool against the Chinese population of Canada. Moreover, as many Chinese did not smoke-opium, these high arrest rates show that drug use was becoming an increasingly risky activity. After several years of extremely high conviction rates in the early 1920s, the number of Chinese found guilty of narcotic offences began to fall. In the eight-year period between 1922-1930 there were 4 900 convictions of Chinese-Canadians under the Act. Between 1931-1939 there were only 825 Chinese Canadian convictions, less than 1/5th the number in the same number of years.

Chinese Canadians, like other Canadian users also began to switch to other types of drugs. This was partly because opium smoking was much easier to detect than taking drugs by injection or orally, since the latter modes of transmission create no smell and require smaller pieces of equipment which can be disposed of more easily. In 1923, a letter from the Chief of Police in Victoria, indicated that as a result of the confiscation of opium-smoking equipment, and the difficulty of obtaining new paraphernalia, many Chinese drug users were taking to the use of other drugs.³⁵ By the late 1930s, the RCMP were seizing very little in the way of opium smoking equipment.³⁶ By the 1940s in British Columbia, virtually all drug users, both white and Chinese injected opium hypodermically – a method of use that caused severe abscesses due to impurities in the opium.

³⁵ John Fry to F. W. Cowan January 4, 1923 in NAC, RG 29, Vol #551, File #320-6-5

³⁶ See Annual Reports of the RCMP for lists of seizures. I tried to chart this, but the RCMP were too inconsistent in their labelling to make this worthwhile. In the 1920s they seized hundreds of

Some Chinese opium-smokers found clever ways of enjoying their drug without being caught by police. In 1927, the Empress of Russia was in port in Vancouver and the police heard that there was a great deal of opium smoking on board. Passes were being given to Chinese men from the shore so that they could board and enjoy a smoke with less cost and risk than on shore. C.H.L. Sharman, the Chief of the Narcotic Division, and the RCMP eventually led a raid on the ship. Sharman reported that “there was wild scramble when we started to seize the pipes, opium etc, and what we got did not begin to represent all that there was. We saw seventeen actually smoking and seized a number of pipes, and a good deal of opium.”³⁷ A month later Sharman reported that “conditions in regard to opium smoking on the CPR liners, while in port, were approaching a scandal.” During the short period in which the “Empress of Asia” was in Port, 585 passes were issued for strangers to board her. Each pass was for as many as a dozen people and Sharman believed that one thousand people, including many Chinamen visited the boat during that time.³⁸

Another outlet for opium was Chinese medicine. On some occasions, Chinese men may not have been aware that what they were taking was against the law. In 1921 in Lethbridge, police found opium pills in the room of Charlie Loo. Under oath Loo reported that the pills were for pains in his stomach and “they are to stop you from going to the toilet too much.” Loo admitted that he used to smoke opium. In fact, if Loo had stopped smoking he may have found himself with very loose bowels, which is a symptom of withdrawal from opiates. Chinese shops across the country held a wide range of Chinese medicines, and he may have been given these pills without being aware of their content. Another Chinese man testified on his behalf that these were stomach pills. Perhaps Loo did not know what he was taking or he may have just been clever about being together a plausible defense.³⁹

opium pipes, bowls and stems every year. In the 1930s this fell to tens, and after 1937 it fell to almost nothing.

³⁷ Letter from C.H.L. Sharman to Deputy Minister October 13, 1927 in NAC, RG 29, Vol #231 File #323-13-5 Part 1

³⁸ Letter from Sharman to Deputy Minister November 11, 1927 in NAC RG 29 Vol #223 File #323-9-25

³⁹ Charlie Loo #3570, Box 54 Acc. 72.26 Archives of Alberta

In 1929, the RCMP seized red-coloured pills from at least ten Chinese stores in Vancouver. These red pills were often referred to as “anti-opium tablets” or “anti-smoke pills” and they were found to contain morphine. The department decided not to institute any prosecutions against the shop-owners since they apparently imported them in good faith. In 1934 the RCMP once again seized over 350 000 red pills from Chinese stores. These pills contained morphine or heroin, but had been legally imported into Canada. The pills were seized, but the vendors were not charged with any offense. These pills were apparently sold as cough pills. (Heroin, in fact, is good for coughs.)⁴⁰ In 1937, there was another investigation into Chinese pills. This time the offending pills were “Dr. Tang Shih Yee Pills.” In Lethbridge a Chinese shopkeeper and his son claimed that the pills in question were sold for \$11/bottle and were bought only by older Chinese men during the winter months when some of them were subject to coughs.⁴¹ In another case, an owner of a fruit store on East Pender Street in Vancouver was found with 102 boxes of Leung Poy Kay Pills under his bed. The pills analyzed positively for morphine. Other medicines found in his shop all tested negative. The RCMP reported that “he has been suspected for some time of being connected with the drug traffic, being an alleged supplier of opium to white women addicts.”⁴² On appeal the man in question was acquitted as he said that he did not know that these pills contained narcotics.⁴³ Afterwards, the Chinese Benevolent Association warned the community: “it is imperative not to have in possession or for sale any of these pills, in order to avoid prosecution. It is indeed important.”⁴⁴

Despite these attempts to get around the drug laws, there seems to have been a large drop in opium-use in the early 1930s. The Chinese in Canada were extremely hard-hit by the Great Depression and more than a hundred starved to death in Vancouver in the early 1930s.⁴⁵ There was little money to spend on opium. By this time, many drug users and sellers had been deported, and the second generation of Chinese-Canadians rarely

⁴⁰ NAC, RG 29, Vol #556 File #321-3-11 Part 1

⁴¹ RCMP Report June 18, 1937 in NAC, RG 29, Vol #556 File #321-3-11 Vol 2

⁴² NAC, RG 29, Vol #556 File #321-3-11 Part 2

⁴³ NAC, RG 29 Vol #556 File #321-3-11 Part 3

⁴⁴ “Proclamation of the Chinese Benevolent Association, Vancouver BC in NAC, RG 29, Vol #556 File #321-3-11 Part 3

⁴⁵ Wickberg: 182

continued the habit. Beginning in 1930, the conviction rates of Chinese Canadians under the Opium and Narcotic Drug Act began to drop quite dramatically and by the end of the decade only a handful of Chinese were arrested each year. An RCMP Report from St. John New Brunswick dated June 25, 1936, for example, indicated that “there does not appear to be any serious drug situation. There are no known opium smokers at the present time, and no opium den is known to exist in St. John for the last 5 or 6 years. All Chinese known to be connected with the narcotic drug traffic are either deceased or located outside the district.”⁴⁶

Nonetheless, in 1944-45 when Constable Price of the RCMP compiled 52 case histories of addicts in Vancouver, he interviewed 7 Chinese drug users. Six of the seven had been born in China, the other in Canada. None had any education and all were working class (Price said ‘coolie class’). Price reported that “their answers to questions were vague and usually negative. For example 3 denied using drugs despite the fact that their arms bore marks of the hypodermic needle.” Price reported that “None of them appeared to regard narcotic addiction as unusual, as even their fathers or friends in China were addicts, thus to them Opium was accepted in common usage.”⁴⁷

The Chinese were not the only Asians in Canada who used opiates. Some East Indians in Canada ate opium. This practice was largely ignored by police until the early 1930s, when the police discovered that a large number of poppy heads were being sold over the counter of retail drug stores to Asians in British Columbia. They also discovered that many Asians were growing poppies and harvesting poppy heads, which had a morphine content of 0.25%. On January 1, 1933 the department brought opium poppy heads under control. The new rules meant that poppy heads could only be imported by licensed narcotic wholesalers and sold by retail druggists on a physician’s prescription. At the same time, the department took out advertisements in Asian newspapers to inform people that as of Jan 1, 1933 prosecutions for the illegal possession of morphine would be initiated against people who harvested poppy heads. Over the course of the year, three East Indians were charged with possession of morphine and given six months

⁴⁶ RCMP Report St. John June 25, 1936 in NAC, RG 29, Vol #228 File #323-12-6 Part 2

⁴⁷ H.F. Price RCMP “The Criminal Addict” Annual Report of the RCMP for the Year Ended March 31, 1946: 73-82

imprisonment.⁴⁸ Throughout the decade, small numbers of whites and Asians, were found in possession of poppy heads and sentenced to prison. In many cases, a crop of corn was grown outside the plot to conceal the poppies or sometimes trees hid the poppies from view.⁴⁹

In 1939, for example, police learned from an informant that fifty-six year old Prabhat S. was selling poppy heads for \$3/pound and that he himself was addicted to poppy head tea. The informant pointed out Prabhat S.'s house to the police and police conducted a raid the following day. Prabhat S. was found in the kitchen and a pot of poppy heads was found on the stove. Prabhat S. claimed ownership before police had a chance to charge or to warn him. In his room, they found another four sacks of poppy heads approximating 30lbs. He was sentenced to six months for possession.⁵⁰

Asian immigrants in Canada in the early part of the 20th century faced dismal working conditions and virulent racism. Not surprisingly, more than a few of them took solace in habits which had been common in their home countries, such as smoking opium or drinking poppy-head tea. The penalties for their indulgence were severe, including fines, long prison terms, and deportation. As Clayton Mosher's work has shown, they received shorter sentences for drug offences than whites, but this should not be seen as a paternalism that operated in their favour. The police targeted their communities for enforcement. The Chinese much more frequently faced charges that were easier to prosecute but resulted in less severe penalties. Moreover, an acknowledgement that many would be deported after their term of sentence expired meant that they often received shorter sentences.

Chinese and other Asian Canadians responded to the drug laws in different ways. Some attempted to find ways of working around the law, while others put their opium pipes aside. It must have been extraordinarily difficult for some to give up a habit that many of them had engaged in for much of their adult lives. For many in the Chinese community, who were used to being targeted for gambling and public health offences, it must have seemed disappointingly familiar. The police campaign against Asian drug use

⁴⁸ Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1934: 82

⁴⁹ Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1940: 111

was yet another example of the Canadian state targeting minority groups for intensive policing and surveillance.

White Users

White users in the 1920s were better able to avoid detection than Chinese users, although they were sentenced to longer sentences when caught. There were two broad categories of white users. The first and probably the largest group consisted of people who obtained their drugs from the illicit market. The drugs included cocaine, opium, morphine, and beginning in the late 1920s, heroin. These users started using drugs at a young age and often had criminal records. They were largely, but not exclusively, male and were often employed as race track hands and circus and show people. Most had little education. The second group were people who obtained morphine from doctors. As a whole, this group was wealthier and better educated. It included many women who successfully complained of “female” ailments, especially kidney problems. These users were often older and usually did not have criminal records. Of course, these groups were not completely separate. Some so-called “criminal addicts” occasionally obtained drugs from doctors and some so-called “respectable” addicts obtained drugs from the illicit market when necessary.

The largest center of white drug use in the early 1920s was Montreal, which was at the time, Canada’s largest and most cosmopolitan city. The trade was conducted from pool halls, restaurants and clubs. In 1922, the RCMP officer commanding the Quebec District estimated that daily consumption of drugs (unspecified) in Montreal was an enormous 250 oz, and that this was as much as the rest of Canada put together.⁵¹ Police identified more than a dozen peddlers who disposed of between 2-10 oz/day in small quantities. Several drug stores were believed to obtain drugs from the same suppliers.⁵² Drug “parties” were frequently held by young people in downtown rooming houses, and certain clubs were well-known centers of the drug trade. Outside of Montreal, it seems

⁵⁰ RCMP Report December 22, 1939 NAC, RG 29, Vol #3331 File #327-S-57

⁵¹ Report by C.E. Wilcox, Comanning Quebec District February 18, 1922 in NAC, RG 29, Vol #226 File #232-12-2 Part 1

⁵² RCMP Report Montreal January 25, 1922 in NAC, RG 29, Vol #226 File #232-12-2 Part 1

to have been more common for whites to purchase their drugs, including morphine and cocaine, at Chinese establishments. Nonetheless, there were white peddlers across the country.⁵³

Many white drug users were young and were out looking for a good time. Police reported that Kid Baker, one of the leaders of drug trade in Montreal, regularly took “Gayety” show girls out to what the police described as “slumming” parties. The “slumming” consisted of visiting Chinatown or smoking opium at “Louis’ place.”⁵⁴ In 1921, a special agent of the RCMP met two young women on Granville Street in Vancouver. The girls had not been home all night and told the special agent “Gee, I would like to get some more junk.” The women took the special agent to an opium joint on Granville St., and then to J.J. Wing’s, which police described as “snow shed” for young girls and boys of the white race. One of the women later testified that she went there partly for the cocaine, and partly because “other young folks went there.” It is not clear how regularly the two women used cocaine, but they were certainly familiar with the drug-sellers and drug-selling establishments.⁵⁵ In Montreal, the trial of Yvonne Proulx revealed that young people in Montreal occasionally attended crowded “drug parties” in downtown rooming houses where they gave each other shots.⁵⁶

In the early 1920s, drugs were fairly inexpensive, at least compared to the astronomical prices in the years after World War II. The RCMP estimated that drug users in Vancouver spent between \$1 and \$15 per day on drugs. They believed that a conservative average would be \$3 per day. A ½ grain deck sold for approximately 25 cents. The price was the same for morphine, cocaine or heroin.⁵⁷ In Toronto, the RCMP estimated that addicts consumed approximately 10 grains daily. Decks contained 3-5

⁵³ The Vancouver lock-up charge books show that it was quite common for Chinese men to be charged with possession of both morphine and cocaine. They often received longer sentences when both drugs were involved. A similar pattern can be seen in Alberta court cases. See British Columbia Archives Vancouver Lock-up Charge Books GR-0602 Volume 5. Archives of Alberta Acc. 72.26

⁵⁴ RCMP Report February 10, 1923 in NAC, RG 18, Vol #3308 File HQ-189-4-C-5

⁵⁵ Report of Commissioner J.P. Smith (Duplicate Copy) Commission of Inquiry RG 18, Vol #3170 File #g494-7: 168-175

⁵⁶ “Twenty Year Old Girl on Trial for Death from Drug” Montreal Star September 21, 1922 in NAC, RG 18, Vol #3291 File 1922 H.Q. 189-O-1

⁵⁷ RCMP Report May 20, 1922 in NAC, RG 18. Vol #3291 File 1922 HQ-189-Q-1

grains and cost \$1.⁵⁸ This was within the range of a working-class salary. Common labourers in Montreal and Vancouver at this time made approximately \$20/week, making drugs expensive, but not completely impossible for the occasional or moderate user.⁵⁹

There were many recreational opiate and cocaine users. In the spring of 1922 the Edmonton RCMP reported that there were approximately 175 confirmed morphine addicts, 200 confirmed cocaine addicts, and another 300-400 of what the RCMP described as “party addicts” – people who indulged in drugs perhaps twice a week.⁶⁰ In 1923, a special agent of the RCMP reported that “the entire underworld uses it (dope?), they don’t all acquire “habits”, but a lot of them smoke it and many sniff heroin and cocaine, snow birds they are called.”⁶¹ Like Chinese opium smokers who stopped when supplies were disrupted and the penalties became too severe, many white drug users probably also stopped in the early 1920s when it became harder and more dangerous to obtain illegal drugs.

White drug users were less likely to be arrested than their Chinese counterparts but white drug users were more often charged with possession and trafficking, leading to longer sentences. White drug users who were charged with drug offences often had previous criminal records. Sydney C. had many theft convictions before he was convicted on a drug charge. In 1927 he was charged with possession and was sentenced to six months. Two years later he was convicted of possession for a second time and given one year. His previous convictions for theft (a very common pattern among drug users) may or may not have been connected to his drug use.⁶² Similarly, Bob K. was sentenced to one year in 1923 for a breach of the Narcotic Drug Act. Over the years, he also acquired a lengthy record of convictions for theft and vagrancy.⁶³ Seventy percent of the drug users studied by A.R. Richards at Burwash Industrial Farm in 1928 said that they had started their criminal careers because of drugs, but users often said this to cast

⁵⁸ RCMP Report March 18, 1922 in NAC, RG 18. Vol #3291 File 1922 HQ-189-Q-1

⁵⁹ Estimates on wages come from: The Labour Gazette 21 1921: 1230

⁶⁰ NAC, RG 18 Vol #3291 File 1922 H.Q. 189-O-1

⁶¹ RCMP Report May 23, 1923 in NAC, RG 29, Vol #18, Vol #3296 File 1923 #HQ-189-C-1

⁶² NAC, RG 29, Vol #3330 File #327-C-51

⁶³ NAC, RG 29, Vol #3330 File #327-N-4

themselves and their drug use in a better light and this information might not be accurate.⁶⁴

White users who ended up in jail were predominantly working class. In 1928, Dr. A.R. Richards published a study of 100 drug users incarcerated at Burwash Industrial Farm. The vast majority were white (84%), although 11% were Chinese-Canadian and 5% were African-Canadian. His study provides an interesting portrait of what the department described as the “criminal addict.” The most common occupations were race horse hands, circus and show people, salesman and chauffeurs – a point confirmed by my case files. Most had little education: 72% had a primary education, 23% had a secondary education and 3% had a University education. The vast majority (84%) started using before the age of 25, and 30% had started under the age of 20. The users bought their drugs primarily from peddlers (84%), rather than doctors (14%).⁶⁵

Even heavy users stopped using quite frequently.⁶⁶ Richard’s study of incarcerated drug users at Burwash (a group of people who were likely heavier drug users than most) showed that over half of them had quit voluntarily at one point at another. As a result of incarcerations and other impediments, 80% of all of the users had stopped using twice or more. 33% had stopped using 5-6 times. The people who were successful at quitting were likely those who were less dependent and were better able to maintain control over their use. Once they left the drug-using community, the only role-model for new drug users were people who were often heavily addicted, either mentally or physically, and were hence unable to pass on to new users methods of controlling their own drug use. Work by doctors, anthropologists and sociologists has shown that drug users learn how to use drugs within a community of other users. The drug-taking practices of the learning community have a significant impact on how the new user approaches his or her drug use. By driving “controlled” users out of the community with

⁶⁴ Dr. A.R. Richards “Medical and Legal Aspects of Drug Addiction” Canadian Public Health Journal February 1928: 70

⁶⁵ Dr. A.R. Richards “Medical and Legal Aspects of Drug Addiction”: 66-74

⁶⁶ There is a growing literature on the recovery from opiate addiction including: Dan Waldorf “Natural recovery from heroin addiction: a review of the incidence literature” The Journal of Drug Issues 11(1): 281-289, Dan Waldorf “Natural Recovery from Opiate Addiction: Some Social-Psychological Processes of Untreated Recover” Journal of Drug Issues Spring 1983: 237-280, Patrick Biernacki Pathways from Heroin Addiction: Recovery Without Treatment (Philadelphia: Temple University Press, 1983)

strict enforcement and severe penalties, drug enforcement decreased the likelihood that new users would learn techniques for managing and controlling their drug use.⁶⁷

The illicit and uncontrolled market led to quite a few fatalities from drug use.⁶⁸ In January, 1923 the Superintendent of the Montreal General Hospital reported that there had been 128 cases of narcotic poisoning at the hospital in the past year and that 14 people had died as a result.⁶⁹ In 1925, the provincial coroner in Quebec told the Montreal Star that the number of fatalities was increasing. "Death is caused in many cases" the paper quoted, "by the ignorance of the addict as to the quantity he should use. Instead of being able to procure pure narcotics, properly labeled and indicating their strength he buys it in bulk from illicit sources, has no idea of its strength, takes it perhaps in a pinch ignorant of the quantity he is absorbing. If has been accustomed to using a drug that has been heavily adulterated before sale, he may chance upon a supply of purer stuff. He takes this in the same quantity as the adulterated supply and death results."⁷⁰

Unfortunately the Dominion Bureau of Statistics did not keep statistics on deaths resulting from overdoses of illicit drugs, but several sensational trials involving overdose deaths in Montreal in the mid-1920s indicated that this was a growing problem.

White users, like Chinese drug users, also began making greater use of the hypodermic needle during this time period. As the price of drugs increased due to scarcity and drug enforcement, drug users switched from less efficient, but less harmful modes of drug transmission such as "sniffing". The doctor at Burwash, A.R. Richards

⁶⁷ I draw this idea from Norman Zinberg who hypothesized that "current social policy is discouraging primarily those who use drugs only moderately, while heavy users, to whom the substance is more vital, are flouting the law in order to make their 'buys.' Thus, since it is the moderate, occasional users who develop controlling sanctions and rituals, the policy whose goal it is to minimize the number of dysfunctional users may actually be leading to a relative increase in the number of such users." Zinberg Drug Set and Setting: 195 See also: Howard Becker The Outsiders: Studies in the Sociology of Deviance (New York: The Free Press, 1963) and Judith Stephenson Blackwell "Drifting, Controlling and Overcoming: Opiate Users who Avoid Becoming Chronically Dependent" The Journal of Drug Issues Spring 1983: 219-235

⁶⁸ There were also four deaths from drug poisoning in British Columbia in 1921. Over the decade as a whole, there were 12 deaths. British Columbia Archives GR-1327 Unfortunately, the Dominion Bureau of Statistics did not keep statistics on deaths resulting from overdoses of illicit drugs.

⁶⁹ Dr. A.K. Haywood "Vice and Drugs in Montreal" The Public Health Journal 14(1) January 1923

⁷⁰ "Germany Blamed for Growth Here in Sale of Drugs" Montreal Star September 21, 1922 in NAC, RG 18, Vol #3291 File 1922 H.Q. 189-O-1

stated that drug users frequently had abscesses and ulcerations from administering drugs with equipment that was not sterile. Thrombosis (blockage of the veins) was also common and Richards recounted the case of one user's whose left leg was double the circumference of his right due to thrombosis of practically every superficial vein of the limb. In addition to the problems caused by injection drug use, drug users also began using heroin, a drug stronger than morphine. Seizures of heroin began in the late 1920s, and by the mid-1930s, it had become one of the most common drugs used. (See Charts 7 and 8) Richards also reported that self-mutilation was common among drug users especially during withdrawal. Poverty and dismal living conditions contributed to other health problems among users as well. Many suffered from tuberculosis and Bright's disease. More than half had venereal disease.⁷¹

Users who successfully obtained drugs from doctors did not suffer from these kinds of health problems. Some of the people who obtained drugs from doctors were middle or upper-middle class people who had been obtaining drugs from doctors, often from the same doctor, for years. They could remain invisible for long periods of time. In 1943, a man turned over a quantity of morphine to the Sault Ste. Marie Detachment of the RCMP. He explained that the drugs belonged to his mother, who had died the month before. He reported that she had been a drug user since 1904, initially receiving morphine from her physician husband. When her husband died in 1926, she received drugs from her son, who was also a doctor, who died in 1939. Until her death, she managed to receive drugs from two local physicians.⁷² Similarly, Robert N. was a travelling salesman who regularly obtained a medical supply. He only encountered problems obtaining his supply in the early 1930s, after his doctor passed away.⁷³

The Division of Narcotic Control was not anxious to prosecute middle-class users, or the doctors who prescribed for them. In their annual report for 1930, the Department clearly laid out their policy. They divided drug users into three categories. The first category included people who inadvertently addicted as a result of a medical condition. "In such instances," the department indicated, "there can be nothing by sympathy for the

⁷¹ Dr. A.R. Richards "Medical and Legal Aspects of Drug Addiction" Canadian Public Health Journal February 1928

⁷² RCMP Report File No #43 D 189-3-E-1 February 2, 1943 in NAC, RG 29, Vol #543 File #320-4-9

persons concerned, and usually the medical condition itself terminates the case.” The second category consisted of the person “who, occupying a decent position in the community, becomes an addict from a variety of causes, such as over-work, nervous strain, dissipation...In such cases it has been found that where the person concerned has something to lose, such as family ties or the right to practice a profession, much can be done.” The Department said that they dealt with such cases in the strictest confidence and that success had been achieved in a number of cases. In a few cases (see Chapter 5), they quietly allowed physicians to keep prescribing. This group included “professional addicts”, such as doctors, pharmacists, and veterinarians who had easy access to illicit drugs. Finally, the department identified “criminal addicts.” These were working class people who obtained drugs illicitly. The department characterized them as a “dangerous menace to society.”⁷⁴

In the 1920s, there were a quite a number of doctors who were willing to prescribe, either out of sympathy, a desire for financial gain or ignorance of the regulations. In 1925, a doctor in Oshawa was asked by the department to account for his prescription of narcotics. He revealed that he was prescribing to three users for asthma, to one user for TB, and another user for rheumatic arthritis. At the same time, he more or less admitted that he was feeding their addictions: “Cannot the Department find a cure for these unfortunates? They come in great distress and it is hard to refuse them, although I always cut them down as much as possible.”⁷⁵ Others had less noble motives. Dr. R.K. Shirley testified during his trial that he had prescribed to ten drug users during the months of May, June and July. His business with these clients was cash only.⁷⁶ Dr. Paul Marier engaged in outright trafficking. In October, 1925 the RCMP secured the services of an informer who told police that he could purchase morphine from Dr. Marier. On several occasions police gave the informer money to make a purchase, which he gave to Dr. Marier at a hotel in Hull, Quebec. Later, the informer was able to make a purchase of 100 morphine tablets on an Ottawa street corner. On the witness stand, Marier admitted

⁷³ NAC, RG 29, Vol #327-N-43

⁷⁴ Annual Report of the Department of Pensions and National Health for the year ended March 31, 1930” 69-70

⁷⁵ NAC, RG 18, Vol #3308 File 1925 HQ-1-0-1

⁷⁶ RG 18 Vol #3309 File 1925 HQ-189-1-O-5

that he had been providing drugs to the informer for the last three years.⁷⁷ Others supplied the illicit traffic in less obvious ways. A doctor in New Brunswick, Dr. A. Sterling prescribed for several patients in such large amounts that the police believed that the patients were peddling the excess.⁷⁸

In the 1920s, the drug-using scene was more diverse than it would be for at least another forty years. There were a variety of users, both Chinese and white, from diverse economic and social backgrounds. The number of middle and upper-middle class users was on the decline, but they definitely continued to exist. They were usually able to obtain a regular supply from doctors and they rarely interacted with the court system. Chinese use was also on the decline, as their communities were targeted for enforcement efforts and many hard-core users and suppliers were deported. The majority of users who came to the attention of authorities were working class. Many of these users were probably occasional or recreational users, who stopped as they aged, or as the penalties for breaking the law grew ever more severe. The increased difficulty of obtaining drugs led to more health problems for users as more began using the hypodermic needle, and stronger drugs such as heroin. It also caused greater disruptions to their lives, as drugs became more expensive and took more work to obtain.

In the 1930s, with the Great Depression, the drug scene underwent a significant shift. The disruption in international shipping, the greater control over the international production of narcotics, and the difficulty in raising funds for drugs made it much harder to obtain drugs through illicit channels. Instead, many users, especially those outside of British Columbia, traveled the country obtaining prescriptions or stealing drugs from doctors. Others turned to codeine, paregoric, or they stopped taking drugs.

One man who stopped using reported that he began smoking opium in Toronto in 1929. After three months the supply dried up, so he began taking morphine hypodermically for the next two years. By the early 30s, he was unable to obtain morphine so he went to the country where he went through a gradual withdrawal.⁷⁹ Others used only when there was a supply. George Williams reported that he started

⁷⁷ NAC, RG 18, Vol #3308 File #HQ-189-1-A-3

⁷⁸ NAC, RG 18, Vol #3308 File #HQ-189-1-J-1

⁷⁹ NAC, RG 29, Vol #541 File #320-3-4 Part 5

using heroin in 1937. His use was irregular, depending on supply. At the height of his habit, he claimed he took the rather low dose of 30-60 ¼ grain “pops” every month.⁸⁰

Some drug users, especially women, were very successful at obtaining prescriptions from doctors. Two groups of women were particularly skilled at what some users called the “foreign nurse game.” Women who had once had a legitimate illness that required narcotics were often able to play on doctors’ sympathy (especially if they could show evidence such as kidney scars). Registered nurses drew on their professional authority to assert the legitimacy of their need for narcotics.

Vivian S. was a private nurse who first came to the attention of the RCMP in Montreal for raising a prescription from three tablets to 25 tablets in June 1933. They laid two charges against her that year for forging prescriptions. In one case the charge was withdrawn and in the other she was given a suspended sentence. Near the end of the year, the Verdun police arrested her after they found her on the street in what they thought was a drunken condition. In 1937, she appeared to have legitimate kidney complaint and a doctor made arrangements for her to enter hospital. In the meantime she had forged several prescriptions under his name and raised the amount of drugs prescribed in others, while obtaining prescriptions from several doctors at once. In justifying his actions to the Department, the doctor emphasized that he had given the prescriptions with the “emphatic warning to Vivian S. that she was a nurse and ought to be well aware that in procrastinating she was running a danger of addiction as well as other complications following renal calculi.” As the investigation continued, Vivian S. decamped, apparently taking with her the property of her employer.

One female addict became well known among doctors in Toronto for simulating a kidney ailment. Dr. J told police that he first encountered June W. soon after he moved to Toronto in 1933. One night a car had stopped at his office and a woman screaming with pain had been brought in. He gave her a hypodermic of morphine and sent her home. Two weeks later he was downtown when he heard a woman crying in the middle of a crowd. When he went to help her he discovered that it was the same woman. He gave her an injection of water and she became angry. He told police that he had not seen her since but that he had spoken to several doctors who had had similar experiences with

⁸⁰ “Specialist Report” Prince Rupert BC December 9, 1942 in NAC, RG 29, Vol #541-3-4

her. Another doctor interviewed by RCMP reported that he had first seen her on January 14, 1936 when another physician sent him to her home on Mutual St. "She had symptoms of kidney trouble and apparent severe pain so he had administered morphine. He then took urine tests but there was no sign of anything which would indicate the trouble of which she was complaining. He told her the results of his analysis and she stated that she had not expected any result. He informed us that from his conversations with other doctors he had become convinced that she had been treated by so many different doctors that she had memorized the symptoms....Dr. T further stated that several other doctors had spoken to him of her." On June 1st 1940 she flagged a passing motorist who agreed to take her to Markham and Oshawa where she visited two doctors. Over the course of the decade she acquired a long record for forging cheques, but she was not convicted under the Opium and Narcotic Drug Act until 1957.⁸¹

Drug users frequently traveled widely in their attempts to obtain drugs, in part because they found that rural doctors were more willing to prescribe than city doctors. In 1937, Abel N. was arrested in Penticton and found to be in possession of 11 tablets of morphine. He was given six months. Abel N. told police that "it was very easy for anyone in possession of money to obtain narcotics from physicians in the interior. However, he would not supply details." The Chief of the Narcotic Division Colonel Sharman wrote to a sympathetic doctor on December 4, 1937 that he realized that the transient addict was a problem, but that the solution was not for the doctor to provide the addict with drugs so that addict would leave town. "There is" he wrote "a great Freemasonry amongst these gentry, who, for example, in the course of a trip across Canada 'riding the rods', habitually stop over at certain points, frequently at the smaller places, to the complete exclusion of others, because they, by means of information exchanged amongst themselves, know just where they will meet with the reception these desire." Sharman claimed that most doctors provided drugs out of sympathy rather than out of the desire to make money. Nonetheless, he felt that there were many doctors "who, I am sure, would be horrified if they knew the extent to which their names were bandied around amongst the travelling addict fraternity as being "good for a shot."⁸²

⁸¹ Vol #3331 File #327-S-77

⁸² Letter from C.H.L Sharman to Dr. Kelly December 4, 1937 in NAC, RG 29, Vol #320-7-3

Experienced drug users could be very persistent. One woman went to two drug stores in Victoria with a forged prescription in 1939. They refused to fill it and called the police thereafter. Then a third druggist reported to police that a woman had come to the store with the same prescription. The prescription did not indicate whether the order was for a half tube or a full tube, and the druggist told the woman that he would phone the doctor to verify the prescription. She told him that if he did not want to fill it she would go elsewhere. The druggist retained the prescription and phoned the doctor and was informed that he was in a meeting, but that they would be in touch with him and have the doctor call him. Five minutes later the doctor called and told him it was for a full tube. A short while later the woman came back and obtained the morphine. An hour later the real Dr. B phoned the druggist, and the druggist discovered the prescription was a forgery.⁸³

Drug users who were less successful at obtaining prescriptions sometimes resorted to theft. In 1931, one Winnipeg drug user went to a doctor complaining of gallstones and requesting morphine. The doctor refused, but did give him a prescription for a non-narcotic medication. Before leaving, the drug user stole a form from a prescription pad, which he filled out with a prescription for morphine and forged the physician's signature. He also changed his initial prescription so that it called for morphine. When he presented one of these two prescriptions to the druggist, the druggist became suspicious and telephoned the doctor for verification, but in the meantime the drug user picked up the prescription. He later presented the second prescription at another drug store, but again the druggist was suspicious and called the doctor. The accused tried to run away, but was arrested shortly thereafter with morphine in possession. He was sentenced to 18 months.⁸⁴ It was also very common for users to steal doctor's bags, often from their cars, which were easily identified since at that point in time doctors had special license plates.⁸⁵

Drug users who were unable to obtain their drug of choice sometimes turned to codeine, a much milder opiate which had briefly been on the schedule of the Opium and

⁸³ RCMP Report November 27, 1939 in NAC, RG 29, Vol #3331 File #327-D-32

⁸⁴ Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1931: 85

⁸⁵ See for example: NAC, RG 29, Vol #3331 File #327-W-52

Narcotic Drug Act but was removed from the schedule in 1925.⁸⁶ Imports of codeine increased from 9000 ounces in 1927 to 36 000 ounces in 1933.⁸⁷ In 1934 the department reported that people were using codeine in massive dosages as high as eighty grains/day. Results from the Royal Victoria Hospital in Montreal showed that people taking this amount of codeine experienced withdrawal.⁸⁸ In 1934, with the cooperation of wholesalers and pharmaceutical associations the Division of Narcotic Control limited the amount of codeine some retail druggists could sell, and entirely prohibited some druggists from selling the item at all. As a result, by 1935, illegal peddlers were selling codeine for as high as 25 cents for two grains of codeine.⁸⁹ On May 1, 1935 amendments to the BC Pharmacy Act provided that codeine could only be dispensed on prescription.⁹⁰ According to the department, the market in illicit codeine had noticeably decreased by 1936.⁹¹ However, that same year, the *Vancouver News-Herald* reported that one drug store in Vancouver was purchasing more than 200 ounces of codeine per month. Police observing the store noted a steady stream of known drug users frequenting the establishment. In discussion with police, users admitted that they were injecting the drug hypodermically.⁹²

Some users may have actually started using codeine and only turned to other drugs later. Gregory S. first came to the attention of the Department of Narcotic Control as a codeine user. In May and June 1937 he and a female friend successfully persuaded two wholesale druggists in Walkerville ON that they were drug store operators who

⁸⁶ A letter from F.W. Cowan to Mr. Brown November 28, 1925 said that codeine was removed "in view of the fact that there is no evidence available, in so far as can be ascertained, showing that codeine is of a habit-forming nature and also in view of the further fact that shipments of codeine were continually coming forward from other countries without the necessary license required for the importation of all narcotic drugs into the country, because of the fact that many countries do not include codeine in their narcotic laws. In NAC, RG 29, Vol #610 File #325-5-4

⁸⁷ Annual Report for the Department of Pensions and National Health 1933-23: 82

⁸⁸ Annual Report of Canada to the League of Nations for the Year 1934 in NAC, RG 29, Vol #592, File #325-5-3

⁸⁹ Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1936: 121

⁹⁰ Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1936: 124

⁹¹ Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1936: 101

⁹² "Codeine Fiends Seldom Seen By Normal People" Vancouver News Herald July 28, 19236

needed a supply of codeine. In 1941, he was obtaining prescriptions for stronger narcotic preparations from a variety of doctors in Toronto.⁹³

Drug users sometimes turned the codeine panic to advantage. In September 1937 a milling company in Vancouver contacted the Vancouver City Police to tell them that a woman had been using a hypodermic outfit in their back lot for the past several days. The RCMP investigated and found Nora M. taking shots in an empty lot near Canton Alley. Corporal H. reported that "I immediately removed this from her arm, made a search of the vicinity where she was sitting and found the usual addict's paraphernalia, but did not find any narcotics...When I took the hypodermic needle from her arm, subject stated "It's alright H., it's only codeine." At the lab, the hypodermic actually analyzed for morphine. On the witness stand, Nora M. claimed that she had obtained the drug from a doctor, and police subsequently found two prescriptions on file, each calling for one tube of ½ grain Morphine Sulphate. Since she had legitimately obtained the drugs from a doctor the case against Nora M. was dismissed, although the doctor in question was later tried.⁹⁴

The department also believed that paregoric, a medicinal beverage with an alcoholic content greater than Scotch whiskey and ¼ grain of Morphine per ounce was becoming a serious problem in the early 1930s. In April 1933, Sharman wrote to the Secretary of Social Service Council of Ontario to tell him that the use of paregoric "far exceeded the widest estimates of the need therefor for proper medical reasons. Some people, I know, were taking from ten to sixteen ounces a day, so that they were not only getting a large amount of alcohol, but a very considerably quantity of Morphine as well."⁹⁵ One retail drug store in Toronto purchased 75 gallons of paregoric in a single month. The department took the matter up with the Canadian Pharmaceutical Association who recommended that no retail druggist should be allowed to obtain more than ½ gallon per month. Because the morphine content was fractionally less than ¼ grain per fluid ounce, paregoric was exempted under the Opium and Narcotic Drug Act. In March 1933, the Excise Division of the Department of National revenue brought

⁹³ NAC, RG 29, Vol #3331 File #327-S-53

⁹⁴ JHS #3919

⁹⁵ Letter from Sharman to Agar April 29, 1933, in NAC, RG 29, Vol #605 File #325-4-7 Part 2

paregoric under control from the alcoholic standpoint, and prohibited retail druggists in Canada from obtaining more than ½ gallon per month.

This did not entirely end the use of paregoric. In 1939 the RCMP reported that the 27 drug users residing in Edmonton were finding it very difficult to obtain supplies. Three doctors were said to provide drug users with injections in their offices but they would not give them anything to take outside. A number of local users were said to be taking trips to the country where they were trying to obtain drugs from country doctors. In addition, users were separating opium from paregoric by placing the paregoric in a small dish and boiling it on the stove. The camphor then rose to the top and formed a hard crust. The users then made a small hole in the crust, and drew up the liquid beneath through an eyedropper. The liquid was then further reduced by boiling and by burning off the alcohol and the residue was then injected.⁹⁶

Most drug users in the 1930s resorted to a variety of methods to obtain drugs. In 1929, Sydney C. told police that he had always obtained his supply from a man named Tony who frequented a small taxi stand opposite or near to the Ford Hotel, Toronto. In 1931, he obtained morphine from a doctor in Manotick, Ontario. Later that year Sydney C. raised a prescription for 12 tablets of morphine to 25 tablets in Cambellford, Ontario. In 1939, he was arrested in Coburg for having passed a worthless cheque. A search of his person revealed an empty bottle of paregoric, a hypodermic syringe, 6 capsules of white powder and 12 small white tablets. An analysis of the capsules and tablets indicated that they contained no narcotics. Sydney C. told police that he had left Toronto, where he was living, because he was finding it difficult to obtain drugs and was on his way to relatives near Warkworth, Ontario.

Some users found it easy to obtain supplies at some points in time and immensely difficult at others. Barry M. was reported to be a small-time gambler who traveled widely either following the races or working in carnivals. He had a criminal record in cities across the Prairie Provinces. In June 1936 police believed that he was peddling drugs in Winnipeg. He even seems to have had smaller peddlers working on his behalf. An informer told police that he had been peddling for Barry M, but had run out on him with 18-20 capsules. By the fall, secret agents reported that Barry M. had no drugs to

⁹⁶ NAC, RG 29, Vol #3330 File #327-W-132

sell and was obtaining drugs from doctors. On the 29th of September Barry M. was arrested in Balcarres, Saskatchewan. RCMP there observed him acting in “a strange and furtive manner” and kept him under observation. When they apprehended him they found 6 ¼ tablets in a handkerchief. Police placed him in the cell overnight and guarded him closely as he threatened suicide and appeared to be quite hysterical. In the morning, police reported that he was “despondent and drowsy. He was unable to keep down any food and seemed quite ill.” He requested and paid for a doctor who gave him shots on two different occasions. He was sentenced to six months for possession. Clearly Barry M had obtained enough drugs to ensure physical withdrawal when arrested, but his circumstances indicated that his supply had been seriously disrupted.

The largest centre for illegal drug use in Canada in the 1930s was Vancouver, where users more often obtained drugs through street peddlers than through doctors. Here drug users originated the practice, which appears to have been unique to Canada, of injecting smoking opium. As already mentioned, the impurities in the smoking opium, made this activity a significant health risk for the user. Nonetheless, the fact that the illicit market continued to function better in Vancouver than elsewhere meant that drug users there learned critical techniques for hiding drugs and avoiding the police. Unlike drug users in other locales, Vancouver drug users were able to stay in the same location for longer, which meant that they also had a sense of community unavailable to the transitory users who traveled across the country “making doctors.” This sense of community meant that Vancouver remained the most popular centre for drug users in Canada throughout the 1940s and 50s.

The difficulties of obtaining jobs and drugs in the 1930s meant that most drug users had irregular employment. Nonetheless, in their reports on trials or in their investigations, the RCMP usually listed some sort of occupation. Sidney C., Robert N, Barry M. and Ernest D. were all salesman.⁹⁷ Other common occupations included: labourer, logger, clerk, waiter, cook, and barber. The RCMP reported that the women were prostitutes, waitresses or housewives. Several were trained nurses. Many probably combined legal and illegal activities. When Wally C. was first arrested under the Opium

⁹⁷ NAC, RG 29 Vol ##3330 File #327-C-51, Vol #3331 File #327-N-43, Vol #3332 File #327-M-24, Vol #3331 File #327-D-32

and Narcotic Drug Act in 1937 he was working as a jockey's valet. He and his female partner also operated a "disorderly house" in Vancouver's West End, and police believed that he had made considerable money from selling narcotics. Douglas P. was always listed as a butcher at the time of his trials (in 1938, 1945 and 1948) indicating that his employment may have been quite steady. His criminal record was much shorter than many drug users, which may indicate that he engaged in illegal activity less often, or that he was more skilled at it. Most users had convictions for theft, and some probably derived most of their income through illegal activities. Others may have engaged full time in criminal activities. Bob K. first began serving time for theft in 1909, when he was 15 years old. In the 1930s, he served time for theft (on six separate occasions), shopbreaking, shoplifting and vagrancy. Although he may have worked sporadically, there is no record of it in his case file.⁹⁸ The need for many drug users to move around on a regular basis, both to obtain drugs and avoid police, meant that few of the users who came to the attention of narcotic authorities had steady work records. The expense of drugs and the difficulties of life as a drug user, ensured that many users combined both legal and illegal activities.

World War II brought about further restrictions and increased the difficulty of obtaining narcotic drugs for illicit use. Codeine became much harder to obtain in 1939 when Regulations under the War Measures Act prevented the use of straight codeine in the manufacture of preparations containing other medicinal ingredients, unless a special license for that purpose had been issued by the Department of Pensions and National Health. It also prohibited the sale of straight codeine, except by prescription, and made possession of codeine an offence under the Opium and Narcotic Drug Act. This meant that people found in possession of codeine were subject to the same penalties as those found in possession of Morphine, Heroin, Opium and Cocaine.⁹⁹ By 1944, the department was finding it extremely difficult to import enough codeine to meet legitimate needs.

⁹⁸ NAC, RG 29, Vol #3330 File #327-N-4

⁹⁹ Report by the Government of Canada for the Calendar Years 1939 on the Traffic in Opium and Other Dangerous Drugs in NAC, RG 29, Vol #592 File #325-5-3 Part 3

Yearly imports of morphine also fell significantly below annual consumption, making doctors much more reluctant to supply drugs to addicts.¹⁰⁰

The war disrupted shipping patterns, and by 1940, the Narcotic Control Division reported that there were no narcotics available through illegal channels. By 1941, Colonel Sharman had modified this statement to admit that drug users on the West Coast were obtaining smuggled smoking opium.¹⁰¹ Drug users turned to doctors, or robberies to obtain their drugs. Thefts, for example increased from 46 in 1938, to 143 in 1942 and 285 in 1943. As drugs grew scarcer, thefts became more professional, and non-drug users realized the potential profit. In 1941 one man was sentenced to 15 years for a series of armed hold-ups of drug stores in Alberta and British Columbia.¹⁰² Prices, which had increased over the course of the Depression, skyrocketed during the war. In 1942, a can of smoking opium was selling for \$950, compared to \$300 before the war and \$100 a decade before. Morphine reached the unbelievably high price of \$20/grain.¹⁰³

Drug users who had been successfully “making doctors” for prescriptions in the 1930s, sometimes turned to outright theft during the war. In 1938, police believed that Neil C. was so successful at obtaining drugs from a doctor in Edmonton that he was actually peddling these drugs in addition to using them himself. Four years later, he had no such luck. In September, 1942, police reported that Neil C. and a friend had tried to obtain drugs from Dr. W. in High Prairie. Later that evening the doctor found the friend wandering about his office. The doctor told the friend that he did not keep any drugs in his office and removed him. Two weeks later, Neil C and his friend tried to obtain drugs from a doctor in McLennan. They were unsuccessful, but early that morning they successfully robbed a drug store in McLennan. They both pleaded guilty to the charge and were given two years for theft.¹⁰⁴

¹⁰⁰ Letter from C.H.L Sharman to A.W. Haydock April 25, 1944 in NAC, RG 29, Vol #544 File #320-4-9 Part 5

¹⁰¹ Journal of Proceedings of Annual Conference Chief Constables Association of Canada 1941: 38

¹⁰² Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1942: 119

¹⁰³ Annual Report of the Department of Pensions and National Health for the Year Ended March 31, 1943: 30

¹⁰⁴ NAC, RG 29, Vol #3332 File #327-C-100

The occasional drug user sometimes succeeded in obtaining remarkably large amounts of drugs. In 1941, a female user was arrested in Hull for impaired driving. When searched at the Hull jail, she dropped a small package with 51 tablets of Heroin. She told RCMP that she obtained these from a doctor in Gatineau Mills and that she had a habit of 12 grains/day. Upon investigation, doctors in Longueuil and Sorel admitted to prescribing on several occasions and the doctor in Gatineau Mills admitted giving her an injection. In 1944-45 she successfully obtained an ounce of Morphine/month from a doctor in Montreal (this would amount to approximately 12 grains/day.)¹⁰⁵

A more typical pattern was that of John F. John F. was born in Adanac Saskatchewan, the son of a shopkeeper. In 1940 he returned home to his family and found a doctor who was willing to give him a gradual reduction cure. In the summer he left Saskatchewan and began selling photographic enlargements. Apparently the gradual reduction cure had not really worked, as he obtained narcotics from a doctor in Vancouver while he was on the road. In the fall, when the RCMP began investigating him for these prescriptions, he was back with his family. He was eventually found guilty of possession and forgery in Saskatchewan and was sentenced to six months. In 1944, he was found guilty of a theft of narcotics from the dispensary of the Tegler Building in Edmonton.¹⁰⁶

Yves G., a resident of Edmonton, did almost anything to get his hands on narcotics during the war. In January police believed that he and several friends were responsible for the theft of narcotics from a drug store. He was also believed to be peddling nembutal (barbituate) capsules. In October 1945 he persuaded a farmer friend to buy laudanum for him. As a farmer, his friend could persuade the veterinarian to give him laudanum for his horses. That same month police caught him collecting poppy heads.¹⁰⁷

Some drug users joined the army although the army had a policy of discharging drug users. When a drug user or former user was brought to the attention of military authorities, the RCMP investigated him and he was usually given a medical and psychiatric examination. These case files are open and available at the National Archives,

¹⁰⁵ NAC RG 29, Vol #3331 file #327-D-62

¹⁰⁶ NAC, RG 29, Vol #3330 File #327-F-4

and they mark the beginning of the intensive psychiatric examination of drug users.¹⁰⁸

The psychiatric examinations provide quite interesting examples of how users changed their drug habits the 1920s and 1930s. One user told army officials that he started smoking opium in 1923. Shortly after he switched to Morphine and used this until 1925 when he went into Hospital at Port Arthur for a cure. From 1925-1935 he took two 292s a day (which contain codeine), but he quit this in 1935, and said that after 1935 he took no drugs at all, but he drank heavily. He enlisted in 1939, and after being overseas for a year and a half, he began using morphine and paregoric in order to sober up after heavy drinking. (He was able to obtain these drugs from a non-commissioned officer.) He was discharged for drug use in November/42.¹⁰⁹ A Winnipeg user, Pte Joseph Leonard, reported to army officials that he had started using morphine in 1919 when he was 21 years old. Since then, he had taken opium, laudanum, heroin, codeine, cocaine and pheno-barbital.¹¹⁰ One man in Winnipeg started using drugs by taking "pile salve" (presumably gall and opium ointment) by mouth. In 1936 he started taking nembutal. The following year he began using heroin. In 1942 he reported to military authorities that if he couldn't get heroin, he used morphine, codeine, cocaine or nembutal.¹¹¹ Wesley Thompson told a military doctor that while in the army "he gets all the morphine he can, buying from other addicts and carcinoma patients who obtain a vial at a time on doctor's prescription." He used to use "gum of opium" but he stopped being able to obtain it, and in any case, he preferred morphine. Thompson revealed that when morphine was not available he took nembutal for a "black-out" and Benzedrine in the form of benzedrine inhalors for a "lift!"¹¹²

Some soldiers reported that they had "played around" with drugs without becoming addicted. One private was interviewed by the RCMP in 1942, after the army suspected he was an addict. Milan Medweduk told police that he had first tried drugs

¹⁰⁷ NAC, RG 29, Vol #3336 File #327-G-11

¹⁰⁸ NAC, RG 29, Vols #540, #541, #542 For information on Canadian psychiatry and World War II see: Terry Copp and Bill McAndrew Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army 1939-1945 (Montreal: McGill-Queen's University Press, 1990)

¹⁰⁹ NAC, RG 29, Vol #541 File #320-3-4 Part 5

¹¹⁰ "Pte Joseph Leonard in NAC, RG 29, Vol #541 File #320-3-4 Part 6

¹¹¹ NAC, RG 29, Vol #544 File #320-4-9 Part 4

¹¹² Letter from H.F. G. Letson to C.H.L. Sharman February 8, 1943 in NAC, RG 29, Vol #541 File #320-3-4 Part 6

five years previously when he was a student at Kelvin Collegiate in Winnipeg. He “joy-popped” for several years for the “kick he got out of it.” He admitted that since he had joined the army he admitted that he had been taking morphine regularly. An Ottawa man indicated that he was a drinker and that he had tried Indian hemp, morphine, codeine, stramonium, and paraldehyde, but clearly stated that “he is not an addict.”¹¹³

Another army private suffered from severe alcoholism and had served a sentence for possession of narcotics in 1928, when he was seventeen. However, he told the psychiatrist that he had not used narcotics in ten years.¹¹⁴ Joseph Lajeunesse, from Montreal, who joined the army in 1941, claimed that he had been an addict from 1925-30, but that he had taken two treatments, one in Quebec, and one in Montreal and that he had not used drugs from 1931-1941.¹¹⁵ Another man claimed that he had started using drugs in 1934, as “a complication of drinking.” He stopped using in 1940, but continued to drink heavily.¹¹⁶

Others indicated that their drug use was less managed. Private Terrence Clark told army officials that “he takes any kinds of drugs he can get. Has been taking Morphine for five years but will take luminal or barbituate when he can’t get morphine. He has no desire to be cured but wants to keep feeling high all the time.”¹¹⁷ Similarly, Thomas McKean told military authorities that he used up to twenty grains per day, a rather large dosage.¹¹⁸ However, users like these may have exaggerated their use in the desire to get out of the army.

The files also provide a glimpse of some of the factors that may have led people to drug use. One Montreal man told military doctors that he had a happy childhood until age 6 when his father developed symptoms of paralysis (due to syphilis) and was unable to work until his death four years later. At that time his mother and sister were both found to have syphilis as well. When he was 14 he had blood and spinal fluid tests, but these were negative. Nonetheless, he reported that these tests made him nervous and reclusive and he stopped school to go to work. He worked for the next seven years until

¹¹³ NAC, RG 29, Vol #544 File #320-4-9 Part 4

¹¹⁴ NAC, RG 29, Vol #541 File #320-3-4 Part 5

¹¹⁵ NAC, RG 29, Vol #544 File #320-4-9 Part 4

¹¹⁶ NAC, RG 29, Vol #544 File #320-4-9 Part 4

¹¹⁷ NAC, RG 29, Vol #544 File #320-4-9 Part 4

¹¹⁸ NAC, RG 29, Vol #541 File #320-3-4 Part 6

he received a small legacy from his grandmother. He spent this in two months and for the next ten months his sister supported him. He then went to work in a foundry, but he had an accident and was discharged shortly after he recovered. He reported that this experience, along with the recollection of his father's and sister's illnesses, "soured him on life" and he began using heroin. This was in the late 1920s. He served several jail terms for theft in the 1930s, and enlisted because he thought that army discipline would cure him of the drug habit. In the army he also tested positive for syphilis. He was discharged in 1942 after serving for more than three years.¹¹⁹

At the end of the war, in 1945, Constable Price of the RCMP did a survey of 52 drug users in Vancouver. From the 45 white addicts, Price determined that the "average" addict was male, 34.8 years of age, and had attained Grade 8 in school. He had worked for 3 ½ years and was first arrested at 21.8 years. He first started using drugs at 21.9 years. He had subsequently been convicted of 8.6 offences including such offences as possession of drugs, breaking and entering, retaining stolen property and vagrancy. He had been sentenced to 5.9 years imprisonment. He had used drugs for 10 ½ years and his habit had been cut from a pre-war figure of 4.45 grains of morphine/day to .78 grains of morphine/day. Price also asked drug users their drug-use preferences and reported that the older the addict was the more likely he was to select smoking opium as his preference (paralleling the trends discussed earlier this chapter.) Price did not indicate how many of his subjects were female, but he did report that all of the women he interviewed were prostitutes, with the exception of a nurse.

Price was hardly an impartial observer, being a member of the RCMP Drug Squad in Vancouver. Nonetheless, he provided some rather interesting case histories. "A" was 42 years old, and Price remarked that he was "well spoken and intelligent." He had been a user for 13 years, and had only quit the habit once. "A" had attended private school, and his home life was comfortable, but his father died when he was a boy. According to Price, "A" believed "the lack of a father's discipline and too much freedom and money" was responsible "for his seeking out of poor companions." He began using at 29 years of age, and since that time had been convicted of nine offences including breaking and entering, living off the avails of prostitution, retaining stolen property and possession of

¹¹⁹ NAC, RG 29, Vol #541 File #320-3-4 Part 6

drugs. "B" was a woman, just 21 years of age. She began working as a prostitute as a young teenager and had been addicted to drugs since she was 17 years old. She was born to Russian parents on the Prairies and came to Vancouver's East End with her father as a child after the mother left the family. Her father worked as a bootlegger and a fence. Her step-mother was a prostitute. Price noted that her attitude to police was "resentful and rebellious."

Price provided little information about his statistical methodology or results, and his case histories were coloured by negative accusations. He referred to "B" for example as a "sullen foul-tongued girl, mentally dull and utterly lacking in any moral sense." This document is thus a very vivid example of the disdain with which police officers treated drug users. Nonetheless, his article also marks a transition. First, Price identified the existence of a growing number of young drug users in Vancouver. This new generational cohort of users would dominate the drug scene in the post-war period, and would experience a world of drug use that was very different from their pre-World War II peers. Secondly, despite his methodological weaknesses, Price's study of drug users was an early example of the far more careful record keeping of the post-war period. Drug users in post-war Canada would be regularly queried and surveyed by a variety of regulators who wanted to find reasons for their use of drugs and who hoped that their investigations would reveal the means by which they could make them quit.¹²⁰

Class and race played an enormous role in determining whether or not a drug user would come to the attention of the state in the years between 1920-1945. Some middle or upper-class white users who obtained drugs from doctors undoubtedly escaped state scrutiny. By contrast, it was very difficult for Chinese drug users, who lived in small and crowded accommodations to avoid the state. Chinese-Canadian communities were intensively targeted for drug enforcement and they frequently found themselves arrested for drug offences and were forced to pay large fines which they could ill-afford or spend time in Canadian prisons. In addition, over 1000 Chinese men were deported to China as a result of drug offences between 1922-1940. Working class white drug users were better off than Chinese users, but the police still did everything they could to counter

¹²⁰ H.F. Price RCMP "The Criminal Addict" Annual Report of the RCMP for the Year Ended March 31, 1946: 73-82

street peddling. When caught, users received long sentences for possession. In the 1930s, as supply declined, some users roamed the country “making doctors.” This was a hard and solitary life, but it was difficult for police to enforce laws against prescribing narcotics, and they often avoided possession charges, although they frequently served time for vagrancy, theft and other offences. Those who continued to buy from the illicit market faced prison terms. Nonetheless, drug users continued to defy the state. Chinese drug users obtained drugs on board ships in Vancouver’s harbour or in Chinese medicines. A regular supply of smoking opium kept coming into British Columbia in the 1920s and 1930s. White drug users pled with doctors, found clever ways of extracting drugs from over-the-counter preparations, and made connections with peddlers.

It became increasingly difficult to obtain drugs between 1920-1945 due to the initial successes of international control, the Great Depression, and increased enforcement in Canada. Patterns of drug use also became much more harmful. Users moved away from the less harmful practices of smoking opium and sniffing heroin and cocaine to the more dangerous practice of injecting opium and heroin. By making drugs increasingly difficult to obtain, the state ensured that drug use became an increasingly central part of users’ lives. Users were forced to devote enormous time attention to obtaining new supplies and had to pay more for these supplies, meaning that it became more and more difficult for them to hold down steady legal employment. A greater proportion of users became involved in criminal activities other than drug use. Moreover, as recreational use declined, users were less likely to learn techniques for managing and controlling their drug use from users who were able to keep their drug use under control. Thus, the number of users was almost certainly smaller, but they were a far more troubled and problematic group. The costs of reducing use were high in terms of drug users’ health, their employment, and their freedom.

Chapter 3: “Hypes”: Drug Users 1945-1961

Drug use in post-war Canada was an extremely risky activity. Due to the tight control over narcotic prescriptions and the vigilant policing of the illicit market, it was almost impossible to be a drug user in the late 1940s and 1950s and not come to the attention of narcotic authorities. Surveillance over drug users was more carefully and successfully maintained than ever before or ever since. Minimum sentences for possession were six months, and sentences of 2 years were not unusual for repeat offenders. Steady users often spent more time in jail than outside of it.

Nonetheless, people continued to use. The majority of users were extremely troubled people with sad histories of poverty, family violence and limited opportunities, who eased the pain of their daily lives with heroin. This chapter will explore the tragic personal circumstances that led many to drug use, but will also show why many users found heroin use to be an exciting way out of the difficulties of their lives. The people who used heroin in post-war Canada led bustling lives, especially in their first few years of drug-use. As prostitutes and peddlers they made large sums of money, far beyond what they could ever earn on the legal job market. In many respects, drug users were rebels who resisted nuclear family norms and refused to give up their labor for the benefit of the bourgeoisie. They formed part of a “street culture” that was sometimes supportive and caring and sometimes violent and abusive, but was always recognizable as an alternative community and way of life.¹ Young people were attracted to this community because heroin and its associated lifestyle was a powerful and exciting act of defiance as well as a way of forging community, forgetting problems and creating identity.

It is tempting to celebrate heroin users as underclass heroes who resisted the gender norms and the exploitative work ethic of the conservative post-war era. However, as Stanley Cohen cautioned in reference to the work of the Birmingham school of cultural studies: “the dangers of romanticism, though, are always present - particularly in the

¹ Edwin Sutherland first raised the idea of “embeddedness” in 1947. In other words, most criminal behavior is learned through association with other people who violate the law. John Hagan and Bill McCarthy Mean Streets: Youth Crime and Homelessness (Cambridge: Cambridge University Press, 1997): 135-157 Hagan and McCarthy also point out how street youth form “street families” – groups of young people who help other people in the group find food, shelter, and emotional support.

political form which seeks to elevate delinquents into the vanguard of the revolution.”² Structural inequalities, poverty, unhappiness and violence lay behind problematic and often self-destructive patterns of substance use and most drug users did not participate in any kind of organized political resistance.

The contemporary ethnographic literature on heroin addiction has tackled the themes of structure, agency and individual responsibility. Researchers initially emphasized drug users’ inadequate personalities as reasons for their drug use. Isidor Chein, for example, in The Road to H (1964) argued that all addicts “suffer from deep-rooted, major personality disorders....they are not able to enter prolonged, close friendly relations with either peers or adults; they have difficulties in assuming a masculine role; they are frequently overcome by a sense of futility, expectation of failure, and general depression; they are easily frustrated and made anxious; and they find both frustration and anxiety intolerable.”³ In recent years, ethnographers have shied away from a purely psychological interpretation of drug use, although it remains popular among psychologists and other treatment professionals.

The first to counter the psychological interpretation were Edward Preble and Dan Casey in their 1969 article “Taking Care of Business”, which asserted that heroin users they studied in New York in the 1950s and 60s were not withdrawn and dysfunctional. Instead, they claimed, they “are actively engaged in meaningful activities and relationships seven days a week. The brief moments of euphoria after each administration of a small amount of heroin constitute a small fraction of their daily lives. The rest of the time they are aggressively pursuing a career that is exacting, challenging, adventurous, and rewarding. They are always on the move, and must be alert, flexible

² Stanley Cohen: Folk Devils and Moral Panics 2nd Edition: xxvii

³ Isidor Chein et al The Road to H: Narcotics, Delinquency and Social Policy (New York: Basic Books, 1964) See also: Bingham Dai Opium Addiction in Chicago (Montclair N.J.: Patterson Smith, 1970) Dai’s book was originally published in Shanghai in 1937, but because copies were destroyed in shipment it did not come to much attention in the United States until it was reprinted. Chein’s psychological approach is mirrored today in a vast literature that attempts to explain why people become addicted to drugs. Many complex models including both behavioral and neural mechanisms have put forward to explain addiction See Ian Stolerman “Drugs of abuse: behavioural principles, methods and terms” TIPS Reviews May 1992 (13): 170-176 and Jim Orford Excessive Appetites: A Psychological View of Addictions (Chichester: John Wiley and Sons, 1985)

and resourceful.”⁴ Preble and Casey’s work spawned a large ethnographic literature that emphasized drug users’ adaptability, skills and talents.⁵ This work provided an important corrective to the theory of psychological inadequacy. However, it did not pay sufficient attention to the social structures or the suffering that lay behind high rates of substance use.

In 1995, Philippe Bourgois published In Search of Respect: Selling Crack in El Barrio, a study of crack users and sellers in East Harlem. Bourgois combined a structural perspective with the insights of cultural production theory. The book discussed the misery and violence of life in the inner city, but firmly placed the blame for these problems on social and racial inequality. Bourgois also paid careful attention to oppositional cultural formation in the inner city. He regarded culture as a site of resistance and self-esteem without ignoring the self-destructiveness and familial suffering caused by drug use.⁶

Based in social history rather than ethnography, this chapter nonetheless traces similar themes. For marginalized young people in post-war Canada, heroin use was an important site of oppositional identity formation. Young “rounders”⁷ (delinquents) looked up to older users in prison and on the street, partly because drug users had a strong sense of community and a reputation for being hardened “cons.” Becoming a heroin user

⁴ Edward Preble and John J. Casey Jr. “Taking Care of Business – The Heroin User’s Life on the Street” The International Journal of the Addictions 4(1) March 1969: 1-24

⁵ See: Alan Sutter “Worlds of Drug Use on the Street Scene” in Donald R. Cressey and David A. Ward eds. Delinquency, Crime and Social Process (New York: Harper and Row, 1969). Michael Agar Ripping and Running (New York: Seminar Press, 1973), Bill Hanson et al eds Life with Heroin: Voices from the Inner City (Lexington: D.C. Heath and Company, 1985), Bruce Johnson et al eds Taking Care of Business: The Economics of Crime by Heroin Abusers (Lexington: D.C. Heath and Company, 1985), Charles Faupel Shooting Dope: Career Patterns of Hard-Core Heroin Users (Gainesville: University of Florida Press, 1991), Richard Stevens The Street Addict Role: A Theory of Heroin Addiction (New York: State University of New York Press, 1991)

⁶ His approach is similar to that of Robin Kelley’s in Race Rebels

⁷ According to Barron H. Lerner “rounders” in early 20th century Seattle were people who “who made the rounds of a particular community, living in lodging houses but frequently requiring admission to hospitals or jail.”: 29 Contagion and Confinement: Controlling Tuberculosis along the Skid Road (Baltimore: John Hopkins University Press, 1998) By the mid-twentieth century in Vancouver and Toronto rounders were people who were involved in criminal activity.

allowed young ‘rounders’ to identify with a group that was regarded as the most rebellious and in many ways, the most cohesive group, in Canada’s prisons.⁸

Heroin consumption was transgressive in several ways. First, heroin was a banned substance with a frightening reputation. Secondly, heroin users used hypodermic needles, a piece of medical equipment over which doctors were keen to maintain professional control.⁹ The most frequently published image of heroin use in the period showed an older user, sleeve rolled up, tourniquet around his arm, injecting himself with a needle.¹⁰ Non-users were not the only ones who fetishized the needle; users called themselves “hypes,” indicating that their identity was built, in part, on the use of the hypodermic needle. One user said “putting the needle in my vein fascinates me.”¹¹ Another reported that during withdrawal, he dreamed of giving himself a fix with a huge syringe, nearly as big as his arm.¹² Numerous cultural theorists have argued that in consumer societies, consumption becomes a way of defining identity.¹³ Heroin users defined themselves, and were defined by others (albeit in different ways), on the basis of their transgressive consumption.¹⁴

This chapter focuses heavily on the day-to-day lives of drug users in the period after World War II. It examines drug users’ romantic relationships, their interactions with their families and communities, their work records, their criminal involvement, their living conditions, and their patterns of drug use. Drug users were a small and fairly homogeneous group. Drawn largely from the ranks of young people who had spent time in juvenile institutions and foster homes, they formed a distinct community. By

⁸ Claude Brown describes a similar process in 1950s Harlem in his autobiography Manchild in the Promised Land (New York: Macmillan, 1965)

⁹ Dan Malleck “Refining Poison, Defining Power: Medical authority and the creation of Canadian Drug prohibition laws, 1800-1908” PhD (History) Queen’s University 1998: 48-98

¹⁰ Image itself came from the film “The Drug Addict” produced by the NFB in 1948.

¹¹ Stevenson: 141

¹² Stevenson: 320

¹³ See John Fiske Understanding Popular Culture (Boston: Unwin Hyman, 1989), Jackson Lears Fables of Abundance: A Cultural History of Advertising in America (New York: Basic Books, 1994)

¹⁴ Dick Hebdige’s excellent book Subculture: The Meaning of Style (London and New York: Methuen and Company, 1979) shows how subcultures use simple objects such as safety pins, or a tube of Vaseline, to display resistance. Users transcribed heroin with very different meanings from non-users.

exploring this community, this chapter will show something of the lives of people who inhabited the margins of Canadian society in post-war Canada.

There were probably fewer than 4 000 steady users across the country in the period between 1945-1961. In 1949, the Department of National Health and Welfare estimated that there were approximately 3 500 known “addicts.”¹⁵ Yearly estimates by the Department for the years between 1954 and 1961 ranged between 3 000 and 3 500.¹⁶ Of course, there may well have been many more users who escaped detection, especially people who used only occasionally. Current day attempts to accurately assess the number of drug users including surveys, overdose death reports, police reports etc. often come up with different results. It was the same in the post-war period. Estimates provided by the Vancouver City Police were much higher than the estimates provided by the Division of Narcotic Control. (In 1955 the Vancouver City Police estimated that there were 1 500 “criminal addicts” in Vancouver. The Division of Narcotic Control estimated that there were 1 101 “criminal addicts” in all of British Columbia.)¹⁷ Part of the problem stems from the fact the various authorities had different determinations of which users should be labeled addicts. Many people use drugs irregularly. The Vancouver City Police reports likely included a wider variety of people who had ever used heroin while the Division of Narcotic Control included a more committed group of users. Given my sources, this chapter focuses more on long-term users. However, the social work case records, in particular, as well as the occasional file from the Division of Narcotic Control, reveal people who used only occasionally.

In the late 1940s and 1950s, most drug users seem to have lived in either Vancouver or Toronto. Between 1946-1961, more than 50% of all narcotic convictions took place in Vancouver while another 24% took place in Toronto. The demographic

¹⁵ Annual Report of the Department of National Health and Welfare for the year ended March 31, 1949: 53

¹⁶ See Annual Report of the Department of National Health and Welfare for the year ended March 31, 1962: 20. In 1959, for example, the Department of National Health and Welfare estimated that there were 3412 addicts in Canada including 320 people who were taking narcotics because of a medical condition, and 134 “professional” addicts. “Professional” addicts were usually doctors, although they sometimes included pharmacists, veterinarians, and other professionals. Annual Report of the Department of National Health and Welfare for the Year Ended March 31, 1959: 94

¹⁷ Stevenson: 412-3

concentration increased over time. From 1946-1956, over 60% of all narcotic offenders lived in either Vancouver or Toronto but from 1956-1961 more than 80% of all narcotic offenders lived in one of these two cities.¹⁸ As already mentioned, convictions are a better indication of policing practices than they are of drug use. Nonetheless, although there were always users outside of these two main centres, most drug users who bought their drugs from street peddlers (as opposed to doctors) seem to have had some contact with the drug-using community in one of these two cities.

Some users in the post-war period were people who had been using since before the war and had experienced the life of the transient, doctor-shopping addict of the 1930s. When supplies regularized after the war, many of these users settled into Vancouver or Toronto and began buying their supplies almost exclusively from the illicit market. There they were joined by a new generation of users who first began to emerge late in the war. Although these users were similar to the older generation of users in that they were primarily working-class or underclass, there was an important difference. Far more of these users were female. (See Chart 3) Until 1937, female drug offenders consistently represented less than 10% of people convicted under the Act. By 1946, 21% of people arrested for a narcotic offence were female, and by 1961, 37% of people arrested for a narcotic offence were women. The presence of women changed the economic infrastructure of heroin-use since many women were successful prostitutes, who supported their partners' habits as well as their own.

Like the transient users of the 1930s, users in the post-war period were primarily white. The Dominion Bureau of Statistics stopped publishing racial statistics in 1947, but my analysis of the case files of the John Howard Society (JHS) and the National Archives shows a vast predominance of white users. At the National Archives 2% of my case file subjects were African-Canadian, while one case file concerned an Asian user and two concerned Aboriginal Users (1.2%). At the John Howard Society in Vancouver, 4% of the drug-using clients were Aboriginal, 2.5% were African-Canadian, and 2.5% were Asian. The differences between the two sets of case files have to do with West-Coast differences (there are proportionally more Asians and Aboriginals on the West Coast), as well as the relatively small sample sizes. The very small number of non-white users

¹⁸ Dominion Bureau of Statistics Annual Reports of Criminal and Other Offences

meant that there was no separate community for users who were racial minorities. Racial minorities intermarried with white drug users, and spent their time on the street in the companion of white users. This differed significantly from the United States, where heroin users were often drawn from members of ethnic and racial minority groups.

The Changing Drug Market

In the immediate post-war years, drugs (usually morphine) were supplied primarily from the licit market through robberies. An RCMP report indicated that in the months of June, 1945 seven drug stores in Vancouver experienced robberies or attempted robberies. In one case the robbers were able to steal the safe containing all of the store's narcotics, and in another they successfully blew the safe.¹⁹ In 1946, there was a break-in at the Anglo-Canadian drug company in Oshawa. According to police, drugs worth nearly \$500 000 on the illicit market were stolen. One man arrested in Winnipeg had 10 000 tablets in possession when arrested.²⁰ The RCMP indicated that non-users, who realized that stolen drugs were highly lucrative, often committed the robberies. However, as the illicit market gathered steam after the war, break-ins declined, and by early 1949 the RCMP reported that the bulk of narcotics on the illicit market entered the country illegally.

On the West Coast, opium use remained common in the years immediately after the war. However, this did not last for long. By 1948, the use of opium was practically non-existent. It was replaced by heroin, which first re-appeared on the West Coast just after the end of the war. (See Chart 9) This was Mexican Brown, an inferior type of heroin, which was brownish in colour. The first seizure of high quality heroin was made on the West Coast in December 1948. By the 1950s, only high-grade "white" heroin was available. Heroin had been common in Winnipeg, Toronto and Montreal before the war, but it seems to have been a rarity on the West Coast where opium remained the dominant drug. Nonetheless, users adapted quickly. The habit of injecting smoking-opium had all but disappeared by 1946, and West-Coast users responded with enthusiasm to the white

¹⁹ "B&E from Drug Stores" July 4, 1945 in NAC, RG 29, Vol #544 File320-4-9 Part 6

²⁰ Annual Report of the Royal Canadian Mounted Police for the Year Ended March 31, 1947: 25

heroin that replaced Mexican Brown. Not surprisingly, this initially led to an increase in overdose deaths. The Division of Narcotic Control reported in 1948 that 28 drug users had died in the past two years as a result of “overdose of Heroin” or “suicide.”²¹

In the pre-war period, most users took a wide variety of opiates including opium, morphine, heroin and codeine, depending first on availability and secondly on individual preference. However, after 1948 the illicit drug market seems to have consisted solely of heroin, although it is possible that this heroin was cut with cocaine. (Interestingly, cocaine by itself was apparently not available.) A former user, John Turvey told an oral history interviewer in Vancouver that in the late 1950s and early 60s the heroin was cut with cocaine.²² Lady Isabella Frankau, who treated a large number of Canadian heroin users in England in the 1950s and 60s reported that “a certain number found that the heroin (the pure heroin prescribed for them in England) lacked the “kick” they needed to keep them working and begged for a little cocaine,” which might indicate that they were used to getting some cocaine in their heroin in Canada.²³ However, provincial analysts never reported that the samples sent to them by police contained cocaine.

The use of marijuana was relatively uncommon. According to Stevenson, very few drug users from the West Coast reported that they had ever tried marijuana.²⁴ Marijuana was only involved in 6 drug offences on the West Coast between 1946-1961.²⁵ In Winnipeg, Toronto and Montreal where marijuana was more common, users may have started with that drug.²⁶ However, marijuana was the substance seized in only 2% of all drug arrests in Canada in the years between 1946-1961. This may have been a question

²¹ Annual Report of Canada under the Convention for Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs of 13 July 1931 for the Year 1948 in NAC, RG 29, Vol #592 File 322-5-3 Part 5

²² “John Turvey” in Jo-Ann Canning-Dew ed. Hastings and Main: Stories from an Inner City Neighborhood (Vancouver: New Star Books, 1987): 150

²³ Alcoholism and Drug Addiction Research Foundation of Ontario Proceedings of the Conference on Narcotic Addiction Niagara Falls Ontario February 21-24 1963 (Unpublished document available at Robarts Library, University of Toronto)

²⁴ Stevenson reported that very few of the subjects he studied “have ever seen marihuana and fewer still have used it.” Stevenson: 128.

²⁵ Dominion Bureau of Statistics Annual Reports of Criminal and Other Offences

²⁶ The Police and the Department of Health regularly claimed that there was no problem with marijuana in Canada, and in fact there were few seizures of the drug during this time period. There were 120 drug offences involving marijuana in Canada between 1920-1961 Dominion Bureau of Statistics Annual Reports of Criminal and Other Offences

of enforcement. The few marijuana users listed in the case files of the Narcotic Division were much better off, financially and socially than the heroin users.²⁷ It may be that marijuana use was more widespread than statistics indicated, but that it was used primarily by a more “respectable” class of users, who were not subject to the same kind of police surveillance.

Heroin was almost always injected. A few drug users took “skin shots”, meaning that they injected it subcutaneously. Most, however, “mainlined”, meaning that they injected the drug right into the vein. Drug injecting equipment was described as “an outfit”, which generally consisted of an eyedropper, hypodermic needle, a gee and a spoon. The contents of a capsule and some water were placed in a spoon, which was then heated to help the substance dissolve. The contents of the spoon were drawn into the needle, which was placed on the end of the eyedropper with the aid of a little thin paper or absorbent cotton (the gee). To shoot up, the drug user tied something around his or her arm, and then inserted the needle into a vein and released the contents of the eyedropper into the needle. After use, the syringe was flushed out with water to ensure that police could not analyze it.²⁸ In the United States in the 1950s, renting an “outfit” was one way of gaining money to buy drugs.²⁹ In Canada, “outfits” were legal, and single drug users were sometimes arrested with more than one outfit. However, it was common practice for users to share outfits, probably because one outfit was easier to clean, hide or throw away if the police broke down the door.

Most drug users bought their drugs from peddlers. Being a peddler was not a steady job, partly because it was frequently interrupted by prison terms, as well as disruptions in supply and problems with dealers. Many users, especially men, peddled occasionally. In Vancouver, where most users lived in residential hotel rooms, peddlers often congregated in the cafes and beer parlours at the corner of Hastings and Columbia. The Broadway Beer Parlour seems to have been the most popular place to buy drugs, but

²⁷ File NAC, RG 29, Vol #3345 File #327-D-220 involved four people who used marijuana, including a professional football player and an airline hostess. The other three case files that indicate marijuana use were also heroin users and were more representative of my case files in general. See: NAC, RG 29 Vol #3340 File #327-S0144, Vol #3345 File #327-B-400 and Vol #3345 File #327-G-243

²⁸ Stevenson: 139-40

²⁹ Jeremy Larnier ed. The Addict in the Street (New York: Grove Press, 1966)

the White Lunch, the New Zenith Café, the New Fountain Hotel Beer Parlour, the Common Gold Café and other locales were also common. The “corner’s” reputation was so well-known that a 1958 *MacLean’s* article touted that “the Vancouver papers – one cannot tell whether in pride or protest – claim that the intersection of Columbia and Hastings, where most of this trafficking is carried on, is Canada’s most notorious underworld rendezvous. In any case, it is a fact that as far east as Montreal the drug racket knows this spot simply as the Corner, and makes sure nobody undersells anybody.”³⁰

In Toronto, drug peddlers were more likely to sell out of their homes and apartments and on the street. Nonetheless, the drug trade was centered at the “corners” of Jarvis and Dundas, especially around Shuter and Mutual streets. In Vancouver, sellers generally staked out a location and sold to small numbers of users at a time, whereas in Toronto the practice of arranging “meets” with a large number of addicts seems to have been more common. In Montreal, the drug trade was much smaller, but appears to have been in the same location as it was in the 1920s, at the corner of St. Catherine and St. Urbain. In all locations sales were made as secretly as possible. Peddlers only sold to known users and they took many precautions to avoid detection by police. In 1955, Edwin Brakefield-Moore, officer in charge of the RCMP in Montreal reported that: “the peddler, although greedy for money, will not do business with an unknown person for fear that he is connected with the police.”³¹

The most detailed purchases are described by undercover police officers that managed to integrate themselves into the drug-using community. In the spring of 1957, an undercover officer in Vancouver successfully made a series of purchases from Larry J., a twenty-four year old drug user. The undercover police officer needed to be introduced by another user and as an additional precautionary measure, Larry J. gave the drugs to another user rather than deal with the undercover officer directly.

Over the course of the undercover operation, the police officer made purchases from Larry J. in a number of downtown eastside cafés, restaurants, and beer parlours. Eventually, he was able to make purchases on his own without the assistant of an

³⁰ “Hastings Street” *MacLean’s Magazine* March 1, 1958: 38

³¹ Report of the Special Senate Committee: 399

informant. Larry J was not a “big-time” peddler, and on at least one occasion over the course of the undercover operation he needed to score from another peddler to meet his own needs. On May 21st, Larry J was found to be in possession of a drug and was sentenced to ten months imprisonment. He was later sentenced to 10 years for the sales he made to the undercover officer.³²

It was less common for female users to peddle, but there were a few. Sally H. served her first term for possession in Vancouver in 1949 at eighteen years of age. In 1951, a police informant introduced her to Cst. G, who was working undercover. Together G. and the informant made several purchases in the Blue Eagle Café, a snack bar on Main St, the Lotus Café, and in a car. She was sentenced to three years imprisonment. She was released in June 1954 but just over a year later, the RCMP reported that she was selling drugs from her home in Toronto. When the police entered her home one night after midnight, they caught Sally H. trying to flush 45 capsules of heroin down the toilet. She was sentenced to four years and released in September 1958. Police in Toronto reported that she was peddling again in May 1959 but they were unable to acquire sufficient information to lay a charge. In July she was found guilty of possession after her home was raided and police found four capsules. Given her record, Sally obviously found peddling a more attractive option than prostitution, despite all of the time she spent in jail as a result.³³

Peddling could be lucrative, but it also had certain dangers. After the Narcotic Drug Act was amended in 1954, peddlers faced prison terms of up to fourteen years. Moreover, at its higher levels, the drug trade could be extremely violent. In the mid-1950s, rivalry between rival factions in the illicit drug trade became hot news with the gun whipping of Alfie Pais, the murder of Danny Brent, the attempted murder of William Seminick and the attempted murder of Jacob Lenhardt.³⁴ These people were higher-up non-users but drug-peddling users could also get themselves in trouble. In October, 1955 Ernest S. was let out on \$10 000 bail on a charge of distributing drugs. Ernest S. absconded when rumour got out that he was a victim of a narcotics gangland and was

³² NAC, RG 29, Vol #3342 File #327-J-154

³³ NAC, RG 29, Vol #3340 File #327-H-156

likely "at the bottom of Trout Lake." His bondsman offered a reward of \$1000 dead or alive.³⁵ Similarly, an addict robbed Nick A. in his home when Nick A. was peddling. When police conducted a raid two days later, he struck one of the police officers with a pipe, believing that he was being strong-armed again.³⁶

Heroin was sold in gelatin capsules. The heroin was cut with sugar of milk and other substances, and a capsule generally contained between 1/10 of a grain to slightly more than full grain of heroin³⁷, although of course this varied. Individual capsules of heroin were usually double wrapped in the silver paper from cigarette packages and users generally carried these capsules in their mouth, so that they could swallow them in the case of being seized by police. Larger numbers of capsules were wrapped in balloons, condoms, or fingerstalls (a piece of latex shaped like a finger). These could also be carried in the mouth, or inter-vaginally, or in a few cases inter-anally. The cost also varied over time and from city to city. In 1952, the RCMP indicated that a one-grain capsule cost \$3 in central Canada, \$6 on the West Coast and \$12 in Edmonton. In 1955, prices generally ranged from \$3-\$5/cap. These capsules were reported to contain only ¼ grain of Heroin. In 1957 prices varied from \$3.50 to \$20 depending on the degree of adulteration and the supply on hand. Most sales were made at \$5 or \$6 per cap.³⁸

Throughout this time, there were some people who managed to obtain drugs through licit channels. In the immediate post-WWII period there were quite a few cases of addiction to demerol, a synthetic narcotic. However, morphine remained the preference of most people who went to doctors for their drugs. People who obtained

³⁴ Annual Report of the Royal Canadian Mounted Police for the year ended March 31, 1955: 19 See McKenzie Porter "The Dope Craze that Terrorizing Vancouver" McLean's Magazine February 1, 1955

³⁵ JHS #9943

³⁶ NAC, RG 29, Vol #3331 File #327=F-33

³⁷ Stevenson estimated that capsules contained 1/10 of a grain: 534. RCMP Annual Reports indicated that caps contained between ¼ grain and 1 full grain. In February 1963 R.C. Hammond, the Chief of Narcotic Control wrote that "it is doubtful if the average heroin addict in Canada is able to obtain a dosage of 1 to 1 ½ grains per day. In fact we are inclined to believe it is much less than this. "Proceedings of the Conference on Narcotic Addiction" Niagara Falls Ontario February 21-24, 1963. A 1959-60 study of heroin capsules seized in Canada determined that 95% of the 229 seizures contained between 24-68 mg of heroin per capsule with a mean of 46 mg. Quoted in Royal Commission on the Non-Medical Use of Drugs Final Report (Ottawa, 1973): 303

doctors were often from more privileged class backgrounds. Many of them were doctors, nurses or wives of doctors, but a few were middle or working class people who were able to persuade doctors that they had a medical condition that required the use of narcotic drugs. June W. first came to the attention of the Department of Health in 1936 for obtaining prescriptions from multiple doctors. This woman had a history of kidney ailments and used the scars from her kidney operations to persuade doctors of the legitimacy of her complaint. In 1947 she came to RCMP attention again for false pretences in Thessalon and Sault Ste. Marie. She received very small amounts of morphine from several doctors in Sault Ste. Marie. However, the report from a doctor who treated her in hospital indicated that her dosage was quite limited, and was not considered to be enough to satisfy the wants of an addicted person. Moreover, in jail she exhibited no signs of withdrawal. In 1950 she was under investigation again and this time she appears to have been more successful at acquiring a supply of drugs. She was sentenced to two years for theft soon thereafter and she was never charged with a drug offence. Two years later she successfully obtained drugs from a series of doctors in Colborne, Brighton and Coburg. The RCMP did not press charges as all of the doctors felt that her kidney complaint was legitimate and she was soon thereafter sentenced to 18 months for theft. In 1955 she was living in Mildmay ON and several people there believed she was an addict. When the city police arrested her for forgery and uttering, they called in the RCMP to investigate possible ONDA violations. Although she continued to visit doctors, there was no evidence of a violation of the ONDA and the case was closed.³⁹

Albert B. was even more successful at obtaining drugs from doctors. Albert B. was a former used-car salesman who began selling advertising after he moved to British Columbia in the mid-1950s. He seems to have been quite persuasive, and he told police and doctors a variety of stories about the origins of his addiction. In 1954 a doctor wrote to the department "this chap is not the usual type of addict, who is on the borderline of the underworld, or even deep in it, but is considerably superior to the average victim." In 1955 he began getting prescriptions from a doctor in Kamloops. Because Albert B.

³⁸ RCMP Annual Report for the year Ended March 31, 1952; RCMP Annual Report for the Year Ended March 31, 1955; RCMP Annual Report for the Year Ended March 31, 1957.

continued working and expressed a strong desire to be cured, the department was quite lenient, and the doctor in Kamloops continued prescribing for him until 1959 when Albert B. was convicted of altering prescriptions and sentenced to six months imprisonment.⁴⁰ People like Albert B, and June W., who did not fit the stereotype of young, working-class “rounders” and had good persuasive skills, had a much better chance of obtaining drugs from doctors than a drug user from the downtown eastside of Vancouver.

Starting Drug Use

Contrary to the stories repeated in the media, there is no indication that drug users, or even drug peddlers, tried to recruit new users. One Vancouver addict told a prison classification officer that she started to use drugs in 1958 when she was 18. Many of her friends were users and she was curious. A friend agreed to get her some. She told the officer that this was the only way you could obtain drugs - “it was useless to try unless you knew someone who could get them for you, until you became well-known enough yourself.”⁴¹ The Executive Director of the John Howard Society of Ontario told a conference of people concerned about the drug problem that: “Any of us sitting here could not go and buy drugs at Jarvis and Shuter tonight if we tried with a thousand dollar bill in our hand.”⁴² Undercover police officers discovered the same. It was almost impossible for them to make purchases until they had established themselves as members of the drug using community.

As a result, drug users almost always had close friends, lovers or family members who were users. Theodore C. said that he first started using drugs as a result of having an addicted roommate while living at Powell River, BC when he was first away from home.⁴³ Mary T. told a JHS social worker that she married a drug user and started using

³⁹ NAC, RG 29, Vol #3331 File #327-S-77

⁴⁰ NAC, RG 29, Vol #3346 File #327-B-271

⁴¹ JHS #15841

⁴² Proceedings of the Conference on Narcotic Addiction Niagara Falls Ontario February 21-24, 1963: 42

⁴³ JHS #14420

soon after their marriage.⁴⁴ In fact, the close-knit nature of the Vancouver drug-use community becomes clear when one sees the remarkable number of drug users who had family members who were also users. Richard D. first appeared at the John Howard Society office in 1942 in the company of his father, John D., who was a drug user. Richard was 20 at this time and he and his father were suspected of committing several robberies. His mother, who died three years earlier, was also a drug-user and a prostitute. As a teenager Richard worked for several months for a fisher who couldn't pay him because he was addicted to some sort of cough medicine. (He was a former drug addict.) The records do not indicate when Richard began using, but he had a drug charge against him dismissed in 1945 and he was convicted of a drug offence in 1948.⁴⁵ One young woman who spent her childhood in foster homes lived with her father for the first time when she was 15-16 years old. Her father had been a drug user for many years, and she claimed that she supported her father's habit by prostitution. Her mother was also a drug user and was incarcerated in Kingston.⁴⁶ Rick H.'s father was reported to be a well-known drug user and pimp who sold prescriptions occasionally.⁴⁷

Far more frequently, siblings used. The Brewster family consisted of four boys, at least three of who were drug-users. Two of the brothers married women who were also users, meaning that the John Howard Society, as well as other social agencies had a long history of involvement with this family.⁴⁸ One aboriginal user, Raquelle R. claimed that she had been off drugs for a year when she moved back home, and her drug-using brother, who was also living at home, got her started again.⁴⁹ Kevin G. started using in the late 1920s. His much younger brother, Chuck G started more than a decade later. Kevin's long-time wife May was also a drug user. Gretchen R. and her brother both started to use drugs around the same time in the late 1950s.⁵⁰

Drug users began young, although they were often not arrested immediately. (See Charts 10 and 11) A study of 400 consecutively convicted drug users at Oakalla

⁴⁴ JHS #16132

⁴⁵ JHS #5825

⁴⁶ JHS #14730

⁴⁷ JHS #7242

⁴⁸ JHS #15953 JHS #6484, JHS #13544, JHS #7961, JHS #8445

⁴⁹ JHS #12112

⁵⁰ JHS #14822

determined that 46% began using before they were twenty years old, and another 32% began between the ages of 20 and 24.⁵¹ Women often began even younger than men did. The files from the John Howard Society, most of which date from the post-war period, show that women began using on average three years earlier than men. The average age for women to start using was 19, for men it was 22. Some users began very young indeed. One woman reported that she started using drugs at 13, but only became “wired” (physically addicted) at 15. She served her first sentence for possession at Oakalla at 17.⁵² Another very young drug user started soon after being released from the Girls’ Industrial School at 15. At 16 she was serving her first sentence for possession in Oakalla Prison Farm.⁵³ Although it was less common, there were also a few men who started when they were quite young. Ross D. started at 15 or 16 years of age.⁵⁴ Stephen C. also started at 15 years of age, well before he attended the Boys’ Industrial School.⁵⁵

Most drug users came from economically disadvantaged backgrounds. A study of drug users at Oakalla Prison farm in the mid-50s found that only 1/3 of drug users grew up in homes that were economically comfortable (which according to designers of the study indicated that these homes had sufficient income and accumulated savings.) Almost 1/4 lived in homes that needed welfare at least some of the time.⁵⁶ The study of consecutively convicted users at Oakalla Prison Farm showed that 55.9% of addicts who were raised in Vancouver grew up in “the deteriorated section” of Vancouver’s East End. In several cases, workers at the John Howard Society noted that clients had been malnourished as children.⁵⁷ This was not surprising since many of the post-war users were born in the late 1920s or early 1930s and had spent their childhood during the Great Depression.

⁵¹ Stevenson: 133

⁵² JHS #12369

⁵³ JHS #13611

⁵⁴ JHS #9513

⁵⁵ JHS #15964

⁵⁶ Stevenson: 41

⁵⁷ JHS #8437 and JHS #16907

The difficulties of poverty often created other familial problems.⁵⁸ Only 42% of drug users at Oakalla said that they had a “satisfactory home life.” Only 40% had both parents alive and in their home to the end of their school years.⁵⁹ Over 30% reported that their father’s outstanding characteristic was “overly aggressive, quarrelsome, irritable”, while another 10% complained that their father’s outstanding characteristic was “alcoholic.”⁶⁰ The case file records show that many drug users had extraordinarily troubled lives. Sharon M., for example, was adopted when she was ten months old, lived with the family until she was 9, and then placed with the Convent of the Good Shephard until she was 12. She kept running away from the convent and back to her foster home. She was then placed in the Girls’ Industrial school, where she set an Industrial school record by going AWOL 68 times. She was released from the Industrial school just after her sixteenth birthday. She started using drugs when she was twelve years old.⁶¹

Cameron G. told penitentiary officials that his parents separated when he was seven years old. His father was reported to be a steady drinker and a stern disciplinarian. When his parents separated he and his two brothers went to live with his father and he went to live with his aunt. Cameron reported that his aunt was excessively strict. He first appeared in juvenile court when he was thirteen. When he was fifteen, his aunt’s father became ill and because of the expense, he was given to the Children’s Aid Society who sent him to a ranch north of Edmonton. When he was sixteen, he said that one of the welfare agents advised him to join the army and made arrangements for him to meet the recruiting officer. The welfare agent apparently told Cameron to tell the officer that he was eighteen. In less than a year he was wounded by shrapnel in his left side which affected his lung. He also contracted venereal disease. He was returned home and honourably discharged at 18. He started using sometime thereafter.⁶²

Aboriginal users often faced additional hardships created by discrimination. Like many aboriginal women of her generation Kitty H. grew up on a reserve, surrounded by

⁵⁸ A large body of research has shown a link between socio-economic status and family violence. John Hagan and Bill McCarthy Mean Streets: Youth Crime and Homelessness (Cambridge: Cambridge University Press, 1997): 56-63

⁵⁹ Stevenson: 42

⁶⁰ Stevenson: 32

⁶¹ JHS #16077

⁶² JHS #9799

heavy drinking.⁶³ Her mother died in a drunken brawl when she was 4-5 years of age and her grandparents took her in and raised her with their own children. Her grandmother had arthritis as well as a serious drinking problem and Kitty became a skilled home-brew maker as a child. Kitty had TB from ages 9-14 and started drinking heavily herself while she was in her early teens. Her grandmother was very demanding when drunk, and Kitty finally ran away from home, and eventually started taking drugs. She was sent to the Girls' Industrial School, and then returned to the reserve, but said she was never accepted after her jail sentence. Kitty told her social worker that: "she takes drugs when she is depressed."⁶⁴ Separated from her family and from her community, with a long history of loss and abuse, it was not surprising that Kitty would often be depressed.

Many users had experienced physical or emotional violence. One John Howard Society client reported that one of his first memories was his step-father taking him down to the basement and beating him with a 2 by 4. Although he was only 26 at the time, he claimed that he hadn't seen his parents in 8 years.⁶⁵ William W. reported that his father did time in Oakalla for assaults on both he and his brother. Eventually, when the boys were found living in a shack inadequately clothed and fed, they were committed to the Children's Aid Society.⁶⁶ Johnny R. reported that his mother and father fought a great deal, that his father abused him and his mother, and that his mother was always so emotional that he couldn't talk to her. "Under narcotics," he confessed "I don't worry about nobody screaming about anything – dad used to be always screaming."⁶⁷

Despite the fact that most users seem to have had difficult childhoods, few provided this as a direct explanation for their drug use. Instead, most users reported that they started using out of inquisitiveness. Pat D. told a social worker that she started using out of curiosity, and that she did not go into it blind as she had known many addicts.⁶⁸ When asked why they had first started using, over 90% of users in the Oakalla Prison Farm study indicated that "curiosity and desire for a new thrill," was at least part of the

⁶³ The community breakdown caused by residential schools, displacement from their land, and missionization is well-known. See: Jim Miller Skyscrapers Hide the Heavens: A History of Indian-White Relations in Canada (Toronto: University of Toronto Press, 1989)

⁶⁴ JHS #11721

⁶⁵ JHS #10895

⁶⁶ JHS #5981

⁶⁷ JHS #13705

reason they started using. Eighty percent added that it was because they had been associating with addicts.⁶⁹ Sixty-eight percent of users in the Oakalla Prison Farm study said that they had seen someone else take a fix before they first tried heroin.⁷⁰ While knowing other users was important, and curiosity was a necessary ingredient, these explanations fail to account for the fact that most of the people attracted to drug use were highly disadvantaged members of society. Curiosity may have led them into drug use, but depression, poverty, and bad memories often kept them using.

It often took a long time to develop a regular drug habit. Twenty-one year old Rodney M. started using one-third of cap on weekends in the mid-1950s. He stayed at this level for two years before increasing. He was first arrested four years later when his habit hit 2 caps/day.⁷¹ Ron S. was unusual in that he began his drug use in the United States by smoking marijuana cigarettes. When he was deported to Canada in 1947 at thirty years of age he began using Heroin. In his first few weeks in Canada he used 1 cap/day, but he stopped when he began working, and only took occasional shots until the death of his mother in 1953. He then stopped working, began shoplifting, and his habit rose to ten caps/day.⁷² Daisy W. started using drugs at parties when she was fifteen years old. At 17, her family moved to Edmonton and Daisy stopped using for ten months. The following year the family moved back to Vancouver and Daisy began using again. She used heavily throughout the 1950s.⁷³

Some men had their first exposure to drugs while they were in the army. John Turvey recalled from his days on the streets of the downside eastside in the late 50s and early 60s that "a lot of the older addicts were veterans from overseas who got exposed to drugs there."⁷⁴ Small amounts of narcotics were also available in first-aid kits, and some men apparently used these drugs as a hangover cure.⁷⁵ Fifty percent of male drug users

⁶⁸ JHS #13735

⁶⁹ Stevenson: 385

⁷⁰ Stevenson: 131

⁷¹ JHS #13394

⁷² JHS #14887

⁷³ JHS #9348

⁷⁴ Turvey: 151

⁷⁵ JHS #9052 Stevenson: 83

who took part in the Oakalla Prison Farm Study, and who were old enough to serve in World War II, had spent at least some time in the armed forces.⁷⁶

As Howard Becker and subsequent sociologists of drug use have pointed out, first experiences with drugs are not always pleasurable.⁷⁷ Gretchen R. started playing around with drugs at 15-16 years of age. However, her first experiences were not enjoyable, or so she told her social worker. The worker recorded that Gretchen told her that: "she didn't know why the addicts felt they were just floating on the 7th cloud when they were under the influence of narcotics as she had never really felt good yet and the drug made her desperately ill. She claims that really doesn't like it and she really doesn't want it but it just seems to be when she gets under the influence of rounder friends that she is unable to stand on her own feet."⁷⁸ Over 50% of users who took part in the Oakalla Prison Farm Study said that their first injection produced nausea and vomiting, sometimes with prolonged "blackout."⁷⁹ Nonetheless, more than 60% took another fix within a week of the first. To understand why people would continue drug use after an unpleasant first experience, it is necessary to look more closely at the subculture of post-war "rounders."

Drug use was usually part of a long pattern of "deviant" behavior and heroin use was another step in becoming a bonafide "rounder." Most users had already spent time in juvenile institutions or in prison before they started using drugs. Case files from the narcotic division reveal that it was unusual for someone's first conviction to be a narcotic offence, although it was more common for women than for men, perhaps because women often started using when they were younger, and because women earned money for drugs largely through prostitution, which was not always policed very intensively. The Oakalla Prison Farm study indicated that only 22% of male drug users and 43% female drug users had no convictions before they started drug use.⁸⁰ In Vancouver, most people who later became drug users were already hanging out on the "corner" and had come to the attention of police and social workers as juveniles. For example, social agencies reported that one young woman had been problem since she was twelve years old. By fifteen or sixteen she had started to prostitute. At sixteen, a romance failed, she became very

⁷⁶ Stevenson: 56

⁷⁷ Becker: 41-58 Zinberg: 82-134

⁷⁸ JHS #14822

⁷⁹ Stevenson: 135

depressed and started “playing around” with drugs. When her boyfriend returned a few months later, they got married. He was an occasional drug user and a gambler and they both started to use drugs steadily about a year after their marriage.⁸¹ Joe W. first went to the Boys’ Industrial School at eight years of age for theft, and was in Oakalla for car theft at 17 years of age. It is not clear when he started using, but he served his first term for possession in 1957, at 20 years of age. Joe recognized that the subculture of delinquent behavior contributed to his drug use. That year he told a JHS social worker that he “wants to get away from Vancouver where he knows so many people who have been in trouble.”⁸²

In his book, Philippe Bourgois argues that crack selling, and street culture was a way for economically and racially disadvantaged people in East Harlem to achieve respect and prestige in the late 1980s. This was also true for postwar users and sellers. Troy H. grew up in East End Vancouver with his mother and step-father. His father was a fisherman. He joined a gang when he was a teenager, and at 17 he told JHS workers that he was not interested in manual labour jobs or any type of apprentice work and wanted a “Big job with big money” – preferably mechanics. At 18 he was convicted of Break and Enter. By the mid-50s he was using selling and using drugs. In 1955, British Columbia Penitentiary (BCP) officials, in their typical condemnatory “psy” style, described him as having a “cocky, self-assured aggressive front with a well defined generalized hostility towards authority.” In 1956, at twenty-five years old, he was sentenced to fifteen years for possession for the purposes of trafficking. When parole was being considered in 1963, Troy told the parole representative that he needed to pursue a “fast dollar” because it represented “prestige in society.” “He needed this prestige because he never won any of this during his childhood. His childhood days obviously were turbulent because he lost his father, was adopted by his step-father and apparently never treated with any respect by any of his parents. His need for society to give him some respect was a driving force with him for many years. Since he did not possess the skills to achieve well in an honest way, he resorted to illicit means.” At the same time, a JHS worker reported that fellow inmates at BCP saw him “as a big-time

⁸⁰ Stevenson: 113

⁸¹ JHS #11406

trafficker with utter contempt for our judicial procedure” and felt that he would have considerable difficulty staying away from the addict community because of his prestige in their eyes.⁸³ Drug users like Troy H, with their working-class backgrounds and poor education had little chance of achieving respect through legal work. However, among the street gangs and rounders of Vancouver’s downtown eastside, they could garner prestige unavailable to them through any other means.⁸⁴

Some users expressed this quite bluntly. Rebecca S. told a John Howard Society (JHS) social worker that “it is because the person wants to feel part of a group that they usually become an addict.” She said that non-addict rounders were “half baked” rounders and that unless drugs are taken “he or she does not feel part of the group.....and it is because they want this sense of belonging that many of them turn to the use of narcotics.” She added “that to many it was like a game, almost like winning a war, and the war was won when they were able to score and take a fix successfully...it was somewhat this thrill of being able to win....that made the whole idea of using drugs attractive to young teenagers.”⁸⁵ A matron at Oakalla Prison Farm confirmed that the young inmates at Oakalla, were “greatly enamoured of the exciting, glamorous life of the narcotic addict. They frequently aspire to membership in the addict group.”⁸⁶ Within prison, drug-users often occupied high status positions. The doctor at Oakalla, Guy Richmond commented that: “in prisons where the hypes are part of the general prison population there is a tendency for them to acquire prisoner power....At Oakalla the addicts had become a prestigious group and ran many of the basic services. They used to demand payment from fellow inmates for laundering, issue of clothing, and extra food.”⁸⁷ As a result, both users and non-users wanted to keep on good terms with powerful drug users. A John Howard Society social worker commented the addict population was “the most numerous group, they are the most prison-wise group and they supply the inmate leaders who are

⁸² JHS #13386

⁸³ JHS #8270

⁸⁴ Bourdieu would refer to this as “symbolic capital”. See Pierre Bourdieu The Logic of Practice (Stanford: Stanford University Press, 1990) First published in French 1980

⁸⁵ JHS #15098

⁸⁶ Dorothy Mae Coutts “Social Structure of the Women’s Unit at Oakalla MA thesis University of British Columbia, 1961: 58 The physician at Oakalla in the 1950s, Guy Richmond, agreed that “heroin seemed to be a status symbol.”: 54 Prison Doctor (Surrey: Nunaga Publishing, 1975)

⁸⁷ Richmond: 57-8

more-or-less the big wheels in the inmate body.”⁸⁸ The prestige of drug users in the prison body and among rounders in the community made the idea of becoming a drug user attractive to young people who wanted to visibly defy authority and norms.

Establishing a Pattern of Drug Use

The term ‘addict’ conjures up an image of someone whose drug use is out of control and who can not stop using. Over the past twenty years, drug sociologists have questioned this image and many studies have shown that at least some users maintain a level of control over their use and that even the most troubled drug “abusers” have periods of abstinence.⁸⁹ In fact, very few post-war drug users could use continuously for long periods of time. For some, steady drug use was interrupted by prison and gaol terms, as well as the users’ desire to quit. Users used more at certain points of their life than at others, and most users probably experienced periods of more controlled use, and periods of less controlled use.

Drug users made a distinction between “playing around,” getting “wired” and getting “hooked.” “Playing around” referred to occasional use, getting “wired” referred to acquiring a physical addiction, and “hooked” referred to a more serious mental and physical addiction. In 1953, a John Howard Society worker asked Tom P. whether he was using drugs. Tom replied that “I have been fooling around, but I’m not hooked.”⁹⁰ Ian R. told social worker Frank Maley that he was never “hooked,” although in another letter he said that he had been “addicted.”⁹¹ Gretchen R. had been using drugs daily for twelve days when the police picked her up for violating her parole. She told JHS social worker that “she was hopeful that she was not wired.” and in fact she showed no withdrawal symptoms when she was admitted to Oakalla.⁹² Using drugs occasionally was known within the community as “chippy fixing”. A “chippy” was a prostitute, and a “chippy

⁸⁸ JHS #13684

⁸⁹ Norman Zinberg Drug, Set and Setting: The Basis of Controlled Intoxicant Use (New Haven: Yale University Press, 1984) provides an excellent summary of studies of controlled users.

⁹⁰ JHS #5722

⁹¹ JHS #13985

⁹² JHS #14822

fix” was a fix taken by someone who was not addicted. It derived from instances in which a prostitute received a “fix” in return for sexual favours.⁹³

There were many drug users who only used part-time or irregularly and who never acquired serious “habits.” Nellie R. told a social worker that she started using at 19 but stopped for 5-6 years before resuming sporadic use.⁹⁴ Donna A. apparently only used drugs for a brief period in 1956-57, although she continued to associate with addicts, and actually received a possession charge in 1965 as a result of getting her partner a fix.⁹⁵ Louis S. first used narcotics in 1950, however, in 1956, a BCP Classification Assistant wrote: “I doubt whether he ever has really been addicted.” Louis S. was a logger, and appears to have engaged in the common practice of using narcotics while in town, and stopping their use while in the bush.⁹⁶ Another user told a social worker that “she can take them or leave them (narcotics)”. She claimed long periods without using but stated that: “her husband is very dependent on narcotics and could not possibly live without them.”⁹⁷

Even the most dedicated drug users nearly always had periods of abstinence. Of 100 consecutively convicted drug users at Oakalla, only 25 had never quit voluntarily. 43 had stopped using voluntarily on three different occasions.⁹⁸ All reported that they had quit involuntarily as a result of a prison sentence, but this may not have been true. Incarcerated drug users were unlikely to tell prison researchers that they were still using.⁹⁹ People did continue to use while in prison, although it seems to have been only well-placed drug users with trafficking or other connections who could keep up a habit while incarcerated.¹⁰⁰ Drugs were extremely expensive, sentences were long, and

⁹³ Coutts: 268

⁹⁴ JHS #15330

⁹⁵ JHS #56321

⁹⁶ JHS #9277

⁹⁷ JHS #9465

⁹⁸ Stevenson: 145

⁹⁹ Stevenson: 144

¹⁰⁰ Drugs certainly did enter Canadian jails and penitentiaries. See for example: Earl Anderson Hard Place to Do Time: The Story of Oakalla Prison (New Westminister, BC: Hillpointe Publishing, 1993) However, this certainly did not mean that all prisoners had access to drugs at all times. Courtwright et al concur that while drugs were occasionally available in prison in the U.S. at this time, it was unlikely that anyone could keep up a “habit” while incarcerated.

wages received in prison were low. Drug use in prison seems to have been a fairly sporadic activity, at least on an individual level.

People had different reasons for stopping voluntarily. Thirty-two subjects (46%) in the Oakalla Prison farm Consecutive Conviction Study indicated that they quit because they were “‘fed up’ with drug addict life and wished to live a normal life,” 12 (17%) quit to take up regular employment and 11 (16%) quit because of fear of the police and imprisonment.¹⁰¹ Malcolm N. Brandon, head of the narcotic addiction treatment unit in Oakalla Prison farm wrote that most drug users expressed a wish to abstain because they were tired of serving time. He commented: “It seems very difficult to convince them that there should be other reasons for abstaining.”¹⁰² The John Howard Society files indicate that people’s reasons for quitting were complex. Rick H. moved to Victoria in 1961 in an attempt to stop using. In a letter to his social worker, he said “my purpose in coming here.....is to try to straighten myself out with both my family and my own mind.”¹⁰³ Another woman complained (perhaps for the benefit of the social worker) that “taking drugs or alcohol doesn’t really solve problems, you still have your depression left, only after taking drugs you are left with a feeling of guilt which makes your problems worse.”¹⁰⁴ Arnold T.’s main motivation for quitting in 1963 was his fear that he would be charged as a habitual criminal.¹⁰⁵

Periods of quitting were often quite long. Although 41% had quit for six months or less, 23% had quit for between six months and a year and 35% had quit for a year or more.¹⁰⁶ People started using again for a wide variety of reasons. Often a difficult emotional or employment situation led people to return to drug use. However, there also had to be drug availability. In the Oakalla prison farm study 50% of people said started using again after they “returned to Vancouver for holiday or after job ended.” Another 34% said that they had a “strong desire for drugs.” Seventeen per cent said that they were “depressed, lonely”. Personal relationships, especially romantic relationships, were

¹⁰¹ Stevenson: 145

¹⁰² British Columbia Report of Inspector of Gaols 1956-57: BB39

¹⁰³ JHS #7242

¹⁰⁴ JHS #14273

¹⁰⁵ JHS #6095

¹⁰⁶ Stevenson: 146

often a critical influence in abstaining and quitting. However, all important life events played a role in a person's decision.

Rachel B. served two terms for drug possession in Ontario in 1958, but after her release from Mercer she stopped using for several years. Her common-law husband was not a user and this may have helped her abstain.¹⁰⁷ Edward L. began using drugs in the early 1950s (probably 1951 or 1952). However, he regularly worked outside of the city, and during these periods he stopped using. He told his JHS worker that "I didn't have it and I didn't think about it" when he was working out of town. He tried to get his wife to stop using as well, but they both continued and he was arrested in 1953. After serving another term in 1954/55, he decided to quit. He ended his relationship with his wife and began living with another woman who did not use drugs. He got a job, and his case file indicated that he was not using. However, in 1958 he was once again sent to Oakalla on a drug offence. When he was released he quickly found work as a logger, and in his ongoing contacts with the John Howard Society through the early 1960s, there is no indication that he went back on drugs.¹⁰⁸

Some users quit permanently.¹⁰⁹ Ethel O. was a long-time Vancouver drug user who stopped using in 1961-61 and according to social workers managed to stay off.¹¹⁰ Shilpa K. stopped using after a brief flirtation with drugs in 1956-57. By 1960, she reported that: "her interest in drugs is completely non-existent."¹¹¹ Ted. A. started using at 27, out of curiosity. In the mid-50s he got involved in narcotics anonymous and stopped using for a time. He stopped again after serving a penitentiary sentence in 1959-60, but he started using again in less than a year. However, this appears to have been his final period of use.¹¹² The Stevenson study interviewed 14 people who had quit for at least three years and verified their information with police, Oakalla staff and others

¹⁰⁷ JHS #16942

¹⁰⁸ JHS #11550

¹⁰⁹ Interesting discussions of quitting can be found in: Dan Waldorf, Craig Reinerman, Sheigla Murphy Cocaine Changes and Patrick Biernacki Pathways from Heroin Addiction: Recovery Without Treatment Both books found that users do quit permanently without treatment, and that they have a variety of methods for doing so.

¹¹⁰ JHS #14219

¹¹¹ JHS #13824

¹¹² JHS #10466

sources. In keeping with the psychological approach of the Stevenson study, a typical case history read:

Male 27, married, average intelligence. Sixth of eight siblings, none of the others have been delinquent or addicted. Father was a total abstainer but difficult and home life was uncongenial. Mother conscientious and kind. Poor economic circumstances. Completed grade 7 at 15 and quit school to go to work. Early association with delinquents and drug addicts and was in Juvenile Court and Reform school. Used benzedrine at age 16 and a year or so later began the use of heroin, which he continued until age of 22. In spite of drug use had periods of steady employment, but spent nearly five years in Reform School and prison before discontinuing the use of narcotics. Married at 19 to a girl who was well conducted and not a user of narcotics.

Motivation for Discontinuance – Wife told him she would leave him unless he discontinued. He gave up the use of drugs as a result of this ultimatum.

Social Factors Facilitating Discontinuance and Abstinence – (1) Non-addicted, well-conducted wife who has been constantly helpful and provides him with a congenial domestic and home life, (2) advice and assistance from a prison guard who had confidence in him, (3) left Vancouver for several months to get away from drugs and drug addicts, before starting a job in Vancouver, (4) steady employment, (5) avoidance of former delinquent and addicted friends

Subsequent History – Has worked steadily, is proud of his home and ownership of its contents and lives contentedly with his wife and child.

Stevenson also studied how people quit. In the Consecutive Conviction study, 42 had quit “cold turkey”, 22 quit with the help of barbiturates, methadone or alcohol, 14 quit by gradual reduction, 10 quit by going to a drug-free part of the province, and 5 quit in a hospital. Sometimes more than one of these methods was involved.¹¹³ A few users voluntarily committed themselves to prison for the purposes of quitting, but this was quite rare.¹¹⁴

Drug users often had poor work histories, low levels of skill and education, weak relationships with people outside the drug using community, and serious emotional problems. It was difficult to quit using, partly because many drug users found that drugs gave them considerable pleasure and allowed them to forget, if only for a brief time, their

¹¹³ Stevenson: 145. Subjects sometimes combined more than one of these methods at once.

¹¹⁴ Coutts: 158

other problems. Rebecca S. reported that: “if drugs were not illegal she had no desire to give them up, she likes the life, she enjoys the feeling and the greatest pleasure to her in all her life was to be able to coast under the influence of drugs.”¹¹⁵ In the Stevenson study, most users (over 90%) said that they felt relaxed after taking a shot. 76% told researchers that it relieved worry, and 63% said that they felt contented.¹¹⁶ However, it was not love of drug use alone that made it difficult to quit. Drug users who quit felt extremely isolated. The same desire to be part of a group that led many into drug use in the first place made it extremely difficult to leave the world of drug use. Few drug users had much contact with the square johns and they frequently told social workers that they felt uncomfortable with people who did not use. Ben Maartman, the parole officer for the Special Narcotic Addiction Project (SNAP),¹¹⁷ the first parole program specifically for drug users, wrote that for his favourite parolee:

The idea of living with squarejohns was too much – as it was with most of the snappers.....Be that as it may the only way I have ever known a heroin addict leaving his drugs behind is by forming a meaningful relationship in the squarejohn world – particularly with a person of the opposite sex. With old time addicts this is the nub of the problem. It wasn't until I met Benny and the rest of the snappers that it sank into me just what a tremendous problem this was. Despite my previous correctional jobs, for the first time I was beginning to comprehend what it means to be a member of the addict world. It automatically makes all other strata of society as alien as village in Outer Mongolia. Benny, like most of the snappers, was convinced that he was so different from the squarejohn world that he could never fit into it and be accepted by it. Heroin was nothing compared with this problem. The drug was merely the way out from worrying about it.¹¹⁸

Drug users continued to use because their friends used. The busy life of the drug user gave them a focus and a community. Stopping drug use was as much about leaving behind an identity and a community as it was about withdrawing from drugs and their effects.

¹¹⁵ JHS #15098

¹¹⁶ Stevenson: 141

¹¹⁷ SNAP was initiated in 1962.

¹¹⁸ Ben Maartman The Strange Thing about Miracles & Other Stories (Errington BC: Fogduckers Press, 1990): 15 Maartman had previously worked at the John Howard Society.

Some users tried to replace heroin with alcohol and prescription drugs, with varying degrees of success. Michael P. told British Columbia Penitentiary Officials that he stopped using drugs in the early part of 1962 but turned to drinking “and found it much more debilitating.”¹¹⁹ Ron S. was another drug user who alternated between drink and drugs and had served numerous one-week terms for being intoxicated in a public place, as well as several terms for drugs. He also found that “drink makes him ill” and preferred drugs.¹²⁰ Others made the switch more successfully. Alan R. used drugs in the mid-1940s, but did not appear in the records of the Division of Narcotic Control again until 1966, when they reported that he had advanced cirrhosis of the liver.¹²¹ Ben Maartman reported that 13 of the 16 SNAP parolees, who were subjected to drug tests to ensure that they were not using heroin, became “serious problem drinkers, if not out and out alcoholics.”¹²²

Alcohol was not the only drug that acted as a substitute. Heroin users also supplemented their heroin use or replaced it with benzedrine (a type of amphetamine), barbiturates, and methadone. In 1958 William P. of Fort William Ontario paid a visit to the local RCMP detachment. They described him as a “former addict” but he told police that he was again “hooked” and wanted to obtain narcotics through legal means. Police questioned him as to his source of supply, but he refused to say, although he later “made a slip and stated that he had been using ‘poppy’ heads all summer and had now run out of them and was in need of a ‘shot’.” A week later, the RCMP saw him filling a prescription in a local pharmacy. They checked the prescription was checked after he left but it was for barbiturates.¹²³ In March 1958 police in Prince George reported that they had located two drug addicts in possession of a quantity of pills. Norman M. and a female companion said that they had obtained the pills by prescription. They had barbiturates, codeine and methadone.¹²⁴

There were also drug users whose favourite drug was alcohol, not heroin. They used drugs on occasion, but often abstained from heroin for long periods without

¹¹⁹ JHS #17580

¹²⁰ JHS #14887

¹²¹ NAC, RG 29, Vol #3336 File #327-R-24

¹²² Maartman: 28

¹²³ NAC, RG 29, Vol #3334 File #327-P-120

¹²⁴ NAC, RG 29, Vol #3348, File #327-M-391

difficulty. One man drank heavily and used occasionally, but abstained from drugs for years at a time. He died from sclerosis of the liver at 35.¹²⁵ Earl F. drank heavily and went on long binges and experienced periods of alcoholic blackout. He also had some experience of drug use, but this never appears to become a serious problem for him.¹²⁶ These users sometimes turned to heroin because physically it is much less debilitating than alcohol. Others used heroin as an occasional hangover cure. In 1945 John W. testified that he seldom used drugs, but that on the day of his arrest he had been drinking heavily for two days, and used a ¼ grain of morphine.¹²⁷

Social Conditions of Drug Use

Probably the biggest change for drug users in the post-war period was the amount of time they spent in jail. Unless you were a significant peddler or trafficker, it was extremely difficult to use heavily for any length of time and not end up in jail. Many users spent far more time in prison than out of prison. Mary P. was a twenty-eight year old who gave her occupation as “waitress”, although she was almost certainly a sex worker, when she was first convicted of possession in 1952 and sentenced to six months. She already had twenty-one convictions, mostly for vagrancy (prostitution offences). The following year she was convicted of selling drugs and sentenced to three years. She was released in 1955. She was out of prison for less than two years when she was convicted of trafficking (she was just a street peddler) and was sentenced to seven years.¹²⁸ Gene F. was a pipe-fitter and logger who was first convicted of a drug offence at eighteen. He served nine months. He spent approximately two of the next seven years incarcerated on theft and uttering charges. In 1953 he was convicted of possession and of selling drugs and was sentenced to five years. He was released in 1957, but seven months later he was sentenced to two years less a day for a break and enter. Not long after his release he was convicted of possession and sentenced to two years.¹²⁹

The cycle of arrest and imprisonment affected the lives of users in multiple ways.

¹²⁵ JHS #9799

¹²⁶ JHS #10528

¹²⁷ NAC, RG 29, Vol #3334 File #327-W-82

¹²⁸ NAC, RG 29, Vol #3342 File #327-P-154

For one, it made it extremely difficult for them to maintain long-term romantic relationships. While on the street, most users practiced heterosexuality. Most users married at least once in their lives, but many relationships were common-law, sometimes because they had not obtained a divorce from their previous partner. (See Chart 12) In the Consecutive Conviction Study at Oakalla, 60% of users had been married at one point in their lives, although only 14% were married at the time of the study. More than 1/3 were living in a common-law relationship when they were admitted to Oakalla.¹³⁰ In the Main Study, 75% of male users and 95% of female users said that they had lived in a common-law relationship at some time.¹³¹ Between 1947-1961, 56% of narcotic offenders were married or had been married, which is quite high considering that many offenders were in their late teens or early 20s.¹³²

Users usually married other users. Richard T. told a BCP Psychiatrist that: "it is better for one drug addict to marry another person who has used them because he has never known "mixed marriages" to work."¹³³ Non-users found it very difficult to understand the lives and needs of drug users. Martin S.'s wife didn't know he was using drugs when she married him. A JHS social worker reported that: "she still does not know much about the world of addiction, and has, I believe entertained the hope that some day he might be again the Martin she used to know. However, her hopes are now wavering and she has now made up her mind to give up her idea of wanting to keep in touch with him."¹³⁴ Charles and Mary T. did make a mixed marriage work, at least for a number of years. However, as Mary wrote to a social worker: "I have never been able to live with drugs but through all the separations I have always clung to the belief that if he went logging the battle would be over. And Charles was the only thing in my life that mattered. Anyway, after seven years he finally got a job and I guess I let my hopes build up too much. I let myself believe that all the dirty filth and fear was over and we would be a normal family. Instead of us joining him at camp he came back and started right all

¹²⁹ NAC, RG 29, Vol #3334 File #327-F-60

¹³⁰ Stevenson: 92

¹³¹ Stevenson: 97

¹³² Dominion Bureau of Statistics Annual Reports of Criminal and Other Offences

¹³³ JHS #15095

¹³⁴ JHS #7221

over again and I went fruit.”¹³⁵ Some non-users responded by using themselves. One woman reported that she had married an addict, but did not use herself until three months after their marriage.¹³⁶ A man said that he had started using drugs because his wife was an addict, and “he found it impossible to live with her unless he took drugs too.”¹³⁷

Imprisonment combined with economic pressures and emotional problems to make it extremely difficult for users to live together in romantic relationships for long periods of time. Nonetheless, in their correspondence and conversation with social workers, users, especially female users, expressed a strong desire to make these relationships work. Cheryl L. had been with her husband for about a year when she was incarcerated on a drug charge. He was already imprisoned. Cheryl told her John Howard Society worker that she wrote him 10 page letters every day after her release. She could hardly wait for him to get out, telling the social worker: “I am willing to try just about anything to get Jimmie out on his release day which I think is May 17 god I am so scare something is going to happen to me.” However, he stopped responding to her letters, perhaps because he was placed in the lock-up for having drugs in possession while incarcerated, and therefore he was not allowed to send letters.¹³⁸

Some couples successfully stayed together. John T. and Eva P. maintained a common-law relationship for at least five years, although they both served long prison terms during that time. They made efforts to get off drugs together, but they were never able to sustain these efforts.¹³⁹ Harold and Vivian Thompson were married for at least sixteen years, although they both started using within the first few years of their marriage. They had at least one separation but they described their marriage as happy, although the JHS social worker described them as a “truly tragic couple, both wish to break the drug habit, both are ineffectual to cope with living, deeply dependent one upon the other and they have taken to drugs when hurt or upset.”¹⁴⁰

The state sometimes placed additional difficulties in the way of drug users who wanted to resume their relationships. In 1955, Raquelle R. had her visiting privileges

¹³⁵ JHS #9531

¹³⁶ JHS #13364

¹³⁷ JHS #15098

¹³⁸ JHS #11379

¹³⁹ JHS #10869

¹⁴⁰ JHS #16543

with her fiancé cancelled after he kissed her.¹⁴¹ Dot. S. was living with John S. when she was sentenced to Kingston Penitentiary. While in prison she resumed correspondence with her husband, Clifford T, who she had married twenty years earlier. Clifford had been serving time as a habitual criminal, but while she was in Kingston, he was released on parole. They decided to get back together until the parole board told Clifford that they would not agree to them re-uniting. Dot asked Clifford to stop by Calgary on her way back to Kingston so that they could talk about getting a divorce. The Elizabeth Fry worker in Kingston reported that "Dot took it extremely well and stated that she would do nothing to harm her husband.....I was very much impressed by her ability to think first of Clifford's well-being, although she is obviously very disappointed that her own plans cannot be realized."¹⁴² Few drug users were granted parole at this time, but users involved with fellow users were less likely to get parole, as prison officials believed that their chances of rehabilitation were poorer. Common-law couples sometimes found it difficult to get visiting privileges while in jail. In July 1957, the classification officer of the British Columbia Penitentiary wrote the John Howard Society for information on Bea R, since Robert M. had requested that she be given visiting privileges. The BCP Classification officer wrote that "we are requesting that an investigation be made into the advisability of permitting this man to maintain his contact with Miss Richardson. It is rather obvious that her character must be questionable in view of the drug addiction, but if some confirmation can be obtained as to the length of the common-law relationship and her desire to maintain contact with our inmate, we will be in a better position to make a decision." A few days later, a social worker indicated that they had been together for about seven years. The file does not indicate whether or not the couple was granted visiting privileges.¹⁴³

Some couples made a concerted effort to get off drugs together. Victor B. and Ethel O. started seeing each other when they were both using drugs, but they broke up. They got together again in 1962 after both of them had stopped using, but the pressures of making a new life for themselves got to be too much, and they both started using again.¹⁴⁴ Rick H. was an intermittent drug user who married a much younger female

¹⁴¹ JHS #12112

¹⁴² JHS #13062

¹⁴³ JHS #9787

¹⁴⁴ JHS #6196

user. Together, they stopped using and move out to Victoria, where they started a home decorating business. However, he went back to jail in 1962 for cashing a forged check.¹⁴⁵

Like many women who did not use drugs, many female users experienced violence in their relationships with men.¹⁴⁶ An Elizabeth Fry worker in Kingston reported to a JHS worker that “As I got to know Lila better she told me more about the man she had been living with. There would seem to be some affection there but she is afraid of him and afraid also that he will drag her back to drugs. He was evidently brutal with her and she said that she hated him for his beatings and quarrelling”¹⁴⁷ Roberta N’s mother phoned the John Howard Society to report that “Roberta’s first husband and one child were in town and had come to see her. He was in a pretty violent mood, full of threats as to what he was going to do with Roberta if he caught her.”¹⁴⁸ In 1954, Rita S.’s husband served a three-month sentence for beating her up.¹⁴⁹

Female users often had romantic relationships with other women, especially in prison. At least 13% of the female clients at the John Howard Society were involved in romantic relationships with other women, although the numbers were probably much higher, since the JHS did not necessarily know or note very much about their clients’ sexual behavior. In Vancouver, the New Fountain Hotel Beer Parlour was well known as a center for lesbian addicts.¹⁵⁰ Within jail, female users often had relationships with other users. A JHS social worker noted in 1960 that Lillian W. “is quite popular with the ‘girls’”. She had had relationships with Phyllis K, Nettie B. and Ingrid S. – all well-

¹⁴⁵ JHS #7242

¹⁴⁶ For family violence in Canada see: Annalee Golz “Uncovering and Reconstructing Family Violence: Ontario Criminal Case Files” in Franca Iacovetta and Wendy Mitchinson eds. On the Case, Annalee Golz “‘If a Man’s Wife Does Not Obey Him, What Can He Do?: Marital Breakdown and Wife Abuse in Late Nineteenth and Early Twentieth Century Ontario in Susan Binnie and Louis Knafla eds. Law, State and Society: Essays in Modern Legal History (Toronto: University of Toronto, 1995), Constance Backhouse Petticoats and Prejudice: Women and Law in Nineteenth Century Canada (Toronto: University of Toronto Press, 1991) and Karen Dubinsky Improper Advances: Rape and Heterosexual Conflict in Ontario, 1880-1929 (Chicago: University of Chicago Press, 1993)

¹⁴⁷ JHS #11552

¹⁴⁸ JHS #10013

¹⁴⁹ JHS #13231

¹⁵⁰ Forbidden Love: the unashamed stories of lesbian lives National Film Board of Canada, 1992 and Turvey: 154

known drug users. She apparently intended to move in with Phyllis K after her release.¹⁵¹ In 1961, a social worker noted that seventeen-year old Gwen R. and her girlfriend were working as prostitutes to earn money for drugs. They were picked up on a drug charge, but Gwen got her girlfriend off by taking all the blame.¹⁵²

The cycle of arrest and imprisonment, as well as other barriers put in place by the state, made it all but impossible for users with children to care for their children themselves, unless they had a female partner who was a non-user. Instead they left them in the care of parents, siblings, or the Children's Aid Society. Sometimes they gave their children up for adoption. Gloria and Robert R. had two children together, but they always remained in the care of her parents.¹⁵³ Sixteen-year old Gwen R. gave up her child to non-ward care with welfare in 1960 as she often had no money to buy food for the child.¹⁵⁴ Jackie F. had a child at 16 years of age, but the child was placed for adoption.¹⁵⁵ Female users often expressed a desire to have their children with them, and felt a lot of guilt about their inability to care for their children. However, they were strongly urged by every authority to have others parent their children, and no one ever raised the idea that taking their children away might have negative repercussions for both parents and children.

As previously discussed drug users often came from families scarred by poverty and other problems. Drug use was an escape from these problems, but it often imposed its own hardships on drug users' families. At the John Howard Society, some family members expressed despair and frustration. Brian P's wife complained to the John Howard Society that she had no money for food for her and their two children since he spent all of the money on drugs. She wanted to see if his UI cheque could be made out to her, but the social worker investigated this and found that it was impossible.¹⁵⁶ Chris M.'s sister regularly sent money to the John Howard Society to take care of some of his basic needs. In despair, she wrote that: "I have always worried for Chris knowing that he has always been below par and his eye sight and speech against him. We could not

¹⁵¹ JHS #4369

¹⁵² JHS #15334

¹⁵³ JHS #11406

¹⁵⁴ JHS #15334

¹⁵⁵ JHS #14115

¹⁵⁶ JHS #8967

keep him from Vancouver after our mother passed on. She tried so hard to make a home for him. But he would not listen to me. I'm afraid that he is going to continue in such a way that I will have to forget him and pray that mother will call him to her. He would be better off I'm sure. He is all the man he will ever be." The following year in another letter she mentioned that all of his other siblings felt that she should forget him. Nonetheless, she continued to leave money for him at the John Howard Society.¹⁵⁷

In a few cases, drug users admitted, or families complained that drug users stole money from their families. Catherine D. endorsed some of her mother's cheques to get money for drugs.¹⁵⁸ Edward W. was sentenced to three years for the robbery with violence of his step-father.¹⁵⁹ Cheryl L. and her husband regularly took money from her mother-in-law for drugs.¹⁶⁰ Cyril S. hocked most his wife's belongings for drugs.¹⁶¹

One of the most detailed examples of family hardship is that of Thomas F., a well-educated man from a wealthy family who started using in the early 1930s. By 1947, his father was paying him \$25/week on the condition that he stay away from the family's residence in Northern Ontario. In 1949 his brother reported to RCMP that: "he and members of his immediate family were under a nervous tension at all times because of threats made by his brother." According to RCMP "It is common knowledge in the district that subject brags about the fact that his brother is afraid of him and that he intends to keep it that way." His brother later wrote the Division and said that "Thomas F. will not work for his livelihood and has forced his family for money through forgery, theft and threats to carry on his evil intentions which has been a most costly handicap to us, although we have done everything humanly possible to try to reinstate him into a normal way of life." The family sent him to the Homewood Sanatorium in Guelph for a cure on several occasions. Six months before his father's death, Thomas F. beat him up severely. He also threatened to burn his brother's home and business.¹⁶² Although Thomas F. was undoubtedly a hardship to his family, it is impossible to determine if Thomas F's violent behavior was connected to his drug use or not.

¹⁵⁷ JHS #9052

¹⁵⁸ JHS #13977

¹⁵⁹ JHS #10991

¹⁶⁰ JHS #11379

¹⁶¹ JHS #10205

¹⁶² NAC, RG 29, Vol #3306 File #327-F-6

The difficulties users experienced in their work lives often resulted in financial tensions. Male drug users most often worked as labourers, loggers and truck drivers.¹⁶³ Few had the education to do much else. (See Chart 13) Between 1946-61 only 46% people arrested under the Opium and Narcotic Drug Act had attended high school. Only slightly more than 2% had gone beyond high school. By contrast, in 1951, roughly the same number of Vancouverites and Torontonians had attended high school, but 15% of all Torontonians and 11% of Vancouverites had gone beyond high school, leaving a far greater proportion of drug users with an elementary school education or less.¹⁶⁴ Moreover, drug users often had poor employment records, partly because they spent much of their time in prison, and partly because they experienced discrimination finding employment. A study of 53 male drug users at Oakalla Prison Farm in the mid-1950s, showed that on average they had been employed for 7.8 years, had spent 4.6 years in prison and had been unemployed for 3.2 years.¹⁶⁵ However, it is likely that much of their employment took place before they started using, or at a time when they were off narcotics. The physical effects of heroin use do not preclude full-time employment, but because the cost of drug use was high, and scoring for drugs took time and irregular hours, most steady drug users could not afford to take the types of jobs that were generally open to them.

Nonetheless, most drug users worked at some point in their lives. Eddie T. had been using for decades, but continued to work. The classification officer at British Columbia Penitentiary said that he was "usually employed as a kitchen hand in labouring and logging camps in and around Prince Rupert, Prince George and Quesnel. When the bank roll is heavy he returns to haunts of drug addict and uses the effect of drugs to alleviate his tensions, trials and tribulations."¹⁶⁶ Edwin W. was a long-term drug user

¹⁶³ Stevenson reported that of 53 male addicts at Oakalla, 7 were labourers, 8 were loggers and 6 were truck drivers. Three were construction workers, salesmen, and seamen respectively. George H. Stevenson *Drug Addiction in British Columbia* (Vancouver: University of British Columbia: 1956) : 54 In the National Archives case files, the most common occupation by far was labourer.

¹⁶⁴ *Census of Canada*, 1951. These figures represent the population 5 years and over who were not attending school. These numbers are particularly striking in light of the fact that most drug users were fairly young, between 20-40, and given the rise in education over the time period, should have been better educated than the population at large.

¹⁶⁵ Stevenson: 59

¹⁶⁶ JHS #9574

who didn't start using drugs until the age of 30, and had no offences other than narcotic violations. The BCP Classification Assistant reported that: "he appears to fall into the category of bachelor-logger-periodic alcoholics who find that narcotics meet their needs much better."¹⁶⁷ Duncan T. told a JHS social worker that during his first four years of drug use (in the early 1950s), he would earn money in Prince George, then he would come down to Vancouver and use "the junk" until his money ran out, kick his habit, and then go back up north. He was not arrested until four years later.¹⁶⁸ Garry H. worked as a labourer, logger and salesman.¹⁶⁹ John M. had worked as a truck driver, logger and in a foundry.¹⁷⁰ Ian R. worked as a logger, mill labourer, and cat operator.¹⁷¹ Robert S's wife told a JHS social worker that he was "a fair provider but had erratic employment." He had worked primarily as a truck driver.¹⁷²

Although the vast majority of users did manual labour, a few were able to acquire other skills. Richard T. began using drugs at 17, but worked as a logger, labourer and union activist for almost seven years. At 26 years of age, he completed his high school diploma, and started at the University of British Columbia.¹⁷³ Rick H. studied law for two years in the States, and frequently represented other inmates. When released from Oakalla in 1960 he did occasional work for two lawyers in Vancouver.¹⁷⁴

Although labouring jobs were plentiful in the resource industries of post-war British Columbia, drug users faced additional barriers to finding "legitimate work." Employers were reluctant to hire former prisoners, especially drug users. In the fall of 1952, Ryan K. and another male drug user paid union fees to work at Kitimat, but when the doctor noticed the needle marks on their arms he refused to pass them.¹⁷⁵ Some police officers also made it their business to make it difficult for drug users. In 1959, Gene F. testified that he had been released from gaol in August, and gone to work in a logging camp on Queen Charlotte Island. About a month before the job was finished, the

¹⁶⁷ JHS #9178

¹⁶⁸ JHS #14249

¹⁶⁹ JHS #11229

¹⁷⁰ JHS #17997

¹⁷¹ JHS #5765

¹⁷² JHS #15049

¹⁷³ JHS #15095

¹⁷⁴ JHS #7242

¹⁷⁵ JHS #5864

RCMP came to the camp on a complaint that Gene F. was using drugs and they took him from the camp and placed him in gaol for 24 hours for observation and examination by a doctor. He was released after the doctor could not state whether or not he was using drugs, but as a result of this he lost his job.¹⁷⁶

There were also users who worked even while using. This seems to have been more common outside of the large centres of drug use. In 1952, Kurt S. and Bob K. worked as labourers for the Foundation Company of Canada at Pine Falls, MB. Kurt S., Bob K, and his wife were all heroin users and the RCMP reported that Kurt S. "has been observed on the job at the Foundation Company in a state that could be caused by the use of drugs." The two couples bought their heroin in Winnipeg every two weeks.¹⁷⁷

Charles D. started using in 1939. In 1942 he was working as a beer agent, supplying all the boot-leg joints in Thorold, Ontario with beer. In 1947 he was reported to be a truck driver and to have two trucks. In 1952 he was reported to be operating a taxi. In 1958 he was unemployed, but told police that he made some money bootlegging. His habit seems to have been fairly controlled. He told police in 1958 that: "I am on heroin but I don't think I am really hooked. The amount I take varies with the amount of money I have. I try to get one a day but I have gone without it. I have been on it fairly steady since Dec 15, 1957. I started off slow but have been working up." Charles D. had not had a conviction in six years, indicating that there may have been more users like him who avoided contact with narcotic officials.¹⁷⁸

More frequently, drug users in the larger centres "hustled" to make their living. Hustling included prostitution, theft, break and enter, shoplifting, and a variety of other illegal activities. Nearly all female users worked as prostitutes at one time or another. Of 98 women studied in the Consecutive Conviction Study at Oakalla, only two women told investigators that they had never engaged in prostitution. 36 of 77 said that they had started prostitution before they began using drugs.¹⁷⁹ Some were quite successful. One sixteen-year old girl told social workers that she worked as a call girl and was always contacted by phone. She claimed that she never fixed with others and had stuff brought

¹⁷⁶ NAC, RG 29, Vol #3334 File 3327-F-60

¹⁷⁷ NAC, RG 29, Vol #3330 File #327-W-132

¹⁷⁸ NAC, RG 29, Vol #3336 File #327-D-60

¹⁷⁹ Stevenson: 96

to her room to fix. Her story was backed-up by the fact that she had \$150 to pay for a lawyer, and an additional \$190 in cash.¹⁸⁰ A John Howard Society worker wrote that Rachel B had been "operating rather prosperously for several years as a prostitute and a drug trafficker as well as an addict. She had her own car, an attractive apartment and a physically pleasant environment, one of the elements of which had been a plentiful supply of money and of the things it provides."¹⁸¹ Nettie B. bragged in Oakalla that she could make \$125/night.¹⁸² In Toronto, female drug users who worked the "tenderloin" district (Jarvis and Dundas), could expect to make \$10/trick in the late 1950s. Working the tenderloin was the lowest form of prostitution in the city. Call girls undoubtedly made much more.¹⁸³ Many women raised money for their male partners as well as themselves, although a matron at Oakalla wrote that: "the 'old man' who is able and willing to support himself and does not expect his wife to 'work' for him is highly prized."¹⁸⁴

Although it could be very lucrative, most women expressed a strong hatred of prostitution and they preferred other methods of raising money for drugs. One woman told social workers that she lived with a drug trafficker so that she wouldn't have to prostitute as much as other female drug users.¹⁸⁵ Many felt that drug use was a result of their need to prostitute themselves. One inmate told an Oakalla matron that: "when I get out of gaol I have no money and no place to go if I want to go straight and stay off drugs. The only way I know of in which I can make the money I need to get a start in life is to prostitute. I hate prostituting, so I take a "chippy fix" to keep from hating myself too badly, and then I'm off drugs again."¹⁸⁶ Anna W. told a JHS woker that "You know what a girl does when she has no money and no job.....I had to live, so I became a prostitute and that leads to dope - that has been the story for the last four or five years - and always only to get in here ! (Oakalla)"¹⁸⁷

¹⁸⁰ JHS #16077

¹⁸¹ JHS #146071

¹⁸² JHS #13544

¹⁸³ The \$10/trick price was regularly repeated in Hush Magazine. See for example "Call Girls Inflate 'High Cost of Loving'" Hush Magazine February 22, 1958: 6

¹⁸⁴ Coutts: 184

¹⁸⁵ JHS #14998

¹⁸⁶ Coutts: 172

¹⁸⁷ JHS #15495

Few male drug users admitted to prostitution, but there were glimpses of it. Richard T. told a BCP Psychiatrist, R.C. Middleton that he had engaged in two acts of "passive fellatio" when he first started using drugs, for which he was paid \$5. In an interview John Turvey said that he turned quite a few male tricks when he was using drugs in the late 1950s and early 1960s.¹⁸⁸

In his ethnographic study of American heroin users in the 1980s, Charles Faupel discovered that most drug users had a "main hustle", which they were very good at.¹⁸⁹ Although many drug users had criminal records that revealed patterns of B&E, Shoplifting and Theft, it's hard to know if these represented "main hustles" or not. Faupel pointed out that the drug users he studied were usually arrested for other crimes, and not for their "main hustle" since they were highly skilled at their "main hustle." Nonetheless, prison and social work reports occasionally mentioned that someone was well-known for a certain type of crime. Russell M, for example, was a noted pimp. The BCP Classification Assistant noted that: "a considerable portion of RM's criminal career has been devoted to pimping. He is well known in here and rumor has it that he treats them pretty rough." Interestingly, in 1951, his wife, who also prostituted for him, begged Magistrate McInnes for a two year sentence, rather than the year and a half that she had been given, so that she could go to Kingston.¹⁹⁰ In another case, BCP officials noted that there was no police report yet on Victor C., "but Victor C. implies that he followed his previous pattern of obtaining merchandise from local stores by means of "no account" cheques and selling the merchandise for whatever he could get." Victor C. had served 9 gaol terms and 6 penitentiary terms, mostly for false pretences.¹⁹¹ Chuck G., on the other hand, apparently had no hustle. His John Howard Society worker reported in 1961 that: "I have discussed Chuck with various addicts and find that he is probably the most incapable of all addicts in regard to hustling to get money to support his habit. Short of

¹⁸⁸ Turvey: 154-5

¹⁸⁹ James M. Walters found that approximately half of all black heroin users he studied had a "main hustle" usually thefts, robberies or con games: "Taking Care of Business" Updated: A Fresh Look at the Daily Routine of the Heroin User" in Bill Hanson et al eds. Life with Heroin: Voices from the Inner City (Lexington: D.C.Heath, 1985): 36

¹⁹⁰ JHS #8049

¹⁹¹ JHS #13592

pushing, he is not able to do anything about it at all."¹⁹² Chuck was a musician who made repeated attempts to get off drugs but was unsuccessful and eventually faced a habitual criminal charge.

It is not clear what drug users did for recreation. It is possible that they were too busy "hustling" to have time. Police reports indicate that they spent a great deal of time in beer parlours, cafés, and to a much lesser degree pool halls, but this may have been for the purpose of "scoring" more than "hanging-out." In prison, quite a few users were keen musicians and some may have maintained this interest on the outside as well. Men in prison often did extensive hobbycrafts especially leatherwork. Some men and women were reported to be enthusiastic readers and a few wrote poetry. They did not, by and large, go to church. Most drug offenders were reported to be Catholic, Protestant, or Anglican.¹⁹³ However, few drug users appear to have been religious. In the Oakalla Prison Farm Study nearly 80% of drug users reported that their parents were "indifferent or antagonistic to religion," or that their parents came from different religious denominations.¹⁹⁴ Stevenson wrote that: "our addicted subjects had, at best, only a casual interest in religion, and often were quite lacking in religious beliefs or were antagonistic to religious beliefs or practices. They usually stated that they seldom thought about God or religion, and they had little belief in an after-life. None of them were actively attending religious organizations at the time of arrest."¹⁹⁵ Drug users at the John Howard Society occasionally expressed interest in organized religion, especially the Salvation Army, but this was rare.

The trying lifestyle of the drug user did little to improve the emotional states of people who had often had difficulties as youth. Some users became seriously disturbed and self-violence was not unusual. One twenty-seven year old drug user came to see a JHS worker after she slashed herself below her elbow. She told the worker that she had four children, her first at 14 years of age. She said that she hated her husband and that she didn't even remember bearing three of her four children. She had frequent blackouts,

¹⁹² JHS #9191

¹⁹³ Drug users were disproportionately Catholic, especially considering that very few drug users were French-Canadian. See Census of Canada, 1951 compared to Annual Reports of Criminal and Other Offences.

¹⁹⁴ Stevenson: 39

¹⁹⁵ Stevenson: 171

and apparently abused at least one of her children.¹⁹⁶ Another woman tried to commit suicide while incarcerated in Oakalla Prison Farm. Ruth K. was from Williams Lake, but ran away while she was in her teens and came to Vancouver. According to the case notes, she slept in the railway station for several days and was gang-raped while she was there. She left Vancouver for Edmonton where she faced a charge of robbery with violence, but with the help of a psychiatrist from the Provincial Mental Institute she was able to beat the charge. She went back home but felt very rejected by her parents and fell in with a male drug user who was up in Williams Lake kicking his habit. She moved to Vancouver to be with him. She eventually landed in Oakalla for drug offences where the matrons believed that she was suffering from a serious mental disorder. Tests at the provincial mental hospital at Essondale revealed serious damage to her brain. The matrons reported that she was given to violent spells where she ripped her sheets and went into temper tantrums, and as a result she had been placed in the "hole" on several occasions. She refused to cooperate with the prison psychiatrist and he determined that he would have nothing more to do with her. Less than a month later she slashed her wrists but did not succeed in killing herself.¹⁹⁷ Others succeeded. Sandra V. committed suicide in Kingston Penitentiary in the spring of 1954.¹⁹⁸

Women were not the only drug users who attempted suicide. John Z. was trapped in a mine for 30 hours with a dead man when he was sixteen years old and consequently suffered from severe claustrophobia. He reportedly suffered a nervous breakdown in 1953. When the JHS worker visited him in the hospital at Oakalla John Z. told him that "he can't stand being locked in, can't sleep, nightmares and intends to commit suicide. Showed wrist scars of last attempt." Four days later when the social worker visited again, he reported that John Z. was "perched on a Bible on a very hot radiator, shivering and crying." He tried to commit suicide again several weeks later.¹⁹⁹ David S. reported that the doctors at Essondale told him that he tried to hang himself three or four times in 1959. In January 1961 BCP officials confirmed that he made

¹⁹⁶ JHS #15028

¹⁹⁷ JHS #15229

¹⁹⁸ JHS #22344

¹⁹⁹ JHS #11220

another suicide attempt.²⁰⁰ Similarly, Ian R. attempted suicide in Oakalla while waiting for trial.²⁰¹

As previously discussed, most post-war drug users were fairly young. Only 29% of male offenders and 13% of female offenders were more than forty years of age. The drug-using lifestyle took a toll on their health and many users died when they were still quite young.²⁰² Probably because the drugs in this time period were so dilute, overdose was not a common cause of death, although it did happen. Stevenson reported that the city pathologist in Vancouver recalled five overdose deaths in the years between 1948-1955.²⁰³ Occasionally, the John Howard Society files make mention of an overdose death. Kathleen C's half-sister died of an overdose in 1960.²⁰⁴ Often overdoses were not fatal. Vickie A. told a social worker that her husband had passed out from an overdose soon after they both started using and this had frightened them.²⁰⁵ Sonia L. took an overdose in February 1960. She was nineteen years old. She was in a coma for four days, her toes became paralyzed and by 1962, she had had three operations on her leg to straighten them out.²⁰⁶

Overdose was not the only risk. Dirt injected at the site of injection left many users with permanent tattoo marks over their favourite veins. Many also had thrombosed veins from years of repeated use. They also had health problems associated with street life. The vast majority of users studied by Stevenson had serious dental problems. 81% of female users and 58% of male users admitted to having had venereal disease, usually gonorrhoea. They also had very high rates of tuberculosis compared to other prisoners, and to the population at large.²⁰⁷ Their lives also brought them into contact with considerable violence. Most of the violence was police-initiated but not all. Peddlers

²⁰⁰ JHS #11137

²⁰¹ JHS #13985

²⁰² Death dates are not given for most files. Moreover, files that ended before the early 70s seems to have been mostly discarded. Nonetheless, D-121 and M-119 both died in their mid 50s. C-310 died in his late 40s and M-391 died of an overdose in his mid-40s. NAC, RG 29, Vol #3336 File #327-D-121, Vol #3342, File #327-M-119, Vol #3345 Files #327-C-310 and #327-M-391.

²⁰³ Stevenson: 187

²⁰⁴ JHS #14819

²⁰⁵ JHS #7402

²⁰⁶ JHS #14129

²⁰⁷ Stevenson: 186-192

also faced dangers from their suppliers. In addition, serious accidents and assaults were not uncommon. In 1957, someone called police for assistance when they saw John F. walking down Pender St. with a serious wound to the top of his head.²⁰⁸ It is not clear how he was injured.

As people grew older many got tired of "hustling", the constant search for drugs, and the multiple prison sentences. Some quit using drugs altogether, while others switched to alcohol, which at least stopped the constant police harassment and jail terms. However, there were a few who kept on using into their old age. One couple, Brad and Pauline M. (he was born in 1906), started using drugs in the 1930s. By the late 1950s, neither was using steadily and they were both experiencing serious problems. In 1947 Brad was working as a logger when he hurt his knee. Twelve years later he still needed crutches or a wheelchair to get around, making logging or labouring impossible. Pauline too was finding it difficult to raise money. In 1960, for example, she served 30 days for prostitution in Oakalla. The social worker noted that she was "terribly embarrassed over this situation and ashamed to come in here. States she has never been unfaithful to Brad while he was on the street at any time, will be married 31 years, this next month. Has a niece on staff at Oakalla in the Women's Unit and found this very embarrassing too. Became a grandmother and sensitive to the fact that she should reach this stage of life and be found prostituting. Has gained ten pounds in Oakalla, now weighs 93 lbs and hopes she will soon feel well enough to take on some work and get out of town."²⁰⁹ Two months later the female social worker went to visit Pauline in her room, after receiving a request to do so from the British Columbia Penitentiary. The social worker reported that she found Pauline "in a dingy little room and really quite ill. Is taking drugs and says police are hounding her. Wants to kick habit." The worker called the Narcotic Addiction Foundation on her behalf, but the Foundation felt that she was too physically weak to undergo withdrawal. Nonetheless, Humphrey left case in care of the Foundation. Several months later Brad appeared in JHS offices to see about his social assistance cheque. Pauline was quite ill and seemed to be suffering from epilepsy. Around Christmas Brad came in again. He had recently been in the Emergency Ward of the

²⁰⁸ NAC, RG 29, Vol #3330 File 3327-F-4

²⁰⁹ JHS #13679

Vancouver General Hospital. He had been sent there from Out-Patients and had been in the Emergency ward for more than two days without being transferred into a ward of the hospital. Finally he walked out. His social worker reported that "he looked in a very bad condition his hands and lower limbs were very badly swollen and was somewhat jaundiced." In 1964 Pauline had her brain operated on and she consequently suffered memory lapses and confusion. Nonetheless, she was sentenced to fifteen months in Oakalla on a narcotics charge later that year.

However, there were also drug users who injected into their old age without too many problems. Fred S. started using at 17, in 1911. A BCP Re-admission report in 1963 noted that: "it was obvious that old age had not yet attacked his mind for he spoke very intelligently. The man expressed some degree of concern about his drug problem and even volunteered to offer information which he thought might assist in irradicating the problem as a whole."²¹⁰ He apparently had no health problems.

For most drug users, drug use was part of a long pattern of "deviant activity". Although a few users who obtained drugs from doctors operated fairly independently, most drug users lived their lives in a community of other drug users and urban rounders. This community was to some degree created by enforcement officials, who forced users to be very cautious in their dealings with non-users, created a sense of seige among users and a feeling that they needed to stick together. However, it was also created by users, who had a great deal in common including an enjoyment of heroin, sexual and marital patterns that deviated widely from the norm, sporadic work experiences in low-status occupations, and shared experiences in jail and prison. When Stevenson asked users at Oakalla whether they preferred the company of addicts and felt a sense of loyalty to them, those who answered in the affirmative said that "addicts help and understand each other", "they are the only group I can feel natural with. I am self-conscious with square-johns", "we're all the same – all fighting a common cause, the police and drugs", and "we talk the same language. We live the same life. We are all looked down on because we are addicts." However, not all users agreed. Negative respondents said that "addicts have no scruples about harming on another", "I have nothing against them but wouldn't

²¹⁰ JHS #17695

trust them”, “I don’t trust an addict as far as I can see him and I don’t trust myself.”²¹¹

These negative feelings towards fellow users were in part a function of the desperation of their lives. Users sometimes stole from one another and acted as police informants. However, they also protected each other.

Outside observers frequently commented on the feeling of community among drug users. Stevenson remarked that: “in many respects the addict group has resemblances to a secret society or religious cult. There is a considerable period of pre-addiction apprenticeship, an admiration of older addicts and companionship with them. Finally there is the initiation, the actual receiving of “working tools” (bent spoon and eye-dropper syringe) and the first injection of the addict’s sacramental food – heroin. Henceforward, their preferred companions are addicts. They have their secrets – sources of supply, how to avoid the police, how to get rid of evidence of the police invade their inner sanctums. They have their secret words – a cant or argot peculiar to addicts. They help one another when in distress, they talk about little else than drugs, they combine for illegal activities, they live with addicted cult members, and marry within the cult. The addict feels that he is misunderstood and persecuted by society and has hostile feelings towards society. Moreover, he regards the average hard working citizen as a “sucker” and likes to claim that: “everyone has larceny in his heart,” and will commit dishonest acts if reasonably sure of not being caught.”²¹²

Dorothy Coutts, a matron at Oakalla, who worked extensively with users remarked that “drug addicts, in Vancouver, at least, form a very distinct and relatively solidary (sic) group. There is always within the group a solid core of readily identifiable “users” who define themselves and are defined by others both within and outside the group as drug addicts...the addicts have a special argot which is peculiar to their form of deviance and which covers all the stages of drug procurement and usage. Part of the solidarity of the addict group stems from the fact that those within the group find themselves directly opposed to many of the norms and values of the larger society...the addicts react...by presenting a united front to society and must demand that their members maintain absolute loyalty to the group...(Addicts) must keep in contact with

²¹¹ Stevenson: 181

²¹² Stevenson: 158

one another, then to find out who does and who does not have drugs for sale, where contacts can be made and which locations are currently under the scrutiny of the police. Daily activities revolve around the fact that heroin must be purchased at regular intervals and to attain this goal this addicts must become involved in intrigues, plots and counter plots throughout their waking hours. As one addict has observed 'we are used to leading such exciting lives, that if you don't use (narcotics) there just doesn't seem to be anything else to do.'²¹³ Guy Richmond, the doctor at Oakalla agreed that: "I know the criminal addict population as closely knit community...It has a sub-culture of its own, with its own more and vocabulary."²¹⁴ John Turvey, a user in the late 1950s and early 60s claimed that there was "a lot of loyalty on the street' a strong sense of ethics in the community."²¹⁵

The records of the John Howard Society show that social workers relied on the tight social bonds between their drug-using clients to relay information and make contacts. When Gretchen R. violated her parole by running away her social worker asked other clients to tell Gretchen that she should phone her "as I was not going to reject her."²¹⁶ In another case a JHS social worker learned from other clients that one of her clients was living down on skid-row.²¹⁷

Drug users were usually arrested in groups and they tried to ensure that only one person would serve time for the offence. In 1952, Norman M. was smoking and drinking in a hotel room with a female companion when the police broke in. Police reported that they knew Norman M. as an addict. The police found two capsules. The woman announced: "well it's my room and my coat, everything in the room is mine, he knew nothing about it." The police decided that they did not have enough evidence to warrant laying a charge against Norman M.²¹⁸ Similarly, in 1954, Wendy P's husband testified that he had purchased the narcotics found in their room for his own personal use and that she had no control over him having them in their room. The charge against her

²¹³ Coutts: 168-170

²¹⁴ Richmond: 55

²¹⁵ Turvey: 151

²¹⁶ JHS #14822

²¹⁷ JHS #14187

²¹⁸ NAC, RG 29, Vol #3345 File #329-M-391

was dismissed.²¹⁹ In a 1956, police were investigating two men in a rooming house in Vancouver. Sam G. asked police if he could speak to Paul J. in private. The detectives told them that if he wished to say anything he could say it while police were present. The two accused were warned and Sam G. said to Paul J. “Look Paul, he (Detective Harrison) found it on the table”. Paul J. stated: “Found what?” Sam G. said: “Found a capsule on the table.” Paul J. said: “I don’t know nothing about it, I was in the bathroom. I don’t know nothing.” Sam G retorted: “It’s going to be two for one then. Did you bring that capsule in here?” Paul J. said “No I didn’t”. Sam G then said: “that it’s not fair that two have to go for one.” Paul J. then said: “Well O.K, I’ll cop out.” At their trial Paul J. plead guilty and Sam G plead “not guilty” but both were sentenced to six months.²²⁰

Sometimes drug users may have been coerced into “taking the beef” by other users. 16-year old Shirley D., who had already served time on a possession charge, found herself in an extremely awkward position when several older addicts fixed in her hotel room while she was at a movie. The police broke in and found 32 caps. One of the older addicts told her to “take the beef” or “life won’t be worth living.” A JHS social worker reported that she seemed to be really frightened by these threats. Shirley decided that legal aid was more important than getting out on bail, under persuasion of the JHS social worker who felt that Shirley would be safer “in Oakalla than out on bail where June and company could quite possibly frighten her into pleading guilty to save them.” She eventually received a stay of proceedings.²²¹ It seems likely that other users were also threatened into “taking the beef” for their peers, although it is difficult to find examples in police records or social work records for obvious reasons.

Users outside of prison often tried to make life inside prison a little more bearable. In 1954, Robert K. dropped by the JHS with a package of records for the East Wing at Oakalla.²²² (The East Wing was where male drug users served their time.) A couple weeks later he dropped by again and asked the JHS to inquire why the “boys” in the East Wing only heard the records once before they were taken to other wings. More

²¹⁹ NAC, RG 29, Vol #3328 File #327-P-184

²²⁰ NAC, RG 29, Vol #3342 File #327-J-151 For a case where a man took full responsibility for the drugs and got his wife off see: NAC, RG 29, Vol ##334 File #327-T-91. For a similar case see: NAC, RG 29, Vol #3331 File #327-J-3

²²¹ JHS #13611

²²² JHS #10888

commonly, drug users tried to send drugs to their friends on the inside. In 1961, Dorothy T. sent a postcard to a friend of her who was incarcerated at the Women's Institution in Kingston. The card read "Thought you would like this one. Your Friend" and inserted within the compressed cardboard of the post card was a cigarette paper containing heroin.²²³ In 1959 Frank F. was observed digging on the grounds of the Penitentiary. On his way back down the embankment police stopped him. A search was made of the area and four coloured balloons were found. Sixty-nine capsules in total were found along with two lists of inmates, with a number before each name indicating the number of capsules to be distributed to each. Frank F. had only been released from the Penitentiary two days earlier.²²⁴

Users also took care of other users in times of need. Often this meant giving them a "fix" when they were short of cash. However, it could also extend to more important favours. In 1951, Cyril S. came into the JHS office to speak to Hobden, the executive director. A friend of his, Brown was serving time in Prince Albert Pen, but had been diagnosed with an incurable case of stomach cancer. Cyril had contacted several friends who were willing to take care of Brown if he was granted a ticket of leave. Cyril had already made funeral arrangements with a funeral home in Calgary. Cyril wanted the John Howard Society to be informed of these actions since Hobden had been interested in Brown's case.²²⁵

The tight community of users could be seen in their language. Today many of the users' expressions have passed into everyday language, and even at the time, many of the John Howard Society workers, police officers, and prison officials were conversant with the argot. Common expressions included: "boosting" for shoplifting, "bum beef" – a false legal charge, "bulls" – the police, "pony boys" or "harness bulls" – RCMP, "score" to make a purchase of narcotics, "yenny" – a strong desire for narcotics.²²⁶ Chief George Allain of the Montreal Police Department told the 1955 Senate committee that if an ordinary person heard a "pusher" and a client talking about drugs "he would not know

²²³ NAC, RG 29, Vol #3348 File #327-T-182

²²⁴ NAC, RG 29, Vol #3336 File #327-F-62

²²⁵ JHS #10205

²²⁶ Coutts: 268

they were talking about drugs, because they use some kind of a code.”²²⁷ In 1968, a former undercover cop published an article on the argot of heroin users in Toronto. This is a little later than the time period under examination here, but the argot seems to be largely the same. He found that his experimental subjects spoke at a rate of approximately 47 words per minute. On average 11.7 of these words were argot, making it difficult for outsiders to understand the conversation.²²⁸ In reading addict biographies from the United States, as well as oral histories, it seems that the argot was different in the two countries, although this interesting possibility would require further study.²²⁹

Heroin users in post-war Canada were small in number, but they were members of an important subculture. By claiming space on the streets of Vancouver and Toronto, they proclaimed that not everyone was willing to engage in the hard-working, nuclear family norm. In fact, as people who had been marginalized at an early age, by their unstable childhoods, their poor education and their juvenile delinquencies, they had little chance of ever achieving success according to these norms. Instead, they tried to achieve success on their own terms, by engaging in the exciting, dangerous and volatile life of the heroin user, with its pleasant “fixes.” However, strict drug laws and enforcement as well as the challenges of addiction, often turned an exciting lifestyle into a cycle of constant arrest and imprisonment, and a downward slide into ever more severe poverty and desperation. Heroin use was in some ways an act of resistance, but it was also the refuge of the relatively powerless.

²²⁷ Proceedings of the Special Committee on the Traffic in Narcotic Drugs in Canada (Ottawa, 1955): 414

²²⁸ Lloyd G. Hanley “Functions of Argot Among Heroin Addicts” in W. E. Mann The Underside of Toronto (Toronto: McClelland and Stewart, 1970): 294-307

²²⁹ Courtwright, Herman and Des Jarlais Addicts Who Survived Jeremy Lerner ed. The Addict in the Street, Brown Manchild in the Promised Land, Janet Clark The fantastic lodge: the autobiography of a girl drug addict (Boston: Houghton, Mifflin, 1961)

Chapter 4: After a Brief Struggle: Police Officers and Drug Users

Police had a closer relationship with drug users and with the state than any other moral agent discussed in this dissertation. Drug users often had the option of whether or not to see a doctor or social worker, but they had little choice when it came to interacting with police officers. The RCMP, which was the main police body involved in this work, worked in close cooperation with the Division of Narcotic Control, and with the specially appointed narcotic prosecutors to ensure a high rate of conviction for narcotic offenders. The RCMP made full reports on all drug investigations and arrests and forwarded them to the Division of Narcotic Control. The RCMP also had an important impact on state policy. In the 1920s, it was the RCMP who recommended many important changes to the Opium and Narcotic Drug Act, including writs of assistance, which allowed the police to search without a warrant. In the 1950s, RCMP officials attended top-level policy discussions in the department.

Policing deeply affected the way that drug users interacted with one another, forcing them to be cautious and suspicious of their peers. It created certain secret rituals of drug use, and contributed enormously to the stress, danger, and violence of users' lives. Since police officers wanted to control physical consumption of the drug, they were particularly concerned with drug users' bodies and often used invasive and violent techniques to search these bodies. Police also played a role in creating drug users' images and even to a very small degree their identities, by constantly obtaining information about their lives and activities, which then circled out to the media, social workers and politicians, as well as curious non-users. However, police were not infallible. They often bumbled in their enforcement efforts, especially in the 1920s. Nor were users passive victims, either physically or strategically. There was a dialectical relationship between users and the policing apparatus. As users became increasingly careful and furtive, police were forced to develop new techniques to "discover" their drug use. This forced drug users, in turn, to acquire yet another set of techniques to keep their drug use hidden and to keep the police at bay.

Policing the consumption of drugs involves the police in a complicated relationship with the people they police. In 1924, RCMP Inspector J.W. Phillips

complained: “in dealing with the narcotic traffic, we are dealing with a unique class of crime. In nearly all cases where a crime has been committed, there is an aggrieved party, the complainant, as a basis to commence the investigation, but in the narcotic drug traffic there is no aggrieved party.”¹ Of course, narcotic drug use is not the only crime without an aggrieved party. Gambling, prostitution, sodomy and other so-called “vice” crimes rarely have complainants either. Nonetheless, Phillips hit upon the most critical aspect of narcotics policing. Except in rare circumstances, narcotics police have to rely on strategies other than information from the “victim.” As Peter Manning pointed out in his book The Narc’s Game “vice officers must in a sense ‘make crime happen’ or construct circumstances in which evidence can be obtained.”² In Canada, between 1920-1961, this meant carefully surveying drug users, engaging informants, going undercover and employing violence.

Recent literature on policing has emphasized the role of police in compiling and relaying information.³ The police played a critical role in information management in the middle of the century as well. The RCMP wrote detailed reports on every narcotics arrest and sent copies of these reports to the Division of Narcotic Control where they were entered in the case files of users. Prosecutors (who were appointed by the Division of Narcotic Control and who specialized in narcotics cases) relied heavily on these police reports during trials. Police depended on them in giving testimony. The Division of Narcotic Control considered police officers to be the most knowledgeable source of information about drug users, and were disparaging of others, such as the Vancouver Community Chest and Council, who purported to have an alternative knowledge about users and their habits. The police also supplied stories on drug use and drug policing to journalists and politicians. As a result, the police also played a critical role in constructing the ‘image’ of the drug user.

Although there is a vast literature on drug use and crime, there has been surprisingly little academic research on the policing of drug use. In Canada, there are a

¹ RCMP Annual Report for the year ended September 30, 1924: 31

² Peter Manning The Narc’s Game: Organizational and Informational Limits on Drug Law Enforcement (Cambridge MA, The MIT Press, 1980): 45

³ See Richard Ericson and Kevin D. Haggerty Policing the Risk Society (Toronto: University of Toronto Press, 1997). Richard Ericson Reproducing Order (Toronto: University of Toronto Press, 1982)

few popular “on the beat accounts”⁴, but these eulogistic accounts have very little critical analysis. With the exception of Steve Hewitt’s dissertation on the RCMP in Saskatchewan and Alberta, there is nothing on the history of street enforcement in Canada.⁵ Part of the problem may be sources.⁶ The case files from the Division of Narcotic Control contained large numbers of RCMP reports, especially for the years after World War II. However, as I discussed in the introduction, even these sources have their problems. Unless a case resulted in a charge, or it was investigated on behalf of the Department of Health, these reports were not written, or they were not placed on the files.⁷ In their reports, police do not mention the times they broke down the doors of rooming houses and found no heroin, or the many times they grabbed addicts by the throat on the street without discovering any drugs, although other evidence makes it clear that this was a common practice. I have complemented the Division case files with Department of Health records, as well as RCMP case files that are openly available from the 1920s. In addition, several former drug squad members left valuable memoirs of

⁴ Victor Markalek Merchants of Misery (Toronto: Macmillan, 1989) and Charles Stroud The Blue Wall: Street Cops in Canada (Toronto: McClelland and Stewart, 1983)

⁵ Steve Hewitt “‘Old Myths Die Hard’: The Transformation of the Mounted Police in Alberta and Saskatchewan 1914-1939” PhD Dissertation: University of Saskatoon, 1997

⁶ There is very little literature on the history of 20th century policing in Canada. Most of it has been written by Greg Marquis. See: Greg Marquis “Towards a Canadian Police Historiography” in Louis A. Knafla and W.S. Binnie Law Society and the State: Essays in Modern Legal History (Toronto: University of Toronto Press, 1995): 477-496; Greg Marquis Policing Canada’s Century: A History of the Chief Constables’ Association of Canada (Toronto: University of Toronto Press, 1993), Greg Marquis “Vancouver Vice: The Police and the Negotiation of Morality, 1904-1935” Hammer Foster and John McLaren eds. Essays in the History of Canadian Law: British Columbia and the Yukon (Toronto: University of Toronto Press, 1995): 242-273, Greg Marquis “The technology of professionalism: the identification of criminals in early 20th Century Canada” Criminal Justice History 1994 15: 165-88, Greg Marquis “The police as a social service in early 20th Century Toronto” Social History/Histoire Sociale 1992 25(5): 335-358, Greg Marquis “Police Unionism in early 20th Century Toronto” Ontario History 1989 81(2): 109-28, Greg Marquis “Working Men in Uniform: The early 20th Century Toronto Police” Social History/Histoire Sociale 1987 20(40): 259-77. See also: John Weaver Crime, Constables and Courts: Order and Transgression in a Canadian City, 1816-1970 (Montreal and Kingston: McGill-Queen’s University Press, 1995), Tamara Myers “Women Policing Women: A Patrol Woman in Montreal in the 1910s” Journal of the Canadian Historical Association 1993 4: 229-245 and C.K. Talbot, C.H.S. Jayewardene and T.J. Juliana Canada’s Constables: the Historical Development of Policing in Canada (Ottawa: Crimcare Inc, 1985)

⁷ This appears to be a common practice See Peter K. Manning The Narc’s Game: 170

narcotics enforcement.⁸ Finally, police publications, annual reports of the RCMP, the proceedings of the Chief Constables Association of Canada, a commission into irregularities in policing narcotic use in the early 1920s, testimony to a Senate Committee on the traffic of narcotic drugs in 1955 and limited information on municipal policing in Vancouver also proved valuable.

There is also surprisingly little literature on present-day narcotics enforcement. There is an academic literature on narcotic policing in the United States but it is not extensive.⁹ However, the few studies that exist have come to some important conclusions. Most authors conclude that enforcement, whether aimed at the higher-level trafficker or at the street peddler and user, is only effective for a short period of time. Captured high-level traffickers are quickly replaced by others and as Mark Kleiman and Kerry Smith point out the busting of a highly-organized monopoly might even serve in the long run to lower prices, as the cartel is replaced by more open competition.¹⁰ Effective street enforcement often moves drug use out of one community and into another.¹¹ Moreover, while street-level enforcement can increase the price of drugs, the relatively inelastic demand for drugs means that the increased price can result in more

⁸ R.S.S. Wilson Undercover for the RCMP (Victoria: Sono Niss Press, 1986), Clifford Harvison The Horsemen (Toronto: McClelland and Stewart, 1967) and T.E. E. Greenfield Drugs (mostly) (Meaford, ON: The Knight Press, 1976)

⁹ The best works include: Peter Manning The Narc's Game, Mark Harrison Moore Buy and Bust: the effective regulation of an illicit market in Heroin (Lexington MA: Lexington Books, 1977), Mark A.R. Kleinman Against Excess: A Drug Policy for Results (New York: Basic Books, 1992), and Michael Tonry and James Q. Wilson eds. Drugs and Crime (Chicago: University of Chicago Press, 1990) As Richard Ericson pointed out in Reproducing Order, it is not an easy matter to do ethnographic work with police officers, which may help explain the scarcity of literature on this topic.

¹⁰ Mark A.R. Kleiman and Kerry D. Smith "State and Local Drug Enforcement: In Search of a Strategy" in Michael Tonry and James Q. Wilson eds. Drugs and Crime (Chicago: University of Chicago Press, 1990): 82-3 See also Mark H. Moore "Supply Reduction and Drug Law Enforcement" in the same volume. A more optimistic view can be found in Craig D. Uchida and Brian Forst "Controlling Street-Level Drug Trafficking: Professional and Community Policing Approaches" in Doris Layton MacKenzie and Craig D. Uchida eds. Drugs and Crime: Evaluating Public Policy Initiatives (Thousand Oaks: Sage Publications, 1994): 77-94 An interesting debate can be found in Marcia Chaiken ed. Street-Level Drug Enforcement: Examining the Issues (Washington: US Department of Justice, 1988) A nice summary is provided in Elaine B. Sharp The Dilemma of Drug Policy (New York: Harper Collins College Publishers, 1994): 109-130

¹¹ Robert E. Worden, Timothy S. Bynum and James Frank "Police Crackdowns on Drug Abuse and Trafficking" in Doris Layton MacKenzie and Craig D. Uchida eds. Drugs and Crime: Evaluating Public Policy Initiatives (Thousand Oaks: Sage Publications, 1994): 101

crime by users as they struggle to earn enough money to buy the drug they crave.¹² It can also result in greater profits for traffickers. Finally, there is a tremendous temptation for corruption in narcotics policing. Police can turn a blind eye to offences if they so chose: making bribes an attractive option for violators of the law. It is easy to plant drugs on known traffickers or users. Moreover, undercover operations result in cooperation with criminal activities, including the very activities the police are supposed to suppress.

In their thoughtful article on corruption in narcotics policing, Redlinger and Manning correctly point out that there is corruption in all occupations. Police officers, who do not occupy a particularly high place in the occupational hierarchy are perhaps more open to accusations of corruption than other, higher-ranked professionals.¹³ Nonetheless, the very nature of policing a crime without a complainant puts narcotics police in a very tenuous situation. However, the greatest problem with policing narcotics use is the fact that police are being asked control what it is that people take into their bodies. How can they control the bodies of drug users without engaging in the constant examination of drug users' bodies, both internally and externally? How can they really "know" the user and his or her habits, without using informants and going undercover? All of these activities involve an extraordinary level of police surveillance and violations of personal autonomy.

The Structure of Enforcement

Although the Opium and Narcotic Drug Act was first passed in 1908, drug enforcement was not the responsibility of any federal department until 1920, when the Department of Health and Soldier's Re-establishment took charge of the Act. When the Dominion Police and the Royal Northwest Mounted Police were merged to create the Royal Canadian Mounted Police (RCMP) in 1920, this new force assumed responsibility for enforcing federal statutes, including the Opium and Narcotic Drug Act. The RCMP organized its first drug squad that year. However, they were not the sole police force

¹² Mark Moore convincingly makes the argument that demand is not perfectly inelastic, as some have argued. However, he admits that demand does not decrease as rapidly as price increases. Buy and Bust: 6-10

¹³ Redlinger and Manning: 85

responsible for enforcing the act. Municipal and Provincial police forces, as well as Customs officials continued their activities. At first, there was supposed to be a division of labor between the RCMP and other police forces. In the 1920s, the RCMP regularly asserted that they were interested in pursuing the higher-ups and that they planned to leave the street peddlers and addicts to municipal and provincial police forces.¹⁴ This was not exactly true, as the RCMP regularly undertook raids of Chinese opium joints. Nonetheless, the important role played by other police forces in the early period is clear. In 1928, Provincial and Municipal Police Forces made 72% of convictions under the Act.¹⁵ However over time, the RCMP played an increasingly critical role in all drug enforcement. By 1940, provincial and municipal convictions only accounted for 29% of all convictions.¹⁶ By the 1950s, the RCMP were involved in virtually all arrests under the Act. In Vancouver cooperation was so close that members of the City police worked out of the offices of the RCMP, and several RCMP officers worked out of city police offices. In Montreal in the post-war period, where the drug problem was small and where the city police had no full time narcotics officers, the Montreal Chief of Police told the Senate that “we have with that service (the RCMP) the closest co-operation it is possible for any Police Department to have.”¹⁷ The Montreal City police did not pick up any drug users or peddlers on the street until they had contacted the RCMP, so as not to spoil any case that the RCMP might be working on. In Toronto, there were several plainclothes officers assigned to narcotics work, but all arrests were made in cooperation with members of the RCMP Narcotic Squad.¹⁸

The reasons for the increased involvement of the RCMP were complex. First of all, rivalry between the various enforcement units in the early 1920s had a negative impact on policing, and narcotic officials were keen to have a single force responsible for carrying out what they regarded as a crucial mission. Since the two chiefs of the Narcotic Division between 1927-1959 were former Mounted police officers, they had strong

¹⁴ Annual Report of the RCMP for the Year Ended September 30, 1923: 16

¹⁵ Speech by C.H.L. Sharman Journal of Proceedings of the Annual Conference of the Chief Constables Association of Canada 1941: 37

¹⁶ Speech by Sharman to the Annual Conference of the Chief Constables Association of Canada for year 1941: 37

¹⁷ Report of the Special Senate Committee: 408

¹⁸ Annual Report of the Metro Toronto Police 1957: 33

connections with the RCMP and saw it as the obvious choice.¹⁹ Secondly, during the Great Depression, municipal police forces decreased in size, while the RCMP (having entered into contracts to do provincial policing for the three Maritime Provinces and the three Prairie Provinces) continued to grow. Thirdly, and probably most importantly, the Opium and Narcotic Drug Act gave a new and extremely valuable power to the RCMP in 1929. Writs of Assistance were permanent search warrants given to “carefully selected RCMP officers” across the country. They allowed the RCMP officers (and any other accompanying police officers) to search anywhere at any time provided that the officer had grounds to believe that narcotics were on the premises. The Writ of Assistance was not entirely unprecedented. There were similar provisions in the Customs Act and since 1922, the Opium and Narcotic Drug Act had given the police the right to search places other than a dwelling house without a warrant. Since 1925, police also had the right to search people without a warrant under the Opium and Narcotic Drug Act. Nonetheless, the powers embedded in the Writ of Assistance gave the RCMP considerable power over other police forces. As a result, narcotic raids increasingly involved cooperation between city police forces and at least one RCMP officer who held a Writ of Assistance.²⁰ The increased role of the RCMP in enforcing the Opium and Narcotic Drug Act had an important impact. RCMP officers from across the country were in close communication both with each other and with the Division of Narcotic Control allowing them to share information about users and the changing practices of drug using, peddling and trafficking.

Convictions increased after the RCMP assumed responsibility for enforcement in 1920. The Division of Narcotic Control asserted that this was due to the new federal presence. In 1922, the Division complained to the League of Nations that provincial and municipal authorities had previously made “little or no attempt to deal effectively with

¹⁹ Both Colonel C.H.L. Sharman who was chief between 1927-1946, and K.C.Hossick who was Chief between 1946-1959 were former Mounted Police officers.

²⁰ In the late 1960s and early 70s, police forces other than the RCMP claimed to the Commission of Inquiry into the non-medical use of drugs that they were at a disadvantage because they lacked the writ of assistance. The Commission reported that this was one of the reasons they have preferred to act with the RCMP. Canada Commission of Inquiry into the non-medical use of drugs Final Report (Ottawa, 1973)

this ever growing menace.”²¹ This was not entirely true. In 1919, the year before the RCMP became involved, more than a thousand people were convicted of drug offences. Moreover, as a result of the drug panic of the early 1920s all police forces were under pressure to enforce the Act, and convictions probably would have increased regardless of whether or not the RCMP got involved. Nonetheless, putting the federal police force in charge of the Opium and Narcotic Drug Act did have an important impact in increasing the intensity of enforcement. In addition, RCMP officers from across the country were in close communication both with each other and with the Division of Narcotic Control allowing them to share information about users and the changing practices of drug using, peddling and trafficking. This made policing more effective.

Narcotics enforcement was a mixed blessing for the RCMP. On the one hand, the force had come close to being abolished in the early 1920s and the important task of enforcing Canada’s drug laws gave them an additional *raison d’être*.²² On the other, the gritty work of narcotics enforcement clashed with the carefully constructed image of the upright and manly Mounted Police officer.²³ In 1922, the Commissioner complained that the work was “repulsive....entailing as it does contact with peculiarly loathsome dregs of humanity; our men greatly dislike it and it is undertaken only in accordance with duty, and because of the knowledge that while unpleasant it is a service to humanity.”²⁴ The queasiness the RCMP felt about narcotics policing can be seen in their annual reports, which regularly highlighted northern patrols over the daily work of narcotics enforcement.

It took the RCMP time to develop standard and professional procedures in policing the narcotic drug trade. In both Montreal and Vancouver, the two centres of the trade in the early 1920s, the RCMP were accused of irregularities in their policing practices. In 1922, the Department of Health strongly urged the Force in Montreal to

²¹ Annual Report to the League of Nations for the year ended March 31, 1922 in NAC, RG 29, Vol #610 File #325-5-4

²² R.C.MacLeod “The RCMP and the Evolution of Provincial Policing” in R.C. MacLeod and David Schneiderman eds. Police Powers in Canada: The Evolution and Practice of Authority (Toronto: University of Toronto Press, 1994): 44-56

²³ See Keith Walden Visions of Order (Toronto: Butterworths, 1982) and Michael Dawson “‘That Nice Red Coat Goes to My Head Like Champagne:’ Gender, Antimodernism and the Mountie Image 1880-1960” Journal of Canadian Studies 1997 32(3): 119-139

²⁴ Annual Report of the RCMP for year ended September 30, 1922: 17

investigate the activities of its own officers who, it was rumored, were accepting bribe money from traffickers.²⁵ In British Columbia, drug squad operations were suspended in August 1923 after several members of the drug squad were arrested and charged with possession of opium. The federal government established a formal Commission of Inquiry to look into the matter. The police were fully exonerated, but the Commission revealed that at the very least, the police needed to do much more to ensure that their officers did not succumb to temptation.²⁶ The Division of Narcotic Control believed that the allegations of corruption, at least in British Columbia, stemmed, in part, from rivalry between different police forces over the enforcement of the Act.²⁷ Certainly, in the early 1920s, police forces were suspicious of each other and even attempted to make cases of corruption against one another.²⁸ However, by the mid-1920s, allegations of corruption had ceased and never arose again in the time period under study, although this certainly does not mean that corruption did not exist.

Probably the most important change in policing between 1920-1961 was its intensity. In 1923-24, the Division of Narcotic Control estimated that there were 9 500 addicts in Canada.²⁹ No numbers are available about the number of men assigned to narcotics policing in the 1920s, but it was probably quite small. Arrests were high partly because it was easy to raid opium dens and arrest large numbers of people, not because policing was intensively focused on individuals. Drug users could escape detection for long periods of time. By comparison with the post-war period, neither the RCMP nor the municipal police devoted significant resources to drug enforcement in the 1920s. In 1923, the Chief of the Toronto police revealed that his police were not engaging in any sort of comprehensive policing of drug users. He told the Division of Narcotic Control: "I could not give you any idea of the number of persons addicted to the drug habit in

²⁵ NAC, RG 18, Vol #3162 File G-494-2

²⁶ Report of Commissioner J.P. Smith RG 18, Vol #3170 File G494-7

²⁷ F.W. Cowan, the Chief of the Division of Narcotic Control, believed that "the whole trouble has been brought to a head through certain jealousies existing in the ranks of the British Columbia Provincial Police, as it is common knowledge that they are anxious to see the Federal Police withdrawn from British Columbia." Letter from F.W. Cowan to J.G. Shearer, Secretary The Social Service Council of Canada in NAC, RG 29, Vol #605 File #325-4-7

²⁸ See Memo July 22, 1923 in NAC, RG 28, Vol #3296, File 1923 H.Q. 189-C-1, Report of Commission of Enquiry in RG 18 Vol #3170 File G494-7: 50-59 and Annual Report of the RCMP for the year ended September 30, 1924: 14-15

²⁹ Annual Report of the Department of Health for the Year Ended March 31, 1924: 36

Toronto. All we are able to do is to follow up any information which may lead to the arrest of any person using or selling the drug. When convicted they get long sentences.”³⁰ If anything, enforcement efforts declined even further in the 1930s. In Canada’s largest city, Montreal, most of the drug work done by the RCMP was left to two detectives.³¹ In 1929, the municipal drug squad in Vancouver was disbanded. In the 1930s, the RCMP drug squad in Vancouver consisted of three non-commissioned officers and a half-dozen constables.³² Although the supply of drugs was diminishing in the 1930s, and the number of users seems to have been declining, there were many fewer police officers to police many more users than there were after World War II.

In the 1950s, when virtually all policing was being done with the cooperation of the RCMP, the police knew the addicts and the addicts knew the police. Of course there were exceptions – there were people who obtained their supply from doctors, or a few wealthy people who were able to buy drugs with great discretion. Some users in rural areas, where policing was less intensive, may have escaped detection.³³ However, this was not true for the vast majority of users. In his testimony to the Senate Committee on the Traffic in Narcotic Drugs in 1955, Vancouver’s Police Chief Walter Mulligan was asked:

Senator Hodges: You think the combined police force of Vancouver know the full number of suspected addicts?

Mr. Mulligan: Oh, yes, on account of surveillance, you are bound to see them moving around.

Senator Hodges: Yes, but they might move in circles not known to the police necessarily. I am not talking of the criminal addicts or suspected addicts, but do you think there are a number that have not yet been suspected?

³⁰ Letter from S.J.Dickson to F.W. Cowan January 19, 1923 in NAC, RG 29, Vol #551, File 3320-6-5

³¹ Annual Report of the RCMP for the year ended September 30, 1931: 59

³² R.S.S.Wilson: 158

³³ This interesting possibility is raised by Ken Stoddart’s work in the 1970s. His interviews with users suggested that in the 1960s people were able to obtain drugs in the interior of BC without being detected by police. See: Kenneth Stoddart “The Enforcement of Narcotics Violations in a Canadian City: Heroin Users’ Perspectives on the Production of Official Statistics” Canadian Journal of Criminology 24(4): 425-438

Mr. Mulligan: No, I would say that shortly after the arrival of such a person in Vancouver he would be noticed very quickly.³⁴

In 1954-55, there were twenty RCMP officers employed on the Vancouver Drug Squad.³⁵ Additionally, there were fourteen men on the Vancouver City Police Drug Detail.³⁶ In 1961, there were 22 RCMP officers and 12 Vancouver City Police officers enforcing the narcotic laws in Vancouver.³⁷ This meant that between 1955-61, there were 34 full-time narcotic officers in Vancouver to police what were likely fewer than 1500 addicts, about 1/3rd of who were incarcerated at any given time.³⁸ The same situation prevailed in other cities. In 1955, the Montreal drug squad of the RCMP had eight members.³⁹ The Division of Narcotic Control estimated that there were only 337 criminal and professional addicts in all of Quebec.⁴⁰

Between 1920-1961 therefore, drug policing grew much more intensive and was increasingly in the hands of the RCMP. It also became considerably more professional. The techniques of enforcement: surveillance and raids, the use of informants, undercover work, and the policing of individual bodies remained the same throughout the time period, but the police became far more adept at them. At the same time, users became increasingly conscious of the policing apparatus, and also improved their techniques of concealment. However, given the number of police officers relative to users in the post-war period, it was largely a losing battle for the users, who were regularly caught and incarcerated.

³⁴ Report of the Special Senate Committee: 75

³⁵ "Commissioner's Report for the Year Ended March 31, 1955" Annual Report of the RCMP for the year ended March 31, 1955: 19

³⁶ The Vancouver Drug Detail was expanded from four men to fourteen on November 6, 1954. R.H. Tupper Interim Report of the Vancouver City Police Force Inquiry December 31, 1955: 68-9 The Tupper inquiry was the result of a scandal which struck the Vancouver City Police in 1955. It did not involve the narcotic squad or narcotics policing in any way. Ian Macdonald and Betty O'Keefe The Mulligan Affair: Top Cop on the Take (Surrey: Heritage House Publishing Company, 1997)

³⁷ "R. v. Dale" RCMP Quarterly July 1961: 43

³⁸ Vancouver Police Chief Walter Mulligan estimated that there were 1581 addicts or suspected addicts in Vancouver in February, 1955. The Division of Narcotic Control estimated that there were 1 185 addicts in all of British Columbia. George H. Stevenson Drug Addiction in British Columbia (Vancouver: University of British Columbia, 1956): 413 Stevenson believed that all of these estimates were probably on the high side: 416

³⁹ Report of the Special Senate Committee: 404

⁴⁰ Stevenson: 413 Estimates from the Division of Narcotic Control

The difference is perhaps most vividly illustrated in the criminal records of long time users. According to his case file, John F. probably started using in the late 1920s. He was not charged with a drug offence until 1942 when he was sentenced to six months for forgery and possession. In the twenty years following his first possession charge he served five additional terms for drugs in possession, as well as several terms for theft, meaning that after World War II, he spent far more time incarcerated than he did out on the street. By contrast, he spent most of the 1930s on the street. Similarly, Gregory S. first came to the attention of authorities as an addict in the mid-1930s. However, he was born in 1904 and likely started using in the 1920s. He served time for his first drug offence in 1941, and served additional time for drug offences in 1950 (9 months), 1953 (12 months), 1954 (2 years), and 1961 (fifteen months.) He spent most of the late 1950s in jail for theft.⁴¹ Most people did not use as long as John F. and Gregory S. Instead, users who started after World War II faced vastly different enforcement conditions from users in the 1920s and 30s.

Training

The men in charge of enforcing the Opium and Narcotic Drug Act, whether RCMP officers, or municipal police, received little training as police officers, never mind as narcotics officers. Training in municipal police forces generally consisted of drill and physical exercise. According to historian Greg Marquis the “unwritten rule remained: the policeman learned on the beat.”⁴² The RCMP was not much better. In the mid-1920s, T.E.E. Greenfield remembered receiving four months of training, including lectures on the criminal code, federal statutes, the police manual and the history of force. This was interspersed with physical training, especially equitation.⁴³ R.S.S. Wilson, who later became head of the Vancouver drug squad, remembered that his training consisted primarily of riding and foot drill “rounded out by a goodly measure of fatigues coupled with strict discipline. The General idea prevailing in the Force at that time apparently was that the only way one could learn anything about police work was by getting out of

⁴¹ NAC, RG 29, Vol #3331 File #327-S-53

⁴² Marquis: 180-181

the Depot and doing it.”⁴⁴ In 1929, the RCMP introduced a Narcotic Drug Training Class in Vancouver. The course involved practical work raiding opium joints, keeping observation on suspected premises, trailing drug addicts and peddlers, as well as lectures by the head of the Criminal Investigation Branch in British Columbia.⁴⁵ The first class had eight students.⁴⁶ By the mid-1930s, the RCMP had upped its educational requirements for admission, and the general training course had been increased to six months.⁴⁷

Even the longer general training course did not leave time for specialized teaching in matters such as checking narcotic records. Since the 1920s, the RCMP had been in charge of inspecting drug store records to ensure that there were no irregularities in dispensing. In the mid-1930s the Division of Narcotic Control was alarmed by police errors in checking these records. The Chief of the Division complained to Assistant Commissioner S.T. Wood that in one case a police report had led the Department to conclude that a doctor was prescribing too much cocaine. In fact, the amount prescribed was small, and the Division of Narcotic Control was forced to send a letter of apology.⁴⁸ In another case, the RCMP had inspected a drug store six times in six years and never turned up any irregularities. However, a check by an officer who was a trained druggist in 1936 revealed that the drug store had not been keeping a narcotic register as required by law.⁴⁹ In 1947, the Division of Narcotic Control established instructional classes in the inspection of narcotic records. In the first year, 16 RCMP officers from eight divisions attended these classes.⁵⁰ This course was one month in length and was offered for at least the next five years.⁵¹

⁴³ Greenfield: 8

⁴⁴ Wilson: 12

⁴⁵ Wilson: 12-13

⁴⁶ Annual Report of the RCMP for the year ended September 30, 1929: 25

⁴⁷ Annual Report of the RCMP for the year ended March 31, 1934: 20

⁴⁸ Letter from C.H.L. Sharman to S.T. Wood December 24, 1936 in NAC, RG 29, Vol #601 File #324-6-2

⁴⁹ RCMP Memo January 7, 1936 in NAC, RG 29, Vol #601 File #324-6-2

⁵⁰ Annual Report of the RCMP for the year ended March 31, 1948: 25

⁵¹ Annual Report of Canada under the Convention Limiting the Manufacture and Regulating the Distribution of Narcotic Drugs 13, July, 1931 for the Year 1947 in NAC, RG 29, Vol #592 File 3322-5-3 Part 5

While the RCMP increased its training over time, city police force training remained slack. Even in 1956, the Vancouver City Police reported that a “dangerously large percentage of members of the Force, some with as much as ten years of service, had had no formal training whatsoever.”⁵² They implemented their first three-month training course that year. The Metro Toronto Police did not inaugurate their Police College until 1959. The nine-week course included academic studies, training in armed combat and in the proper handling of weapons.⁵³

Nonetheless, it is clear that police officers did learn a great deal on the job. By the 30s, RCMP techniques were fairly standard across the country, and experienced narcotics officers were well aware of the procedures they needed to follow to obtain a conviction. Experienced police officers were detailed across the country to train others and help prepare cases for court. When Barry M. was arrested in Welland in 1943 it became obvious that the police in that city had little experience with narcotics’ cases. The police reported that they would only send the drugs in question to Toronto for analysis if Barry M pleaded “not guilty.” They received a report back from the Criminal Investigation Branch stating they had to send the exhibits to Toronto for analysis as “it is felt that no Magistrate would accept a plea of guilty or not guilty unless he was actually aware that the exhibits before him were narcotics within the meaning of the ONDA.” The report added “to assist you in preparing this case for Court it has been decided to detail Cst. ___ of the Mobile Narcotic Unit to proceed to your detachment when the name of Crown Counsel has been appointed and thereafter all the angles of the matter will be given proper consideration.”⁵⁴ In addition to special dispatching like this, narcotics officers, like other RCMP officers, were regularly transferred, which meant that they often recognized drug users from other cities and could share information with their new colleagues about drug users and drug using practices in different locales.

⁵² Annual Report of the Vancouver City Police for year 1956: 6

⁵³ Annual Report of the Metro Toronto Police for the Year 1960: 20

⁵⁴ RCMP Report October 19, 1943 in NAC, RG 29, Vol #3332 File #327-M-24

Discrimination

The time period of use was not the only factor influencing drug users' interactions with police officers. Different types of users experienced different types of policing. Chinese drug users were often charged with opium smoking, or being found in an opium joint, charges that raised revenue for police forces (as they kept part of the fine) and were subject to less scrutiny in the courtroom as the penalties were small. White drug users were more frequently charged with possession. This chapter focuses primarily on what the police and the Division of Narcotic Control called the "criminal addict". However, not all drug users fit into this category. Addicted doctors were treated very differently. Nurses fell somewhere in-between, depending on their "respectability" and their persistence in obtaining narcotic drugs. For example, in 1943 police discovered that Madge S. was forging prescriptions. After making inquiries, the police concluded that: "she was an excellent nurse, bearing a good reputation, that she was reliable and did not run around at nights."⁵⁵ The three RCMP officers involved in the case concluded that: "it would be a travesty of justice to place this person in the category of a criminal addict, that with hospitalization she could again become a useful citizen." The RCMP arranged treatment for her in a hospital in Windsor. In 1944 police discovered that she was once again obtaining narcotics from doctors, but contented themselves with obtaining a statement. Finally, in 1947, police learned that she had forged a prescription. This time she was charged with forgery and was given an indefinite sentence (not to exceed 18 months) in the Mercer reformatory.

Class, connections and youth could also make a difference. In 1941, a twenty-year-old woman was arrested with Ernest D., a well-known addict, who had previously hooked up with young women and prostituted them. The head of the Vancouver drug squad knew the young woman's family and took the time to interview both her and her parents. He reported that they "these people are of unquestionable character and reliable citizens." The father promised full cooperation in rehabilitating his daughter. Despite the fact she had been using drugs for almost a year, the judge took pity on her. The

⁵⁵ NAC, RG 29, Vol #3336 File #327-P-88

charge against her was dismissed.⁵⁶ Most drug users who interacted with police officers were working-class men and women with previous encounters with police. In general, police were willing to give extra chances and consideration to anyone who did not fit this stereotype.

The Techniques of Enforcement

Surveillance and Raids

In the early years, one of the most popular enforcement techniques was raiding Chinese residences to search for opium. For example, between June 7, 1921 and May 19, 1922 the RCMP made fourteen raids on what they described as Chinese “headquarters” at the Fraser Mills in British Columbia. In 10 of these raids, 28 arrests were made, and in the other four raids, no arrests were made but opium pipes were seized.⁵⁷ In Montreal, former RCMP Commissioner C.W. Harvison recalled participating in many raids at the beginning of his career in the early 1920s. He reported that at first the police were able to make large numbers of arrests and secured paraphernalia and opium. In the beginning he claimed that the opium den operators offered bribes to have the whole thing called off. “It took several weeks and many searches and arrests to convince them that we meant to put them out of business.” However, from then on, the searches became increasingly difficult: “Look-outs were posted, doors were barred and a system developed whereby in order to protect the proprietors, smokers were required to pick up their “decks” at some place other than the actual smoking premises.”⁵⁸ Although the police were less successful at securing arrests over time, they used their constant presence and raids to make it more difficult for the opium dens to operate.

Similar techniques were used against white sellers and users of drugs. In 1922, the officer commanding Montreal reported that he simply posted informers

⁵⁶ NAC, RG 29, Vol #3331 File #327-D-32

⁵⁷ Report of Commissioner J.P. Smith (Duplicate Copy) Commission of Inquiry Vancouver and Victoria BC NAC, RG 28, Vol #3170 File #G494-7 (Part 1): 143 For evidence of the many raids which were made which did not even net any drugs see: NAC, RG 18, Vol #3297 File 1920-HQ-189-E-1

⁵⁸ Harvison: 40-42

or spotters in locales where peddling was taking place. Of course, peddlers simply moved their location, but he believed that “like any other business they would eventually have to shut down. Max Faber (a trafficker in Montreal) bitterly complains that we have knocked the bottom out of his traffic by merely making a point to travel Benoit St. whenever possible, of course he still sells there but only on a very decreased margin and in continual fear of being caught.”⁵⁹

The policy of frequent raids only worked for a short period of time as demonstrated by the drop in arrests in the mid-1920s. Drug users became more cautious, and it was much more difficult for police to learn where drugs were being sold and to arrest drug users in large groups. Moreover, as discussed in chapter 2, police harassment probably did succeed in decreasing the number of casual users of drugs in the early 1920s. Just as prohibition appears to have decreased drinking in the United States, drug enforcement probably drove out a number of casual users who were unwilling to go to jail for their drug of choice.⁶⁰ However, there was a core of users whose decision to use was not significantly affected by drug enforcement. These users simply did a better job of hiding their use and their sources of supply.

By the late 1920s, illicit drug peddling was increasingly centered in the most marginal sections of Canadian cities and it became less attractive to police to drive drug users out of these areas and into better areas of the city. Instead, the police took advantage of the fact that they knew where to find the users. In Vancouver’s downtown eastside, narcotics enforcement focused much of their effort on the residential hotels where most drug users lived. Beginning in 1939, Vancouver City Police undertook

⁵⁹ RCMP Report by C.E. Wilcox, January 31, 1922 in NAC, RG 29, Vol #226 File #323-12-2 Part 1

⁶⁰ The number of deaths from liver cirrhosis fell dramatically during prohibition in the United States. Liver cirrhosis is positively correlated with per capita consumption of alcohol. Paul Aaron and David Musto conclude “there is now little dispute about the fact that the annual per-capita consumption level declined as the result of prohibition. Because of the long war of statistics fought between wet and dry forces, data, no matter how useful, have often been assumed to be little more than disguised polemics. There was, of course, a surfeit of spurious evidence churned out by both sides. But there is a body of credible information suggesting that the 18th Amendment had a substantial impact on drinking patterns.” Paul Aaron and David Musto “Temperance and Prohibition in America: A Historical Overview” in Mark H. Moore and Dean R. Gerstein eds. Alcohol and Public Policy: Beyond the Shadow of Prohibition (Washington: National Academy Press, 1981): 164-65; Canada Commission of Enquiry into the Non-medical use of Drugs Final Report: 396; and Mark A.R. Kleinman Against Excess: 244-5

regular inspections of downtown eastside rooming houses for drugs and drug paraphernalia and frequently succeeded in making arrests as a result. For example, in October 1957 the police were searching the bathroom of the second floor of a residential hotel when they found a capsule containing white powder wrapped in a piece of silver paper secreted above the ladies toilet. They took a sample of the cap and then replaced it and kept observation on the toilet. Two and half-hours later they observed Daniel F. disappear in the vicinity of the toilet. They then checked the same spot and found the capsule missing. One police officer then took up a position in a bathroom to maintain observation on the window of room 20 where they knew Daniel F. was staying, while the other detective forced the door.⁶¹ Based on the police officers' observations of the room, and evidence of drug taking activity such as spoon and eyedropper and a small silver paper identical to the one that had covered the capsule in the bathroom, Daniel F. was convicted of possession and sentenced to fifteen months. Such cases took considerable persistence and long hours on the part of police officers, but they were extremely successful at yielding convictions.

Another common technique was to follow drug users from popular drug-buying locations. In 1956 three Vancouver City Police officers saw four known users in front of the New Zenith Café (a well-known drug centre) in the company of six other users. When the first four got in a taxi the police followed them to their hotel. After allowing time for one officer to get in a position to observe the window of the room, the other two officers forced the door. One of the four was seized and they found a capsule of heroin in his hand.⁶² (It was important for police to observe the window, since drug users regularly tried to dispose of drugs and "works" by throwing them out windows, or flushing them down the toilet.) Similarly, in 1952 two RCMP officers in Vancouver observed Norman M. and a female companion walking from the Common Gold Café to the Broadway Hotel. They learned that the woman was registered in room 200, and they entered with a passkey. They discovered two capsules in the woman's coat.⁶³

Police often kept observation on individual rooms through the transoms. In September 1960, the police learned from an informant that Betty M. lived in an apartment

⁶¹ NAC, RG 29, Vol #3331 File #327-F-33

⁶² RCMP Report August 22, 1956 in NAC, RG 29, Vol #3342 File #327-J-154

on Bay Street (Toronto) and that she kept her “works” in a washroom on the same floor. They found the works, and kept observation on them until they saw her come out of her room and pick them up. They then kept observation on her room from the transom over the door. They saw her prepare her injection, at which point they forced the door. She was sentenced to six months for possession.⁶⁴

Occasionally they kept observation from inside the room itself. In 1961, the police followed Sally H and another woman to a Sherbourne St. hotel. After they registered, they left the hotel, at which point the two Metro officers searched their room with negative results. One of the police officers then hid in a closet in the room. Several hours later the two women returned home. Sally H. checked the closet and upon seeing the officer attempted to dispose of an eyedropper and hypodermic needle. The two women were arrested and Sally H. was sentenced to two years.⁶⁵

Some bar owners assisted police with their surveillance. A 1958 *MacLean's Magazine* article claimed that the owner of the Broadway Hotel Beer Parlour in Vancouver “had purposely allowed addicts and pushers to set up shop in the beer parlour as a convenience to police. It helped keep things all under one roof.” The owner explained “this was a stake-out for the police, there wasn't just one cop; they were swarming over the whole joint.” When he renovated the place he made it possible for the police to see inside from a lookout across the street. He took down the heavy drapes, put mirrors on the walls, arranged for peepholes and created a secret entrance, through which the police could rush to nab a suspect.⁶⁶ Rooming house operators also regularly assisted police by providing passkeys, and allowing them access to adjoining rooms for observation.

Police also regularly checked addicts on the street. A log of police checks by the Vancouver City Police in 1960-61 shows that it was not uncommon for addicts to be checked several times over the course of a month. Police kept detailed reports of the cars they were driving, where and with whom they were living, and their future plans for employment and travel. In June 1960, Juliana H. was checked twice in the downtown

⁶³ NAC, RG 29, Vol #3345 File #327-M-391

⁶⁴ RCMP Report September 1, 1960 in NAC, RG 29, Vol #3348 File #327-M-542

⁶⁵ NAC, RG 29, Vol #3340 File #327-H-156

⁶⁶ “The Streets of Canada: Hastings” *MacLean's Magazine* March 1, 1958: 40

eastside. The first time police reported that she had just arrived in Vancouver that afternoon. She had been deported from Seattle. They stated that she was currently a redhead and that she had 15 cents in possession. She was checked again two days later. She told police that she was leaving for her parent's house in the suburbs the next day. They reported that she had 25 cents.⁶⁷

Police also maintained observation from above the "corner" of Hastings and Main in Vancouver, which was the center of the drug trade in post-war Canada. In a 1960 case police learned that Horace A. was selling drugs from Victoria Square, a memorial park a few blocks from Hastings and Main. Two men were stationed at the Vancouver Province Building and three men were stationed from Trapper's Furs on Hamilton Street. All had binoculars and there was direct telephone contact between the two sets of men. The police observed Horace A. sit down on a park bench. Several times that afternoon they saw Horace A. take a green object out of his mouth, shake something from it and hand it to someone else. The customer then gave Horace A. a \$5 bill. Horace A. was then seen to wrap the green object in a maple leaf and toss it on the ground about three feet to the right of where he was sitting. Later that afternoon the three officers who had been stationed at Trapper's furs seized Horace A. The bundle was located and was found to contain 7 capsules. At his trial, Horace A. was sentenced to five years.⁶⁸

As in this case, police made use of new technology in their surveillance operations. American police used photography as early as the 1890s to help identify criminals and this technology was also at use in Vancouver in the late 19th century.⁶⁹ The Division of Narcotic Control collected the mug shots of every convicted addict in the country, which were presumably used by the RCMP and municipal police forces as well. The RCMP published the occasional photo of drug users in the RCMP Gazette – a police publication that was distributed to police forces across the country and used to nab suspects. In 1940, for example, the RCMP caught Leo B, a drug user with a long record as a result of the publication of his photo in the Gazette. Leo B. and his partner Kay B., a registered nurse who was suspected of stealing morphine from hospital supplies, were

⁶⁷ Vancouver City Archives "Information bulletins", 1960, 4 cm, series 201

⁶⁸ RCMP Report September 20, 1960 in NAC, RG 29, Vol #3340 File #327-A-39

forging cheques in Vancouver in the early part of 1940. After several of their accomplices were caught, the two left Vancouver for Alberta in March. The RCMP Gazette published their photographs, a description of their modus operandi and their criminal records. All police forces were warned to be on the alert for the couple. Two weeks later the St. James, Manitoba police department reported that the two were operating there, after a doctor reported that a woman had come to his office requesting narcotics for a sick patient. The police used the RCMP Gazette to verify Kay B's identity with the doctor. The RCMP in Winnipeg quickly learned that Kay B. had passed a cheque at the Hudson's Bay Company, once again making use of the Gazette photo.⁷⁰

Film was also used occasionally. In a 1950 case, the RCMP made use of film to make a record of the activities of drug suspects, and showed these films in the courtroom.⁷¹ In the early 1950s, they installed a motion picture camera at a busy intersection in downtown Vancouver, focused on an establishment that was frequented by addicts, and in a week approximately 90 addicts were photographed. They repeated the same procedure in 1955.⁷² Walkie-talkies also came in handy. In a 1952 Burnaby case, the RCMP reported that the terrain and the location of the drug cache made it impossible to signal by hand to the other members of the squad when the cache had been picked up. Walkie-talkies made the arrest possible.⁷³

Identification of users was also eased with the introduction of fluorescent powder. The powder was used to dust money in drug sales, or more often, the drug itself. For example, in June 1957 a Vancouver City Police drug officer discovered a cache of narcotics at the rear of a house. The police officer dusted the cache with fluorescent powder. Two police officers kept observation on the cache for the next 2 ½ hours. They saw two men pick up the cache in a car and an hour later spotted them at a movie. They were taken to Vancouver City Police offices and their hands and clothing were examined under a fluorescent lamp. Archie W.'s hands and clothing had several spots. The

⁶⁹ Sandra S. Phillips Police Pictures: The Photograph as Evidence (San Francisco: The San Francisco Museum of Modern Art, 1997) Greg Marquis "Toward Canadian Police Historiography": 489

⁷⁰ "R v. Bancroft and Burke" RCMP Quarterly 8(1) July 1940: 9-10

⁷¹ Annual report of the RCMP for the year ended March 31, 1952: 24

⁷² Report of the Special Senate Committee: 270

⁷³ NAC, RG 29, Vol #3348 File #327-T-118

samples were analyzed and at his trial the twenty-five year old labourer was given 2 years and six months for possession.⁷⁴

The police made full use of any technology available to them. All helped identify drug users who could then be followed to determine when they might be in possession of drugs. The concentration of users in a few small areas of the country after World War II made it much easier to determine who the users were, and to keep a careful eye on their activities. The constant cycle of surveillance and raids must have added enormously to the stress of users' lives. Drug users who participated in a study at Oakalla prison farm in the mid-1950s said that their most common dream concerning drugs had them preparing a fix when the RCMP suddenly broke down the door.⁷⁵ Drug users regularly blockaded their doors with furniture to give them extra time in case of a police raid, and they kept all of their drug using and selling activities as secret as possible.

In an article on the policing of homosexual activity in Toronto, Steve Maynard stressed that one of the effects of "police surveillance and the arrest of men, was to bring the subculture of public sex to the attention of a broader public."⁷⁶ Certainly, the policing of drug use led to the growth of knowledge, as the "evidence" of drug use was produced in police reports, courtrooms, and newspapers. In post-war Vancouver most citizens would have known where the drug trade was centered. Although users were often reticent about introducing others into the drug culture, curious people with the appropriate underworld credentials were quickly able to obtain a "fix." People in Vancouver, for example, could start by hanging out in the bars and cafés of the downtown eastside. Once they became known and trusted, it was possible for them to make purchases. In a round about way, therefore, surveillance could actually produce deviance.

⁷⁴ NAC, RG 29, Vol #3331 File #327-W-52

⁷⁵ Unfortunately, there is no information in the study about how many addicts were asked about their dreams. The report only stated that over 30 had this dream. G.H. Stevenson "Some Medical and Psychological Aspects of Drug Addiction" in NAC, RG 29, Vol #604, File #325-3-2 Part 2

⁷⁶ Steven Maynard "Through a Hole in the Lavatory Wall: Homosexual Subcultures, Police Surveillance and the Dialectics of Discover, Toronto, 1890-1930" Journal of the History of Sexuality 1994 5(2): 240

Informants

A quicker way of making cases was for police to work through informers, who could provide critical information on when and where people would be selling and using.⁷⁷ Drug squad veteran Sergeant Fripps told annual meeting of the Chief Constables Association of Canada in 1944: “You have to use them (stool pigeons). If you get a good one, he is worth his weight in gold.”⁷⁸ Within the addict community, informants were strongly condemned and the punishments could be severe. In 1937, police were developing a case with an informer in Winnipeg when the informer’s cover was blown. According to police: “Everyone on the Main St. about the Central Pool Hall, the Exchange Café and the Stay Pool Hall were calling him a rat and a stool and had threatened to put the boots to him if he continued coming around.”⁷⁹ Similarly, in 1960 John W. helped the police with a big drug bust. When he was imprisoned in 1976 he still had to be placed in protective custody.⁸⁰

Nonetheless, judging by the number of times the police mentioned informers in their reports it must have been very common for users to act as informants. Former Vancouver Drug Squad leader R.S.S. Wilson reported that “contrary to the misconception held by some members of the public that so-called third-degree methods are necessary to get suspects to talk, it has been my experience that drug peddlers, who are themselves drug addicts, are almost always willing to do so. Fearing the physical agony associated with the abrupt withdrawal of the drug, which happened when locked up awaiting trial, the addict would go to almost any lengths to keep out of jail. Moreover, he hoped that by co-operating with the police he would eventually end up with a lighter sentence himself. This often happened, as the courts recognized the necessity for using a trapped addict to reach the higher-ups who were seldom, if ever, addicts themselves.”⁸¹ T.E.E. Greenfield,

⁷⁷ Manning The Narc’s Game also shows heavy use of informers

⁷⁸ Journal of Proceedings of the Annual Conference of the Chief Constables Association of Canada 1944: 104

⁷⁹ NAC, RG 29, Vol #3330 File #327-W-195

⁸⁰ JHS #22681

⁸¹ Wilson: 19

who served on the Toronto drug squad in the 1930s and 40s, also remembered that large numbers of addicts acted as police informers.⁸²

Informers had a variety of motivations but financial gain, reduced charges or sentences, and revenge were the most common. Informers were apparently paid well.⁸³ Offences under the Opium and Narcotic Drug Act were almost always punished with a fine (often in addition to a prison sentence.) Half of the fine was not an uncommon payment to informers in the early 1920s.⁸⁴ In a 1937 case, which was apparently motivated by the desire for financial gain, Polly D. agreed to act as an informant after the police raided her home in Winnipeg. No narcotics were found, but Polly D. admitted to being an addict and said that she was obtaining drugs from a doctor. She mentioned that she could make purchases from a trafficker in Winnipeg and told the police that she would be willing to assist police in making a case against him “if well paid for her services.”⁸⁵ The police promised that they would do so.

Some informers were motivated not by financial gain but by a desire for revenge. In a 1938 case in Edmonton, a woman agreed to act as informant because she had a grudge against the peddler in question.⁸⁶ However, she took sick (or so she said) and the police needed another informant to complete the case. In 1925 an informer told police that he had stopped using but that he had a grudge against a particular peddler and was willing to make a purchase from him for police. RCMP Officer Det. Sergt Churchman concluded that: “Informer M.5 is a man with a very changeable disposition, but I think I can keep him to his word providing the reward is sufficiently attractive.”⁸⁷

Not surprisingly, given the risks, informers could be quite unreliable. In later years, the RCMP rarely, if ever, brought informants to the witness stand, but they often attempted to do so in the 1920s. However, informants did not always show up at the trial.⁸⁸ Informants were unreliable in other ways as well. In 1936, one woman told the

⁸² Greenfield: 52

⁸³ Greenfield “The Hopheads”: 67 Hewitt found that in the 1920s, the RCMP paid \$50/tip, approximately \$500 in 1998 dollars. Steve Hewitt “The RCMP’s War on Drugs: The Early Years 1920-1939” (Forthcoming) Thanks to Steve Hewitt for allowing me to look at this paper.

⁸⁴ RG 18, Vol #3291 File 1922-HQ-189-C-2

⁸⁵ NAC, RG 29, Vol #3331 File #327-D-62

⁸⁶ RCMP Report April 15, 1938 in NAC, RG 29, Vol #3331 File #327-B-183

⁸⁷ RCMP Report April 9, 1925 in NAC, RG 18 Vol #3309 File HQ-189-2-C-1

⁸⁸ NAC, RG 18 Vol #3291 File 1922 HQ-189-C-1

RCMP that she could obtain drugs from Barry M. They arranged to have her buy a cap and have Barry M. deliver the cap to a spot where the meet could be covered and she was advanced \$1. However, Barry M refused to deliver on the street. The following day he told her to go to the Kirkland Apartments where she was successful in making a purchase. The informer stated that she would visit the apartment again, as she knew a prostitute who was also living there. However, she moved out of her place and left no forwarding address so police could not contact her.⁸⁹

Informants often gave information so to avoid charges. In 1939, Mario C. was charged with vagrancy after being arrested with a peddler in Hamilton. Mario C. told police that the peddler had been working for John Grey for 1-½ months, and that he was selling approximately 12 caps/day (about \$18). As a result of this information the charge against Mario C. was withdrawn.⁹⁰ However, the RCMP was more comfortable with paying informants. In a 1939 case, the Vancouver RCMP refused to deal with a peddler who said that he would reveal his connection in Winnipeg only if the charge against him was withdrawn.⁹¹

Informers did not always play it straight with police. A few weeks after agreeing to act as an informer, Polly D. contacted the police and told them that she would try to have the trafficker deliver the drugs to her room. She called the trafficker but he was out, so she asked police to drop her off at a party, and pick her up two hours later. When she phoned later that evening and the following day he refused to make a delivery. The police temporarily gave up, but a few months later they tried to use her to make a case against another woman. After covering her movements, the police decided that Polly D. was double-crossing them.⁹²

Just as police were forced to refine their techniques of surveillance, police also became more sophisticated in their use of informants. Until early 1922 in British Columbia the RCMP did not have to give any name or get any receipts with reference to the amounts they paid their informants – a system that begged for dishonesty.⁹³

⁸⁹ RCMP Report June 29, 1936 NAC, RG 29 Vol #3332 File #327-M-24

⁹⁰ RCMP Report October 20, 1939 in NAC, RG 29, Vol #3330 File #327-C-108

⁹¹ NAC, RG 29, Vol #3330 File #327-D-30

⁹² NAC, RG 29, Vol #3331 File #327-D-62

⁹³ Report of Commissioner J.P. Smith (Duplicate Copy) Commission of Inquiry Vancouver and Victoria BC NAC, RG 28, Vol #3170 File #G494-7 (Part 1): 141

Inexperience and unfamiliarity with organized crime also led them into some funny, but potentially disastrous situations. In 1923, Det Sergeant Salt, the head of the drug squad in Montreal, met with informer Fred Bennet. Bennet instructed Salt to pose as the second steward of a ship, the Allan line, running between Glasgow and Montreal. Bennet took him to a tavern on St. Paul St. West where Bennet offered 40 oz of cocaine at \$10 an ounce to two men, (which was less than the market price). Bennet produced a sample bottle, but Salt immediately realized that it was not cocaine. Nonetheless, Bennet was so insistent that the men try it, that both Salt and the two men began to think that there probably was some cocaine in it. After much discussion the four men got in a taxi to 240 St. James St. to have the sample analysed. It turned out to be flour. They then went to 247 St. James St. for a beer. Two other men and two women quickly joined them. Salt commented that the two women “were probably about the toughest characters I have run into in the Montreal underworld, being about 40 years of age, toothless, dirty and only half-clothed.” One of the men asked Bennet where the drugs had come from and Bennet said “Antwerp”. The man retorted: “your boat doesn’t touch at Antwerp.” Salt’s efforts to persuade him that perhaps he and Bennet had gone to Antwerp while the boat was in port were unsuccessful. At this point, one of the two women asked Salt to go upstairs. Salt refused, she was insulted and “evidence of a rising storm was to be seen.” Fortunately, the beer then arrived. One of the men then suggested calling in “Ike and Bill”. Salt “suddenly formed the opinion that I was not at all anxious to meet “Ike” and “Bill”, especially as they would be between me and the door”, and announced that he had some very important work to do on the ship, and made a rapid exit. Bennet went with him. Bennet explained that 247 St James St. was known as a place where one could get a shot of “C” and “M” and he thought that Salt would be able to get one and arrest the men. “I pointed out” Salt reported “that I might get shot very easily there, but did not think that I would be able to do much arresting afterwards, and that in future I would rather he consulted me in detail about his “big” deals instead of playing the rush act.” Not surprisingly, the RCMP did not employ Bennet again. The fact that they had employed him in the first place, and that they had gone along with his half-baked scheme for as long as they did, showed how little experience they had.⁹⁴

⁹⁴ Report by Detective Sergeant Salt June 30, 1923 in NAC, RG 18, Vol #3296 File 1923 H.Q.

In a more sophisticated piece of police work in 1940, police learned from an informer that Wally C. was peddling drugs in Vancouver. The informant made two purchases from Wally C. to obtain the modus operandi and on March 4th he reported that Wally C. would be in the White Lunch Café from noon until 3pm. Three police officers were detailed to keep watch on the Café. The informant was instructed to give a signal when he was certain that Wally C. was in possession of any capsules. At 2:30pm the informant gave the signal and Wally C. was arrested by the three police officers.⁹⁵ He was convicted of possession and sentenced to nine months. Informants sometimes also assisted in undercover operations. An undercover case by the Mounties in 1957 relied on the introduction of an informant who told small-scale peddlers that the undercover officer “was okay”.⁹⁶

The extensive use of informants added to the difficulties of drug users' lives. There were considerable inducements, as well as considerable pressure to inform on fellow users and peddlers and this undoubtedly contributed to a great deal of mistrust and unease within the addict community. Since drug use is often a response to anxiety, policing may have ironically increased drug use within the community, at least among individuals. Moreover, the use of informants contributed to the ambiguities and futility of policing narcotics use. Informers were rarely able to provide information on people who were much higher than they were themselves and informers were not usually very high in the narcotic food chain. People facing possession charges were able to inform on street-peddlers who were users themselves, but the chain rarely extended much higher. Thus, police were placed in the situation of protecting one set of users in order to make cases against another set of users, without ever reaching “Mr. Big.”

Informers were not always drug users. Police occasionally received complaints about drug use from members of the public. The best of these usually came from apartment owners or superintendents. In 1937 the Windsor City Police received a phone call from a landlady who stated that she thought that one of her roomers, Ernest D. had drugs in possession and would be leaving her house within a few minutes. The RCMP arrived just in time to intercept Ernest D. The landlady helpfully pointed out that Ernest

189-C-1

⁹⁵ RCMP Report March 7, 1940 in NAC, RG 29, Vol #3330 File #327-C-90

D. had moved his baggage across the street just before the police arrived. In the baggage they found a small quantity of white powder that turned out to be heroin, a teaspoon and three hypodermic needles. However, Ernest D. escaped before he could be charged.⁹⁷

Doctors and druggists were also a source of information, particularly with regards to robberies and forged prescriptions. In 1941 the owner of a Calgary drug store informed police that he had filled a prescription that he believed to have been forged. The druggist described a man who looked like Daniel F.. The police produced a photograph of Daniel F. and the druggist identified him as the man who had given him the prescription the previous day. Daniel F. was charged with possession and at his trial he was given six months.⁹⁸ Druggists sometimes warned police when people purchased “works”, even though the purchase of these items was perfectly legal. In 1947 the manager of Cunningham’s drug store in Chilliwack telephoned the BC Provincial Police to tell that that a man had just bought an eyedropper and a small vial and was seen to enter the Empress Hotel. The police then accosted Barry M. when he left the hotel and found him in possession of an eyedropper and a hotel key. Upon searching his room they found 18 tablets of morphine. In court, he was sentenced to six months.⁹⁹

The new cohort of juvenile users after World War II led some parents to complain about their children’s drug use. During the Vancouver panic over juvenile drug use in 1952, the city police suggested that parents who were in any way suspicious of their children or their children’s friends should contact the police.¹⁰⁰ It is not clear if parents came forward with complaints in 1952, but they certainly did later. In 1960, John Burton found a hypodermic needle and blackened spoon in his 17-year-old son’s room. He decided to contact the police. Two detectives arrived, awakened the young man from a sound sleep and charged him with possession. He was sentenced to one year.¹⁰¹

Similarly, in 1961, William Thornber told police that he suspected that his stepdaughter

⁹⁶ See NAC, RG 29, Vol #3342 File #327-J-154

⁹⁷ NAC, RG 29, Vol #3331 File #327-D-32

⁹⁸ NAC, RG 29, Vol #3331 File #327-F-33

⁹⁹ NAC RG 29 Vol #3332 File 3327-M-24

¹⁰⁰ “Dope Plea Sounded by Police” Vancouver Daily Sun July 7 1952: 1

¹⁰¹ “What else could I do? Dad asks” Vancouver Daily Sun March 16, 1960: 1

was an addict. They arrested her and charged her with possession.¹⁰² To Thornber's relief, the charge against his stepdaughter was eventually dismissed.¹⁰³

Police also occasionally received complaints from people who were non-users and who knew very little about drug use. The RCMP often bemoaned that these complaints were without foundation. In Ontario in 1931 the officer commanding pondered: "it appears strange that some persons of unquestionable integrity can get such fanciful notions about drugs. Having conceived same their next step is to tell a plausible story to the police which causes no end of trouble." He complained that these investigations actually took much longer than cases where drugs actually existed.¹⁰⁴

Although complaints from the public at large were often unfounded, the police often received valuable information from people who were close to drug users such as family members, and from people who interacted with them on a regular basis such as landlords, druggists and doctors. Again, this contributed to the uncertainties and unease of drug users' lives. By constantly searching for information about drug users' lives and activities, they deprived them of privacy and autonomy, even in relationships where this should have been assured.

Undercover Operations

Undercover operations took a great deal of time and effort but could secure large numbers of arrests. Police work in undercover operations became much more professional between 1920-1961. In the early 1920s, individual police officers operated with a great degree of independence. C.W. Harvison began his RCMP career by going undercover in Montreal. Until he had made several purchases, other officers were not instructed to observe him in his activities. The Commission of Inquiry into allegations of irregularity in British Columbia revealed similar practices. Both police officers and special agents operated without being covered by other members of the Force. This, of course, led to the strong possibility of officers engaging in illicit activities. More than one officer went astray. In 1922, Assistant Commissioner Cortlandt Starnes wrote an

¹⁰² "Drug Group Could Have Aided Girl" Vancouver Daily Sun January 26, 1961: 2

¹⁰³ "Girl Saved From Slavery of Dope" Vancouver Daily Sun January 26, 1961: 1

underling that: “the temptation for men engaged in this work to go wrong is great and as you say, the ONDA has been the downfall of several of our promising non-commissioned officers.”¹⁰⁵ As a result, by the late 1920s, police were taking much greater precautions. Normally, a member of the Force who planned to make a drug purchase would be thoroughly searched by another member of the Force. Before handing over any money, the RCMP would take down the serial numbers of the bills, and then have the operative sign the sheet. Finally, the buyer would be kept in sight from the time the money was handed to him or her.¹⁰⁶ However, this did not always happen. Undercover officers occasionally made purchases without being covered for the purpose of building trust with a peddler.

Going undercover is difficult work, entailing long hours, constant deceit, fear of being revealed, and from the point of view of supervisors, the possibility of getting too close to the people the undercover officer is supposed to be investigating. Nonetheless, undercover work was a common practice for narcotic squad officers. R.S.S. Wilson went undercover in 1930 in Vancouver. He posed as an out-of-work logger and took up residence in a rooming house on Hastings Street. In the evenings, Wilson remembered: “I visited the numerous beer parlors and bootlegging joints which abounded through that part of town and met all kinds of people. I realized that somehow I was able to pass myself off as one of them, talk their language and fit in as if that was the way it had always been.....But it is a lonely life to have to associate with people who are not your friends and whose ways and values are not your own. Pretending you are what you are not, and remembering all the lies you have told so you won’t get tripped up, is not easy.”¹⁰⁷

By 1940, users were highly suspicious and the police needed an informant to introduce them before they could go undercover successfully. T.E.E. Greenfield went undercover in 1940 after he was transferred from Vancouver to Toronto. His connection was a twenty-one year old female addict. He played the part of a miner from Northern Ontario who had considerable money saved up from wages. At that time, addicts in

¹⁰⁴ Annual Report of the RCMP for the year ended September 30, 1931: 57

¹⁰⁵ Memo from Cortlandt Starnes to Officer Commanding RCMP (Vancouver) July 11, 1922 in NAC, RG 18 Vol #3163 File G494-5

¹⁰⁶ Wilson: 63

Toronto gathered at the corner of Queen and McCaul streets. Greenfield “accidentally” ran into her there, and for a few days made purchases through her. After a few days, he was believed to be her new boyfriend, and he was able to make purchases himself. After three weeks, he had purchased from nine separate “pushers”. During the course of the operation, a few users got suspicious and they took him to a flophouse where they stripped him of clothes from the waist-up to take a good look at his arm. Greenfield had “fixed” his arm that morning, so that it looked as if he had the needle marks of a regular drug user.¹⁰⁸

In the 1950s the RCMP made much use of undercover operations, especially in Vancouver where the users were concentrated. In 1955, Constable Price of the RCMP reported that the Vancouver drug squad had undertaken 12 major undercover operations in the past six years. Going undercover had advantages over the use of informants, because once the operation had been called to a close, the undercover officer assumed the witness stand to make cases against the people who had sold him drugs. Price emphasized that the greatest danger was that of exposure “which can ruin months, and even years, of careful preparation and work on the part of many to place the one man in a position where he has gained the confidence of traffickers.”¹⁰⁹ The drug-using fraternity in Canada was small, and just as narcotics officers transferred from jurisdiction to jurisdiction recognized addicts from other parts of the country, the addicts sometimes recognized the police officers. In 1954, for example, a narcotics officer from Edmonton was detailed to go undercover in Windsor to make a case against a trafficker. However, he was quickly recognized by one of the trafficker’s criminal associates who had spent time in Edmonton.¹¹⁰

Some of these undercover operations resulted in large numbers of arrests. A 1951-52 RCMP undercover operation in Vancouver resulted in the arrest of 22 men and 5 women.¹¹¹ An undercover operation by the Vancouver City Police in 1955 resulted in 56 charges against 26 different people.¹¹² A RCMP undercover operation in July 1961

¹⁰⁷ Wilson: 15

¹⁰⁸ Greenfield: 30

¹⁰⁹ Report of the Special Senate Committee: 269

¹¹⁰ NAC, RG 29, Vol #3345 File #327-D-156

¹¹¹ Report of the Special Senate Committee: 62

¹¹² NAC, RG 29, Vol #3348 File #327-T-116

resulted in 38 people being arrested and charged with trafficking and conspiracy. Following these arrests the price of a cap increased to \$10 from the regular price of \$5.¹¹³

Undercover men were often quite young. R.S.S. Wilson was twenty-four when he went undercover in Vancouver. In 1955, George Saunders, a young member of the Windsor detachment of the RCMP, went undercover as a Detroit high school student who wished to purchase marijuana for weekend parties with his friends.¹¹⁴ That same year 25-year old Ken Scherling and 27-year old Bob Devente, two members of the Vancouver City Police went undercover for several months. Both were quite accomplished young men, indicating that it may have been the most promising young officers who were given this type of work. During the war Devente was in the underground resistance against the Germans in his native Holland. He came to Canada in 1948 and started a contracting business. He joined the police force in January 1955 and walked a beat for a month before being assigned to undercover work. Scherling had done graduate work in science and zoology at University of Washington.¹¹⁵ The relative youth of undercover officers enabled them to better fit in with the users, who were mostly in their 20s and 30s. After serving time undercover, police officers often put their knowledge of drug users to work by joining the regular narcotic squad.

Ideally, undercover work involved careful surveillance of the undercover officer. Throughout the 1955 operation, Vancouver City Police officers were stationed in Room 33 of the Empire Hotel, which was located at the South-West corner of Hastings and Columbia and provided a good view of the Broadway Hotel Beer Parlour, where most of the drug selling was taking place. When the undercover officers made a successful purchase they would signal to the police officers in the Empire Hotel. They would then meet the undercover officer at a pre-arranged location and he would turn over the drugs.¹¹⁶ When Cst P. was undercover in Toronto in 1958, the police reported that he was searched before he made purchases, a list was made of the money he had and he was kept under observation until the transaction was completed. However, in at least one trial

¹¹³ Annual Report of the Royal Canadian Mounted Police for the Year Ended March 31, 1962: 20

¹¹⁴ "R. v. Elliot" RCMP Quarterly 23 (2) October 1957: 136-9

¹¹⁵ "Undercover men in city drug roundup carefully trained for perilous roles" Province August 10, 1953: 21

¹¹⁶ See for example, RCMP Report August 2, 1955 in NAC, RG 29, Vol #3334 File #327-W-139 and RCMP Report July 21, 1955 in NAC, RG 29 Vol #3348 File #327-T-116

resulting from the undercover operation, none of the officers detailed to cover Cst. P testified, indicating that perhaps their observations did not reveal enough to make it worthwhile to call them to the stand.¹¹⁷

In their observation of six narcotic units of police departments in the United States in the 1970s, Peter K. Manning and Lawrence John Redlinger believed that the use of drugs, particularly by undercover officers was quite common. This was officially denied, but according to Manning and Redlinger “it is virtually impossible to work undercover without having to weigh the danger to oneself of refusal to use, the implications which that revelation might have for a continuing or successful investigation and the long-term impossibility of simulating use.”¹¹⁸ Canadian police undoubtedly used drugs as well. In a MacLean’s article, the experienced RCMP officer T.E.E. Greenfield asserted that “even some members of the RCMP drug squads have been addicted.”¹¹⁹ Members working undercover often experienced pressure to use. In 1955, Cst. M. of the RCMP went undercover in Winnipeg to try to make a case against Michael L.. He made the acquaintance of a female addict and got her to score for him. However, “Cst. M. experienced some difficulty in getting away from his female friend and her companion as they wanted him to “fix” with them. This is the usual procedure for an addict in Winnipeg if they are “scoring” for some other person who they do not actually know. According to the police report, Cst. M. eventually got away from them and then contacted writer and handed over the cap of Heroin.¹²⁰ However, M. could have very easily shot up himself, as he claimed to have spent \$10 on one capsule, which was somewhat high. He explained that his female companion probably bought two and kept one for herself, but since he was not covered during this buy, it is impossible to know for certain.

“Works” were more readily available in Canada than in the United States, and evidence from police reports indicates that it was fairly common for Canadians to shoot up alone. Evidence from American oral histories reveals that Americans made much

¹¹⁷ See RCMP Report April 8, 1958 in NAC, RG 29, Vol #3336 File #327-W-196

¹¹⁸ Peter K. Manning and Lawrence John Redlinger “Working Bases for Corruption: Organizational Ambiguities and Narcotics Law Enforcement in Arnold Trebach ed. Drugs, Crime and Politics (New York; Praeger, 1978): 81

¹¹⁹ Greenfield “The Hopheads:” 67

¹²⁰ RCMP Report September 21, 1955 in NAC, RG 29, Vol #3345 File #327-L-283

wider use of shooting galleries, and other places where “works” could be shared. This may mean that there was less suspicion placed on the undercover officer who said that he wanted to shoot up by himself. However, it is impossible to know for certain how many police officers crossed the boundary into using. Police claimed that tight surveillance was maintained over undercover men, but in practice this was difficult to do. Police regularly “fixed” their arms to make them look like users, but nothing would engender confidence like actually using the drug. Moreover, like other people who came in regular contact with users, at least a few police officers were probably curious about the drugs’ effects.

Undercover officers actively created “crime” by asking drug peddlers to sell to them. Moreover, although street-level undercover operations could result in a large number of arrests, they rarely resulted in the arrest of higher-ups. A number of street peddlers could be caught and arrested, but they were quickly replaced. The deception involved in undercover operations did nothing to improve relations between users and the police. Since undercover officers often served as narcotics officers in the same cities where they had gone undercover, they quickly developed antagonistic relationships with drug users, who felt that they had been betrayed by people that they trusted.

Policing Bodies

As policing became more intensive, so did users’ and peddlers’ efforts to conceal the drug. In the 1920s it was common for peddlers to carry their drugs in pockets with slits in them. When approached by police, they would let the decks fall to the ground. In the struggle with police that would often follow, the peddler would kick the deck away and claim that they knew nothing of the drug that was lying some distance away. When capsules replaced decks in the 1930s, it became more common for peddlers to carry them in their mouths. At roughly the same time, female drug users and peddlers apparently began carrying drugs in their vaginas, although this practice was not nearly as common.¹²¹

¹²¹ Wilson: 170

Policing was violent even before police officers started removing drugs from the mouths of users. In a raid on Fraser Mills in the early 1920s, well before drug users started carrying drugs in their mouth, RCMP constable W.L. Smith testified that he hit one of the Chinese men over the head with a searchlight.¹²² Chinese informants working for the RCMP in the early 1920s regularly complained of violence by Vancouver City Police Officers. One informant made a statement indicating that Detective Sinclair of the City Police fired two shots at him as he was running away. The informant then stopped, and Sinclair “called me a bastard – son of a bitch- cocksucker. He then took me....into the alley that leads toward the Police station. When we got into this alley he hit me on the side of the head and called me more bad names.”¹²³ The violence vastly increased after drug users started carrying the drugs in their mouths. Police officers had no qualms about the practice of grabbing drug users by the throat to prevent them from swallowing the drugs. They would then insert their hands into the mouths of the user to try and dig out the drugs. Detective Cray of the Vancouver City Police narcotic squad put it bluntly in his report to the Senate: “to get drugs out of a man’s mouth takes a lot of force.”¹²⁴

At Patrick Bate’s preliminary hearing for possession in 1949, Constable LaBrash testified that he was listening at the door, when Bate came out of the room. Bate “looked up and saw me just outside the door and he put his right hand up to his mouth immediately. At that time I grabbed him by the throat, pushed him back into the room, and a struggle then ensued. He went back in the room on to the bed, across the bed, back across the bed and on the floor. At this time I got him down on the floor in the room he spit out a rubber finger stall on to the floor.” LaBrash later admitted that he forced Bate to spit out the fingerstall, although he did not reveal exactly how he forced him to do this.¹²⁵ At another hearing, Melvin Scott testified that when he and his companion were arrested: “Detective McDonald had his arm around Irving Hess’s neck and was squeezing it and pulling his

¹²² Report of Commissioner J.P. Smith (Duplicate Copy) Commission of Inquiry Vancouver and Victoria BC NAC, RG 28, Vol #3170 File #G494-7 (Part 1): 149

¹²³ “Statement” October 14, 1921 in NAC, RG 18 Vol #3288 File 1921 HQ-189-E-1 See other items in the file for further allegations of violence against RCMP informants.

¹²⁴ Special Senate Committee: 240

¹²⁵ BC Archives, GR-2335, Box 3, File 80/49

hair and Detective Harrison was standing in front of him and trying to choke him and trying to pry his mouth open and I heard Hess grasp for breath.” He reported that Hess’s throat was bruised, scratched and swollen after the incident.¹²⁶

Day-to-day violence on the street was also extremely common. Melvin Scott testified that as a drug user walking the streets of downtown Vancouver “quite often sometimes these detectives jump out of doorways and choke you....lots of times I have gone down the street in the daytime and they have jumped on me.... when they jump on you they don’t know whether you have them (drugs) or not, but they choke you to make sure.”¹²⁷ Similarly, in 1961, a female user told a social worker: “Every city you get into, as soon as the local police find out you’re there, the first thing they do is jump you and choke you because you are a known addict. They don’t give you a chance to see if you want to stop.”¹²⁸ Not surprisingly, when health professionals doing a study of addiction interviewed drug users at Oakalla Prison Farm, they expressed resentment against the regulations that allowed police to search them on sight.¹²⁹

Drug users’ desperation in face of police action sometimes led to self-harm. In 1954, police apprehended John Cismus of Regina. Realizing he was about to be cornered by police, Cismus swallowed his hypodermic needle and rubber bulb of an eyedropper. The Mounted Police officer reached into his mouth and tried to eject the object. The officer felt a quantity of broken glass but Cismus succeeded in swallowing it and began bleeding profusely. The police took him to hospital where he remained under observation. Fortunately, X-ray plates showed that the needle and the broken glass did not damage his internal organs.¹³⁰

Not surprisingly, the culture of violence occasionally culminated in beatings that were unrelated to trying to get drugs out of the mouths of users. In May 1960 a client of the John Howard Society reported that he was in the washroom of Woodward’s Department Store with another man. 5 members of the Narcotic Squad accosted them. The police failed to find any heroin, but they handcuffed their hands behind their backs

¹²⁶ BC Archives, GR 2335 Box 2 File 47/49

¹²⁷ BC Archives, GR 2335 Box 2 File 47/49

¹²⁸ Coutts, Dorothy Mae “Social Structure of the Women’s Unit at Oakalla”: 173

¹²⁹ Stevenson: 173

¹³⁰ “R. V. Cismus” RCMP Quarterly 20(1) July 1954: 54-5

and “worked them over.” The social worker noted that the client was “sporting noticeable facial bruises from this incident.”¹³¹

Drug users were often successful at swallowing the drugs, but police work did not stop with the throat hold. It was standard police procedure to try to get the offender to regurgitate it by sticking their fingers down the offender’s throat.¹³² When that failed, the police occasionally tried to get the user to submit to an internal exam. In 1943, the RCMP and the Hamilton City Police in Hamilton Ontario arrested Bob K. after he purchased drugs from a doctor. The informant in the case told police that Bob K. had morphine tablets on his person when he left the doctor’s office and that he had likely put them in his mouth just as he opened the door leading onto the street. The police grabbed him just as he was about to board the streetcar. One detective took his hands, and another grabbed him by the throat, and with the help of a third they carried him over to the sidewalk. “After a brief struggle”, the RCMP reported, “his mouth was forced open but nothing was found.” He was then handcuffed and placed in the police car. He was held on a charge of vagrancy and taken to the city hospital, where they had a doctor examine him. The doctor was unable to disclose whether or not Bob K. had swallowed the tube. Bob K. refused to have his stomach pumped, and the doctor said that in view of Bob K’s normal condition he would not do the procedure without Bob K’s consent.¹³³ Similarly in 1952, police seized Jack T.. He managed to swallow the bundle containing 20 caps of heroin. Nonetheless, he was placed in custody where began to show some concern as to his own welfare. He agreed to be treated by a doctor with a view to regurgitating the heroin. Two RCMP officers took him to hospital but the heroin could not be recovered, although Jack T cooperated in attempting to bring it up. The doctor suggested a laxative. Jack T was given a large dose at RCMP headquarters where he was kept under constant observation. The following morning, he passed the bundle of heroin, which was retained by the RCMP officer who was on duty at that time.¹³⁴

Much to the initial discomfort of police, drug users also hid drugs in their vaginas. In 1941, the Division of Narcotic Control became quite alarmed about a case in

¹³¹ JHS #14129

¹³² Journal of Proceedings of the Annual Conference of the Chief Constables Association of Canada 1954: 159

¹³³ RG 29, Vol #3330 File #327-N-4

Vancouver. The police believed that there were at least 10 decks of opium in small hotel occupied by a well-known trafficker and his equally well-known female companion. The police broke into the room at 6:00am under the authority of a Writ of Assistance. The police saw the woman grab something from a table adjacent to the bed, and place it in her person. The police report did not specify where she placed it, but it was presumably in her vagina. She had no clothes on and told the police that she had taken legal advice to the effect that she was ineligible for search because she was naked, while a search of her actual body would be completely illegal. The police were hesitant to do anything without consulting with the Special Narcotic Prosecutor in Vancouver, so they wrapped the woman in a few blankets and brought her to the Police Station. She refused to be searched, even by a Matron or a doctor and after 6 hours she obtained bail. The police had no alternative but to let her go. Upon consultation, the Division concluded that it would be inappropriate for the police to have the power to grab a woman on the street and search her intervaginally. They feared that “we would sooner or later be ‘planted’ with some highly emotional female, completely capable of producing or simulating a violent attack of hysteria, if not a heart condition. The search of such a person in those circumstances with the subsequent advertisement by the defending lawyer and with also possible headlines in a local paper, rendered it a somewhat difficult matter to determine.” The Division decided to appoint a medical man as a justice of the peace in order to do these types of searches. Three matrons were also sworn in as special constables.¹³⁵ Soon thereafter, they arrested Winifred Chapman, a woman they believed was carrying drugs in her vagina on a regular basis, for the purposes of peddling. The *RCMP Quarterly* reported that “the prisoner was warned that a compulsory examination would be made if she refused to produce the drugs of her own free will. She not only declined the opportunity to act voluntarily but also resisted angrily when the search was finally made. Two large fingerstalls, each containing twenty decks of opium were found.”¹³⁶ The police spoke little about this technique after this time, although they occasionally

¹³⁴ NAC, RG 29, Vol #3348 File #327-T-116

¹³⁵ Letter from Sharman to H.J. Anslinger, August 23, 1941 in NAC, RG 29, Vol #225 File #323-9-25

¹³⁶ “R. v. Chapman” *RCMP Quarterly* 9(3) January, 1942: 255-6

mentioned that a matron turned up evidence in a female search that they did not find, which may have meant that the drugs were stored intervaginally.¹³⁷

Although women who hid the drugs in their vaginas initially embarrassed the police, they had few such hesitations in the later part of the time period examined here when it came to checking for needle marks. It was common practice after raiding a room in which narcotic drugs were found, to check to see which of the occupants had needle marks. These marks would be used as evidence at the trial. In 1960, the police entered a room in a residential hotel in the downtown eastside. The police found a gelatin capsule and several gees. The police reported that Heather M. had needle marks on the inside of her upper left leg, while the other female in the room had needle marks on her upper right leg." Although the police report did not say so, they must have asked the women to lift up their skirts, or take down their pants.¹³⁸ Men were also sometimes stripped during a search. In 1951, the police surprised John F. and a companion in the very small washroom of a fish and chips shop. The police made the two men take most of their clothing off and searched both them and their clothes for drugs, but found nothing. Police found an eyedropper in the wastepaper basket of the washroom, but decided not to prosecute the case because it was a public washroom and it would be difficult to determine ownership of the eyedropper.¹³⁹

Drug users regularly fought back against this invasive policing and police officers as well as users were injured. In 1953, police searched the home of Bob K. in Powerview, Manitoba. Bob K. initially told the police to go ahead, but when the police opened a suitcase and began putting the contents on the bed, K. and his wife objected and ordered the RCMP Constable S. to cease. S. called for assistance from an acting constable who had accompanied him to the K.'s home. Together the two of them resumed the search, whereupon, K. grabbed S. by the arm and, according to the police report "a struggle ensued." Mrs. K then began "clawing" at the face of S., and when he attempted to push her away she crushed a burning cigarette into his face, apparently aiming for his ear. She was pushed away, and K once again attacked the writer, striking him on the left side of the nose and cheekbone with his fist. Once the two had been subdued, Mrs. K asked

¹³⁷ See NAC, Vol #3336, File #327-G-113

¹³⁸ NAC, RG 29, Vol #3330 File #327-M-95

to be left along with the matron so that she could change clothes. However, the matron reported that she refused to change her clothes or to leave the home. S. entered the home again grabbed her from behind by the upper arms and taken from the shack “midst violent screams and blasphemy from her.” The two were then lodged in the Pine Falls Police cells where Mrs. K “again struggled and clawed at the writer (S.), causing a long scratch to the writer’s right cheek and throat.” The police report failed to mention the injuries sustained by K and his wife in these struggles.¹⁴⁰

With far more men, more information about users, better technology, and the development of standard techniques, police grew increasingly successful at arresting drug users. Their control over information, and the lack of scandal surrounding narcotics policing in the years after the early 1920s, ensured that police were taken very seriously in the courtroom, and achieved a high rate of convictions. However, as police themselves occasionally bemoaned, enforcement had little impact.¹⁴¹ Released prisoners continued to use and new people started.

By the 1950s, the police had developed the necessary resources and techniques to keep extremely close surveillance over drug users. Police knew most of the users and arrested them frequently. In some respects, enforcement was more effective than ever before, or ever since. Should the 1950s be regarded as a model of narcotics policing? This chapter shows that the intensive policing of the postwar period contributed enormous to the anxiety and danger of drug users’ lives. Indirectly, it may have even contributed to heavier drug use by individuals, although other users may have been deterred. The intensive policing also increased the prestige of drug use among young “rounders”, or delinquents in Vancouver and made the idea of becoming a drug user more attractive to young people who wished to visibly defy authority and norms.

Narcotic policing was regarded as a challenging and difficult area of police work but it created many possibilities for corruption, extremely antagonistic relationships

¹³⁹ NAC, RG 29, Vol #3330 File #327-F-4

¹⁴⁰ NAC, RG 29, Vol #3330 File #327-N-4

¹⁴¹ In 1953, Commissioner Nicholson complained to the Department: “we are tired of handling addicts and addict peddlers over and over again. We think they should be isolated and quarantined compulsorily.” Letter from L.H. Nicholson to K.C. Hossick May 27, 1953 in NAC, RG 29, Vol #223 File #320-5-9 Part 6

between the police and community members and lots of tedious work. Police officers in the post-war period were extremely successful at arresting users, but they had relatively little success at catching the higher-ups. Intensive street enforcement kept the price of drugs high, but did not significantly reduce the supply. Instead, it may have contributed to greater involvement by drug users in other types of crime, as they needed more money to purchase their drugs than they would have otherwise.

The police did know quite a lot about drug users and their habits and they played a vital role in circulating information out to a broader public. Journalists, narcotic officials, social workers, and doctors learned much of what they knew about drug use from narcotics officers. However, the police had an extremely antagonistic and often violent relationship with users, and were hardly an unbiased source of information. They played a key role in the maintenance of a highly stigmatized image of drug users. Nonetheless, they also contributed to a body of knowledge about drug use that curious potential users could access. By publicizing the places where drugs could be sold and the means by which they could be purchased police officers helped the inquisitive to learn more.

Narcotic policing puts the state in a very interesting position with regards to its citizens. By controlling what people take into their bodies, it involves the state in an extremely intimate and invasive relationship. While drug use may be undesirable, it is important to ask whether or not it is appropriate to ask the police to control such a personal activity. The incredible violence and invasiveness of narcotic policing, and the danger it posed to the security of both police officers and drug users, should give us pause.

Chapter 5: “Proscribing Prescribing: Doctors and the Opium and Narcotic Control Act

Drug users had much less direct interaction with doctors than they did with police officers. Police officers deliberately sought out contact with drug users, but many doctors were more than happy to stay away from drug users, whom they often regarded as troublesome and manipulative. Nonetheless, doctors and medical discourse over drug use exerted considerable influence over drug users’ lives. Individual doctors made decisions over whether to proscribe or prescribe narcotic drugs to desperate patients. A few influential members of the profession came to play important role in drug law and policy. Finally, small numbers of psychiatrists “diagnosed” and treated drug users.

As Leslie Reagan pointed out in her recent book on abortion in the United States there has been little work on the relationship between medicine and the law.¹ Because laws regarding prescribing drugs to addicts, like many abortion laws, did not precisely define what was legal and what was not, this was worked out through policing, the regulations and policies of the Division of Narcotic Control and the courts. Definitions of what was legal and illegal in terms of prescribing, as well as ideas of what constituted appropriate medical practice were fluid and changed over time. Doctors influenced the law, particularly in later years, but they also had to work within it, or potentially face severe repercussions.² The power relations between doctors, drug users and the state were complex. Doctors did not always feel in control of the physician-client relationship and sometimes prescribed to drug users because they felt threatened by them. The state could not exert direct control over when and how often a doctor prescribed, nor did doctors control the policies of the state or the activities of the police.

In Canada, the literature on doctors and the state has had two main threads. The first has traced the way that the “regulars” slowly organized to exclude homeopaths, midwives and other “irregulars” from the practice of medicine in the 19th century. Most

¹ Leslie Reagan When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973 (Berkeley: University of California Press, 1997): 5

² The interactions between doctors and the state have also been explored in: Judith Walzer Leavitt The Healthiest City: Milwaukee and the Politics and Health Reform (Princeton: Princeton University Press, 1982), Leslie Reagan When Abortion Was a Crime Molly Ladd-Taylor Mother-Work: Women, Child Welfare and the State, 1890-1930 (Urbana and Chicago: University of Illinois Press, 1994): 167-196

of these histories end in the early decades of the century when doctors gained self-governing institutions and government legislation to protect their interests.³ The second examines the introduction of hospital insurance and medicare and the role of doctors in both initiating and protesting against state involvement in the provision of medical services.⁴ There has been little work on the relationship between doctors and the state between these two developments.

By examining the regulation of doctors by the Opium and Narcotic Drug Act and their influence on it, an interesting picture of doctors' autonomy emerges. Doctors were in the position of being highly regulated, as well as being regulators themselves, when it came to the control of illegal drugs. In the early 1920s, the Division of Narcotic Control, run by non-doctors, confidently dictated to doctors the manner in which they should prescribe narcotic drugs. Many doctors found themselves in court for violations of the Opium and Narcotic Drug Act and the RCMP had few qualms about employing drug users as "spotters" to make cases against doctors for illegal prescriptions. However, doctors fought back and over time, the Division's treatment of doctors became more deferential, reflecting growing activism by doctors and greater medical prestige in society at large, as well as discomfort in the courts over convicting doctors of narcotic offences. By the post-war period, a medical, especially psychiatric, approach to drug use gained

³ See: R.D. Gidney and W.P.J. Millar Professional Gentleman: The Professions in 19th Century Ontario (Toronto: University of Toronto Press, 1994), Colin Howell "Reform and the Monopolistic Impulse: The Professionalization of Medicine in the Maritimes" Acadiensis 11(1) Autumn 1981: 3-22, Colin Howell "Medical Professionalization and the Social Transformation of the Maritimes, 1850-1950" Journal of Canadian Studies 27 (Spring 1992): 5-20, Colin Howell "Elite Doctors and the Development of Scientific Medicine: the Halifax Medical Establishment and Nineteenth Century Medical Professionalism" in Charles G. Roland ed. Health, Disease and Medicine: Essays in Canadian History (Toronto: University of Toronto Press, 1983): 105-123, S.E.D. Shortt "Physicians, Science and Status: Issues in the Professionalization of Anglo-American Medicine in the 19th Century" Medical History 27(1) 1983: 51-68, David Naylor "The CMA's First Code of Ethics: Medical Morality or Borrowed Ideology?" Journal of Canadian Studies 17(4) (Winter 1982-3), David Naylor "Rural Protest and Medical Professionalism in Turn of the Century Ontario" Journal of Canadian Studies 21(1) (Spring 1986): 5-20 For the United States see: Paul Starr The Transformation of American Medicine (New York: Basic Books, 1982)

⁴ See: David Naylor Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance 1911-1966 (Montreal and Kingston: McGill-Queens University Press, 1986), Jacalyn Duffin "The Guru and the Godfather: Henry Sigerist, Hugh MacLean, and the Politics of Health Care Reform in 1940s Canada" Canadian Bulletin of Medical History 9 1992: 191-218 and Malcolm G. Taylor Health Insurance and Canadian Public Policy: The Seven Decisions that

wide support, and doctors were put in charge of treatment programs and given a much greater say in policy development.⁵ In this chapter, doctors' changing relationship with users and with the Division of Narcotic Control will be seen by looking at 1) drug legislation, 2) departmental policies and practices regarding prescriptions and 3) the treatment of drug users.

Much of the drug literature assumes that a "medical" approach to drug use, or what P.J. Giffen et al characterized as the "treatment movement" was a progressive step forward.⁶ However, this chapter will show that the move towards greater medical authority actually meant that drug users were subject to even more control and regulation.⁷ The medical model increased their length of incarceration and exposed them to a campaign to transform their "personalities" and way of life.

As Nikolas Rose has noted, "psychological norms, values, images and techniques" have, over the course of the 20th century, "increasingly come to shape the ways in which various social authorities think of persons, their vices and virtues, their states of health and illness, their normalities and pathologies."⁸ Drug users were no exception. By the post-war period, "psy" professionals, who were assumed to have some greater understanding into drug users' deviance, were called upon to provide expert insight and to manage treatment programmes. However, drug users also adopted the language of "psy" in order to explain themselves to doctors, social workers, and perhaps even to each other.

Created Canada's Health Insurance System and their Outcomes 2nd ed. (Kingston and Montreal: McGill-Queen's University Press, 1987)

⁵ P.E. Bryden argues that the Canadian Medical Association had the ear of the government in 1942 when an advisory committee on health insurance was formed. The report of this committee was written with considerable input from the medical community and incorporated all of the principles on health insurance which had been issued by the CMA in 1937. See: P.E. Bryden Planners and Politicians: Liberal Politics and Social Policy, 1957-1968 (Montreal and Kingston: McGill-Queen's University Press, 1997): 4

⁶ Giffen et al: 359-410

⁷ In a thoughtful article on British drug policy, Rachel Lart argues that the history of British drug services "cannot be read as implying a simple dichotomy within British drugs policy between treatment and control. Rather it will be argued from a Foucauldian position on power that the two cannot be separated." Rachel Lart "Medical Power/Knowledge: The Treatment and Control of Drugs and Drug Users" in Ross Coomber ed. The Control of Drugs and Drug Users: Reason or Reaction? (Amsterdam: Harwood Academic Publishers, 1998)

⁸ Nikolas Rose Inventing Our Selves: Psychology, Power, and Personhood (Cambridge: Cambridge University Press, 1998): 62-3

Canada's strict control over doctors was somewhat unusual. In Canada, doctors were prosecuted for prescribing for drug users beginning in the early 1920s, under a section of the Act that prohibited the prescription of illegal drugs for non-medical purposes. Even in the United States, maintenance clinics were permitted until the mid-1920s, although they were quickly wiped out thereafter. In Britain, the so-called "British-model" allowed doctors to prescribe regular doses of opiates to addicts. In 1924, the Ministry of Health in Britain established a Departmental Committee on Morphine and Heroin addiction. The committee was composed entirely of doctors. The committee's 1926 report set the guidelines for state policy for the next forty years, and left control of the addict in the hands of the medical profession.⁹ The much-celebrated "British system" was partly due to professional power, but this power was exerted in a social and cultural environment that was very different from the situation existing in the United States and Canada. There were fewer users in Great Britain and that country was spared the worst excesses of the "drug panics" which played such an important role in inspiring drug legislation in the United States and Canada.

The curious position of Canadian doctors vis-à-vis the Opium and Narcotic Drug Act can be understood partly by looking at the comparatively disorganized state of the medical profession in Canada in the early 1920s. Although medicine had been professionalized in the sense that each province had passed licensing legislation, the organizations representing Canadian physicians on the federal stage were not strong. The most powerful organization, the Canadian Medical Association remained fairly weak until the late 1920s.¹⁰ Annual meetings were poorly attended, the organization was in financial difficulty, and at the 1921 annual meeting, there was a suggestion that the organization should disband.¹¹ Canada did not establish its own Royal College of

⁹ Virginia Berridge and Griffith Edwards Opium and the People; Terry Parsinnen Secret Passions, Secret Remedies, Virginia Berridge "Professionalization and narcotics: the medical and pharmaceutical professions and British Narcotic Use, 1868-1926" Psychological Medicine 8(1978): 361-372 and Dolores Peters "The British Response to Opiate Addiction in the 19th Century" Journal of the History of Medicine 36 (October 1981): 455-487.

¹⁰ David Coburn George M. Torrance and Joseph M. Kaufert "Medical Dominance in Canada in Historical Perspective: The Rise and Fall of Medicine?" International Journal of Health Services 13(3) 1983: 416. Also see D. Sclater Lewis The Royal College of Physicians and Surgeons of Canada 1920-1960 (Montreal: McGill University Press, 1962): 7-8

¹¹ David Coburn "Canadian Medicine: Dominance or Proletarianization" Millbank Quarterly 66(2) 1988: 99 Coburn says this took place in 1920. H.E. MacDermot History of the Canadian

Physicians and Surgeons until 1929. Also unlike the United States, where there were several prominent and respectable “experts” in addiction, no one in Canada could legitimately fill this role. Stephen Lett, who practiced at the Homewood Retreat in Guelph, was a well-respected addiction specialist, but he died in 1905.¹² Finally and probably most importantly, few doctors were interested in having drug users as patients. Drug users were regarded as extremely bothersome. Hospitals refused to take them as it was felt that they needed around-the-clock male nurses, and it was difficult for a doctor to gradually cut down the dosage without institutional treatment. By the early 1920s, very few addicts were being created through medical practice, and addicts who bought their drugs on the illicit market were seen as a rather disreputable, not to mention ill-paying, class of patients.¹³

Moreover, there was no agreement amongst physicians themselves about what constituted appropriate treatment for drug addicts, which made it difficult for them to launch a concerted attack against the policies and practices of the department. There were doctors who favoured maintenance and wished to see some kind of licensing system introduced.¹⁴ However, they seem to have been a minority. Most doctors agreed that institutional treatment was ideal place for withdrawal, but in the absence of these institutions, there was considerable disagreement. Many doctors continued to treat patients using the “gradual reduction” method, meaning that they would slowly cut down their dose over time in order to avoid the worst of withdrawal symptoms, while others favoured the sudden withdrawal of all narcotics. In 1923 and again in 1930, the Canadian Medical Association Journal condemned the “so called ambulatory or slow reduction method of cure”, and called for institutions “whereby those convicted as

Medical Association Vol II (Toronto: Murray Printing and Gravure, 1958) says 1921: 3 Other histories of medical organizations in Canada include: John Sutton Bennett History of the Canadian Medical Association 1954-1994 (Ottawa: The Canadian Medical Association, 1996), Elizabeth McNab A Legal History of Health Professions in Ontario (Toronto: A Study for the Committee on the Healing Arts, 1970) and Robert B. Kerr History of the Medical Council of Canada (Ottawa: The Medical Council of Canada, 1979)

¹² Cheryl Krasnick Warsh Moments of Unreason: 155-70 and “Stephen Lett” The Canadian Encyclopedia 2nd Edition (Edmonton: Hurtig Publishers, 1988): 1203

¹³ Warsh: 167-170 and David Courtwright Dark Paradise: 114-147

¹⁴ R.D. Rudolph “Narcotic Addiction in Canada” Canadian Medical Association Journal March 1930: 431-2

addicts may be treated not so much as prisoners, but as people diseased.”¹⁵ Nonetheless, statements by physicians in the House of Commons as well as letters to the Journal showed that not all doctors agreed.¹⁶ In 1926, the Conservative Oshawa parliamentarian Dr. Kaiser asserted that “medical men of the highest standing say it is utterly wrong to abruptly cut off drugs from the addict: they are of opinion (sic) that the better course is to wean him off gradually. In fact this is the only method of effecting a cure.”¹⁷

A clear example of the disagreement between medical practitioners as well as the Division of Narcotic Control can be seen in the 1924 trial of Dr. Fortune Lachance of St. Boniface Manitoba. According to the F.W. Cowan, the Chief of the Narcotic Division, “this physician was probably the worst offender in the Dominion of Canada.”¹⁸ In a three-month period, Dr. Lachance had issued prescriptions for more than seventeen ounces of narcotics, more than the combined prescriptions of all other physicians in Manitoba. At his trial, the Crown called Dr. E. C. Barnes, superintendent of the Selkirk Mental Hospital. Dr. Barnes quoted medical authorities who said that: “reductive dosage ambulatory treatment” or slow withdrawal treatment was “useless and unsparingly condemned.” Dr. Barnes said that he would have nothing to do with an addict who was not under proper surveillance.

Lachance testified that he had treated 50 addicts over the past year. He believed that he had achieved considerable success at cutting down their intake. He admitted that some patients had started again after treatment, and told the Court that he had stopped treating people under these circumstances. One of his patients testified that since Dr. Lachance had treated him he had improved in health and was now much better able to resist the craving for “dope.”¹⁹ According to the Manitoba Free Press four “prominent medical practitioners” testified that sudden withdrawal was dangerous and that they had all used the “slow withdrawal” treatment used by Dr. Lachance. Dr. P.H. McNutty, a

¹⁵ “Dangerous Drugs” Canadian Medical Association Journal January 1923: 55

¹⁶ House of Commons Debates June 7, 1926: 4123 and letters to the editor of CMAJ: R.D. Rudolph “Narcotic Addiction in Canada” Canadian Medical Association Journal March 1930: 431-2 and James McCallum “Narcotic Addiction in Canada” Canadian Medical Association Journal April 1930: 575

¹⁷ House of Commons Debates June 7, 1926: 4123

¹⁸ Memo from F.W. Cowan to the Deputy Minister of Justice September 19, 1924 in NAC, RG 29, Vol #324 File #324-1-1 Part 3

¹⁹ “Drug Charge Against Dr. Lachance continues” Manitoba Free Press January 9, 1924

member of the Advisory Board of the St. Boniface hospital declared that: "I don't believe in the quick withdrawal method and any medical practitioner following this system should be arrested for inhuman treatment."²⁰ The Vice-Chairman of the Advisory Board of the Misericordia Hospital, Dr. Alexander Meindl declared that the slow withdrawal method was not entirely satisfactory, but where institutional care was impossible, he thought that it was the best alternative. As a result of their testimony, Dr. Lachance was acquitted. The Department would have appealed, but Dr. Lachance died soon after the trial.

The Lachance trial clearly demonstrated that there was no consensus among prominent medical professionals as to the right approach to treating and withdrawing addicts. However, the Division of Narcotic Control's swift crackdown on doctors such as Lachance made it extremely difficult for doctors to experiment with different types of treatment. By the mid-1920s, doctors were no longer willing to treat drug users on a large scale and risk prosecution and the possibility of losing their license to practice. Individual patients occasionally received maintenance or withdrawal medication, but Lachance appears to have been the last doctor to undertake an extensive withdrawal program outside of an institutional setting.

Doctors and Drug Legislation

In both the United States and Britain, historians of drug laws have concluded that doctors and pharmacists played an important role in securing drug legislation.²¹ In the United States, Dr. Hamilton Wright became known as the "father of American narcotic laws," but in Canada, this title appropriately belongs to a series of moral reformers without any medical credentials. William Lyon MacKenzie King, who introduced Canada's first anti-drug legislation in 1908 and 1911, did so as a moral reformer concerned about Chinese opium use on the West Coast. Before introducing the 1911 legislation he consulted not with doctors, but with the chiefs of police in Vancouver and Montreal. It was not until 1920 that the responsibility of enforcing the Act was moved

²⁰ "Four Doctors Tell of Treating Drug Addicts" Manitoba Free Press January 23, 1924: 9

from the Ministry of Labour to the newly created Ministry of Health and Soldier's Reestablishment, where presumably there would be more of a medical focus. However, the Division of Narcotic Control never employed anyone with medical credentials and, as I explored in the first chapter, the drug legislation of the 1920s was inspired primarily by West Coast anti-drug crusaders on the West Coast, by officials within the Division of Narcotic Control and the RCMP.²² Few doctors in the House of Commons took an active interest in drug legislation unless it directly influenced medical practice.

Doctors took a much more active role debating legislation that directly affected their interactions with their patients. In 1911, the Opium and Narcotic Drug Act made it an offence for a physician to prescribe narcotic drugs unless the drug was prescribed for medical purposes. The penalty for non-compliance was a fine not exceeding \$200 or imprisonment not exceeding three months, or both a fine and imprisonment. This rather mild legislation was followed by 1920 legislation which required physicians, veterinary surgeons or dentists, to provide the Minister with information, upon request, regarding drugs received, dispensed, supplied, given away, or distributed. Penalties increased to a minimum fine of \$500 to a maximum of \$1000 and imprisonment for a term up to one year. In 1922 penalties for prescribing for non-medical purposes were changed to a fine between \$200-\$1000, or to imprisonment for a term not exceeding 18 months. According to Health Minister Henri Beland, the government reduced the fine for physicians' offences because any physician who engaged in the illicit sale of narcotic drugs was liable to suspension by his association.²³ In actual fact, the various colleges of physicians and surgeons across the country were more lenient and not all doctors who were convicted under the Act found themselves suspended.²⁴

In these early debates a few doctors complained that the record keeping was too onerous, but other physicians supported the Act. In 1920 and again in 1921 members of

²¹ See David Musto The American Disease and Virginia Berridge "Professionalization and Narcotics": 361-72

²² Giffen, Endicott and Lambert argued that changes in drug legislation were instigated primarily by people responsible for enforcing the Act. My own view (see chapter 1) is that they downplay the importance of the anti-drug panic, but their observation has much merit.

²³ House of Commons Debates June 15, 1922: 3014

²⁴ The colleges of physicians and surgeons in British Columbia and Ontario were apparently the most cooperative in this regard. Minutes of the Technical Narcotic Advisory Committee June 25, 1954 in NAC, RG 29, Vol #604 File #325-3-2

the House of Commons, including physicians, fiercely debated the provision of the Act which prohibited patients from re-filling narcotic prescriptions without the consent of their doctor, although many participants in the debate did not seem to understand that this only applied to drugs that were controlled under the Opium and Narcotic Drug Act and that certain preparations containing only small amounts of these drugs were exempt. However, in the Senate, there was considerable support for curtailing the prescribing privileges of doctors. Members accused doctors of creating addicts through careless prescribing and complained that some doctors were profiting from the sale of narcotic drugs.²⁵

Doctors in the House were led to believe that drug laws would have little effect on medical practice. In 1923 Dr. Manion, the Unionist Member from Fort William, questioned Health Minister Henri Beland about the impact of the new Opium and Narcotic Drug Act:

Dr. Manion: "The question of what is considered proper for medicinal purposes is left entirely in the hands of the physicians, is it not?"

Dr. Beland: "It is left altogether to the attending physician."

Dr. Manion: "For example, if a doctor considers that a man who has been addicted to one of these drugs is in such a nervous condition that he requires some of the drug, that is left entirely to the physician?"

Dr. Beland: "You cannot prescribe smoking"²⁶

With that ambiguous response, Dr. Manion stopped his questioning. Later in the debate, Beland remarked that he thought that the law had been framed in such a way that medical men would "be allowed to exercise professional discretion without being interfered with unduly by the powers that be."²⁷

In 1925, after the Division of Narcotic Control wrote a long letter to the Department of Justice complaining about the difficulties of making cases against doctors, the government passed legislation making it illegal for a doctor to prescribe for a drug user unless he or she was suffering from a condition other than addiction. This legislation also made it illegal for doctors to give narcotics to drug users for self-

²⁵ Senate Debates May 10, 1920: 400 and Senate Debates May 26, 1921: 606

²⁶ House of Commons Debates April 23, 1923: 2115

²⁷ House of Commons Debates April 23, 1923: 2116

administration. In the House of Commons, the politicians responsible for introducing the legislation were apparently either unaware, or they deliberately obscured the possible influence of this legislation on medical practice. Health Minister Henri Beland was asked whether the 1925 amendments regulated the amount that a doctor might prescribe for his patient. Beland responded that: “anyone who receives drugs from his physician must be treated by that physician in the usual exercise of his profession. For instance, a man could not walk into a doctor’s office and receive a prescription for 100 grains of cocaine; it would be unlawful for the doctor to hand him such a prescription.”²⁸

Moments later, Dr. Ross, a Liberal-Conservative from Kingston innocently revealed that he probably violated the intention of the Act on a regular basis. He admitted that the department might look askance at the amount of his narcotic prescriptions, but felt that “to prohibit a patient who has for years been using a certain amount of a drug would be just as hard as to say even to some members of parliament that you cannot have a chew of tobacco when you want it.” Amazingly, Health Minister Henri Beland replied that:

if an addict comes to me to be treated, and I feel that I should prescribe something for him in the way of morphine or cocaine, and I do prescribe, I do not think that I should be brought before the court for that, or for prescribing as often as I think the man requires the drugs, because he is a diseased man that I am prescribing for, but I think I should be subjected to the rigour of the law if I prescribed any quantity of drugs for self-administration to any man who might come to my office and ask me to prescribe say fifty grains of morphine, a man who would come every month to my office and get fifty or a hundred grains, without satisfying myself that he was using the drug himself and that he required it for his own use. I think some discretion should be exercised, not only by the department, but also by the physician. But as I said a moment ago, it is a difficult law to administer, and it is a difficult problem to meet.²⁹

In fact, if Dr. Beland had prescribed in the way that he outlined, he might well have received a sharp letter from the Division of Narcotic Control, and faced possible prosecution for his actions. The Division interpreted the Act (legitimately enough given

²⁸ House of Commons Debates May 27, 1925: 3603

²⁹ House of Commons Debates May 27, 1925: 3603

the wording) to mean that a doctor could relieve a suffering addict in his office, but that to prescribe for that addict was against the law.³⁰

In 1926, complaints by doctors in the House of Commons convinced the government to withdraw legislation that would have made it even easier to achieve convictions against doctors. One physician MP complained that “the medical men of the House should have a conference before this clause is passed.”³¹ The resentment of doctors also began to surface in letters to the Department such as a 1926 letter from a Toronto doctor who wrote the department to say that: “I came across a morphia addict the other day.... and have ordered a little dope for her, so don’t “lock me up.”³² However, many doctors probably remained unaware of the drastic provisions of the Opium and Narcotic Drug Act. In 1928, a doctor who had treated drug users at Burwash jail wrote that “I have been surprised at the number of physicians whom I have met at medical conventions and elsewhere, who have only a very vague idea of what the law requires of them in regard to the prescribing on narcotics to drug addicts.”³³ Victor Johnson, a family doctor in a small Ontario town in the 1920s admitted in his memoirs that two or three times a year he gave transient addicts a shot in his office to relieve suffering from withdrawal even though he was convinced that “it was illegal to do so.” However, the Division believed that a one-time shot to relieve suffering was allowed within the Act.³⁴

Doctors made further legislative gains in 1929 when a new Opium and Narcotic Drug Act was referred to a special committee for further examination. Eight of the ten committee members were doctors, and the new legislation took out the drastic wording of the 1925 legislation, and reverted to the original wording which made it an offence to prescribe unless drugs were required for “medicinal purposes.” Instead, the onus was placed on the drug user and it became an offence for a user to obtain prescriptions from more than one doctor at a time. Nonetheless, the question of what was appropriate

³⁰ For a long list of cases against doctors see Memo from F.W. Cowan to the Deputy Minister of Justice September 19, 1924 in NAC, RG 29, Vol #324 File #324-1-1 Part 3

³¹ House of Commons Debates June 7, 1926: 4123

³² Letter from George F. Boyce to Dr. D.A. Clarke 26 May, 1926 in NAC, RG 29, Vol #236 File #324-1-2 Part 2

³³ Dr. A.R. Richards “Medical and Legal Aspects of Drug Addiction” Canadian Public Health Journal February 1928: 66

³⁴ Victor Johnson Before the Age of Miracles (New York: Paul S. Erickson, 1972): 69

medical practice with relation to drug users was left not to doctors, but to the Division and the Courts, and remained there until 1961.

By 1961, the Department wanted to remove itself from the business of controlling doctors. In the 1950s, interdepartmental discussions revealed that doctors had accused the Department of “unwarranted interference” in the practice of medicine by laymen. For this reason, the department hoped to expand cooperation with the licensing bodies so that the licensing bodies (which were now much better organized) would take more responsibility for enforcing narcotic control.³⁵ The department wanted to remove from the Act all sections dealing with physicians who were involved in legitimate medical practice.

This did not mean that the Division was prepared to completely defer to doctors. On January 1, 1956 the government banned the importation and use of Heroin, despite the fact that the committee on pharmacy of the Canadian Medical Association had twice decided that heroin had a useful place in medical practice.³⁶ Nonetheless, the 1961 Narcotic Control Act did give doctors more control in other areas of medical practice and allowed them more professional autonomy in that doctors’ own organizations, rather than the Division of Narcotic Control was to henceforth take a greater role in regulating prescribing. Instead of defining specific offences for doctors, the Act specified that the Governor in Council could make regulations concerning licenses, records, and the “circumstances and conditions under which and the persons by whom narcotics may be sold.”³⁷ It also allowed the department to communicate any information obtained under this Act to provincial professional licensing bodies. A fine not exceeding \$500, or a term of imprisonment not exceeding six months could punish any violation of these regulations.³⁸ The Minister of Health and Welfare announced that this was a desirable change “in that it leaves to professional interpretation what is or is not a proper use of a narcotic.”³⁹ The new legislation significantly reduced the penalties and gave more

³⁵ NAC, RG 29 Acc 1983-84/118 Box 36 File #320-2-8

³⁶ H.E. MacDermot History of the Canadian Medical Association Vol II (Toronto: Murray Printing and Gravure Ltd, 1958): 132

³⁷ An Act to provide for the Control of Narcotic Drugs Statutes of Canada Chapter 35 Sec 12, 1961

³⁸ An Act to Provide for the Control of Narcotic Drugs Statutes of Canada 1961 Chapter 35

³⁹ House of Commons Debates June 7, 1961: 6001

control to doctor-controlled licensing bodies. It marked a significant shift in the relationship between doctors, the Division of Narcotic Control and drug users.

Prosecuting Prescribing

In the early 1920s, the Division of Narcotic Control pursued many doctors for violations of the Opium and Narcotic Drug Act. By far the most controversial aspect of drug policy in the 1920s was the RCMP practice of employing “spotters” to make cases against doctors. “Spotters” were drug users or former drug users who made purchases from doctors on behalf of the RCMP and then testified in court against the physician. In 1923 the Ottawa Medico-Chirurgical Society passed a resolution to ask the province to stop supplying spotters and sent a committee to see the Deputy Minister about this matter.⁴⁰ In 1926, the Social Service Council of Ontario wrote the Department to say that there was much criticism of the federal department for using a drug user to get evidence against doctors “both from the standpoint of the doctor who is caught by the stories told, and from the standpoint of Noble (the drug user) himself, who in order to do this, must continue taking the drug.” F.W. Cowan responded that Noble had been fairly successful in making cases against doctors:

I might say that our view of the matter is that it matters not who is used or how the evidence is obtained so long as it is corroborated by responsible police officers. All of these boot-leggers and drug traffickers of course strongly resent our methods of obtaining evidence against them, but they seem to lose sight of the fact that in catering to the addiction of these poor unfortunates, and perpetuating their habit, they are responsible for the continuance of this traffic, and the perpetuation of this vice. Any physician who so far forgets himself as to disregard all the ethics of an honourable profession as to supply drugs for gain, gets very little sympathy or consideration from this Department.⁴¹

The Department asserted that the police always thoroughly searched spotters before they entered the doctors’ office, that they were given marked money, that they were watched

⁴⁰ NAC, RG 29, Vol #236 File #324-1-2 Part 1 (notes on index cards.)

⁴¹ NAC, RG 29, Vol #605 File #325-4-5

going in and out of the office, and that the drugs were taken from him or her immediately after they exited the office. Cowan further asserted that “every physician charged with an offence under the Act gets a fair trial, has the right of appeal and gets the benefit of the doubt, should there be any, under the criminal laws of the land. We do not like using addicts as agents any more than the public do, but we have no alternative in many cases.”⁴² He further claimed that the department only investigated doctors whom they had received complaints about, either from a relative of the drug users, or from a fellow practitioner or druggist.

A January 1928 article in the Canadian Medical Association Journal, which was reprinted the following months in the Canadian Journal of Public Health, warned that a young doctor had been imprisoned for three months as a result of supplying cocaine and morphine to an addict. The department defensively replied that in fact this doctor’s case was more serious than might appear at first glance. Their rebuttal read: “you may take as an absolute fact that never under any circumstances does our Narcotic Branch act in cases of this kind, with a view to obtaining evidence, which can be produced in Court unless strong suspicion exists in the first place. I can assure you...that prosecutions against professional men are not authorized until after the most careful consideration.”⁴³

In February 1928, the controversy continued in the House of Commons when a Member of Parliament asked the Health Minister to tell him how many addicts were employed by the RCMP to act as spotters. The Minister replied that agents were not employed if they were addicted to drugs and that if the police later learned that they were addicted “every effort is made to restrain the usage until the case or cases under investigation are completed, when he is immediately released.”⁴⁴ A few months later Dr. McGibbon, a Liberal doctor from Muskoka, charged that the RCMP were giving morphine to informants who were making cases against doctors. Health Minister James King initially denied this, but later admitted that this had happened in the past. According to King, the department only pursued cases against doctors when they had learned from other sources that physicians were engaged in the drug traffic. If there were

⁴² NAC, RG 29, Vol #605 File #325-4-5

⁴³ “Medical Men and Narcotics: A Warning” Canadian Medical Association Journal January 1929: 92 and Canadian Journal of Public Health February 1928: 57-61

grounds for making a case against a particular doctor, they did so. He explained that they needed to use drug users because “the ordinarily healthy man cannot walk into the physician’s office and get a tube of morphine, or a tube of heroin, but the addicts will go into the office of the physician who is trafficking for profit and obtain one, two or three tubes.” He acknowledged that there had been many complaints and revealed that in one case, an out-of-work drug user had gone from doctor’s office to doctor’s office trying to build up a case to report to the department. He asserted that this man was no longer employed by the department and that he was currently serving two years in the penitentiary.”⁴⁵ He added:

We advise the police to avoid the use of these addicts as informers if possible and we are trying to get on without them.....The report I have here shows that since April 1, 1927 only one agent has been employed in connection with cases against members of the medical profession and particular pains were taken to insure that at the time of his employment he was not an addict. He worked for us for several months, and was periodically examined by a physician to insure that he was in good physical condition and free from narcotic addiction. At the conclusion of a number of cases in the Toronto district, just before they came to trial, this agent fell from grace. The moment it became known to this department he was immediately placed in hospital and remained there until cured of his addiction. Upon his leaving hospital, order were issued that under no circumstances was he to be in future employed in cases against professional men to avoid even the possibility of his being addicted while engaged in that class of work.⁴⁶

That the department felt uneasy about these techniques can be seen in the correspondence with the RCMP in a 1925 case against a Dr. Viau in Ottawa. After an RCMP informant had made several successful purchases from Viau, the department told the RCMP that it was prepared to institute proceedings against Viau but that “it would however, be the most advisable to obtain evidence against him through the medium of some other agent than Leo Riddell, as the Department was much abused and ridiculed by a large majority of the medical profession for employing an individual of this type to obtain evidence in

⁴⁴ House of Commons Debates February 13, 1928: 382 Mr. Anderson of Halton asked the question.

⁴⁵ House of Commons Debates June 9, 1928: 4053-4

⁴⁶ House of Commons Debates June 5, 1928: 3055

previous cases. They have no objection to the Department obtaining information or evidence against any doctor suspected of trafficking in narcotics, but it is strongly contended that it is unfair to use an individual of the type of Riddell, who through his pleadings and his actions which are so characteristic of an addict would lead a great many honest and conscientious doctors to allow sympathy to outweigh their good judgement. The department feels that in view of your past experience with Riddell it would be most advisable to discontinue the use of his services as far as making a case against physicians is concerned. He was a notorious reputation to begin with, and while he may have remained cured of his weakness for narcotics we still have our doubts."⁴⁷ The RCMP employed another agent against Dr. Viau before taking the case to court.

After a flurry of prosecutions in the early 1920s, the department backed off from taking doctors to court. Between 1920-23, an average of 19 doctors/year were prosecuted and convicted under the Opium and Narcotic Drug Act. By the 30s and 40s this had fallen to approximately 3/year.⁴⁸ There were probably several reasons for this. The Department itself complained that it was difficult to achieve success in cases against doctors. They were disheartened by their failure to convict Dr. Lachance, and alarmed by the support doctors sometimes received from their communities. In a 1920 case against Dr. A.S. Scott, the Division of Narcotic Control noted that he had been in the habit of issuing prescriptions of morphine and cocaine amounting to sixty grains at a time. They were particularly outraged that he had accepted a ladies' hat and a new pair of shoes valued at about \$25 from a prostitute as security for the payment of his fees. Nonetheless, he was strongly supported by members of his community, several of whom made the trip to Calgary for his trial. He was found not guilty by the Judge, who said that "to his mind, when a person entered a doctor's office and asked for anything in the nature of medicine, that person was placing himself under the doctor's professional care and therefore when the addict entered Dr. Scott's office and said she needed some narcotics, she was placing herself under Dr. Scott's professional care."⁴⁹

⁴⁷ Letter from F.W. Cowan to the Commissioner of the RCMP June 4, 1925 in RG 18 Vol #3308 File #HQ-189-1-A-1

⁴⁸ Table compiled by Giffen, Endicott and Lambert: 324 from Department of Health Annual Reports

⁴⁹ Archives of Alberta, acc. 72.26 Box #48 File #3183/C Letter from F.W.. Cowan to Deputy Minister, Minister of Justice September 19, 1924 in NAC, RG 29, Vol #234 File #324-1-1

As doctors became aware of the drastic provisions of the Opium and Narcotic Drug Act, fewer of them were willing to take the risk of prescribing for drug users. Moreover, the RCMP found it much more difficult to make cases against doctors without employing spotters. Finally, and probably most importantly, the department realized that a softer approach encountered less opposition, and was just as effective. By 1932, the Division reassured doctors that the department did not prosecute doctors for slight divergences from the requirements of the Act, and only took action when it was really necessary.⁵⁰ They also exerted strict control over the RCMP in their prosecution of doctors, insisting that the RCMP consult with them in cases involving members of the medical profession and in some cases reprimanding them for their tactics.⁵¹

In the absence of direct prosecution, control over doctors was maintained through the licensing system. In 1919 the department introduced a licensing system, which allowed them to carefully scrutinize the narcotic purchases of doctors across the country. By 1928, the Department received monthly reports from wholesalers on their sales of narcotics. They then entered each transaction on the personal cards of doctors, dentists and drug stores.⁵² Retail druggists also submitted regular reports.⁵³ By 1949, the RCMP were checking the records of retail druggists in urban areas twice a year and in rural areas once a year.⁵⁴ Moreover, druggists submitted reports of sale to the department four times a year. However, even in the 1950s, when the system was at its most comprehensive, they admitted that it was very difficult to know whether the physician was prescribing too freely, using narcotics himself or herself, or supplying the material to known users. Over the years, there had been some question of whether or not doctors themselves should have to submit records, but the Canadian Medical Association was opposed to the idea of making doctors keep records of their use of narcotics and the department never pushed the idea.⁵⁵

⁵⁰ Annual Report of the Department of Pensions and National Health for the Year ended March 31, 1932: 92

⁵¹ See NAC, RG 29, Vol #601 File #324-6-2

⁵² Letter from C.H.L. Sharman to M.D. Perrins February 27, 1928 RG 29, Vol #601 File #324-7-3

⁵³ Annual Report of the Department of Health for the Year Ended March 31, 1921: 16

⁵⁴ Annual Report of the Department of Health for the Year Ended March 31, 1949

⁵⁵ There was also debate over this question in the House of Commons Minutes of the Technical Advisory Committee July 29, 1954 in NAC, RG 29, Vol #604 File #325-3-2

Based on these records, the department carried out a vast correspondence with doctors. Physicians received letters asking to account for their narcotic use when their purchases rose and received sharp notices when they prescribed for a known “criminal” addict. For example, in 1942, Sharman wrote to a Vancouver doctor to complain that he had written a series of prescriptions over a six week period, including 30 tablets of dilaudid, and 92 tablets of morphine sulfate to known drug user, who had already served time in jail for breaches of the Opium and Narcotic Drug Act.⁵⁶ In 1946, a Winnipeg drug user successfully obtained prescriptions from three doctors. In the view of the RCMP, “the appearance of Peter B. is such that any member of the medical professional should have been suspicious.” The department wrote to all three doctors asking them to explain why they had prescribed pantopon (a synthetic opiate). They all received a copy of the Act. The Department noted that all three doctors had previously been mentioned in reports with connections to narcotics.⁵⁷ Perhaps to avoid such correspondence, some doctors pro-actively contacted the department whenever they encountered a transient drug user. In 1931, for example, a doctor in small town Ontario, Dr. L, reported that Sidney C. called on him claiming to be a drug addict. Dr. L reported that he gave him a ¼ grain hypodermic and instructed him to seek institutional treatment.⁵⁸

In the early 1930s, the Department developed what it called the “Confidential Restricted List” of doctors. The list may have been based on the “Restricted List” of druggists, which began in 1920 and prohibited druggists on the list from dispensing narcotic drugs.⁵⁹ The list was circulated to druggists and wholesalers around the country on a regular basis, and instructed them to not honour the signature of any physician who appeared on the list. It had no legal basis, although the department used it successfully for at least a quarter century.⁶⁰ The Department put doctors who prescribed inappropriately, or who were drug users themselves on the list. For example, in 1938, the department put a doctor from Edmonton on the Confidential Restricted List for

⁵⁶ NAC, RG 29, Vol #3330 File #327-M-95

⁵⁷ NAC, RG 29, Vol #3334 File #327-B-60

⁵⁸ NAC, RG 29, Vol #3330 File #327-C-51

⁵⁹ Letter from F.W. Cowan to B.J.McConnell March 26, 1920 in RG 29, Vol #326 File #324-1-2 Part 1

⁶⁰ Minutes of the Technical Advisory Committee June 25, 1954 in NAC, RG 29, Vol #604 File #325-3-3

having provided large amounts of dilaudid to drug users in Edmonton. The RCMP believed that at least one of the users he was supplying was peddling some of the drugs he received to other users. Sharman remarked in his letter that I “must express my astonishment at your statement that when you first started supplying Dilaudid, you did not even know it was on the narcotic list, although it has, in fact, been as rigidly controlled as Heroin for many years past. May I also point out that the further fact that you were under the impression that the drug was not as dangerous as Morphine, whereas it is seven times stronger, is a further indication of the undesirability of your being permitted to continue to furnish to the public narcotics.”⁶¹ Quite a few of the physicians on the list appear to have been drug users themselves, and some even requested their inclusion on the list. In 1933, Dr. J.C.R Paquin was put on the restricted list on his own request after having reverted to the use of narcotics. In 1936 he entered treatment again, and in early 1937 his name was removed from the Confidential Restricted List. However, he soon started using again and his name was placed on the list for a second time.⁶² In general, the names of drug-using physicians were removed from the list after several years of abstinence.

In reality, the Department usually used the confidential restricted list as a threat. They threatened to put a doctor on the list well before they actually did so, and in 1954, only 69 physicians were on the list, far less than the number of drug-using physicians in the country, and considerably less than 1% of all practicing physicians.⁶³ The Vancouver doctor, who was reprimanded for providing dilaudid and morphine sulphate to a “criminal addict” in 1942, had already received correspondence from the department on two occasions in 1941 as a result of prescriptions to other “criminal addicts.” Nonetheless, even in this case, Sharman did not put him on the list, although he stated that it was impossible for this situation to continue and concluded his letter by saying that

⁶¹ NAC, RG 29, Vol File #327-B-183

⁶² Letter from C.H.L Sharman to Colonel Davis July 6, 1942 in NAC, RG 29, Vol #543 File #320-4-9 Part 1

⁶³ Minutes of the Technical Advisory Committee Meeting July 29, 1954 in NAC, RG 29, Vol #604 File #325-3-3. In their Annual Report of the Department of Health for the Year Ended March 31, 1961 the Department wrote that there were 3295 addicts in the country including 2929 “criminal” addicts and 237 “medical addicts”. This would leave 129 “professional” addicts, most of whom were likely doctors.

the Department was seriously considering adding his name to the confidential restricted list.⁶⁴

The department also reprimanded doctors for carelessness in storing narcotics, or for having them stolen, especially during the war years. In 1943, Sharman wrote a Welland doctor to criticize him for leaving a drug user alone in his office while the doctor left for a few minutes to mix a sleeping powder. The doctor later realized that narcotics were missing from his bag, which he had left in his office. Sharman scolded: "this was an almost inevitable result, and I trust you will agree with me as to the inadvisability of leaving narcotics in your office available to be stolen by a man, left there alone (with a man) who had already applied to you for Morphine and been refused. All narcotics these days are worth very much more than their weight in gold in underworld circles, a condition which has been created by the great shortage of narcotics in both legitimate and illegitimate circles." He added that the doctor would need to purchase more narcotics to replace the ones that were stolen, "which is an additional drain upon the already depleted stocks in the Country, which we are using every endeavor to maintain and occasionally supplement, for the use of the sick people in this country who actually need them."⁶⁵

The Department claimed that it did not advise physicians as to the amount of narcotics that should be given to a patient, that did it not assume responsibility for the treatment of drug users and that it did not advise any physician whether or not it was necessary to prescribe narcotics. They admitted that in some cases when a doctor wrote to the department explaining the nature of the case that the Department might advise him that they had no objection to him prescribing for this case.⁶⁶ However, the Department's policy was far more ambiguous, especially in cases where there may or may not have been a medical condition requiring the use of narcotics. Madge S. had numerous medical problems including inflammation of the fallopian tubes and ovaries, as well as a misshapen spine. She was also a steady drug user. Although the department did not explicitly forbid doctors from prescribing for her, they certainly strongly discouraged it. In 1940, they told an Ontario physician that his reason for prescribing narcotics to this

⁶⁴ NAC, RG 29, Vol #3330 File #327-M-95

⁶⁵ Letter from C.H.L. Sharman to Dr. S. October 22, 1943 in NAC, RG 29, Vol #3332 File #327-M-24

woman was “entirely inadequate.” In 1950, they requested a Hamilton doctor not to “furnish this woman with any further supplies of narcotic drugs unless she is prepared to enter hospital immediately and undergo treatment where proper supervision can be maintained over her case.” In 1952 they wrote a letter to another Hamilton doctor to say “the greatest care should be exercised by you or, in fact, any physician before making narcotic supplies available to this woman.”⁶⁷

The Department was also willing to provide quite specific advice about the treatment of drug users. In a letter to an Ontario doctor in 1923 who had inquired whether or not there were institutional facilities for the treatment of drugs users in Southern Ontario, the department instructed that: 1) a drug users undergoing treatment should be under constant supervision, 2) that the “so-called ambulatory or gradual reduction treatment has long since been discarded by the medical profession as being of any practical value in-so-far as benefiting the patient is concerned or effecting a cure of the habit”, 3) that no one will benefit from being furnished with narcotics for self-administration.⁶⁸ Similarly, in 1926 F.W. Cowan wrote to a physician at the University of Western Ontario to advise that a hospital was the only place for treatment and that the patient should be cut off the drug within forty-eight hours of admittance. “The so-called gradual reduction method or ambulatory treatment only prolongs the agony.”⁶⁹

However, by 1930, when approached for advice regarding treatment, the department was far more deferential than they had been in the 1920s. In 1930 Dr. Frank Sedziak of Winnipeg wrote to the department to inform them that he was treating three drug users by the ambulatory method. Dr. J.J. Heagerty, the assistant chief executive of the Department of Health, rather than Colonel Sharman, wrote back to say that they have no objection to him trying a cure by this method, although he added that: “you are no doubt aware of the fact that the ambulatory treatment has proved to be an absolute failure. In no case, so far as we are aware, has a complete cure been effected by this method, and

⁶⁶ Letter from F.W. Cowan to B.J. McConnell September 10, 1922 in NAC, RG 29, Vol #236 File #324-1-2 Part 1

⁶⁷ NAC, RG 29, Vol #3336 File #327-P-88

⁶⁸ Letter from F.W. Cowan to Dr. A. H. Taylor November 20, 1923 in NAC, RG 29, Vol #236 File #324-1-2 Part 1

⁶⁹ Letter from F.W. Cowan to Dr. Crane October 18, 1926 in NAC, RG 29, Vol #236 File #324-1-2 Vol 2

it is questionable if the reduction that is indicated to the physician by the patient is actually taking place.” Heagerty asked him to report the cases to them every month, stating definitely the amount of reduction that has been effected and informed him that a check on drug stores in Winnipeg would be maintained to see if his patients were obtaining additional supplies through other physicians.⁷⁰

In the mid-1950s, the department began to relent and gave a few doctors more leeway. The prestige of doctors increased enormously in the post-war years when the introduction of “miracle drugs” such as sulfa drugs and antibiotics vastly increased the effectiveness of medical care.⁷¹ The Division of Narcotic Control increasingly consulted with physicians elsewhere in the department and with medical associations across the country.⁷² In the House of Commons, Health Minister Paul Martin claimed “there is nothing in the law that prevents a doctor from treating any patient in the matter of drugs as he does any other patient.”⁷³ In 1954, a special committee established within the department to discuss a new Narcotic Drug Act was composed of nine people, five of whom were doctors employed elsewhere in the Department of Health. By the early 1950s the department even discussed the possibility of allowing doctors to provide drugs to addicted persons on what they described as an “enlightened treatment basis”.⁷⁴

A pivotal case that caused a certain amount of controversy in the department concerned a young doctor in Hamilton, who maintained two patients on methadone over several years. (Methadone is a synthetic narcotic, similar in its effects to heroin or morphine. It is taken orally and relieves the effects of withdrawal.) Dr. M. began prescribing methadone for Robert N. and another female patient in January 1953. This was extremely innovative for the time. The first methadone maintenance programme in Canada was only introduced ten years later at the Narcotic Addiction Foundation of BC. Methadone maintenance began in the US around the same time.⁷⁵ The department was

⁷⁰ Letter from J.J. Heagerty M.D. to Dr. Frank Sedziak January 2, 1930 in NAC, RG 29, Vol #557 File #321-4-2

⁷¹ Crabb, Leona S. “Minor Tranquilizing drugs and the medicalization of everyday life in English-speaking Canada, 1945-1962” PhD Dissertation, University of Ottawa, 1994

⁷² NAC, RG 29, Acc 1983-84/118 Box 36 File #320-2-8

⁷³ House of Commons Debates 1954 p.5311

⁷⁴ Memo from K.C. Hossick to Dr. C.A. Roberts June 22, 1954 in NAC, RG 29, Vol #604, File 3324-3-2 Part 2

⁷⁵ Courtwright Joseph and Des Jarlais Addicts Who Survived: 26-28

immediately alarmed since the department knew the two patients as "criminal addicts." However, since their treatment by Dr. M they had been working steadily. Narcotic Chief KC Hossick asked the RCMP to make an investigation into the lifestyle of the two users as well as M's reputation as doctor. The RCMP confirmed that Robert N. was working as a barber and that he no longer associated with local drug users. Alice M. was formerly known to the Force as a prostitute and drug user, but they admitted that "during the past 2 years (she) appears to have lived quite respectably...and for the past two years has not associated with local drug users or criminals. They reported that Dr. M. was not popular with some of the local doctors, but that this was "due to racial origin (Ukrainian)" and that he enjoyed a good reputation as a medical practitioner. They concluded "Investigation in this matter indicates that treatment given by Dr. M to Robert N. and Alice M. has probably helped them to a certain extent. It has at least enabled them to work steadily and curtailed their criminal activities. Alice M. remarked that if she were not receiving treatment from a doctor, she would be back on the street again. This probably applies to Robert N. as well."

The behavior of Dr. M's patients as well as his good reputation created a difficult situation for the department. In September 1953 the Assistant Chief, R.C. Hammond paid him a visit in Hamilton and was very impressed with his busy practice, well-equipped office, up-to-date medical literature and his confident manner. Dr. M. agreed to reduce doses of the two patients. However, this proved to be extremely difficult and Dr. M. asked the department to state, "the maximum amount of methadone I can dispense to each." Instead, Hammond was instructed to visit him again and to tell him that his patients should enter the hospital for complete withdrawal. Hammond visited him again in July 1954 and was once again extremely impressed by Dr. M. Dr. M said that he would cut the patients off if requested to do so by the department, but that both of the patients were working and supporting elderly parents while on methadone. On Dr. M's suggestion, Hammond also interviewed Robert N. who told him that he could not continue to follow his trade if deprived of narcotics and said that if he was denied drugs by Dr. M he would simply obtain drugs elsewhere at much higher cost and could no longer support his aged mother. The Department eventually agreed that Dr. M should be allowed to prescribe for his two patients on the basis of their "existing medical

conditions” and Dr. M continued prescribing for his two patients for at least the next five years and possibly longer.⁷⁶

At a meeting between top officials of the Department of Health and the Department of Justice, several officials expressed the view that the doctor was doing the right thing by prescribing to the two patients. Dr. Ratz, the Principal Medical Officer for the Medial Advisory Services, suggested that as long as the dosage did not increase, the situation should be permitted but that regular reports should be received. Mr. Curran of the Department of Justice felt that such a policy would not be legal because the department would be aware of drug users being supplied with narcotics, which was against the law. Apparently the department decided that ignorance was the best policy as they stopped their correspondence with Dr. M until they learned that Robert N. was obtaining drugs from another doctor five years later.⁷⁷

The ambiguity in the department’s position can be seen in the case of Dr. B of Kamloops, who began prescribing for Albert B. in 1955. Albert B. was a drug user, but he had no criminal record to speak of⁷⁸ and he suffered from stomach ulcers, which may have justified the use of narcotic drugs. In January 1956, the Chief of the Narcotic Division wrote Dr. B. a letter to say that it was legal for a medical practitioner to prescribe for a patient suffering from a medical condition other than addiction, but that “he is not allowed, however, to furnish narcotics to an addict for self-administration in the absence of some other medical condition.” Four months later, R.C. Hammond, the assistant chief, wrote to Dr. B. again and left the situation as unclear as possible, saying that the responsibility must ultimately rest with the doctor who is able to assess all of the factors involved. He added, “this should not be interpreted as an indication that a decision so made could disregard the clear provisions of the Opium and Narcotic Drug Act.” He discouraged ambulatory treatment, but also mentioned that they did have cases where a doctor was able to keep the medication under control and the patient, in turn, was able to secure steady employment. In subsequent correspondence the Department agreed that Albert B. would be maintained on a combined dose of morphine and methadone.

⁷⁶ NAC, RG 29, Vol #3331-N-43

⁷⁷ Minutes of the Technical Advisory Committee July 29, 1954 in NAC, RG 29, Vol #604 File #325-3-2

However, Dr. B's prescriptions continued to rise and the Department encouraged him to insist on Albert B.'s hospitalization. At the end of the year, Albert B. entered the Bell clinic for a cure.

Although there is a shift in department policy by the mid-1950s, which allowed a few doctors to prescribe for "criminal addicts," it seems that a few exceptions were allowed all along. Although department policy clearly prohibited maintenance, a few doctors and drug users believed that there was such a thing as a "narcotic permit" which allowed a few users to receive maintenance doses. Whether or not there was such a thing as a permit, or whether people used the word "permit" to describe cases in which the department deliberately turned a blind eye is unclear. In 1938, a RCMP officer apparently told a doctor in Lethbridge to supply a female addict with morphine and indicated that he would clear this with the Department.⁷⁹ In a 1948 court case, a Quebec user testified that he had received a permit from the narcotic division to purchase narcotics from the early 1920s until 1938.⁸⁰ Similarly, in 1954 a Dr. P. in Alberta wrote that "On one previous occasion that I can recall, and in other cases that I know of, special dispensation was made whereby an allotment was made to addicts so that they were not procuring drugs outside the law and were enabled to carry on a life which in other respects was a normal one."⁸¹ In 1954 in the House of Commons, the Minister of Health and Welfare, Paul Martin, insisted "if a responsible doctor says that a patient needs an unstated amount of drugs, there is nothing in the law to prevent that being done. All that the department does is to make sure the doctor acts responsibly, honourable and honestly."⁸² Although there are no real examples in the files, it may be that a few users, who did not associate with other users and who had no criminal record were permitted to obtain maintenance doses. Moreover, doctors probably maintained some users through wholesale supplies, with the department being none the wiser.

Despite the laws against it and departmental practices designed to discourage prescribing, doctors did prescribe. In the very early 1920s, before the introduction of the

⁷⁸ In 1936 he was convicted of supplying information to bet on a horse race and was sentenced to \$50 or two months. NAC, RG 29, Vol #3346 File #327-B-271

⁷⁹ NAC, RG 29, Vol #601 File #324-6-2

⁸⁰ *Belleau v. Minister of National Health and Welfare* (1948) 2 D.L.R. 632

⁸¹ NAC, RG 29, Vol #3346 File #327-B-271

⁸² House of Commons Debates June 1, 1954: 5308

licensing system had fully taken effect, there were a few doctors who willingly prescribed large amounts. Narcotic Chief F.W. Cowan told Emily Murphy that in her home province of Alberta there were a few doctors who were doing a booming business in morphine and cocaine. One druggist indicated that six doctors had provided 14 190 grains of cocaine to patients. Two doctors in Lethbridge admitted that they were supplying drugs to drug users and “have simply stated that in most cases they were furnishing these persons so as not to be bothered with them.” They did not charge for the prescriptions.⁸³ In three months in 1920 one Winnipeg doctor issued prescriptions for 16 ½ ounces of morphine and cocaine – equaling approximately 29 532 ¼ grain tablets or average adult doses. This doctor issued prescriptions calling for 60 grains at a time.⁸⁴

Large-scale prescribing appears to have disappeared by the mid-1920s. However, some doctors, either out of their desire to relieve suffering, ignorance of the law, threats by drug users, or self-gain, were willing to provide drugs to users. Chapter 2 has already examined how transient users in the 1930s were often very successful at getting small amounts of drugs from doctors across the country. Barry M. told the RCMP that he successfully bought drugs over a two-year period from Dr. M in a small town in Saskatchewan by telling the doctor he had stomach ulcers or cancer. Dr. M may have known he was an addict since he does not appear to have treated him for the “cancer”, but he did not seem to benefit from the transaction. He probably just felt sorry for him. Barry M. said that “I never at any time paid Dr. M. more than ONE DOLLAR for a prescription and some times he wouldn’t take any money.”⁸⁵

Some doctors prescribed because they found it difficult to refuse a desperate and troublesome patient. A doctor in Ingerscoll complained that Mary M. “has been a terrible pest to all the local doctors, clergy and citizens. I have often felt like laying a charge of being a public nuisance against her....when she gets real bad I have had to put her in the local hospital for a few days. She lives on relief with her old mother who only gets an old age pension. They do have to struggle to make ends meet. At times she would take as much as 18 Methadon, 2c.c. Demerol and Morphine grain ¼ to control her for a day. I

⁸³ Letter from F.W. Cowan to Emily Murphy February 21, 1920 in NAC, RG 29, Vol #602 File #325-1-3

⁸⁴ Letter from F.W. Cowan to B.J. McConnell March 9, 1920 in NAC, RG 29, Vol #236 File #324-1-2 Part 1

have been tiding her along until they moved into a new house (rented) but it was an awful ordeal. I have sent her up to Victoria Hospital in London under Dr. G. for reduction treatment and insulin shock if necessary.”⁸⁶

Other doctors prescribed drugs for financial gain. One of the very worst cases appears to have been that of B.J. McConnell of Winnipeg, who briefly held the official position of “Secretary of the Manitoba Narcotics Act.” Although he died before he could be brought to trial, and the facts of the case are not entirely clear, Dr. McConnell apparently charged Manitoba users \$2 per prescription, meaning that in at least one case the user was paying more for her drugs from Dr. McConnell than she would have paid on the illicit market. He apparently encouraged one patient to take cocaine in addition to morphine. The RCMP in Manitoba believed that Dr. McConnell, Dr. M.R. Blake (ex-MP from North Winnipeg, believed to be a user himself) and Dr. C.H. Weagant, who were all members of the Manitoba narcotics board, were responsible for a large part of the drug traffic in Winnipeg.⁸⁷

Another case of gain was that of Dr. R. King Shirley, who prescribed over 1100 grains of opiates and cocaine in a three month period and admitted on the witness stand that his business with drug users was conducted on a cash basis, with “no cash, no dope.” Shirley was sentenced to one month with hard labour and \$300 (in default of which he was to serve 3 months). The jail part of his sentenced was suspended. The department did not appeal the sentence, although they might have under other circumstances. F.W. Cowan wrote the RCMP Commissioner that “it is thought that Dr. Shirley has been sufficiently punished, and as he is only a young man practicing a little over a year and a half, we have no desire whatever to appear to be persecuting him....A very dramatic incident took place in the Court yesterday at Oshawa after Dr. Shirley was found guilty and sentenced, when he became hysterical and collapsed.”⁸⁸ Given community support for doctors, the Department had no desire to push the case any further.

Others prescribed as a matter of course and were lucky that they were not caught earlier. During World War II, RCMP officer T.E.E. Greenfield discovered that there was

⁸⁵ RCMP Report November 28, 1940 in NAC, RG 29, Vol #3332 File #327-M-24

⁸⁶ Vol #3330, File #327-M-397

⁸⁷ NAC, RG 29 Vol #326 File #324-1-2 Part 1 and NAC, RG 29, Vol #605, File #325-4-7 Part 1

⁸⁸ RG 18 Vol #3309 File 1925 HQ-189-1-O-5

a town sixty miles out of Toronto where a female drug user had successfully “scored.” A constable was sent in and he successfully purchased 200 ¼ grain morphine tablets. Greenfield arrested him and asked how long he had been selling morphine to drug users. He replied “Ever since I graduated.” The doctor was in his sixties, and had never been caught, despite the fact that he apparently bought more morphine than was usually purchased by a city hospital.⁸⁹

Quite a few of the doctors who got in trouble with the department for prescribing were quite elderly. In 1937 Dr. W. was brought to trial for prescribing for Nora M. Dr. W. testified that Nora M. had tuberculosis and that she knew that Nora M. was an addict. Dr. W. testified that she felt that the patient was cooperating and for her this was enough to justify prescribing the drug. Unfortunately for Dr. W., she was in Vancouver and her case came up before a police magistrate who was very experienced in drug cases. She was sentenced to a year. Magistrate Wood strongly criticized her for supplying drugs to an addict without a medical examination and concluded that he saw no difference between her and a trafficker and that if she had not been an “old woman, he would have given her the maximum penalty, as he considered this Doctor was far worse than any street peddler or distributor.”⁹⁰ Similarly, in the early 1950s, an elderly doctor who had been practicing for 60 years, did not realize that methadone was a narcotic and began prescribing to drug users. Word quickly got around the addict community and the doctor began providing prescriptions to large number of users for up to 100 tablets at a time. His name was added to the Confidential Restricted List.⁹¹

At least one physician and probably others as well prescribed on the basis of threats by drug users. After Joe R. died in Hamilton, Dr. M. told the department that although the man did have a medical condition requiring the use of narcotic drugs, he supplied him with such large quantities because he feared for his life. When he was a young physician, Joe R. called him to his home. Joe R. produced an automatic revolver, and told him that if he did not wish to supply narcotics to him then he would not be in a position to supply narcotic drugs to anyone else. At that moment, Joe R. came toward

⁸⁹ Greenfield: 50

⁹⁰ NAC Rg 29, Vol #3330 File #327-H-63

⁹¹ Minutes of the Technical Advisory Committee June 25, 1954 in NAC, RG 29, Vol #604 File #325-3-2

Dr. M and aimed the revolver at him. A scuffle occurred and two shots were fired from the gun. Dr. M knew that Joe R. was well-integrated into the criminal activities of Hamilton and had probably been connected to the disappearance of two or three well-known criminals in the Hamilton area, and he told the Department that he felt sure that he would come to an untimely death if he did not agree to Joe R's plan.⁹²

Most commonly, doctors did not prescribe, either because they did not want to violate the Act, or because they did not believe they should be gratifying the habits of drug users. Nonetheless, many gave one-time shots to transient drug users to relieve suffering from withdrawal. In his memoir of rural practice in the 1930s, Edmund Brasnet described what happened when a user dropped by his office in Canso, Nova Scotia:

One evening when I was finishing office hours, a stranger came in, a thin, stooped, shabby man. His clothes were old and thin and worn and did not fit him well. The coat was too large and his trousers were too small and he wore a bowler type of hat. It was hard to tell from looking at him whether he was thirty or fifty years old. His face was lined and anxious and it was obvious that he was under great mental stress. What attracted my attention were his eyes – bright, quick and intelligent.

He said immediately "Doc, give me a shot of morphine. I need it very badly, I know you don't know me, but I can pay and I need it the worst way."

"Sit down," I said "and tell me about yourself."

He sat down but immediately got up again and began pacing the room.

"I can't sit still," he said. "I'm an addict. I have to take three grains twice a day. I haven't had any this morning. Please, Doc, I can pay."

Brasnet refused to give him the drug, saying that it was against the law:

With this he started to plead again and then all of a sudden slumped down into a chair, put his two hands to his head and began to rock it back and forth. His eyes shut and his face went into a contortion of agony. I felt sorry for him. Perhaps a quarter grain would give him some relief.

"No more good to me than a drink of water," he said, "please let me have twelve tablets, Doc, please, please, please."

⁹² NAC, RG 29, Vol #3331 File #327-N-43

Suddenly he went down on his knees and began to wring his hands with an expression of despair. I was filled with embarrassment just looking at him – never before had I witnessed such a scene.”
 “Very well,” I said, “here it is.”⁹³

The next morning, he came back for another shot, but Brassset refused him. Two other users later visited Brassset. Brassset thought that the first user had told the other users about him and so he refused them both. “I did not want my office to become known as a way station for unfortunates of this kind. But I was sorry for them.” There were many doctors such as Brassset, who were reluctant to acquire a caseload of drug users, but found it difficult to refuse an addict in withdrawal, particularly when the doctors knew treatment was almost impossible to obtain.

Institutional Treatment for Drug Users

Calls for the institutional treatment of drug users went back to the 1920s. However, the Department of Health steadfastly maintained that treatment was a provincial responsibility. In 1924, the government circulated a draft Act to provinces across the country to provide for treatment in existing institutions. Although this had little impact, the federal government apparently felt that it had discharged its responsibility.

In British Columbia, the site of the first drug panic, the province briefly allowed drug users to voluntarily commit themselves to the Provincial Mental Asylum in 1920-21. However, it was found that the same people were re-appearing and the privilege was curtailed.⁹⁴ The medical superintendent complained that “the experience gained during the year has clearly shown the futility of a few months treatment for the drug addict and we have come to believe firmly that if any permanent results are to be achieved in this class of case they must be cared for in a separate institution for a period of at least three

⁹³ Edmund Brassset *A Doctor's Pilgrimage* (Philadelphia and New York: J.P. Lipincott Company, 1951): 85-86 Thanks to Sasha Mullally for drawing my attention to this biography.

⁹⁴ Letter from H.E. Young to F.W. Cowan December 20, 1920 in NAC, RG 29, Vol #236 File #324-1-2 Part 1

years.”⁹⁵ In Manitoba in 1920, voluntary treatment was provided in jail for people who swore themselves into the jail for six to eight weeks. Dr. B.J. McConnell claimed that 25-30 addicts had been treated this way.⁹⁶ However, the policy did not last for long.

The first two provinces to pass legislation for the institutional treatment for drug users were Nova Scotia and Alberta in 1924. Manitoba followed suit with legislation in 1925 and Ontario in 1935. In all four provinces, the acts allowed for the compulsory treatment of drug users in hospitals to be specially designated by the province. Only in Alberta was this legislation enforced; although there appears to have been some effort to treat codeine users in Ontario hospitals after 1935.⁹⁷

Although the Department officially supported the idea of treatment, they actually preferred to see the criminal sanctions of the Opium and Narcotic Drug Act used against drug users. In 1931, the Alberta RCMP withdrew a charge under the Opium and Narcotic Drug Act and substituted one under the Mental Diseases Act (the Alberta legislation which allowed drug users to be committed to the provincial asylum at Ponoka.) The department disapproved and in its annual report the RCMP declared: “it will not be repeated in future.”⁹⁸ However, six years later the RCMP used the Mental Diseases Act for “breaking up gangs of drug addicts.”⁹⁹ For example, in early April 1936 the RCMP made arrangements with the Edmonton City Police to arrest and proceed against a number of drug users under Section 2C of the Mental Diseases Act. On April 4th the RCMP arrested 10 drug users – 4 women and 6 men. All ten were held in gaol over the weekend, during which time three doctors examined them. With the exception of one they all requested injections of narcotics and evidence regarding their drug use was given before Magistrate Ritchie on the 6th and 7th of April with the result that nine of them were committed. A lawyer represented the one man who had not requested drugs and the magistrate allowed him one month for the purpose of investigation in view of the

⁹⁵ Report of the Mental Hospitals for Year Ended March 31, 1921 BC Sessional Papers Volume 2: 9

⁹⁶ Letter from B. J. McConnell to F.W. Cowan March 18, 1920 in NAC, RG 29, Vol #236 File #324-1-2 Part 1

⁹⁷ Letter from C.H.L.Sharman to Dr. R.C. Hamilton on December 19, 1935 in NAC, RG 29, Vol #551, File #320-6-5 In the early 1930s there was less than 20 addicts/year being treated in Ontario Mental Hospitals. After the legislation, these numbers doubled.

⁹⁸ Annual report of the RCMP for the year ended September 30, 1931: 31

⁹⁹ Annual report of the RCMP for the year ended March 31, 1937: 67

fact that he had stayed away from the drug for five days. In addition to those arrested, two others entered Provincial Asylum at Ponoka voluntarily and warrants were issued for another two, but they left town.¹⁰⁰ In these cases, it would have been much more difficult for police to obtain evidence to secure a conviction under the Opium and Narcotic Drug Act.

In Alberta, some drug users ended up serving their time in Ponoka rather than in jail. In 1934, Bunny Ryan was sent to Ponoka Mental Hospital from the Provincial Goal. The doctor at the goal reported: “she had been noisy since her admittance. She shouts and talks continually and has hallucinations and delusions. In my opinion, this woman, at present is insane and dangerous to be at large and I would advise her removal for care and treatment to the Provincial Mental Hospital.” Four months later the medical superintendent of Ponoka reported that she was “not psychotic. Drug addiction.” He felt that she had been away from drugs for long enough and that she should be given a short trial away from the hospital. “Although a high grade defective, I believe she may get along satisfactorily. She has been sterilized.”¹⁰¹ Five months later, she was given two months for Vagrancy. The doctor at the provincial gaol once again reported that she “has misbehaved herself so badly and has been so noisy that I believe she is temporarily insane and I advise her removal to the Provincial Mental Hospital for care and treatment without delay.” She spent two months at Ponoka and then was discharged. Once again, the medical superintendent suggested that she was not “psychotic,” but a drug addict. Neither institution wanted responsibility for her care – a situation that might have arisen more often in other provinces, if there had been more opportunities for “treatment.”

Dr. McLean, the man responsible for treating drug users at Ponoka in the 1930s, later became the Director of Mental Health Services in Alberta. In 1953, the Provincial Minister of Health, W.W. Cross, wrote a letter to the Department of Health describing McLean’s experiences with these patients. Cross wrote that approximately 200 people were treated over the course of the decade and that the “immediate results in these cases were excellent. Within a few weeks, their physical condition had improved and they

¹⁰⁰ RCMP Memo April 15, 1926 in NAC, RG 29, Vol #3331 File #327-B-183

¹⁰¹ This was in accordance with the Sexual Sterilization Act in Alberta. See: Angus McLaren Our Own Master Race (Toronto: McClelland and Stewart, 1990) and Deborah C. Park “From the Case

became very active and interested around the hospital. This activity took two forms – firstly, they were very insistent in demanding their release which they claimed was in order because they were now cured of their drug addiction; secondly, they were found to be busy in interesting other people in the hospital in becoming drug addicts. Upon release from the hospital, they almost invariably returned to the use of drugs, and we have many repeat cases appearing in the mental hospitals during that ten-year period. One of these cases was back in hospital on seven different occasions. After years of work with these people, it is Dr. MacLean’s opinion that they will always be repeaters due to the fact that they are usually of limited intelligence and almost always “weak personalities.”¹⁰²

Perhaps not surprisingly, given Dr. MacLean’s attitudes towards them, drug users did not favour Ponoka. In 1937 Patrick Bates, a long-time drug user, pleaded guilty on a vagrancy charge and asked to be sentenced to Lethbridge, rather than Ponoka. He told the judge that he wanted to stop using and that he thought that his chances of stopping would be better at the Lethbridge jail where there were fewer drug users than they would be at Ponoka.¹⁰³ However, he probably had his own reasons for preferring Lethbridge.

There were also a few private institutions that accepted drug users on occasion, most notably the Homewood Sanatorium in Guelph. However, the Department of Narcotic Control was very skeptical about the treatment provided there. In 1925 the Department wrote the Social Service Council of Canada to say that “their success in the treatment of such cases is very questionable in view of the fact that they do not appear to have proper facilities for keeping the patient in practically solitary confinement while under-going treatment,It is altogether too easy for friends and relatives of patients at Homewood to visit a patient, while the treatment is being carried out.” The Department concluded that many people had gone to Homewood with sincere intentions, but had returned home in the same condition as when they left.¹⁰⁴ Homewood was quite

Files: A History of Involuntary Sterilization” presented at the Research in Progress Seminar, Queen St. Mental Health Centre, Toronto June 11, 1998

¹⁰² Letter from W.W. Cross to Paul Martin March 13, 1953 in NAC, RG 29 Acc. 1983-84/118 Vol #4 File #321-4-4

¹⁰³ Archives of Alberta, Acc 76.347 Box #9 File #245 and BC Archives, GR-2335, Box 3, File 80/49

¹⁰⁴ Letter from F.W. Cowan to Gilbert Agar, February 16, 1925 in NAC, RG 29, Vol #605 File #325-4-7 Part 1

expensive (at least \$14/day in 1954)¹⁰⁵ and only wealthy drug users could afford to spend any time there. In the post-WWII period the department kept up correspondence with the head of the Homewood and the Hollywood (in British Columbia), two private sanatoriums that occasionally treated drug users. In a blatant violation of patient confidentiality, the institutions would inform the department every time a drug user was admitted or released and provided some background information about the patient.¹⁰⁶

The federal government seriously began considering the possibility of establishing a treatment institution in the late 1940s. The Department had previously paid lip service to treatment facilities, but until the post-war prosperity and the expansion of the federal government into the social welfare arena, there was little chance of achieving such institutions. Moreover, the department's experience with treatment facilities in the 20s and 30s had led to the belief that they had little to offer. Withdrawal might be completed successfully, but institutions saw the same people enter time and time again for another withdrawal.

The expansion and growing prestige of psychiatry and the other "psy" disciplines after 1945 led to a renewal in the belief that drug users could be "cured."¹⁰⁷ A 1945 report by the Lower Mainland United Way concluded "the best hope of a cure...appears to lie in a combination of hospital and institutional treatment and psychiatry over a long period of time."¹⁰⁸ Even RCMP officer Constable Price, who compiled a series of case histories of drug users in 1946, wrote that much needed to be done in the way of "extended use of psychiatric services, slanted to the prevention of addiction." He added that "psychiatrists can to a great degree, predict and control behavior, particularly in the

¹⁰⁵ Minutes of the Technical Advisory Committee June 25, 1954 in NAC, RG 29, Vol #604 File #325-3-2 Warsh indicates that the price in 1895 was approximately \$15/week.

¹⁰⁶ Letter from E.A Campbell to K.C. Hossick October 2, 1951 in NAC, RG 29 Vol #604, File #325-3-2 Part 2 See also NAC, RG 29, Vol #3336 File #327-R-24

¹⁰⁷ For the growth in "psy" after the war see: Nikolas Rose Governing the Soul and Nikolas Rose Inventing Ourselves, Gerald Grob From Asylum to Community: Mental Health Policy in Modern America (Princeton: Princeton University Press, 1991), Mona Gleason "Psychology and the Construction of the 'Normal' Family in Postwar Canada 1945-1960" Canadian Historical Review 78(3) September 1997: 442-477 and Mona Gleason Normalizing the Ideal. William White traces this process in the United States in his book: William White Slaying the Dragon.

¹⁰⁸ United Way of the Lower Mainland Women's Protection – Subcommittee on Narcotics (1944-45) Report of the Subcommittee May 31, 1945 Vancouver City Archives Add. Mss. No. 849-2 File #2 Location 617-G-1

incipient stages of difficulty.”¹⁰⁹ His superiors seem to have agreed with him as a later annual report concluded that “any real hope for positive, long terms results in dealing effectively with the drug addict can only be achieved by the combined efforts of medical, social and enforcement bodies.”¹¹⁰

In 1952, a widespread panic about juvenile drug use in Vancouver led the Vancouver Community Chest and Council to establish a committee to study the problem of drug addiction. (See Chapter 1) In its introduction, the committee’s report stated: “narcotic addiction is a medical problem with definite psychiatric implications.”¹¹¹ The report recommended that the Provincial government with the support of the federal government establish a pilot medical treatment and rehabilitation centre. More controversially, the committee recommended that the Canadian government establish narcotic clinics where registered narcotic users could receive their minimum required dosages of drugs.

In response to the popular report, the federal government agreed to fund a study of drug addiction. As discussed in the first chapter, George H. Stevenson, a Professor of Psychiatry at the University of Western Ontario, and a past president of the American Psychiatric Association, was appointed to head the project, which was conducted under the auspices of the University of British Columbia. In addition to Stevenson, people from the mental health professions, including a psychiatric social worker, a physician and a psychologist dominated the research team. The Stevenson Report was published in 1956 and had an important impact on subsequent drug policy and treatment.

Psychiatry’s prestige in the 1950s had little to do with its sophisticated research techniques. In his book, From Asylum to Community Gerald Grob drew attention to what he described as the “methodological naïveté” of psychiatry in the 1950s.¹¹² This was strikingly true of the Stevenson Report. The initial study planned to compare two groups of 100 prisoners: 100 drug-using prisoners, and 100 non-using prisoners. In fact, they ended up studying 74 drug-using prisoners, and 41 non-using prisoners. The non-drug

¹⁰⁹ Constable H.F. Price RCMP “The Criminal Addict” Annual Report of the RCMP for the Year Ended March 31, 1946: 78

¹¹⁰ Annual Report of the RCMP for the Year ended March 31, 1954

¹¹¹ “Drug Addiction in Canada: ‘The Problem and Its Solution’” Reprinted as “Appendix A” of the Stevenson Report.

¹¹² Grob From Asylum to Community: 133

users were initially regarded as a “control group”, but the researchers quickly realized that non-drug using prisoners were not properly comparable for a study of drug use, since prisoners themselves were quite different from the general population. This led to real problems when they analyzed the family lives, educational histories and employment records of drug users, since they had no idea of how they compared to the population as a whole. Moreover, they realized that many of the non-drug using prisoners would likely start using drugs at some point in the future.

At the end of the first year, they abandoned this study to undertake others. These included a Consecutive Conviction Study, which recorded statistical data on every drug user coming to Oakalla Prison Farm on any charge, a Sibling Study, which was supposed to compare 25 drug-using siblings to 25 non-drug-using siblings but was not completed, detailed psychological studies of 64 drug using prisoners and 64 non-drug using prisoners and a study of people who had stopped using heroin which was also not completed. The psychological studies, which were completed by team psychologist Lewis Lingley, were very professional and included literature reviews, standardized tests and questions, and fully tabulated results. Although these studies were the first of their kind in Canada and provided a great deal of rich ethnographic detail, the research design was poorly thought-out, many of the individual studies were incomplete, and there was insufficient analysis of the data that was collected. This is important because the length of the report and its many tables invested it with scientific authority and public policy makers took its conclusions very seriously.

Stevenson concluded that heroin users needed to be “cured,” which meant that they needed to stop using heroin. “The only proper relationship of the physician to the addict”, he wrote, “is that of helping the addict to overcome his addiction.”¹¹³ He believed that this would require secure hospital facilities with security provisions, skilled nursing, constant medication supervision and treatment, as well as a follow-up rehabilitation program. Like many Canadian officials in the 1950s, Stevenson believed that “social problems” such as heroin use could be solved through government funding,

¹¹³ Stevenson Appendix “H” Arguments for and Against the Legal Sale of Narcotics” Reprinted from the Bulletin of the Vancouver Medical Association 31(4): 8

scientific and professional expertise and the psychiatric transformation of human beings who refused to live within social norms.

Reflecting the sexism of post-war psychiatry, the Stevenson report spent a remarkable amount of time on the deviant sexuality of female drug users. Stevenson noted that drug users were “promiscuously and actively heterosexual” before they started using drugs.¹¹⁴ He said little more about the sexual behavior of the men, remarking only that few of them had ever had homosexual experiences. Although he mentioned “the possible presence of a considerable latent homosexuality” among the women, he did not discuss this in any detail. It would have been clear to anyone working at Oakalla that many of the women drug users had sexual relationships with other women, but Stevenson focused more on their “immoral” behavior with men, especially prostitution. Stevenson made a significant point of the fact that many of the women had worked as prostitutes before they became drug users. “This information”, he proclaimed, “contradicts the commonly held idea that drug addiction forces otherwise good girls to become prostitutes. None of these subjects were morally well conducted when they first began to use narcotics. Addiction made it appear excusable or profitable to change their amateur sex status to a professional one.”¹¹⁵ He also referred to women’s common-law relationships as a form of prostitution. He placed much greater emphasis on prostitution, over same-sex sexual practices, which is interesting and may suggest that like many heterosexual male observers today, he did not find women engaging in occasional same-sex sexual practices particularly threatening to the gender and sexual order.

In his recommended treatment programme, Stevenson suggested that male drug users live together in a dormitory setting during rehabilitation; however, “because of the special problems associated with female addicts” he recommended that they should live in “foster homes”, cared for by “housewives” and treated by social workers. He did not make it explicitly clear what these special problems were, but given the tenor of the rest of the report, it seems quite clear that he was referring to what he regarded as their sexual immorality. I believe that he opposed the idea of female drug users living together for two reasons. First, he may have felt that a house of female drug users, many of who had

¹¹⁴ Stevenson: 101

¹¹⁵ Stevenson: 96

previously worked as prostitutes, would have unseemly similarities to a house of prostitution. Secondly, he was probably afraid that drug-using women would engage in same-sex sexual practices in the dormitory.

Its blatant sexism was not the only way in which the Stevenson report mirrored the state of psychiatry at this time. The Stevenson report also marked a shift in the psychiatric classification of drug users. During World War II, military psychologists who came across drug users defined them as “psychopathic personalities.”¹¹⁶ In Stevenson’s 1947 textbook, Personality and Its Deviations, he also referred to drug addicts as “psychopathic personalities”. However, by the mid-1950s this term had fallen out of favor in psychiatric circles, and the term itself was removed from the “American bible of psychiatric medicine,”¹¹⁷ the DSM II (Diagnostic and Statistic Manual), in 1952. In his 1956 report, Stevenson wrote: “It will be helpful if the reader will free himself of such concepts as “psychopathic personalities” in thinking about these persons, and will try to think of them in their childhood as ordinary children of average intelligence.”¹¹⁸ However, as I discussed in the first chapter, Stevenson was extremely critical of drug users, and regarded them as immature, selfish, undisciplined, and immoral. He lambasted them for refusing to fulfil what he regarded as adult responsibilities, including their lack of interest in the democratic process, their failure to pay income tax and to carry life insurance, and their refusal to pay hospital insurance premiums under the British Columbia Hospital Insurance Plan.¹¹⁹ He was particularly condemnatory of what he regarded as drug users’ unwillingness to take personal responsibility for their drug use, their criminal activity and their regular prison sentences. This was interesting, because, Stevenson felt that drug users were in need of psychiatric help, not because they were “psychopathic personalities”, but because they refused to follow the norms and responsibilities of citizenship in 1950s Canada. Stevenson could conclude that many of the drug users’ problems stemmed from social and economic deprivation, and still believe that psychiatric care was the appropriate response. Science and psychiatric expertise could transform even criminal and delinquent drug users into good citizens.

¹¹⁶ NAC, RG 29, Vols #540 and #541

¹¹⁷ The phrase is borrowed from Valverde Diseases of the Will: 26

¹¹⁸ Stevenson: 155

¹¹⁹ Stevenson: 157

Nonetheless, this “treatment model” still assumed that drug users were fundamentally flawed. Their desire for drugs was indicative of their immaturity, poor judgement, and inadequate social skills. The Stevenson report reflected optimistic faith in what psychiatry could accomplish and claimed the field of “drug addiction” for psychiatry and other professional experts. As such, the Stevenson report embodied the complex cultural currents of 1950s Canada – faith in experts, especially psychiatric experts, conservative social norms and a willingness to experiment with new social programs to address Canada’s perceived ills.

As a result of the new optimism in what psychiatry could accomplish, several “treatment” programs for drug users opened in prisons across the country in the mid-1950s. In January 1956, the Ontario government opened a 25-bed facility for male drug addicts at Mimico. A part-time psychiatric specialist, two psychologists and a social worker staffed the clinic. Patients were accepted on a “voluntary” basis and treatment covered the last four months of an inmate’s sentence. There was both individual and group therapy. A rehabilitation officer helped the inmate after discharge with clothing and financial aid. A health clinic at the Mercer reformatory provided treatment and “rehabilitation” for female drug users.¹²⁰ In the words of Dr. Boothroyd, the psychiatrist at Mercer responsible for the program, the program was intended to “try and educate this group that there is a better way of life and they should try to conform to it.”¹²¹ In 1959-60, the Reverend Maurice Flint undertook a “group therapeutic” approach with a number of female drug users.¹²² However, these meetings were voluntary, and apparently few women chose to attend on a regular basis.¹²³

¹²⁰ Annual Report of the Department of Reform Institutions for the Year Ended March 31, 1956: 10

¹²¹ Report by the Sub-committee of the Welfare and Housing Committee appointed by the Council of the Municipality of Metro Toronto to prepare a study on the use of the “Riverdale Hospital” as a treatment centre for narcotic drug addicts. . Supplement to the Report: 3-4 Series 100, File 2043 Alcohol, Drug Addiction and Vice Mental Health 1959-60 Metro Toronto Archives

¹²² Annual Report of the Department of Reform Institutions for Year Ended March 31, 1960: 6

¹²³ Report by the Sub-committee of the Welfare and Housing Committee appointed by the Council of the Municipality of Metro Toronto to prepare a study on the use of the “Riverdale Hospital” as a treatment centre for narcotic drug addicts. . Supplement to the Report: 3-4 Series 100, File 2043 Alcohol, Drug Addiction and Vice Mental Health 1959-60 Metro Toronto Archives

Administrators expressed unease about the success of this program. Mimico's clinic administrator commented that "the addict views assistance in a manner of suspicion, wondering why the help is being offered...maybe it would be better to not try to help them until we understand them better...the addict views assistance as being done "to" him and not "for him."¹²⁴ There was little debate about the usefulness, or problems of providing "treatment" in a penal institution, where people were not free to do as they liked. Drug users "chose" treatment, but they did so within an environment in which they had very few options, and where pressures to behave in a way that pleased administrators was intense.

Penal treatment was offered in British Columbia as well. In 1956, two "panabode" units were established at Oakalla Prison Farm in Burnaby. George Stevenson was the official head of the programme, although he worked as a consultant, rather than as head of daily operations. Nonetheless, it reflected his beliefs about drug users and closely followed the treatment programme outlined in his report. Drug users were to see themselves as emotionally immature people with multiple social problems. According to social worker Lindsay McCormick, who did a study of the project, officials chose the word panabode, which meant, "a dwelling place for a group with a common band or union," rather than something with drug addiction in its title, "lest there be inclination among those inmates selected for treatment to feel that drug addiction was their only problem."¹²⁵

The men's Panabode could accommodate 11, and the women's unit could accommodate 10. The difference was due to the presence of an automatic washer and dryer and a power sewing machine in the Women's Unit. The men's unit had a lined court for basketball, tennis and other sports, a soccer field, a small workshop for woodworking and a garden. The Women's Unit had a ball field and an asphalt volleyball and badminton court. Clearly, the physical lay-out as well as the treatment programme itself was designed to encourage drug users to fulfil what administrators regarded as

¹²⁴ Report by the Sub-committee of the Welfare and Housing Committee appointed by the Council of the Municipality of Metro Toronto to prepare a study on the use of the "Riverdale Hospital" as a treatment centre for narcotic drug addicts. . Supplement to the Report: 3-4 Series 100, File 2043 Alcohol, Drug Addiction and Vice Mental Health 1959-60 Metro Toronto Archives

¹²⁵ Lindsay McCormick "Group Living for Drug Addicts": 41

appropriate gender roles. The program offered by the Panabode included: educational films, guest speakers, religious services, counseling, educational courses, work and recreational activities. Both panabodes frequently featured speakers from outside the prison including lawyers and doctors who saw themselves as specialists in the problem of drug use. During the workday, the men did gardening and woodwork. The women took hairdressing and home nursing courses and within the panabode did their own cooking and cleaning. Outside observers frequently commented on the “homelike” atmosphere of the women’s panabode – reassuring prison officials that the program was a success.

According to social worker Lindsay McCormick, who worked there, the program was designed to “give the inmate better insight into himself and his manner of functioning and to provide him with a better outlook on and respect for society and his role as one of its members.”¹²⁶ In fact, the programme did not have enough staff to undertake extensive counseling activities. Nonetheless, the set-up itself revealed what was to be learned: women were supposed to be good housekeepers and homemakers, men were to engage in woodworking and other “manly” pursuits. Both male and female drug users were to acknowledge that they had serious personality problems but that they could be cured through group discussion, self-examination, and interactions with good citizens. Since the panabodes were more pleasant than the regular Oakalla facilities (which were desperately overcrowded) many drug users sought to enter them. However, staff felt that this did not indicate a sincere desire for a cure.

The project had limited success. One critic was Mervyn Davis, the Executive Director of the John Howard Society. In a letter to the John Howard Society of Ontario he complained that there were fundamental contradictions between “psychotherapeutic” treatment and the restrictive custody of Oakalla Prison farm. Most of the staff’s time was spent selecting the inmates who were to live in the relatively luxurious accommodation. He commented that the rehabilitation officer “has recently begun to stammer and... (his) hand shakes more each day.”¹²⁷ The director, George Stevenson soon complained that group therapy failed because panabode residents refused to let their guard down, that inmates chose highly impractical courses of study and recreation, that they resisted

¹²⁶ McCormick: 46

participation in planned activities, and that it was extremely difficult to maintain a working relationship with people with severe character disorders. In 1958, as a result of these difficulties, the male group was briefly disbanded and the women's group fell to 3 people.¹²⁸ As a result, selection of candidates became almost entirely dependent on staff assessment, rather than the inmate's wish to be transferred to the Panabode.

There was also a non-prison setting where drug users could obtain treatment. The Narcotic Addiction Foundation (NAF) started in 1956, but was not able to purchase a home for itself for several years, as a result of neighborhood opposition. The NAF wanted to find a place outside of the downtown area where most drug users congregated. Finally, in December, 1958, the Narcotic Addiction Foundation (NAF) of British Columbia opened their residence at 835 West 10th Ave. Psychiatrist Robert Halliday was appointed Director. The NAF quickly realized that most drug users were not anxious to be admitted to a residential setting and the residence often operated at less than capacity. The residence was only for men. Women drug users were placed in residence at the Salvation Army's Catherine Booth Home where they were treated by the NAF. The NAF aimed to provide withdrawal, employment contacts, recreational programs, psychotherapy and casework counseling. Like counselors at the John Howard Society, and treatment programs at Oakalla, the program aimed "to give the former user of drugs a better understanding of himself, of society, and his relationship to the society. It involves a large element of education and re-education of basic social principles."¹²⁹ The foundation provided outpatient methadone withdrawal, but only if there was a responsible non-drug-using person who was willing to administer the drug to the user. No more than 2-3 days supply of methadone was provided.¹³⁰ Not surprisingly, users were far more interested in obtaining methadone than in living in the residence and receiving counseling: the number of clients rose when the NAF first started providing methadone

¹²⁷ Letter from Mervyn Davis to Roger S. Beames May 29, 1956 in John Howard Society Papers Simon Fraser University Archives Container #17 F1-2-6-4

¹²⁸ Annual Report of the Department of Corrections for Year ended March 31, 1958

¹²⁹ Annual Report of the Narcotic Addiction Foundation 1958-59 "Report of the Counsellor" n.p.

¹³⁰ Annual Report of the Narcotic Addiction Foundation 1959-60 "Report of the Director" n.p.

and fell when the NAF became stricter about dispensing methadone.¹³¹ By 1961-2 the NAF was claiming an abstinence rate of approximately 26%, somewhat higher than success rates at the US government institution at Lexington Kentucky.¹³² The NAF marked the beginning of publicly available voluntary treatment.

In Ontario, where there were fewer drug users, withdrawal treatment was available at the Ontario Hospital 999 Queen St. West beginning in 1958. That year, 25 people were treated. They stayed for an average of three weeks, despite the fact that they were welcome to remain for further treatment. There was no after-care or follow-up.¹³³ The City of Toronto considered establishing a hospital where drug users could be treated in a residential setting, but after meeting with Vancouver officials the plan was withdrawn.

Very little treatment was available in Canada between 1920-1961, but drug users evinced little interest in the treatment that was offered (other than methadone.) This was not particularly surprising. Most treatment took place in institutional settings such as asylums and prisons, where drug users were confined against their will. Moreover, treatment focused on turning drug users into what “psy” professionals regarded as socially adjusted citizens. Drug users were living a life that was well outside of social norms. Many expressed discontent with their lives and some expressed a desire to be cured, but drug users also realized how different they were from “square johns.” Drug users who wanted to stop using were well aware that integrating into square-john society was more than a matter of education, counseling and will. “Psy” professionals must have come across as terribly naïve and therefore unhelpful.

In the early 1920s, doctors started out in a relatively weak position vis-à-vis the Opium and Narcotic Drug Act. Although users undoubtedly saw them as regulators who regularly refused to prescribe, or even relieve the pain of withdrawal, doctors might be

¹³¹ “Report of the Senior Counselor” Annual Report of the Narcotic Addiction Foundation 1959-60 “Report of the Senior Counselor” Annual Report of the Narcotic Addiction Foundation 1960-61

¹³² Annual Report of the Narcotic Addiction Foundation for Year 1961-62

¹³³ Report by the Sub-committee of the Welfare and Housing Committee appointed by the Council of the Municipality of Metro Toronto to prepare a study on the use of the “Riverdale Hospital” as a treatment centre for narcotic drug addicts. . Supplement to the Report: 1-2 Series 100, File 2043 Alcohol, Drug Addiction and Vice Mental Health 1959-60 Metro Toronto Archives

forgiven if they saw themselves as the regulated. They certainly did not enjoy the level of professional prestige currently associated with medicine. However, between 1920-1961 the doctors made significant gains. They stopped the Department from employing spotters, they significantly moderated the severity of the Opium and Narcotic Drug Act, as well as departmental practices in enforcing the Act, and a few psychiatrists carved out an important place for themselves in treating drug users. Nonetheless, while doctors worked out a better deal for themselves, they did not improve conditions for the user. Although a few users found a doctor that was willing to give him or her maintenance doses there were very few doctors who had much interest in drug users. Even doctors and psychiatrists who favoured a "treatment" model, believed that "treatment" should happen within enclosed state-institutions, in which they would have the right to confine or release. For drug users therefore medicine's new power made little difference.

Chapter 6: “Turning Rounders into Square Johns: Drug users and the John Howard Society of Vancouver”

While police officers saw their job as arresting and incarcerating drug users and doctors largely ignored them, social workers, along with a few post-war psychiatrists, were engaged in a much more complex project of “curing” them. During the time period covered by this study, drug users increasingly came into contact with social workers, both public and private. Social workers determined their eligibility for social assistance and helped them find jobs at the National Employment Service. Social workers were employed at prisons as classification officers and at hospitals, where drug users went for withdrawal and other health problems. Far more than other regulatory agents, social workers wanted to “reform” and “rehabilitate” drug users. Like some doctors, social workers encouraged drug users to change their “personalities” and way of life to bear closer resemblance to normative ideals of gender, class and citizenship. They did this instead of focusing on social change and ridding society of the social inequalities that contributed to problematic patterns of substance use.¹

One of the agencies most intensively involved in drug users' lives was a prison reform organization: the John Howard Society of Vancouver. This chapter will examine the work of the John Howard Society from 1931 when the agency first began operation, to 1961 when the new Narcotic Control Act passed. The John Howard Society was the brainchild of the Right Rev. A.H. Sovereign who, as Minister for St. Mark's in Vancouver, frequently visited the BC Penitentiary and Oakalla Prison Farm. The goals of the Society were to

¹ A body of literature on the history of social work has stressed its conservative tendencies. See: John Ehrenreich The Altruistic Imagination: A History of Social Work and Social Policy in the United States (Ithaca: Cornell University Press, 1985); Gale Wills A Marriage of Convenience: Business and Social Work in Toronto 1918-1957 (Toronto: University of Toronto Press, 1995) Linda Gordon Heroes of their Own Lives: The Politics and History of Family Violence (New York: Penguin Books, 1988) and Eric C. Schneider drew similar conclusions in his: Vampires, Dragons and Egyptian Kings: Youth Gangs in Postwar New York (Princeton: Princeton University Press, 1999). In his dissertation on the University of Toronto school of social work John Graham concluded that “social work is remarkably incoherent disunified phenomenon” (12) and that the “school could never fully obtain a coherent sense of mission nor a coherent self-identity.” See: John Graham A History of the University of Toronto School of Social

improve prison conditions, to help offenders and their families and to assist discharged men and women to re-establish themselves. The Rev. Joshua Dinage ("J.D.") Hobden was appointed Executive Director of the Society, a position he retained until 1955. Hobden had been a successful minister in East End Vancouver. Since first arriving in British Columbia at the age of 26 as a Methodist missionary he had been actively engaged in organizing activities for young people. As a member of the Ministerial Association Committee on Penal Reform, and the secretary to the Vancouver Presbytery of the United Church, he was an obvious choice to head the new society. At their small offices in the Dominion Bank Building, the Rev. Hobden and his office assistant (later known as the Women's Worker) gave meal and bed tickets, supplied clothing, found employment, and provided counselling to both inmates and their families.²

In the 1930s and 40s the John Howard Society focused largely on providing short-term material aid. At that time, the society thought that by treating prisoners with what society workers regarded as "respect", and by providing them with occasional offers of food, clothing, shelter and employment they could transform them into law-abiding citizens. As time passed and the government began to take a greater role in providing for the material needs of former prisoners, the Society gradually began to see this as inadequate. By the 1950s the Society expected prisoners to engage in a long process of self-examination and reflection, to find the roots of their problems with the law in their family problems and emotional difficulties, and to work out solutions to these problems in long discussions with their caseworkers. Material aid was seen to be the responsibility of the state, delivered through services such as the National Employment Service and the Community Social Services Department.

Although part of the agency's stated aim was to improve prison conditions, it did not spend a great deal of time working as an advocate for structural change. In its early years, the John Howard Society fought for improvements in prison conditions, but it did not, by

Work PhD Dissertation Social Work, University of Toronto, 1996

² Jean Wilton May I Talk to John Howard: The Story of J.D. Hobden – A Friend to Prisoners

and large, fight against the social inequalities that landed many of their clients in prison. J.D. Hobden and subsequent directors of the John Howard Society placed more emphasis on the individual's need reform, rather than on societal change. The funding base of the society and its need to co-operate with other agencies in the criminal justice system, restricted the possibility of fighting for structural change. The John Howard Society was a private agency, although it received part of its funding from the provincial government and part from the federal parole board.³ The majority came from the Community Chest and Council, which was controlled by business people in Vancouver. The ability of caseworkers at the John Howard Society to fight for change was circumscribed by their funding, as well as by the proclivities of Board members and workers.

The coercive project of transforming drug users into "square-johns" was carried out by people who, more often than not, genuinely cared about the welfare and well being of drug users. Social workers at the John Howard Society often went well beyond the call of duty. They opened their homes to clients, and they came to their aid at all times of the day and night. In return, some of their clients developed deep and caring relationships with social workers. Drug users were harassed by the police, rejected by mainstream society (including, often, their families), and they spent much of their life in prison. For some clients, the help proffered by the John Howard Society provided a welcome respite.

In her book on family violence, Linda Gordon argues that the history of social work practice, "produces a more complex model of social control than has been customary among social theorists."⁴ She argues that many of the people who were the objects of control themselves solicited intervention on the part of social work agencies. This was

(Vancouver, 1973)

³ In 1960 for example the total revenue of the Society was \$55, 328.00. \$32 703 came from the Community Chest and Council of Greater Vancouver, \$9 500 came from the Government of Canada, \$7 500 came from the Government of British Columbia, and the remainder came from other charitable institutions. Brief Submitted by the John Howard Society of British Columbia to the Government of British Columbia for an Increased Grant November 1, 1961 SFU Archives John Howard Society Papers Container 2, File #F-1-1-1-9

⁴ Linda Gordon Heroes of their Own Lives: 6

certainly true of clients of the John Howard Society, who used the services of the society voluntarily, although the difficulties of drug users' lives often drove them to this choice. Social work could be coercive, humiliating, and demeaning, but it could also be supportive, encouraging, and affirming. So much depended on the particular relationship that developed between an individual social worker and client.

Nonetheless, casework took place between two people with vastly different levels of power. Social workers at the John Howard Society were white, middle-class and well educated. Their clients were working-class (91%), poorly educated, and a few were Aboriginal (4%), Black (2.5%) and Asian (2.5%).⁵ However, they did have agency. Most drug users exercised this agency by not using the resources of the John Howard Society. Others exerted it by trying to use the services on their own terms. Still others chose to engage in the therapeutic project of rehabilitation, which was dear to the heart of social workers. Only by examining individual case files and histories can we understand the particularity of these relationships and experiences.

Casework in the 1930s and 40s

In the 1930s and 40s, the John Howard Society was a small organization. The only employees were Hobden himself, and a female caseworker and/or office worker. cursory impressions of clients were recorded on small yellow card files along with notes about material aid rendered and immediate plans but little else. Hobden spent much of his time at court, or at the prisons, and he probably kept a great deal of information about clients in his

⁵ Race was not identified for every client. However, they seem to have included race in their introductory file cards whenever the client was not white. These figures are based on clients that were identified as Aboriginal, Black and Asian. Class background was not listed on file cards, but where possible I entered class based on the occupation of the drug-user, and in some cases on the occupation of their parents. Drug using clients of the John Howard Society very rarely had middle-class occupations, although a few came from middle class families. I entered these drug users as middle-class, because in many of these cases their parents were willing to give them assistance, which meant that they had middle-class privileges. Class background was only identified for 226 of the 397 case files.

head. His laudatory biography, written by Jean Wilton, an employee of the Society in the 1950s, details extensive relationships with particular clients, but the ill-documented case files show little evidence of this.⁶

Research on drug users at the John Howard Society at this time is particularly difficult, because the Society either did not know, or did not record, whether their clients were drug users or not. Terry J. appeared in JHS offices regularly in the late 1930s and 1940s looking for small amounts of money and clothes and work. Office notes never indicated that he was a drug user. A British Columbia Penitentiary Admission report from 1963, however, noted that he had been using drugs since the late 1920s.⁷ Another man had sporadic contacts with the JHS for two years before workers noted that he was a drug user. When they learned of his drug use they were none too sympathetic. The women's caseworker noted that John M. was in the office asking for a work shirt and pants as he had the possibility of getting a job working on a truck. "Claims he is off narcotics. Admits some shame of the crime of which he was convicted.About the only mitigating circumstance in this case, is that John has never denied his general worthlessness, nor lied about things."⁸ It may be that drugs were simply too scarce on the streets of Vancouver in the 1930s and early 1940s for workers at the John Howard Society to definitively label certain clients as "addicts." Nonetheless, the John Howard Society was interested in drug use. The Society actively partook in the mid-1930s campaign against codeine use, on account of the "devastating moral results we have witnessed on the part of our own clientele."⁹ In 1945, the Society bemoaned the lack of treatment for drug users, but concluded that that they should be segregated in and out of prison.¹⁰

Drug users or not, and my sense is that he preferred not, Hobden focused on giving his clients what he thought of as self-respect. JHS offices were deliberately established in a

⁶ Wilton May I Talk to John Howard

⁷ JHS #4871

⁸ JHS #2438

⁹ Annual Report of the John Howard Society for the Year 1935

¹⁰ Annual Report of the John Howard Society for the year 1945

good business section of town, away from other relief organizations and charities. Former prisoners were challenged to make something of themselves, and to "recover what their social lapse has forfeited.....We refuse to let them think that a discharged prisoner can never become a good citizen."¹¹ As a minister, Hobden believed that religion would be of benefit to his clients and he encouraged them to sanctify their common-law unions, and to turn to God for guidance with their problems. His encouragement was coloured with the language of muscular Christianity.¹² In 1949, he wrote twenty-five year old Robert P., "you have nothing to be ashamed of or to be afraid of. Keep your chin up and play the game always; your freedom depends on this." However, Hobden prided himself on plain speaking, and clients of the society were not always given kind words when they arrived at the JHS offices. The following year, a notation in the Robert's file indicated that Hobden wanted to know "1) Why he left his brother's business at Kimberly and 2) Why he hasn't got more sense that to go around with Matt when he got in trouble with Matt before."¹³

Some clients apparently responded to this. When Robert P. was on a ticket-of-leave in the late 1940s, he sent Hobden snapshots and newspaper clippings about his brother's business, in addition to the letters required by law. John B, a long-time client of the Society, told a YMCA worker that he had denounced his Roman Catholic Faith on the strength of Hobden's "sound sense" in his Oakalla Sessions. In 1949 he wrote Hobden: "I want you to have faith in me Mr. Hobden as I think that I owe you very much."¹⁴

Like many other workers and agencies in the 1930s, Hobden, and by extension, the John Howard Society, was radicalized by harsh economic conditions. Hobden expressed great deal of sympathy for his clients in the 1930s, especially those who had been driven to their crimes by economic need.¹⁵ He was particularly outraged when clients were fined for

¹¹ "Report of the Executive Secretary" Annual Report of the John Howard Society for the year 1932: 2

¹² A good discussion of muscular Christianity can be found in Colin Howell Northern Sandlots (Toronto: University of Toronto Press, 1995): 105-6

¹³ JHS #6397

¹⁴ JHS #7961

¹⁵ John Howard Society Report of the Executive Secretary March 14, 1934 in John Howard Society Annual Report for the Year 1933

riding the rails, which many were doing in order to find work. He was also highly critical of prison conditions. When the war broke out and the employment situation improved, Hobden's tenor changed. Hobden prided himself on the number of clients who had enlisted and many clients coming to the Society for help were told that their country needed "good men".¹⁶ Hobden also moved away from providing material relief. In 1945, he announced that relief was never an effective method of rehabilitation. "Though some good was done," he admitted, "it was pauperizing in the extreme as it relieved a man of any initiative he might have to strike out for himself, and become self-reliant and independent."¹⁷ Instead, the agency began to focus more on adult probation and on more direct counseling.

An unusually intensive and well-documented case record from this time period is that of Vickie A who was referred to the John Howard Society by Magistrate Wood in 1945.¹⁸ Vickie's case, although it was unsuccessful from the point of view of the Society, was otherwise a prime example of what the Society was beginning to see as ideal social work practice. The women's caseworker combined what she thought of as friendly support and encouragement with an invasive and occasionally coercive involvement in Vickie's life. Her case also illustrates the extensive links between the John Howard Society and other agents in the criminal justice system and the social welfare state.

Vickie was 18 years old and had already given birth to one child and was pregnant with another. She was married to the "notorious Ricky A.." After their first meeting, the caseworker diagnosed: "this girl is a problem girl. Her mother was in JHS, she was in the Girls' Industrial School." Vickie was given a number, her name and alias were recorded

¹⁶ John Howard Society Report of the Executive Secretary for the year 1941 presented at the Annual Meeting March 10, 1942 in Annual Report of the John Howard Society for the Year 1941. Hobden proudly told the board that "Our 'Honour Roll' of enlistments contains 200 names...To many it has meant the first real chance ever to pass their way, and they have not failed to measure up to its challenge."

¹⁷ John Howard Society, Report of the Executive Secretary March 20, 1945: 3 in John Howard Society Annual Report for the year 1944

¹⁸ JHS #7402

along with her birthdate and the names of her husband, parents, and children. The caseworker consulted the Vancouver social service index, where she learned that Vickie had previous contacts with the Child Guidance Clinic, the Girls' Industrial School, and the Social Service Department of the Vancouver General Hospital. The caseworker telephoned the Girls' Industrial School where the matron told her that "Vickie is a hopeless little liar and cannot be believed. Is absolutely worthless." She also spoke to the morality squad of the Vancouver City Police who told her that Vickie was prostituting for her husband. Nonetheless, the caseworker spoke on her behalf to the court where she faced a prostitution charge, and Vickie was given a suspended sentence. Several weeks later a detective told Vickie's probation officer who told the caseworker that Vickie had had an abortion and that her husband was selling drugs. The caseworker ran into Vickie on the streetcar and told her to come in on April 2. Vickie showed up on the fourth and confirmed that she had an abortion. The caseworker told Vickie to "secure birth control information and not undergo this risk of losing her life again." The caseworker did not mention the allegation of drug peddling.

Two months later Vickie was facing a charge of Keeping a Disorderly House (keeping a house of prostitution.) She told her caseworker that she wanted to find a job in a factory or an elevator, "in the hope that she might become interested enough in it to stick with it." The caseworker reported that "this sounds like a desperate hope in view of her past life but one would not wish to shove down a girl so obviously in danger and without resources in herself." Over the next few months the caseworker saw Vickie in court and in the JHS offices on several occasions. Contacts intensified in September when Vickie faced a serious charge of breaking and entering a drug store with several other people. Vickie maintained that she had nothing to do with the Break and Enter and that she and her husband were only seen at the scene because they were relieving themselves. The caseworker told her that "this story is so rank" that she should "spare herself the trouble of telling it." In October she was up in court on a drug charge but this was dismissed. In November police reported to her caseworker at court that there were complaints about her

from the men she solicited and "abuses because they don't accept her offers." By the fall Vickie had yellow jaundice as well as syphilis and pelvic inflammatory disease. Both Vickie and her husband had come to see her caseworker on various occasions. They were both very nervous about the trial.

At the trial in January her caseworker reported that Vickie intended to stay out of trouble as soon as this is over and the caseworker believed that she was sincere. However, to herself, the caseworker mused that "her ability to keep this resolve is limited. She as undergone a great strain for the past year and seems to have a tendency to collect trouble progressively and be powerless to avoid it." At this point the caseworker noted that Vickie left home at 15 the result of a family quarrel, took a room downtown and began prostituting. When she returned home "she had lost a taste of work and gained the desire to run around with boys --so her mother placed her in the detention home and she went to the Girls' Industrial School."

Soon after the trial (at which Vickie was acquitted but her husband was found guilty), Vickie's mother requested a meeting with the caseworker. Vickie's mother was particularly concerned about Vickie's child, Denis, now two years of age, who had been living with Vickie's mother since his birth. Mrs P reported that Vickie took little interest in the child, but from time to time she decided that she wanted him and had come once or twice for that reason but was dissuaded. Mrs. P. wanted to adopt him in order to protect him and she believed that Vickie would consent. The caseworker agreed to consult the Children's Aid Society. There is no indication in the file of what happened to Vickie's child, but the caseworker contacted the Children's Aid Society to outline the case after Vickie's mother proposed to adopt the child, indicating that the caseworker probably felt that taking custody away from Vickie was a good idea.

The caseworker felt sorry for Vickie and felt that her problems were rooted in an unfortunate past. This was typical of John Howard Society workers, who sought to explain their clients' delinquent behaviour by looking at what they deemed to be their difficult or unfortunate childhoods. Hobden, for example, blamed John B's problems on the fact that

his father deserted, and the pull of his older delinquent brothers.¹⁹ Although this allowed social workers to feel sympathetic towards their clients, it meant that they blamed working-class parents for the “problems” of their working-class children. Neither the women’s caseworker nor Hobden provided any analysis of the economic hardships that contributed to family dislocation and violence.

The women’s caseworker did not listen to Vickie alone. Instead, she garnered information about Vickie from police, the court system, probation officer, and from prison officials and she herself contacted the Children’s Aid Society. This was common practice. The women’s caseworker frequently wrote “social histories” of her clients for police court. These social histories included information from the subject, police officers, school boards, children’s aid societies, the parents of the client, the city social service record, and the Boys’ or Girls’ Industrial Schools. This web of contacts shows how invasive social work could be and how fully the John Howard Society was integrating itself with other agencies involved in the criminal justice system and the welfare system. It also shows the importance placed on “documenting” the drug user, as if the “truth” of the drug user could be found in this accumulation of information.

Vickie’s case was atypical in that drug users at the John Howard Society were often treated far more harshly than the women’s caseworker treated Vickie. In 1950, Brenda R. approached the John Howard Society for a drug cure. Arrangements were made to send her to Hollywood Sanatorium, a rather expensive private institution. Four months later she approached the society again, and this time the office assistant recognized her as a former classmate and a “first class student”. Brenda told the office assistant that she had been in the Sanatorium for one week and now had a large bill to pay. The office assistant asked if she was on drugs now, and Brenda said no. Nonetheless, the office assistant gave her “the blast but good” and “reminded her of her school days.” The office assistant suggested she find work but Brenda responded that she was too nervous and run-down. The office assistant gave her \$5, and told her that she wanted to help her, but Brenda “has to play ball.”

¹⁹ JHS #7961

Brenda was said to have "appreciated this frank talk and promised to repay \$5 and keep in touch with us." Not surprisingly, she never approached the Society for help again, although she paid back part of the loan.²⁰ Similarly, when known drug user Roger P. approached the society for a letter of reference in 1950, and complained that the police were following him, the office assistant recorded that she "told Roger he was well aware why he was being watched and that he knows all the ropes. JDH (Hobden) saw Roger and gave him the blast also refused a letter."²¹ Casework in the 1930s and 40s focused more on short-term material aid and less on long-term counselling than social work in the 1950s. Perhaps as a result social workers in the 30s and 40s were less favourably disposed towards drug users, who were always regarded as being likely to be long-term clients. However, it is clear that the John Howard Society quickly integrated itself with a network of private and state agencies. In some respects, this made sense and allowed them to serve their clients more effectively since they knew what was happening in other aspects of the lives. On the other hand it meant that they formed their opinions of clients, in part, from the opinions of staff elsewhere. It also meant that the John Howard Society was less likely to take an independent stand since their work was done in co-operation with the state and in many respects depended on the state to be effective.

Casework in the 1950s

In the 1950s, social workers across the United States and Canada were largely absent from social reform, and "casework" increasingly came to resemble psychotherapy. Social work journals emphasized individual personality problems, and on the need for counselling to solve them, rather than the social and economic conditions that led to delinquency, early pregnancy, drug use, and other so-called "social problems."²² The John Howard Society,

²⁰ JHS #6061-I

²¹ JHS #9484

²² Ehrenreich: 187-90 Joan Sangster points out that at the Mercer in the 1950s, the medical and social work experts who dealt with aboriginal inmates felt that what was crucial "was an embrace of the

deeply embedded within, and reliant upon, a network of state and privately funded institutions, did not depart in noticeable ways from this norm. However, beginning in the early 1950s and gaining force throughout the decade, the John Howard Society of Vancouver, attracted an unusual group of politically active social workers. While casework at the John Howard Society also focused on correcting individual failings, caseworkers also recognized the many structural constraints faced by their clients. In the case of female clients, social workers were much less concerned with their deviant sexuality than was the norm within the profession as a whole. This case study of the John Howard Society shows how social workers, at the more radical end of their profession, tried to negotiate the financial and political constraints of 1950s Canada, while at the same time reflecting and reinforcing many of the social and cultural injustices of the time.

The change at the John Howard Society began when Hobden began an extended leave to the Western Remission Service in 1951. He officially retired in 1955. In the meantime, a new group of professionally trained social workers began to work extensively with drug users and were more positively disposed towards them. Case workers like Jean Wilton, Merv Davis, Ben Maartman, Bill Hesketh, Gloria Cranmer, Grace Humphreys, Dave Barrett, and Norm Levi ushered in a new era at the John Howard Society. These social workers did not entirely agree with one another, but they all felt that drug users were “worthy” of “help” and focused on counselling as a way to assist them. Many of these social workers were politically active and left-of-centre. Dave Barrett later went on to serve as the NDP Premier of British Columbia. Norm Levi served in his cabinet. Ben Maartman wrote a thoughtful book on social work practice and others moved into leadership positions in other John Howard Societies across the country. These workers were frustrated by the lack of treatment facilities for drug users²³ and some of them would have liked to take a

‘confessional’ mode, introspection, a critical understanding of one’s family background as the ‘cause’ of addiction, and professed desire to change one’s inner self” Joan Sangster “Criminalizing the Colonized: Ontario Native Women Confront the Criminal Justice System, 1920-1960” *Canadian Historical Review* 80(1) March 1999: 50

²³ Grace Humphreys wrote to Rowan Paterson January 31, 1961 that “Unfortunately, imprisonment does

more activist role with regard to prison conditions.²⁴ However, the John Howard Society was fully embedded in the corrections' network. The Board did not want them to seriously criticise other players in corrections out of the fear that they would lose some of the privileges that allowed them to carry out their counselling work.²⁵ Moreover, many of the workers themselves had previously held positions in the corrections field and probably had little desire to alienate former and possibly future colleagues and employers. Nonetheless, in the late 1950s, the John Howard Society complained about overcrowding, the need for research, the need for greater staff, and the difficult employment situation faced by inmates when they were released. However, they tempered their criticism with a great deal of praise for the many improvements in prison conditions that took place in British Columbia in the 1950s.²⁶

During this time period, the case records changed. Reflecting the fact that more of the workers had social work training, brief hand-written notes were replaced by typed and

not seem to be the answer to their (drug users') problems." JHS #14633. Jean Wilton and B.K. Stevenson were very frustrated when they were unable to find any treatment for a couple who came to them for help, and Stevenson wrote a letter to the man's lawyer detailing his effort to stay away from drugs, and the Society's inability to help. (JHS #10895 and JHS #11406) In the Annual Report for 1955, the Society recommended that drug users be given a three-year sentence, only three months of which would be spent incarcerated. The remainder would be spent on parole. "This would give both an opportunity for physical cure within an institution and rehabilitation on the outside, with the unfinished part of the sentence acting as a strong deterrent factor against further criminal behavior." Annual Report of the John Howard Society for the Year 1955: 6

²⁴ In a memo to the Board, John Webster wrote a memo to the Board of Directors detailing a variety of problems with the British Columbia Penitentiary including: overcrowding, meagreness of the vocational training, over-emphasis on custodial care, and inadequate gate money. See "Some Critical Comments about the British Columbia Penitentiary from an After-Care Point of View" in Container 12 File #F-1-2-1-7

²⁵ The Executive Director, Merv Davis, was rapped on the wrist by the Board for failing to maintain good relationships with other organizations, especially the National Parole Board. See for example, letter from Frank Lewis to Merv Davis February 16, 1961 in Container 10 File #F-1-1-6-44 Interestingly, when the Community Chest and Council of Greater Vancouver reviewed the work of the Society in 1952 they criticized them for failing to be more critical of the penal system. United Way of the Lower Mainland Add Mss 849, Location: 617-F-2 File 2, Vancouver City Archives

²⁶ See Annual Reports of the John Howard Society of British Columbia 1950-1961. There was a great deal of penal reform in British Columbia Prisons at this time. See: C. Wesley Topping "The Rise of the New Penology in British Columbia, Canada" British Journal of Delinquency 5(3) January 1955: 180-190

much more detailed descriptions. As the staff expanded and began turning over much more quickly²⁷, they relied less on their own memories and the memories of fellow staff members and they were much more careful to record the substance of conversations between themselves and their clients. Files often included a report on the client by a Prison Classification Officer, or by an employee of the National Parole Board, but they rarely included information from other social agencies, or from police officers, as they had in the 1930s and 40s. Instead, workers in this period relied much more heavily on what clients themselves told them about their lives, their experiences, and their motivation for change.

The emphasis on counselling-oriented casework took John Howard Societies workers away from providing short-term material aid. Funds were supposed to be distributed only as part of a longer-term rehabilitation strategy. In 1957 Executive Board minutes indicated: "we are attempting to make use of the funds we have as part of a plan the individual has." In theory, this meant larger sums of money to smaller numbers of people "who are themselves planning for their own rehabilitation."²⁸ The Board was very concerned about shortage of funds in this area and emphasized to staff that they were not to give "hand-outs." However this rule was often broken. Social workers found it hard to deny people who arrived at the society in immediate need. In 1960 for example one client showed up for the first time in several years after being released from Oakalla on a drug charge. He was looking for employment. The caseworker noted that "his shoes were extremely poor, there were no soles on them, his feet were soaking wet and so I gave him an order for Woodwards for the amount of 9.22 in order to get a pair of shoes. His feet were soaking and it was obvious that he could not continue to walk around the city in the condition in which he was."²⁹

Often, one of the most immediate needs was withdrawal. Because of the lack of

²⁷ Salaries at the John Howard Society of British Columbia were lower than salaries in other correctional services and were lower than those offered in other provinces. Many staff members left because they were offered higher-paying positions elsewhere. Board of Executive Minutes September 15, 1959, October 20, 1959 and December 20, 1960 in Box 2 F-1-1-1-9

²⁸ Board of Executive Minutes May 15, 1957 in JHS Box 2 File: F-1-1-1-9

facilities in the Vancouver area, the Society could do very little. When 17-year old Irene J. showed up at the JHS, seven months pregnant and undergoing withdrawal, a social worker phoned all the social service agencies in Vancouver but care was not available. Over the next two weeks the social worker visited her every day to make sure that she kept medical appointments and interviews with welfare officers. She also corresponded with Irene's mother. However, this was little help with regards to withdrawal. At the end of the two-week period, the social worker noted that Irene was still taking drugs.³⁰ In another case, the Society tried to find Robert R. a doctor or psychiatrist for help, but none of them would take the case. When he was arrested by police in an undercover operation almost a year later, B.Kyle Stevenson, then Assistant Executive Director of the JHS, wrote Robert's lawyer a letter, which was read on his behalf in court. The letter complained about "the total lack of community resources for dealing with the serious problem of drug addiction."³¹

In 1959 with the opening of the Narcotic Addiction Foundation, drug users ostensibly had a place to go for withdrawal, but this did not always work as planned. Cyril S. went to the Narcotic Addiction Research Foundation a few days before Christmas in 1960. The Foundation told him that they couldn't do anything for him until after Christmas. A social worker tried to contact a few doctors to see if they would give him withdrawal medication, but to no avail. Cyril did get some tranquillisers from the outpatient clinic at the Narcotic Addiction Foundation. However, his social worker reported that he was still sweating it out and using some in late December. On January 1, 1961 he called his social worker at home who picked him up at his mother's home and took him down to outpatient clinic. Two days later the social worker and Cyril went down to NAF again, where social workers told him that it would take another week to get him on withdrawal. Finally, on January 4th Cyril met a doctor who thought the situation was ridiculous and started him on withdrawal.³² Similarly, in early 1961, Sharon M. called a

²⁹ JHS #9536

³⁰ JHS #10623

³¹ JHS #11406

³² JHS #10205

social worker to get help with withdrawal. Her social worker found her accommodation at the Salvation Army-operated Catherine Boothe Home. She then phoned the Narcotic Addiction Foundation for withdrawal medication (methadone), but the NAF said that they could not give her any withdrawal for several days. The social worker tried to explain that Sharon was already beginning to show signs of discomfort, but this had no impact. The social worker wrote “We had two alternatives –either let the girl go down to skidrow to make a score or get some medication to help her through her difficult period.” She phoned the doctor at the City Jail who said that he would be willing to give Sharon medication until treatment could be arranged at NAF. While waiting for the medication to arrive, they went back to the Foundation where they met with another worker who said that they would start Sharon on treatment right away. The second worker got the withdrawal medication to her that evening.³³

Other concrete tasks provided by social workers included making appointments with other social service agencies and occasionally acting as an advocate for them with these agencies, helping clients with parole papers, support at trials and helping to find jobs. In a few cases, they supervised parole. The vast majority of cases I studied did not involve parole supervision. Until the Fauteux Report in 1956, which investigated the principles and procedures of the Remission Service, and the establishment of the National Parole Board in 1959, the Remission Service had an unofficial policy of not giving parole to drug users.³⁴ In the late 1950s, the vast majority of parole supervision was undertaken by private

³³ JHS #14730

³⁴ In 1959 B.K Stevenson told the Welfare and Housing Committee appointed by the Council of the Municipality of Metro Toronto that “From the National Parole Board’s point of view their experience over the years has been that the drug addict does not make a good risk for parole so there is no interference as a general rule. Recently, however, they have modified this and are willing to experiment in the release of some addicts under direct supervision.” In the Report by the Sub-committee of the Welfare and Housing Committee appointed by the Council of the Municipality of Metro Toronto to prepare a study on the use of the “Riverdale Hospital” as a treatment centre for narcotic drug addicts Metro Toronto Archives Series 100, File 2043 Alcohol, Drug Addiction and Vice Mental Health 1959-6 For more information on parole see: Canada Annual Report of the National Parole Board for the Calendar Year 1959 and Canada Report of the Standing Senate Committee on Legal and Constitutional Affairs Parole in Canada (Ottawa, 1974)

agencies, while the Parole Board confined itself to reviewing applications and making arrangements with others for proper parole supervision. The John Howard Society believed that drug users could only be rehabilitated in the community and were anxious to secure parole for their clients even though they were not fully compensated by the Parole Board for this work. Dave Barrett (the supervisor of counselling services) wrote the Parole Board in 1961 that: "It is obvious....that the real problems of handling drug addiction will never be met in any institutional setting regardless of the 'treatment approach.' This is due to the fact that it is in the community where the addict eventually returns that he must learn to live."³⁵ They therefore took on the job of parole even though it placed them in a coercive relationship with regards to their clients.

In supervising a parolee, the John Howard Society felt that the most important thing was to develop a close and intensive relationship with the parolee. In a letter to National Parole Board in 1961 one John Howard Society worker wrote that: "I believe that we are beginning to see that the only truly rehabilitative work comes about when there is a strong relationship developed between the therapist and the parolee."³⁶ Another worker, who probably supervised more paroles for drug users than any other social worker, concluded: "I feel that I cannot carry on successful casework with an addict unless a satisfactory relationship has been established before release. This usually takes weeks or months to accomplish."³⁷ This social worker placed enormous confidence in this relationship. In the case of Barbara E., for example, she wrote that: "In some ways the plans for Barbara are not too good in that we haven't a definite home for her nor a definite job. However, I do feel that my relationship with Babara is good enough that there is every possibility that she would be a satisfactory parolee."³⁸ Parole supervisors at the John Howard Society were reluctant to rescind parole, but they occasionally did so. When Gretchen R, a favourite client, ran away from her social workers' home in the middle of the night the day before she

³⁵ Letter from Dave Barrett to B.K. Stevenson July 15, 1961 in File #14171

³⁶ JHS #14171

³⁷ JHS #13939

³⁸ JHS #14317

was to leave for Penticton, the worker reported it to the National Parole Board, which eventually issued a warrant for Gretchen's arrest. Fortunately for Gretchen, the worker was able to persuade the National Parole Board that the suspension of parole should only be temporary.

Reflecting the strict gender divisions of 1950s Canada, casework at the John Howard Society differed along gender lines, and for this reason will be discussed separately. Although there were fewer female social workers than male social workers, female social workers tended to deal far more intensely with drug-using clients since drug users were a much greater proportion of the female incarcerated population. It was the female caseworkers who pioneered intensive counselling casework, and who established many of the casework norms at the Society, and for this reason I have dealt with female clients and workers first.

Casework with Female Clients

Female workers at the John Howard Society believed that the first task was to form an intimate relationship with their clients. Social workers wanted to believe that their clients cared for them and that counselling could make a difference to their clients' lives. The expression of what social workers thought was "real" feelings, especially if they involved warm feelings towards the social worker were thought to be a significant breakthrough. (Not surprisingly, "real" feelings generally involved a desire to stay away from drug use and criminal activity.) So-called "self-awareness" was a major goal of the counselling process. Social workers assumed that there was coherent self, and that this self could be accessed through psychological introspection.³⁹ One female worker proudly wrote that one client "stated today that she had never talked about her real feelings to anybody that she had never had anyone who could really understand and that as she had discussed her many problems, and her background and her family relationship and etc with

me she felt that she had found many of the answers to her own problems and was growing in self-awareness and could face her problems a great deal better when she was released.”⁴⁰ After eight months of casework with Alma K., the worker had a long conversation with her in her home one evening. The worker saw this as a breakthrough “I feel that I got closer to her than I ever have in the past.” She elaborated: “Alma does seem to be evidencing a little self-awareness. This is quite different for her because I have not felt in the past that she really was aware of any of her problems, or if she was aware of them she wasn’t able to communicate the fact to me. Tonight, however, she did speak very plainly and did show an awareness and looked at her problem reasonably realistically.”⁴¹ Social workers believed that what they perceived to be as honesty, or confessions, on the part of the client was a step towards rehabilitation as well as a sign of faith in their social worker. The incitement to reveal another self beneath the exterior of the “rounder” showed how fully psychological discourses had permeated the minds of the social workers. It also demonstrated the social workers’ need to believe that everyone could change and that they could be an important part of this transformation.

In unsuccessful cases, blame was placed on the client who had not sufficiently “opened up.” One female caseworker worked with Patricia D. for over a year. She was quite sceptical at the beginning, but after several months Patricia submitted parole papers and the worker became far more optimistic. At this time she said: “She is showing definite signs of growth. I think she is facing the problems of release more realistically than she did a month or two ago. I feel that perhaps Patricia might do well on parole. She has responded well and I believe a good working relationship has been established.” However, her parole was turned down, and the worker subsequently found her to be rather “flippant.” She concluded: “I am really very doubtful whether she is sufficiently motivated to straighten her life out.” In fact, Patricia was back in Oakalla just two months after her release. The social worker contacted her regularly and did small things for her such as

³⁹ See Nikolas Rose *Inventing Ourselves: Psychology, Power and Personhood*

⁴⁰ JHS #14998

calling her mother on her birthday, sending a card to her daughter. The worker also discussed with her whether or not she should get together with her ex-husband. After several months the worker concluded that "I still feel that Patricia is not well motivated but that she is very adept at using people for her own end....As long as I have known Patricia I do not feel that she has opened up honestly to me."⁴² Presumably, if she had, she would have made better progress in her rehabilitation.

Once the client had opened up, the second stage was finding them friends and employment away from the drug-using community. In many cases, this meant encouraging them to leave Vancouver, although social workers also realized that this was not easy. One social worker advised Jack J, the husband of drug-user Irene J, to take a job he had been offered in Kelowna "so as to get her out of Vancouver." However, Jack did not want to leave his family who had provided significant support to the couple in the past.⁴³ The social worker did not push the issue. Another long-term female caseworker also understood that clients wanted to be in Vancouver where they had homes, families, friends, and community. After Gretchen R. had her parole rescinded, the social worker convinced the Parole Board to allow Gretchen to continue her parole period in Penticton. Gretchen found it difficult in Penticton – the weather was too hot, she was getting paid less than she would in Vancouver and she did not like her parole officer. In response to Gretchen's complaints, her worker wrote her to stay that she would rather she stayed away from Vancouver "because of the influences here." However, "you know how you feel about it. I'll be glad to make some arrangements for you if you feel you must come back. Our home is open to you any time you want to come, Gretchen." At the end of her parole period, Gretchen returned to Vancouver.

The impetus for leaving Vancouver did not always come from social workers. One worker wrote that one 22-year old client "thinks she would do much better by going out of town, but during our discussion we could not figure out anyways (sic) in which this could

⁴¹ JHS #14666

⁴² JHS #13735

be done. She has no friends where she could go, nor relatives, and it does not seem to be too realistic to encourage this girl to just go out on her own in an unknown neighbourhood."⁴⁴ Others stated that they wanted to leave, but did not do so. Eighteen-year old Maureen E. repeatedly told JHS workers that she wanted to leave Vancouver. However, when a worker made plans for her to go and work in a cannery at Ladner she balked and did not show. Perhaps she had only told her worker she wanted to leave because she knew that's what the worker wanted to hear or perhaps she wanted to go but could not face leaving her friends, her community, and a plentiful supply of heroin in Vancouver. Working in a cannery, notoriously difficult work, was probably not too appealing either. She was picked up on a drug charge soon thereafter.⁴⁵

Drug users were also encouraged to stay away from old friends and companions. Current drug research shows that drug users frequently feel the need to take drugs when they are in places or with people with whom they used to take drugs. It is very possible that drug users themselves felt that they needed to avoid old companions to stay away from drugs.⁴⁶ In fact, drug users often expressed the desire to stay away from drug-using companions, although it is possible that they did this to curry favour with the social worker. Carol G. told her social worker that "she realizes she cannot continue to associate with rounders and expect to keep out of trouble."⁴⁷ Mary T. wrote to her worker in 1960 saying that "my desire is to lead a new life devoid of past acquaintances and environments is my main concern. It has been something I have done a great deal of thought to and have silently prayed for."⁴⁸

Others believed that they could stay away from drugs without abandoning their

43 JHS #10623

44 JHS #14189

45 JHS #13378

46 See for example: Dan Waldorf, Craig Reinerman Sheiglas Murphy Cocaine Changes: The Experience of Using and Quitting (Philadelphia: Temple Univeristy Press, 1991) Norman Zinbert Drug, Set and Setting

47 JHS #14133

48 JHS #16132

friends. When one worker suggested that May H. move away from Hastings Street, May told her that "I feel comfortable down there, if I go too far away and don't see my friends I will get depressed and I would be more likely to take the "stuff."⁴⁹ When the same worker told Daisy W. that it would be wise for a parolee to stay away from drug-using friends, Daisy retorted that a "person could go straight whether they mixed with addicts or not. She told me of the case of a friend of hers who had stayed off drugs for a long time even though he had stayed downtown with friends." This defiance lost Daisy the support of her social worker. The worker concluded that: "I doubt very much whether Daisy's outlook about rehabilitation is constructive enough. It was quite obvious to me from our conversation that should parole be granted she has absolutely no intention of staying away from her addict friends and I think it would be most difficult to keep her away from their influence and I feel quite sure she has not the will power or the desire to stay off drugs if she goes down with the rounder crowd."⁵⁰ In the case of a younger client, the worker took a more active and coercive role when she discovered that two female drug users were living together after their release from Oakalla. The worker contacted the parole officer of the woman who was not her client. He responded that: "he was very much against giving permission for two known addicts to live in the same home when one was on parole." This information was passed on to the two women by another social worker. It is not clear whether or not they continued to live together.⁵¹

While there was more emphasis placed on finding jobs for male clients, female clients were also encouraged to work, usually at fairly traditional female occupations. Women at Oakalla received training in hairdressing and power sewing and social workers encouraged them to put these skills to work, although the level of training in the jail does not seem to have been that high. Her JHS worker told the middle-class Rebecca S. that "when she gets out of prison it would be wise for her to try to take some type of a course, such as typing or hairdressing in order to keep herself occupied as it would be impossible

49 JHS #14178

50 JHS #9348

for her to go straight should she replace drugs with a vacuum."⁵² Gretchen R's social worker strongly encouraged her in her work at the Dairy Queen, both in Vancouver and Penticton. Any work at all was considered to be better than no work. The same worker thought that Carol G. should take up clerical employment with her flamboyant and somewhat unreliable uncle, since it was better than remaining unemployed.⁵³

Employment was not the only area in which there were differences in the services provided to female clients. Unlike male clients, female clients were strongly encouraged to have a square john meet them at the gate after their release from Oakalla. The square-john might be a family member, or a social worker, but social workers believed that if they could meet the client at the gate they could stop her from immediately contacting old companions and keep her, at least temporarily, away from trouble. It is not clear why male clients were not subject to the same pressure. Perhaps the much larger ratio of male prisoners to social workers simply made it impossible. More likely, it was related to gender norms. Women were seen as being in greater need of "protection" and hence required escort from the gates of Oakalla. Also, women were encouraged to rely more heavily on community, family, and female support networks than men. Men were told to rely on their families, but overall, the rehabilitation process for men seems to have placed more emphasis on finding individual strength and deriving prestige and manhood from employment.

Not all female clients were happy about being "met at the gate." In 1955, a JHS worker arranged for Kitty H, an aboriginal woman, to be met at the gate by Mrs. F of the Coquiletza Friendship. Kitty refused to leave Oakalla if she had to be met by Mrs. F saying that it looked as though they didn't trust her. She eventually agreed to meet Mrs. F at the bus station, but she never showed up and a month later the case notes indicated that she was back on drugs again.⁵⁴ Others were actually met at the gate, but quickly abandoned their supposed rescuer.

51 JHS #14115

52 JHS #15098

53 JHS #14133

54 JHS #11721

Another service offered by female caseworkers that was never mentioned by male caseworkers was picking up clothing from downtown hotels. After their arrest, female clients of the society frequently asked social workers to pick up their clothes. Teenager Cheryl L., for example, asked her social worker to retrieve her clothes on three separate occasions in two years. After the third request the worker remarked: "Clothes play quite a part in her young life – her mind seems to be on them continually."⁵⁵

Caseworkers were very interested in their clients' romantic relationships and they thought that relationships with non-rounders could be an important step towards rehabilitation. Reflecting the emphasis on "dating" in the post-war period, her social worker regarded Gretchen R.'s dates with neighbourhood boys as a promising start to her parole period.⁵⁶ They could take this support to alarming extremes. Verna M. was 37 and had broken off with her third husband prior to her incarceration, but reconciled with him while she was in prison. The husband was a "square-john" who evinced a strong desire to understand his wife's "problems". Her social worker decided that the major factor in Verna's rehabilitation was her husband and subsequently measured her success by how well Verna and her husband were getting along. She commented that Graham needed to be supported in his "male role." However, there are clear indications that this relationship was abusive. Before her conviction, Verna left Graham to go and live with a girlfriend and started using drugs again. Her husband went to the house to persuade her to come home and when he discovered that she had been using drugs, he beat her severely. The social worker expressed no anger or shock that Verna had been physically abused by her husband and did not see it as a reason for the couple to stay apart. The social worker did not mention that Verna had sexual relationships with women (and perhaps was not aware of this) although there are clear indications later in the file that this was the case. If the worker was aware, this may explain why she felt that Graham needed to be supported in his "male role" and why she encouraged the relationship so strenuously. The couple divorced in

⁵⁵ JHS #11379

⁵⁶ See Mary Louis Adams The Trouble with Normal and Beth L. Bailey From Front Porch to Back Seat:

1961.⁵⁷

In most cases, drug users were involved with other drug users and these relationships were often discouraged. Bea W. was an 18-year old who wanted to visit her boyfriend at the British Columbia Penitentiary. A JHS worker visited her and then wrote a letter to the Warden of the British Columbia Penitentiary recommending against visiting privileges. Bea herself had been on probation and most likely used drugs as well, although she did not appear to be using heavily at this time. Bea claimed that Robert M. was the father of her child and that she had lived with him at his parent's house for four months, but both her mother and her probation officer said that this was not true. Bea's mother feared Robert's influence and stated "the less she hears from him the better we'll all be." The social worker concluded: "there would appear to be no positive factors of benefit to either party in a continuing relationship."⁵⁸

However, on occasion, especially if the client was older, they kept quiet about the client's relationships. May H. was 39 and had been using drugs for fifteen years when she contacted the John Howard Society. Upon her release from Kingston Penitentiary, a JHS worker took May to see her common-law husband who was serving time at the BC Penitentiary. Within a week she was living in a downtown hotel with another man. This relationship was disrupted when May was hospitalized with pneumonia. Upon her release from the hospital, she visited the John Howard Society in the company of a third man with whom she was apparently discussing marriage. In her case notes, the social worker paid little attention to the various men in May's life. She was far more concerned that May was hanging out in skid-row, using drugs and not making use of her artificial limb.⁵⁹

Social workers were influenced by post-war psychologists who argued that marriage was a "partnership" between a man and a woman and that both needed to assume

Courtship in Twentieth Century America (Baltimore: John Hopkins University Press, 1988)

⁵⁷ JHS #14274

⁵⁸ JHS #13378

⁵⁹ JHS #14187

responsibility in separate spheres of activity.⁶⁰ As part of achieving “maturity,” female social workers often encouraged their female clients to avoid relying too heavily on their male spouses and companions. A JHS worker advised one 19-year old client who was considering marriage that “this was unlikely to be the solution to problem.”⁶¹ When Irene J. told her social worker that “their future success is up to her husband,” the social worker wrote that “she is trying to place a little too much of the responsibility on his shoulders.”⁶² Once committed to a heterosexual relationship, female drug users were to fulfil their wifely duties without complaint.

Of course, many female users were not involved in heterosexual relationships. In 13% of the cases involving female clients, there was some indication in the file that the woman had a romantic relationship with another woman. Social workers were remarkably matter-of-fact about their client’s lesbian relationships. As several American books and the Canadian Film Board documentary *Forbidden Love* have detailed, there was a vibrant working-class lesbian culture in the 1950s.⁶³ Many female drug users, both in Vancouver and Toronto, were part of this culture, as were many other women who served time in penal institutions across the country. Social workers at the John Howard Society, who had usually had long contact with the corrections field, were well aware of the strength of this community, and were accustomed to dealing with gay women. They almost certainly disapproved of lesbianism, and tried to protect young clients from it, but they often ignored it. This approach was not unheard of in the world of corrections. Dorothy Coutts, who

⁶⁰ See, for example, Mona Gleason “Psychology and the Construction of the ‘Normal’ family in Postwar Canada, 1945-60” Franca Iacovetta “Making ‘New Canadians’: Social Workers, Women and the Reshaping of Immigrant Families” in Franca Iacovetta and Mariana Valverde eds. Gender Conflicts (Toronto: University of Toronto Press, 1992) See also Elaine Tyler May Homeward Bound: The American Family in the Cold-War Era (New York: Basic Books, 1988)

⁶¹ JHS #14229

⁶² JHS #10623

⁶³ *Forbidden Love: the unashamed stories of lesbian lives* National Film Board of Canada, 1992, Elise Chenier “Tough Ladies and Troublemakers MA Thesis Queen’s University, 1995 Elizabeth Lapovsky Kennedy and Madeline Davis Boots of Leather, Slippers of Gold: The History of a Lesbian Community (New York: Penguin Books, 1993) Lillian Faderman Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth Century America (New York: Penguin, 1992) First Published 1991

wrote an excellent thesis on the Women's Unit at Oakalla in 1961, and who later worked for the John Howard Society, commented that there is a "belief by some matrons that prison makes too much of lesbianism." She noted that the rules against touching and affection were enforced very unevenly depending on the attitude of the individual matrons.⁶⁴

Social workers often charted their client's sexual orientations by their clothing. A JHS worker recorded that when Louise D. first came from Toronto "she appeared to be fairly feminine, wearing high heels, skirt and reasonably femininely dressed. She has said several things to me which give some indication that possibly she is Lesbian. Recently when she has come into the office she has been dressed in a very mannish manner." A few weeks later Louise reported that she had a boyfriend, but she didn't want to get married. "She made the statement that she had too much of the boy in her." The worker added: "she is hoping to get another girl to live with her, this may be good or it could be bad."⁶⁵ Over the next year, including a rather lengthy correspondence, there was no mention of Louise's sexuality. By comparison to Toronto's Street Haven in the late 1960s, where executive director Peggy Walpole measured her success by the number of lesbians she converted to heterosexuality, John Howard Society workers had a remarkably low-key response to their clients' lesbianism.⁶⁶ They made little effort to counsel their clients about their sexuality. One social worker wrote that one client wanted to apply for parole, probably because her partner had been released on parole as a result of the death of her young son. The rest of the file concerned her job prospects.⁶⁷ Her partner, Iris was also a client of the Society. When making plans for Iris's release from prison, the worker spoke to Olga's mother, who was willing to have Iris stay with her and Olga. The worker suggested that this may not be wise. This was partly because of the relationship between the two women, but also had to do with the fact that they were both drug users and caseworkers disapproved of known drug-users

⁶⁴ Coutts: 117

⁶⁵ JHS #14633

⁶⁶ Becki Ross "Destaining the (Tattooed) Delinquent Body: The Practices of Moral Regulation at Toronto's Street Haven, 1965-1969" *Journal of the History of Sexuality* 8(1) July 1997: 561-595

⁶⁷ JHS #14407

living together.⁶⁸ The rest of the file dealt with Iris's grief over the death of her son, and her unsuccessful attempt to stay away from drugs. In another case this same social worker reported that the prison matrons had been having a lot of trouble with two women, one of whom was a very young and troubled client of the Society. She commented that there might be a lesbian relationship between them. The rest of the interview dealt with the client's on-going family difficulties and mental problems.⁶⁹

Social workers were perhaps more disapproving in the case of younger clients. A JHS worker disapprovingly noted that sixteen-year old Linda T. had received a parcel from Patty M., "a girl who is not a good influence for her at all and who has been sending in some money for her also. Spoke with Linda about this and of course she insisted that she did not intend to see her again etc. but there is unfortunately quite a bond there."⁷⁰ Moreover, inexperienced social workers were often much less tolerant. One student caseworker, for example, after learning that a client was a lesbian wrote that: "Worker feels that her whole attitude and present outlook and conduct is but the expression of a reaction formation which had its roots in her childhood, mother daughter and husband-wife relationship. The problem of motivation and channelling this client's drives and energies into more socially desirable alternatives would appear to be a long term assignment."⁷¹ This was highly unusual. Experienced John Howard Society workers may have agreed that this was a "long-term assignment" and they expressed no desire to take it on.

Gays and lesbians faced enormous hostility and repression in the 1950s. Medical professionals, especially those from the "Psy" disciplines, defined homosexuality as a disease, and recommended draconian "cures." The federal government launched a security campaign against gays and lesbians in the public service, and passed an amendment to the immigration Act to keep gays and lesbians out.⁷² By asserting that several John Howard

68 JHS #13939

69 JHS #14229

70 JHS #13271

71 JHS #15028

72 Gary Kinsman The Regulation of Desire: Sexuality in Canada (Montreal: Black Rose Books, 1987),

Society workers took little interest in the same-sex relationships of their clients, I by no means wish to underplay the severity of cultural proscriptions against homosexuality in the 1950s, or overlook the brutality of the state in enforcing these proscriptions. The John Howard's Society's reluctance to deal with their clients' sexual orientation was unusual for the time, and may have made the Society a more welcoming place for a few drug users. However, the decision to ignore these issues was probably primarily strategic, and did not translate into a rejection of homophobia.

On racial issues, the John Howard Society workers were liberal for their time, and were sympathetic to the special problems encountered by their minority clients. However, they were not immune from stereotyping and in some cases they acted to reify racial discrimination. A much greater percentage of female drug-using clients were racial minorities (11%) than male drug-using clients (5%). Nearly 9% of female clients were aboriginal, compared to 2% of male clients, probably reflecting the greater involvement of aboriginal women in prostitution, and by extension, drug use. When one female worker had a young Sikh client, Shilpa K, she asked a volunteer worker to do some research into Sikhism for her. When the worker first visited the home of her Sikh client she reported that she found "as expected, a woman who is apparently completely dominated by her very rigid husband." Her stereotypes were challenged somewhat a week later when she went to visit the head of the Sikh temple to ask if he could help Shilpa. "Present with him was his very attractive daughter who took an intelligent and understanding part in the conversation, which was so entirely different from that in Shilpa's home. This man was not only very practical in his thinking, but most humane."⁷³ While these pronouncements were far more positive they smacked of white paternalism, and revealed the depths of the worker's stereotyping. White social workers felt that they were entitled to comment on the

Gary Kinsman "'Character Weakness' and 'Fruit Machines': Towards an Analysis of the Anti-Homosexual Security Campaign in the Canadian Civil Service *Labour/Le Travail* 35 (Spring 1995): 133-161 and Daniel J. Robinson and David Kimmel *The Queer Career of Homosexual Security Vetting in Cold War Canada* in Joy Parr and Mark Rosenthal eds. *Gender and History in Canada* (Toronto: Copp Clark Ltd, 1996)

oppression, or lack of oppression, of minority women in their own families.⁷⁴ Similarly, when this same worker went to visit the home of Irene J, who was married to a Chinese man, she noted that a “toothless Chinese uncle” greeted them and “gave them a warm smile.” She had previously noted that Irene’s mother-in-law was a “very nice looking Chinese lady.” Since the worker did not usually comment on the appearance of her client’s parents, the fact that she noted that her mother-in-law was “nice-looking” seems to indicate that she was somewhat surprised by this. Her comments reflected the “folklorization” of new Canadians by many liberals in the post-war period.

John Howard Society workers realized that clients of colour faced additional barriers to finding employment and obtaining aid. In their annual report of 1951, for example, the Women’s Worker told the story of “Trudy” an 19-year old aboriginal “girl” who had used drugs and was facing a charge of retaining stolen property. The report read: “Trudy need not go to jail—this is only her first offense. But what else can she do? Any job that she can get on her own, and even these jobs are limited will take her right back to the part of town and the people where and with whom she will get into trouble again. We thought it would be a good idea to get her a job doing housework in a nice home, living in. Have you ever tried to get an Indian girl a job, especially one who has been on drugs? We spent many days phoning up advertisements in the newspapers for housekeepers. We received many explanations, with only one meaning – no.”⁷⁵ However, they themselves participated in the oppression of minority women by finding them employment that was far less attractive than the employment opportunities enjoyed by white women. Like Trudy, Shilpa was encouraged to work and in fact did work in the home of a white family. However, finding domestic work for the clients was not the norm, although it occasionally happened to white women with few skills. It is not clear if minority women were encouraged to find work in white families as part of a “Canadianization” campaign, or if

⁷³ JHS #13284

⁷⁴ See Franca Iacovetta “Making New Canadians” for more information about how social workers judged the gender relations of their ethnic clients.

⁷⁵ Annual Report of the John Howard Society for the 1951: 10.

they were simply accepting the limitations placed on minority women by a racially discriminatory labour market.

Like Irene J, many of the female clients of the John Howard Society dated interracially, and in the files caseworkers expressed no overt disapproval of this practice, although its hard to know how this actually came across in interviews. Drug users delighted in telling social workers that they were dating black men, and clearly hoped social workers would find this shocking. This was usually part of a larger pattern of resistance to the social work relationship. Eugenia C., a twenty-six year old drug user incarcerated in Oakalla, told different stories about her life and her relationships with men every time she saw her worker. Nonetheless, she was also quite effective at putting her worker to work on her behalf. She had the worker investigate the possibility of changing her name to "Lucky Martin" and her chances of joining the army. She told her worker that "white men make her sick, their skins are too pale. Married all her husbands for money, only sleeps with men for this reason." She refused to give any information that would establish a legal address and did not tell social workers where her children were. The worker noted at the end of this interview that "Suspect that co-operative attitude toward worker is an act. Would be interesting to discover the motivation of her attachment to Negroes and scorn of white men." The worker assumed that there must some "psychological" reason for her sexual preference, although she did not attempt to guess what this might be.⁷⁶ At the same time, at least one social worker became quite angry when the mother of one client refused to allow the client's African-Canadian boyfriend into their home.⁷⁷

Male Casework

In some respects, casework between male clients and social workers was not very different. Male caseworkers also wanted to achieve close relationships with their clients

⁷⁶ JHS #10159

⁷⁷ JHS #14666

based around self-analysis, although as a general rule, female drug-using clients appear to have engaged in this type of relationship much more readily than male clients did. Nonetheless, there were exceptions. Will M., a drug user in his 30s, approached the John Howard Society for clothing but he soon began a fairly intensive relationship with his caseworker. Like many of the male clients who formed an intensive bond with caseworkers, Will M. was left-wing and much better educated than the norm. On the basis of courses he took at Kingston Penitentiary, he was likely eligible to enter second year University. He was politically astute, and interested in the NDP. His worker arranged for Will to take a welding course and receive social assistance. Their many conversations led his worker to conclude, "He is a man who harbours a certain degree of hostility under a conforming shell. There are many positive aspects about him that I think can be brought out and worked with in regard to Will M. maturing. At this point he has a good level of stability and self-control." The worker recommended that contact be maintained at Will M.'s request.

This was not the only male social worker who wanted his relationships with his clients to be based around growing self-awareness and self-analysis. Another JHS worker positively reported: "one finds that this man [Arnold T.] has a great deal on the ball extremely acute around the self conscious level."⁷⁸ In another case, this same social worker wrote that: "It is generally felt that he has made good progress towards understanding himself and, of course, ultimately straightening himself out."⁷⁹ It was the best educated men who were the most prepared and the most interested in engaging in this type of discussion. Thus it was men like Richard T., who had several years of University Education and experience as a union activist, or Charles T., an extremely articulate union activist, who received the most intensive casework.⁸⁰ Unlike their articulate female clients, social workers encouraged male clients like these to speak out on behalf of drug users. For example, one JHS worker strongly urged Charles T. to make a presentation to two members

⁷⁸ JHS #6095

⁷⁹ JHS #6196

of a committee from Metro Toronto regarding plans for a treatment centre there and hoped that he could attend corrections institute meetings.

Male caseworkers could be far more patronizing in the case of clients for whom they had less respect. One worker formed a close relationship with Garry H. who he regarded as "very co-operative, easily impressed and led, person of limited intelligence." Despite this condescending attitude, the worker clearly liked Garry and wrote him warm encouraging letters. In one, he told Garry that: "it's a good thing you've got plenty of skookum!" – high praise by west coast standards. Part of his enjoyment of Garry was the carnivalesque aspect of Garry's attempts to make good. On one visit the worker reported "Office, all dressed up and with sales pamphlets protruding. Asked him about sales pitch - finally he went into a tense spasm and started spouting chapter and verse of the SHP (Stanley Home Products) manual. On another occasion, the worker reported "Garry was in with "big problem". Is working for Revelation vacuum cleaners, bumped a car and owes \$10 to owner. Says will have the \$10 tomorrow from a sale. Suggested he ask owner for one-day grace. This he did successfully. Amazed that worker could think of such a bright thing. When the worker left the John Howard Society he wrote: "SOMEONE PLEASE KEEP IN TOUCH WITH Garry!"

The worker also kept in contact with Garry's family. He was the one who initially contacted Garry's parents (Garry was 19 years old and unmarried) but Garry's mother was quite keen to continue the contact. On one occasion she phoned the worker to complain that Garry was not working, and was not helping with food money. On another she phoned to talk about a "very nasty letter" she received from Garry and to express concern about a suitcase of clothing left at her house by Cheryl L.⁸¹ It was not at all unusual for family members to be drawn in, particularly if the man had a non-using wife. Merv Davis felt that for the parole of a drug user to be successful, there had to be another interested party, such as a mother, a wife, or some other person, who could provide supervision to the drug

80 JHS #15095 and #95331

81 JHS #11229

user.⁸² The John Howard Society operated a “wives’ group”, which brought the female partners of male inmates together to talk about their problems. Although Davis set up the group, the rules and operation of the group appears to have been left to the women themselves.⁸³ Nonetheless, the “wives’ group” and the expectation that women would help in the rehabilitation of male offenders, reflected the gendered expectations of male social workers. There was no “husbands’ group” for the male partners of female offenders.

In their casework with drug users’ families, male social workers reflected the gender assumptions of post-war psychology. Interestingly, wives could also become appropriate recipients of casework, although this was not the case for the male partners of female drug users. John M., for example, approached the John Howard Society in 1957 regarding a ticket of leave. After his daughter’s school called the JHS regarding some problems she was experiencing; the entire family began receiving casework. After several meetings, the social worker’s supervisor, decided that “mother and daughter make such a fine looking pair he feels there must be a feeling of jealousy in mother.” After several weeks of counselling Mrs. M. the supervisor noted: “breeches in mother’s defences began to become evident.” He recorded that she previously stated: “I love my daughter” but as a result of casework now admitted that she felt some rivalry with her daughter and “resentment of her ability to share interests with father.” During the summer, the daughter was put on probation after being picked up drunk by the police. The family decided not to tell John this information although the supervisor wrote that “I have continually emphasized the right of a father to know about the important things that are happening to his family members and also the desirability of allowing him to participate in his family affairs in any possible way when the circumstances so severely constrict the extent to which he can do so.” The families of female drug users were never given such instructions about the importance of

⁸² In the Report by the Sub-committee of the Welfare and Housing Committee appointed by the Council of the Municipality of Metro Toronto to prepare a study on the use of the “Riverdale Hospital” as a treatment centre for narcotic drug addicts. Series 100, File 2043 Alcohol, Drug Addiction and Vice Mental Health 1959-60 Metro Toronto Archives

⁸³ JHS Container 13 File #F-1-2-1-28

recognizing the drug users' place within the family. After his release from prison, John successfully completed a three-month parole. John and his family continued to contact the JHS, but within 6 months John was using again and he was arrested on another charge. By the early 1960s John was off again, but Sylvia, his daughter was using.⁸⁴ Although the family continued to make contact with the John Howard Society, there was no clear indication that they found all of this counselling useful or helpful.

These contacts show how workers established their own ideas about the nature of clients' problems, and then began an elaborate counselling process, which not surprisingly, resulted in a confirmation of their initial diagnosis. Was Mrs. M really jealous of her daughter Sylvia, or did her contacts with an "expert" like the JHS social worker lead her to believe that this was a problem? Perhaps she agreed that this was a problem to please him. The worker's construction of the "problem" itself relied heavily on stereotypical ideas about female rivalry over beauty and men. While it is not impossible that this was a problem for Sylvia and her mother, it seems more likely that their conflicts derived from the many difficulties inherent in their living situation and economic circumstances. Like Gretchen R., who was diagnosed by her social worker as having deep feelings of rejection, other clients of the John Howard Society were also forced to engage with and negotiate through the assumptions that social workers made about their "problems" and their lives.

Like female caseworkers, male caseworkers were quite supportive when it came to quitting and were quite understanding when clients lapsed. Similarly, Chris M. was released from BCP in mid-September, 1957, and was able to stay away from drugs for nearly one year. After being reduced to part-time work, he started using again and was quickly "wired." He wanted to go work on a ranch outside of Williams Lake where a relative had offered him room and board, but there was no place for his wife. He asked the JHS to arrange for an assistance check to his wife. The JHS gave his wife enough money to pay the rent for two weeks and buy groceries. Chris was given a ticket to Williams Lake and dropped off at the doctor's. The worker reported that he felt many misgivings but that

84 JHS #11898

“Chris had done so well for so long without any help that his plan merited support from somewhere.” Unfortunately he was convicted again on a drug charge within six weeks.⁸⁵ The willingness of JHS social workers to give drug users a second (or third or fourth) chance was fairly unique. Magistrates, police officers and prison officials tended to assume that once a drug user, always a drug user. The fact that someone believed that they could make it, and were willing to put resources behind them, might have made a difference to at least a few of the marginalized and often desperate people who used the agencies’ services.

Male users, like female users, were encouraged to leave Vancouver and go into the interior, or to the Island where drugs were less available. In the early 1960s, a much more radical solution was proposed for a few long-term male drug users. One JHS worker began encouraging some of these users to leave Vancouver and go to England where doctors were allowed to prescribe maintenance medication. In February, 1961 this worker met George H. at the BC Penitentiary. George was thirty, and had been using drugs since he was 17. He had come to Canada from England in 1939 under the Fairbridge Boys Scheme. He spent most of the 1950s incarcerated on charges of drug possession and living off the avails of prostitution. In 1960, his mother had advertised in several Canadian papers to try and locate him. The Warden of the BC Penitentiary telegraphed his mother to tell her where he was. George subsequently began a lengthy correspondence with his mother and decided that he wanted to return to England to make a fresh start. The worker contacted the head of the Fairbridge Home Alumni association and persuaded him to help fund George's return home. The John Howard Society also pitched in a fair amount of the cash, and in March or April of 1961 Gordon went to England. He wrote his worker soon after his arrival to say "thank you for making this happen. I am very happy. Lovely home and people, all beyond my wildest hopes and dreams. New life, new chance, want to take big strides in new direction. Happy beyond words."⁸⁶ This relationship involved no psychological analysis. George was very determined to return home, the worker thought it was a good plan and

85 JHS #10321

86 JHS #13744

helped him put it into action. In the early 1960s, the John Howard Society helped at least two other drug users go to England.⁸⁷

The vast majority of drug-using clients of the John Howard Society had fairly limited contacts with the Society. They used the Society to find employment, arrange for welfare, or other tasks. However, a few clients actively engaged in the therapeutic project that was dear to the heart of John Howard Society workers. In some of these cases, a very close relationship developed between social worker and client. The life of a drug user in post-war Canada was not an easy one and some seemed to appreciate the active interest and affection of their social worker. While Gretchen R. was away in Penticton, for example, she signed her letters to her worker "love" and pleaded with her to write again soon. After Louise D. was sentenced to two years in Kingston Penitentiary on the drug charge she wrote her worker to say: "I wonder if you could possibly know how much I've appreciated all that you have endeavoured to do for me. I did so want to confide in you when the problem began to get too big for me. but I explained my reasons for not doing so, so we shall not dwell on that. It is too late for all the 'wish I had's.' Please know that I would like to be in contact with you so I shall put you on my writing list when I arrive below. I have found you to be a wonderful friend, and aside from your work, what I would term "a good Joe". You must accustom yourself to our language and this last quote is the highest compliment I can give you....In closing, I once again express my deepest gratitude for all you've been to me: friend, counsellor, and above all human." It is possible that these words were a "con" of sorts. Louise planned to apply for a parole from Kingston and hoped that her worker would supervise it for her.⁸⁸ Nonetheless, it is just as possible there was affection and gratitude behind these words.

Men also expressed affection for their workers. In a letter to his worker, Will M wrote: "And what of Will M. and his latest foray into narcotics? I don't know...I really don't. Excuses were never my forte. Nor explanations. But I feel you above all deserve to

⁸⁷ JHS #9681 and #7685

⁸⁸ JHS #14633

know what motivated this.....In our relationship I think there was a feeling of positive empathy. I never tried to shove and con you (and couldn't even if I wanted) and you always levelled with me. More important, I liked you as a person."⁸⁹ Relationships like these were unusual, but they demonstrate that at least a few clients found the John Howard Society a helpful and supportive place. Clients approached the John Howard Society for their own, very personal reasons. In return, they all developed a unique relationship with their social worker. The personalities of clients and workers, as well as gender, age, familial circumstances of both clients and workers helped determine whether or not a particular casework relationship would work.

Social workers wanted to clients to stay out of prison, and to stop using drugs. They thought that the best way to do this was to leave Vancouver, make new "square-john" friends, find employment, and engage in an extensive process of self-examination. Clients sometimes shared their social workers' view of the rehabilitative process, and tried to do these things, but more often, they made their own decisions about their lives. Clients engaged in the therapeutic relationship insofar as it met some purpose of their own. Some clients did want to look deep within themselves and to find personal reasons why they used drugs, others simply wanted to convince the worker to supervise parole, or hoped to get some money out of the organization. Others were probably less sure of what they wanted out of the relationship.

Social work has been a complex and divided profession. Some practitioners have focused more on what they regarded as individual personality weaknesses, while others have seen their clients' problems as rooted in the economic structure and class injustices of industrial societies. The John Howard Society focused on changing their clients, rather than changing the economic and social inequalities that often led their clients to use drugs. Recently, radical social workers have argued that casework should focus on empowering their clients, so that their clients stop blaming themselves, and begin fighting against

⁸⁹ JHS #14714

structural oppression.⁹⁰ This did not occur to caseworkers at the John Howard Society who operated in an individualistic treatment mode. Nonetheless, workers at the John Howard Society believed in social justice, and recognised the very serious barriers faced by their clients. Social workers at the John Howard Society established close and meaningful relationships with at least some of their many clients. The value of these relationships to extremely alienated people should not be entirely discounted.

⁹⁰ Bob Mullally Structural Social Work: Ideology, Theory and Practice 2nd Edition (Toronto: University of Toronto Press, 1997): 163-187; Jim Ife Rethinking Social Work (Lance Cove, New Wales: Addison Wesley Longman, 1996)

Conclusion

Katya had it all. The beautiful daughter of a wealthy businessman and his lawyer wife, she was one of Russia's golden youth, the privileged elite of an impoverished society.

She took her vacations in Paris and Prague. She hobnobbed with foreigners as a tour guide in St. Petersburg's palaces and museums. She was a final year student at a prestigious law school.

But Katya had a secret. Twice a day, she searched for a vein in her arms, prepared a needle and injected a quarter gram of heroin.

Last year, unable to pass her exams, Katya was expelled from university. She tried to quit drugs, but failed. Now she pays for her fix the only way she can, by working as a street prostitute.¹

Eerily similar to the "narratives of narcoticism" I discussed in my first chapter, the Globe and Mail published this article on its front page as I was finishing the revisions to this dissertation in the summer of 2000. At the same time, the Toronto police and city council were cracking down on all-night dance parties, purportedly because of the dangers of ecstasy use. In the early 21st century, as in the middle of the twentieth century, drug users are being described as deviant and dangerous. Some people are calling for strict police enforcement of drug use, while others are demanding psychological treatment for users. In the meantime, many people persist in using drugs. Has anything changed?

There are many parallels, but there are as many, if not more differences. The drug-using scene and the enforcement regimes have changed significantly. There is a much broader range of drugs currently in use, and many, many more users. Penalties for drug use have significantly diminished. The large number of users makes it impossible for the police to even contemplate the type of comprehensive surveillance that characterized the 1950s. There is a much broader array of treatment options for users, including therapeutic communities and methadone programmes. Needle exchanges have been set up in urban centres across the country.

What can be learned from an examination of drug use in the mid-twentieth century and the state response? Canada already has a long history of controlling certain forms of drug use and drug users. Although the patterns of drug use have changed, many

¹ "Heroin and HIV sweep through Russia" The Globe and Mail May 24, 2000: 1

of the strategies for coping with drug use have not. The types of regulation discussed in this dissertation are still being used today.

My first chapter examined the reasons behind the passage of strict drug laws in the early 1920s. The anti-drug campaign blamed Chinese-Canadians for Canada's drug problems and called for harsh drug legislation to protect Canada's (white) young people. At this time, few Canadians knew very much about drug use and its effects. Instead, they relied on highly dramatized stories to create the meanings of drug use. The anti-drug narratives depended on race, gender and generational tensions, as well as class inequalities to make their stories appealing and real. Things are not so different today. Drug selling is often blamed on visible minorities and white middle-class youth, like Katya, are often portrayed as being the people at risk. The evil "dope fiend" still makes an appearance, especially in the form of the working-class woman who puts her fetus at risk while she continues to take drugs. What is more important, however, than the specifics of the parallels, is the fact that the meanings of drug use continue to be constructed by social tensions. Drugs remain symbolically malleable and are therefore susceptible to being used politically. Both Mayor Mel Lastman, who worked to ban raves from City of Toronto property in the summer of 2000 and the moral reformers who wished to see Chinese Exclusion in the early 1920s, have been able to put "drugs" to strategic political use.²

After the drug panic, the state established a web of regulatory regimes to prevent and/or decrease the consumption of opiates and other illegal drugs. In 1919, the Division of Narcotic Control was established, and began to carefully chart the sale of drugs by retail and wholesale druggists, and the prescriptions of doctors. In 1920, the RCMP, Canada's national police force was put in charge of enforcing the Opium and Narcotic Drug Act. Over time, the mechanisms of control became increasingly sophisticated and intensive. The Division increased the frequency, and the skill with which they inspected narcotic records. The RCMP enormously increased the manpower, technology, and skill it devoted to narcotic policing, as did municipal forces, especially in Vancouver and Toronto. In the post-war period, the Division decided that punitive control was

insufficient, and they began to think more seriously about providing treatment institutions. Treatment held out the possibility that current drug users could be “cured” and turned into good citizens. By controlling the subjectivities of drug users, rather than just their bodies, the state hoped to engage in a much more elaborate and optimistic project of transformation.

This sounds like a very top-down project, and in many respects it was, but power also operated in more complex and diffuse ways. Throughout, the state acted in conjunction with other powerful bodies, both public and private. Doctors of all types, as well as their regulatory and licensing bodies participated in the process of controlling prescriptions. Psychiatrists worked within the prison system, and occasionally within provincial welfare agencies, to diagnose and treat drug users. Social workers, such as those at the John Howard Society, whose salaries depended on money from the state and business enterprises, and whose activities were highly dependent on the cooperation of prison authorities, asked drug users to engage in a therapeutic project of self-examination and personal growth. Moreover, drug users themselves engaged in self-regulation, as they decided whether to use and how heavily to use.

The heavy arm of the state had its clearest expression in policing. Drug users had little choice about interacting with police officers and these encounters were often violent and invasive. Policing contributed enormously to the stress and danger of drug users' lives. It seems, however, to have done little to counteract drug use. In the early part of the time period discussed here, policing may have driven some occasional drug users away from drug use. However, this meant that for new drug users there were few experienced users who could teach them strategies for managing and controlling their drug use. Since drug users learn about drug use from other users, the disappearance of more managed users from the community helped contribute to more problematic patterns of drug use. It also contributed to health problems associated with drug use as users switched from the less harmful practice of sniffing or smoking drugs to injecting them in an effort to conceal their use of the drug and cut down on the cost.

² Mel Lastman's motives are not completely clear, but he seems to be using the issue to take advantage of fears about youth and drug use, and bolster his own popularity. See: Royson James "And What will the neighbors think" Toronto Star March 15, 2000

In the years after World War II, intensive policing may have ironically made drug use more attractive to young people, who wished to visibly defy authorities and norms. Most of the people who used drugs in the period after World War II, had a history of criminal activity before they started drug use. The intensive policing of narcotics users and the prestige that this granted to those in delinquent subcultures made the idea of becoming a drug user more attractive to young “rounders”. Once people were embedded within the drug-using community, the intensive policing made it difficult for them to extricate themselves. The anxiety of constantly worrying about the police and their tactics made it difficult to stop using. Moreover, intensive policing contributed to the high cost of drugs, and the difficulty of scoring them. The expensive and time-consuming life of a drug user made it hard for drug users to find and keep regular employment. Finally, while policing was effective in the sense that the police made many arrests and were effective at securing convictions, the violence of policing in the post-war period, especially the throat holds, made police operations dangerous for both police officers and users.

Drug users had a very different relationship with doctors and social workers. Few doctors took much interest in drug users at this time. Ambulatory treatment had been discredited and there were few opportunities for institutional treatment. Most doctors regarded drug users as undesirable and difficult patients. Doctors were worried about the possibility of being charged under the Opium and Narcotic Drug Act and/or the possibility of losing one’s ability to prescribe narcotic drugs and few doctors were willing to experiment with treatment programmes for drug users. Although a few provinces passed treatment legislation in the 1920s, and Alberta tried to treat drug users in their provincial mental hospital, it was only in the late 1950s that psychiatrists took charge of state-run treatment programmes. These were small-scale and none achieved any significant degree of success. The decision by family doctors and general practitioners to absent themselves from the treatment of addicts and leave the field to “psy” professionals has had its own legacy. Rather than being seen as a strictly “medical” problem, drug use is regarded as a “disease of the will”, to use Mariana Valverde’s apt phrase. Although the AIDS epidemic and the rise of harm reduction has led to more

emphasis on day-to-day medical care for drug users, the “problem” of drug use is still defined primarily in psychological rather than physiological terms.

Social workers at the John Howard Society worked intensively with drug users in Vancouver. In the 1930s, drug users were given small amounts of money, and employment references. It was hoped that by treating former prisoners (including drug users) with dignity and respect, that they would join the ranks of respectable and law-abiding citizens. It is unclear how successful this policy was, although a few drug users seem to have enjoyed close relationships with J.D. Hobden, the founder of the society. In the 1950s the focus of the society shifted towards providing intensive counseling-oriented casework. Drug users were encouraged to look deep within themselves to find the reasons for their drug use. It was thought that if they reached a greater degree of self-understanding than they would be able to stop using drugs. Although a few drug users clearly used the society for what it could deliver in terms of material aid, others seem to have appreciated the understanding and support of their caseworkers, and forged tight bonds with them. Workers like those at the John Howard Society pioneered what would become the dominant approach towards drug users. Instead of focusing on the structural inequalities that led many to drug use, drug users were told to focus on the individual psychological failings that purportedly caused them to use drugs, and were encouraged to find individual solutions for their problems through self-reflection and self-control.

Drug users were primarily working-class people who often had scarred histories of abuse and alienation. They were unable to launch much concerted resistance against this powerful array of forces. In some respects, their sense of themselves, and their way of life, was created by these regulatory regimes. However, they were not passive. They fought police who attempted to arrest them, were extremely persistent at obtaining prescriptions from doctors and pharmacists, engaged in the social work process on their own terms, and against many odds, created a community to support and help one another.

This dissertation has examined the daily lives of drug users: their work experiences, their romantic lives, their involvement in crime, and their relationships with their families. I did so because I wanted to show the impact of regulation. Drug use and the web of regulation that surrounded it affected every aspect of users' lives. By exploring the personal relationships and work experiences of users I wanted to

demonstrate how the state and other moral agents affected the way that users conceived of themselves and the way that they related to others. As an extremely marginalized and regulated group, drug users demonstrate these themes particularly well. However, regulation has affected us all, illegal drug users or not. This regulation takes different form among different populations, but it is nevertheless one of the enduring themes of 20th century life. By detailing the lives of drug users and to some degree “normalizing” their experiences, I hope that I have shown how the experience of regulation is common to, and important to, all of us.

In the words of Foucault “the judges of normality are present everywhere. We are in the society of the teacher-judge, the doctor-judge, the educator-judge, the ‘social worker’-judge; it is on them that the universal reign of the normative is based; and each individual, wherever he may find himself, subjects to it his body, his gestures, his behavior, his aptitudes, his achievements.”³ Between 1920-1961, the expansion of the state vastly increased its capacity for regulation. There was more money to pay for narcotic officials, police officers, prisons, and treatment professionals. At the same time, the development of an increasingly psychological model of regulation meant that the techniques of regulation became more focused on “subjectivities.” This did not mean that more direct control of bodies disappeared. It did not, and in fact, in the case of drug users, usually went hand-in-hand. Despite all of this, drug users did engage in resistance, with both their minds and their bodies. Complex, and sometimes contradictory, this resistance is hard to assess, but was nonetheless there. Many drug users refused to engage in the therapeutic project of treatment professionals. Most made tremendous efforts to hide their drug use from police and on some occasions violently fought back against officers who attempted to arrest them. Some users smuggled drugs into jail, and took them despite the watchful eyes of prison authorities. All of these actions and more suggest that while surveillance and regulation was intense, and drug users did engage in self-regulation and control (although not always in the way authorities would have liked), resistance was nonetheless possible.

³ Foucault Discipline and Punish: 304

Appendix 1: Notes on Confidential Casefiles

Two sets of confidential case files were central to this dissertation. This section outlines the procedures used to collect, organize and analyze this material.

At the National Archives of Canada there are 18 boxes of case files on “Addicts and Traffickers.” The earliest of these files began in 1928, and the last of these files began in 1959. With some exceptions, the vast majority of these files end in the early 1970s. It is impossible to know why and how these particular files were preserved. The Narcotic Division had several different filing systems over the period covered in this study, and the archivist responsible for the collection does not know how and why these files were kept. The National Archives has not destroyed any of these records.¹

According to researchers who worked with these files (or ones like them) in the 1970s, the standard procedure was to remove people from the files if the Bureau received reports of death or deportation or if they had received no report about the person in ten years (for illicit users) or five years (for “professional users”, ie: doctors.) In all likelihood, the 18 boxes at the National Archives contain files that were never removed, so that these represent a group of users who probably used drugs for a longer period of time than other users. However, there were some files that did not follow this pattern. There were a few files in which the user was noted as “deceased” but the file was still in the box. This may have been a clerical error.

The Division of Narcotic Control created case files on every single person they identified as a drug user. Since the Division of Narcotic Control was a division of the federal government, they maintained files on users from across the country. The files contained mug shots, police reports, criminal records, and departmental correspondence with doctors, prosecutors, police officers and the parole board. Although the earliest files are missing individual documents such as police reports or trial reports from convictions that were recorded in the file, by the period after World War II, the files were remarkably complete. Moreover, while it is impossible to know the absolute number of users in

¹ Personal correspondence with Cathy Bailey, the archivist responsible for this accession at the National Archives. A few studies by the Narcotic Addiction Foundation in the 1960s appear to have examined the Narcotic Division files for contemporary research. These studies include: Paulus Ingebord A comparative study of long-term and short term withdrawal of narcotic addicts (Vancouver: Narcotic Addiction Foundation, 1966) and G. Irwin Henderson An Exploration of the Natural History of Heroin Addiction (Vancouver: Narcotic Addiction Foundation, 1970)

post-war Canada, the Division seems to have been remarkably successful at starting and maintaining files on a large proportion of so-called “criminal” users. Even in the early 1970s, when there were far more heroin users who were arrested less often than there were in the 30s, 40s and 50s, the Bureau of Dangerous Drugs seemed to have kept a record of a large proportion of drug users. A study of Ontario heroin users done in 1972 showed that 64% of the heroin users known to the Addiction Research Foundation were also known to the Bureau of Dangerous Drugs (BDD). A study of drug-related deaths in Vancouver showed that 60% of users were known to the BDD.² In the 1950s, when there were fewer users who were arrested more frequently, the coverage was undoubtedly much better. There were some drug users, especially people who obtained from doctors and people who were at higher levels of the drug hierarchy, who “got away with it” and were never listed in the Narcotic Control files. Nonetheless, in the immediate post-war period, these people were much rarer than our current-day experience of drug use and enforcement would suggest. In contrast to today, police officers, doctors, and drug researchers in postwar Canada all agreed that it would be difficult to use drugs for very long without coming to the attention of authorities.³

The case files were of “addicts and traffickers”, but only files on “addicts” were fully examined and entered in the database for the purposes of this dissertation. I did not include people who trafficked in drugs but did not appear to use themselves. Most people in the Division of Narcotic Control files were what the Division described as “criminal addicts.” Doctors were not included in these files. The Division apparently had a separate filing system for doctors, and they are not available at the National Archives. Significantly, nurses (2.5% of the cases examined) were included in this set of files, as were men and women who obtained drugs almost exclusively from doctors. There were

² Rootman and Richman: 6

³ George Stevenson Drug Addiction in British Columbia (Vancouver: University of British Columbia, 1956) Unpublished Manuscript. Stevenson’s study tried to determine how many drug users there were who did not come to the attention of narcotic authorities. The RCMP and city police officers believed that there were few such users. Doctors across the province were surveyed, and the results did not reveal a significant number of “secret” drug users. The high cost of drugs, the relatively small amount of drugs seized by police, as well as the significant overlap between drug users known to social workers and police officers all lend support to the theory that it was fairly difficult to be a long-term drug user in the postwar period and not be known to police. Today, of course, when drug use is extremely widespread, the situation is very different. For the difficulties of measuring drug use today see: Franklin E. Zimring and Gordon Hawkins The Search for Rational Drug Control (Cambridge: Cambridge University Press, 1992)

only two files that dated back to the 1920s, and only 33 that dated back to the 1930s. All of these were included in this study. From 1940 to 1961, several files that began in each year were included. In general, boxes contained files that began at roughly the same time (within a few years of each other.) In the 1940s and 1950s, consecutive boxes contained files that began at approximately the same time. By doing approximately every second box that had files that began in the 1940s and 1950s, a good cross-section of files by date was obtained.⁴ The primary goal was to ensure that there were files that began in every year. No other criteria were used in selecting files. Over the two decades, 124 files were examined, which was approximately one-half of the available files. In addition to the 35 cases that started in the 1920s and 1930s, this resulted in a total of 159 files.

Under the terms of the research agreement, the files were read and photocopied (excluding the mug shots) and then the names of the users were blacked out. The photocopies were then reviewed by an access officer to ensure that all of the names had been blacked out. The materials were then photocopied a second time to ensure that the names were fully blocked. A database was created in which the gender, race, ethnicity, class, and date of birth of the user were coded. Information regarding places of residence, occupation, the dates the case file opened and closed, the number of times they had been convicted of a drug offence, the number of times they had been convicted for other offences, types of crimes they were convicted of (theft, vagrancy, B&E, forgery etc), age of first drug use, drugs used, whether they ever quit, and whether they ever obtained drugs from doctors was also compiled in the database. Not every case file contained all of the information. For example, many did not mention the age at which someone first started using drugs. In other cases, the information was undoubtedly incomplete. Many users, for example, probably obtained drugs from doctors without ever getting caught. Similarly, other evidence indicates that most users quit at one time or another, but that information was rarely recorded in their file. Finally, notes were taken on the case, including a brief description of each arrest and how it happened, every encounter with a doctor and its result, as well as any other notable features of the file.

⁴ There were two exceptions to the every second box rule. I went directly from Box #3342 to Box #3345, since boxes #3343 and #3344 had files that began at the approximately the same time as boxes #3342 and #3345. After Box #3345, I went directly to #3347. A significant number of files from #3348 were also done to ensure that there was a good cross-section of cases that began in the late 1950s.

These case files were particularly useful in assessing drug users' encounters with police officers and with doctors. They also gave critical information about the Division of Narcotic Control's power over drug users' lives, and over the lives of their regulators. The Division of Narcotic Control, for example, was one of the agencies contacted by the parole board when a drug user was under consideration for parole. (The Division almost always counseled against giving parole.) Similarly, it was the Division of Narcotic Control who tracked down doctors who prescribed to drug users. The users who appeared in these files came from across the country and made it possible to determine the drug users' occupations, ways of life and methods of drug procurement in rural and urban areas, and from city to city.

The second set of case files was produced by the John Howard Society of Vancouver and is located at the Simon Fraser University Archives. The choice of a social work agency in Vancouver made the most sense since Vancouver was the largest center of drug use over the course of the time period studied. A research agreement was obtained to look at these files as well, and the identities of the subjects were protected. These papers were deposited several years ago, and consist of several thousand case files in 33 boxes. Every single file was reviewed, although only files in which the client was noted to be a drug user was closely examined. Not every drug user was identified as such and undoubtedly more than a few clients who were drug users were missed. Moreover, many of the records were extremely brief. In total, 397 files – ranging from single index cards to inch-thick file folders were included. This represented every single file found in which the person was identified as a drug user. The files consisted of social workers' case notes and sometimes included prison classification reports, correspondence with clients and newspaper clippings.

A separate database was created for these files. Again, the client's race/ethnicity, class, gender and date of birth was recorded. The name of their social worker, whether or not they had been noted to have had same-sex relationships, whether or not they had children and how many, their place of birth, the age at which they started using drugs, the date (approximate) they started using drugs, their age and the date when they first approached the John Howard Society and the date that the file ended was also entered. Complete information was not available for most of the clients. In the "notes" section of

this database, information was recorded on the particularities of the relationship between the social worker and client. This set of case files was particularly valuable in examining the interactions between drug users and their social workers and for learning more about drug users' experiences in prison, their childhoods and their home lives.

The identities of all people in the two sets of case files have been fully protected in the dissertation. The real names (both first and last) of people who appeared in non-confidential documents were not changed, but the first names of everyone who appeared in the two sets of confidential case files has been changed. (Last initials, but not last names were not given for people who appeared in the confidential case files. However, because many drug users had aliases, and many female drug users had multiple last names because of marrying one or more times, last initials did not reveal very much.) In changing the names, an attempt was made to be true to the ethnicity of the people studied, and to the styles of naming in practice at the time. The names of police officers, doctors and social workers that appeared in the confidential case files have also been concealed. The actual case numbers have been used in the footnotes.

Together, the two sets of case files generated 556 cases. Although the terms of the research agreements did not permit the making of links between the two sets of case files, it quickly became clear that some people appeared in both sets of files, meaning that the 556 "cases" do not represent 556 separate users. The best estimate, based on the fact that I recognized approximately two-thirds of the Vancouver users in the files from the Narcotic Division from my review of the John Howard Society case files is that this represented about 500 separate users.

The two databases allowed for the determination of particular trends and patterns, and allowed for the contrast of individual experiences with information contained in the media, government documents, studies by social workers, medical journals, and annual police reports. The quantitative items allowed for the compilation of averages, modes and means of items like age of first drug use, places of residence, types of drugs used, and occupation. Quantitative information from the databases was always compared with criminal statistics from the Dominion Bureau of Statistics, as well as information from the Division of Narcotic Control, and the Stevenson report. The fact that the quantitative information from other source materials was similar indicated that these case files were

fairly representative of drug users who came to the attention of regulatory authorities in Canada between 1920-1961. More important than the quantitative information, however, was the rich qualitative material in these case files. Throughout, representative qualitative material was drawn from the confidential case files to illustrate the details of drug users' lives. Additionally, the qualitative sections of the two databases facilitated the determination of trends such as stealing drugs from doctors, changes in police tactics and social work techniques.

There is no "truth" in historical research. By engaging with a wide variety of sources, and by combining quantitative and qualitative data and techniques, this dissertation has examined the way(s) that historical sources are produced and collected. The interpretation of these sources was subjected to the same level of critical analysis. Case file research, because of the necessary research agreements that shield the subjects, is less transparent than many other types historical research. People reading the material cannot look up the sources themselves without obtaining a similar agreement. For this reason, it is extremely important for people doing this type of research to be reflexive about their interpretation of the documents, and to be clear about the manner in which they were obtained and analyzed.

Table 1: Case Files

	Number of Cases Years Represented	
Narcotic Division Case Files (National Archives of Canada)	159	1928-1961
John Howard Society of Vancouver Case Files (Simon Fraser University Archives)	397	1931-1961
Total:	556	

Table 2: Gender, Race and Class

	JHS Files	NAC Files
Gender		
Male:	72%	71%
Female:	28%	29%
Class		
Working Class:	93%	92%
Middle Class:	7%	8%
Race		
Aboriginal	4%	1.2%
African-Canadian	2.5%	1.9%
Asian-Canadian	2.5%	0.6%
Euro-Canadian	91%	96%

Appendix 2: Charts**List of Charts**

1. Imports 1912-1929
2. Convictions under the ONDA 1920-1961
3. Convictions under the ONDA by Gender, 1920-1961
4. Convictions under the ONDA by Racial Origin 1922-1945
5. Convictions under the ONDA by Birthplace 1948-1961
6. Convictions under the ONDA: Percentage of Convicted People who were Chinese-Canadian and Percentage of Convicted People who received the option of paying a fine.
7. Possession Offences: People found in Possession of Opium, Cocaine, Morphine, Heroin and Unspecified Drugs 1922-1945
8. Possession Offences: People found in Possession of Opium, Cocaine, Morphine and Heroin 1922-1945
9. Possession Offences: People Found in Possession of Opium, Heroin and Morphine, 1945-1961
10. Age of Men Convicted under the ONDA 1946-1961
11. Age of Women Convicted under the ONDA 1946-1961
12. Marital Status of People Convicted under the ONDA 1947-1961
13. People Convicted under the ONDA 1946-1961: Level of Education
14. Convictions under the ONDA by Province: 1922-1961

Chart 1

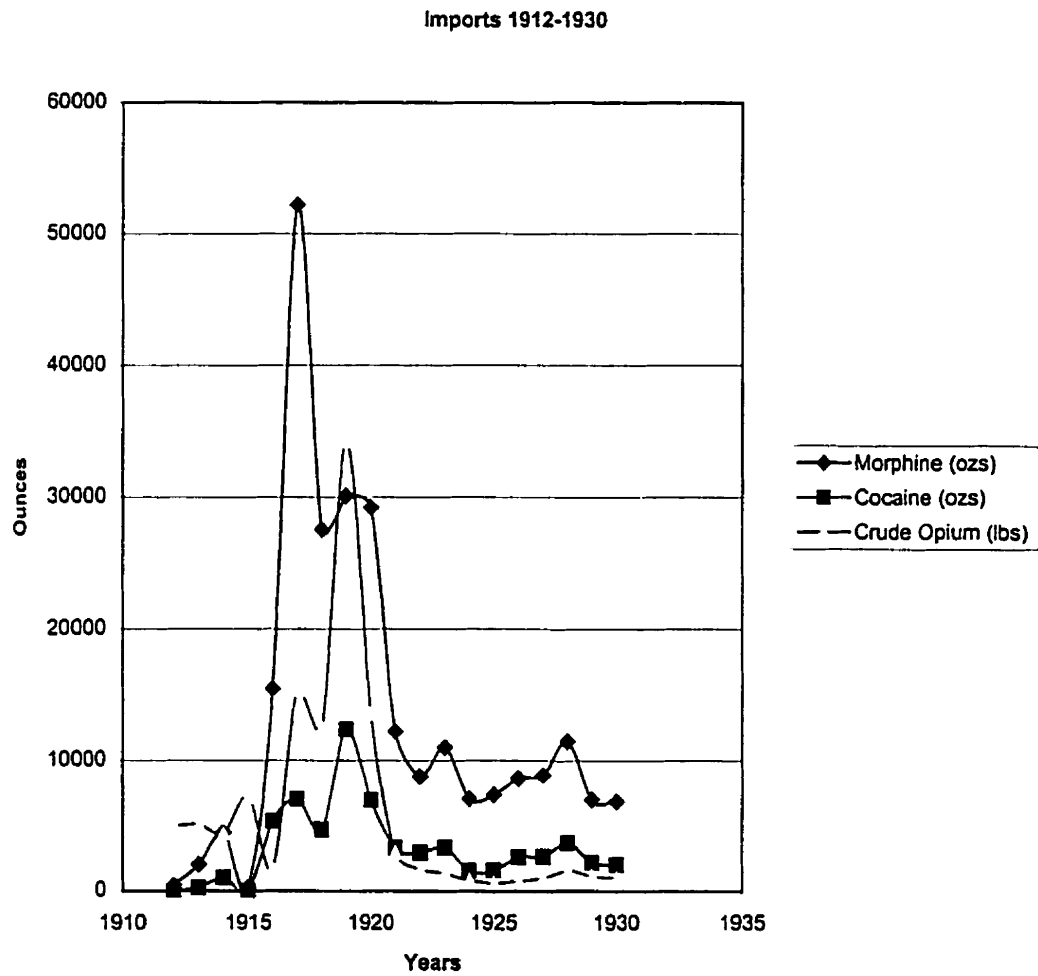


Chart 2

Convictions under the ONDA 1920-1961

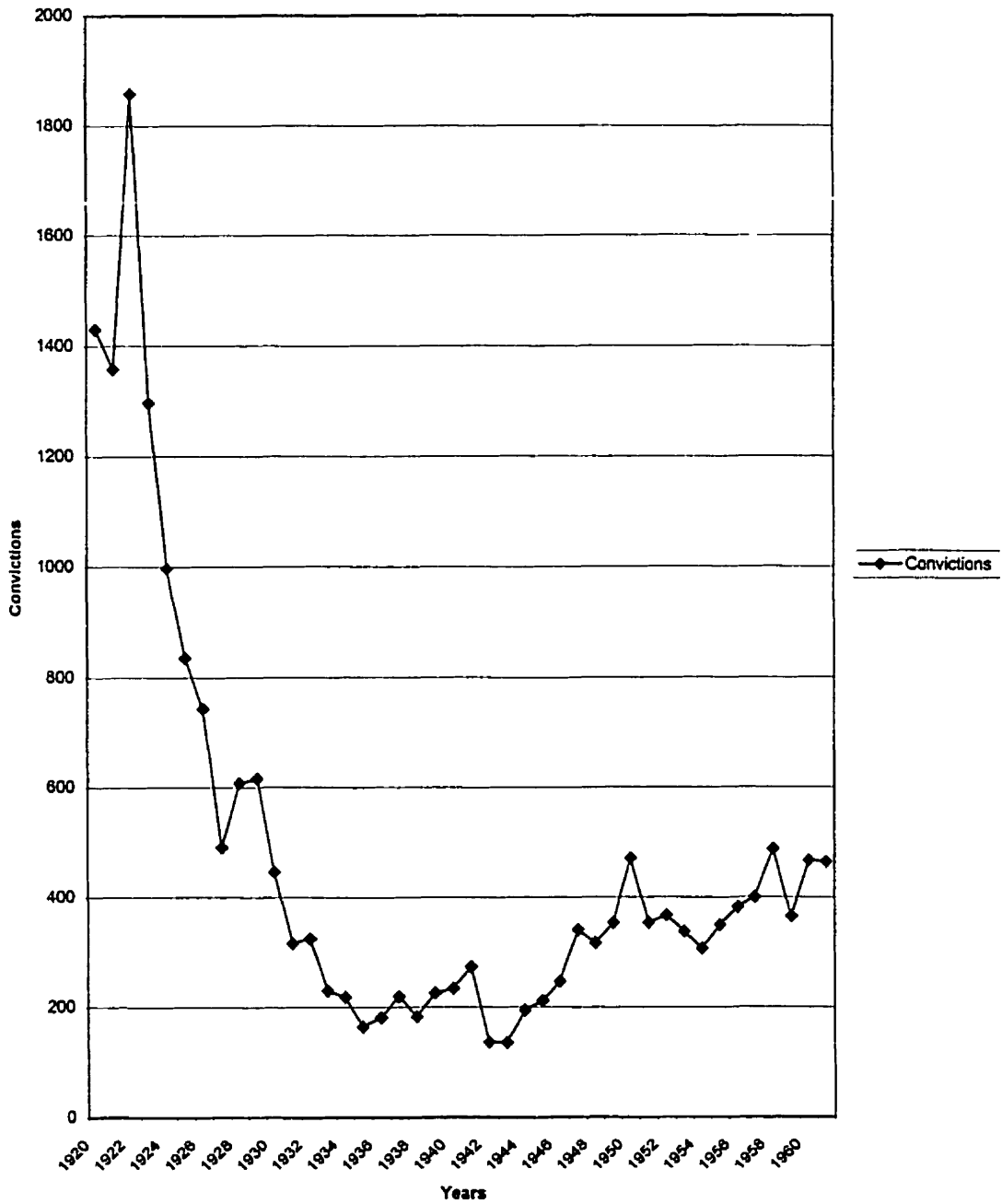
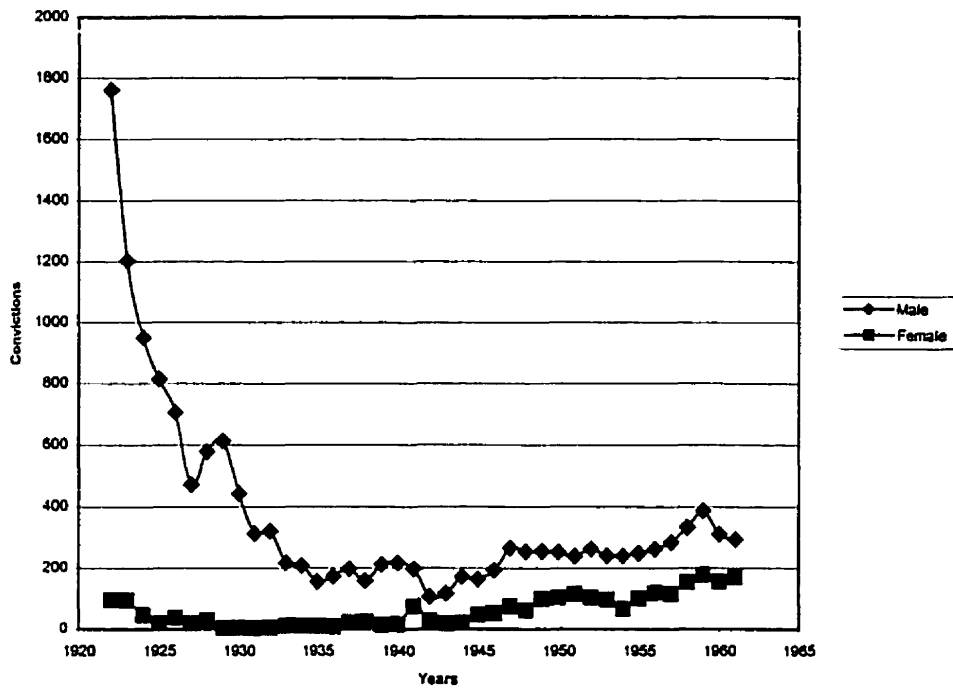


Chart 3

Convictions under the ONDA by Gender



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Chart 4

Convictions under the ONDA by Racial Origin 1922-1945

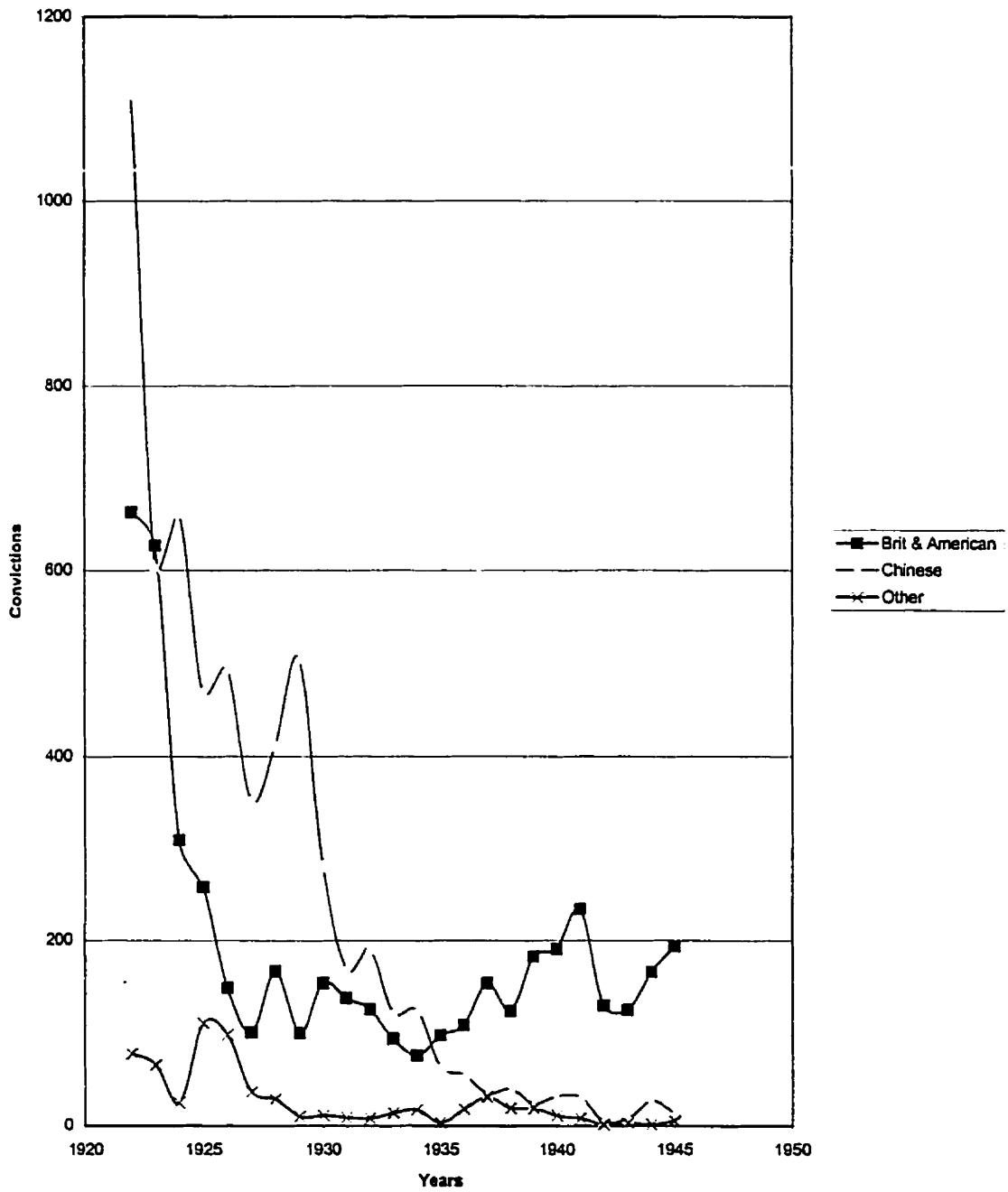


Chart 5

Convictions under the ONDA by Birthplace 1948-1961

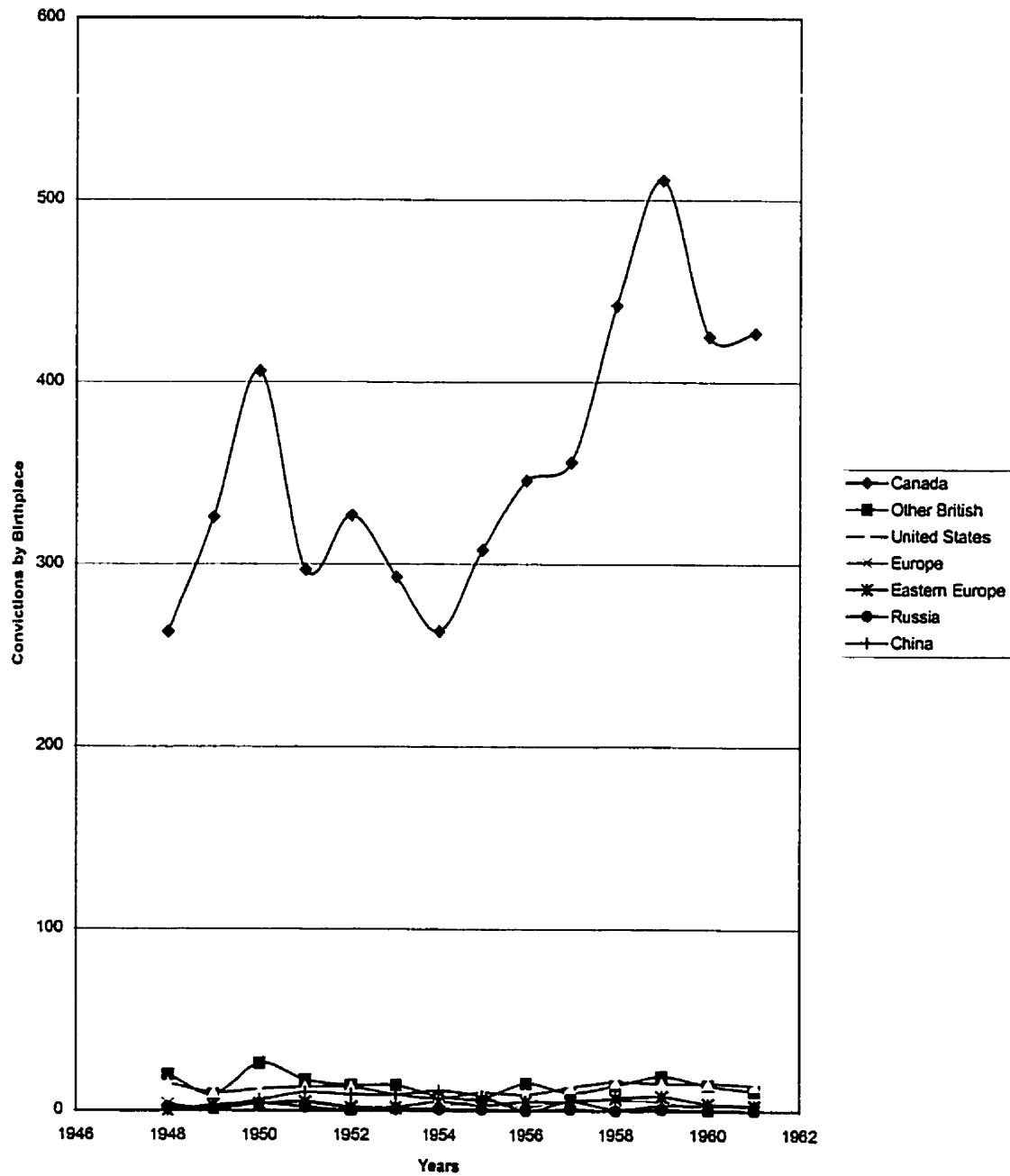


Chart 6

Convictions Under the ONDA: Percentage of Convicted People Who were Chinese-Canadian and Percentage of Convicted People Who Received Option of Paying a Fine

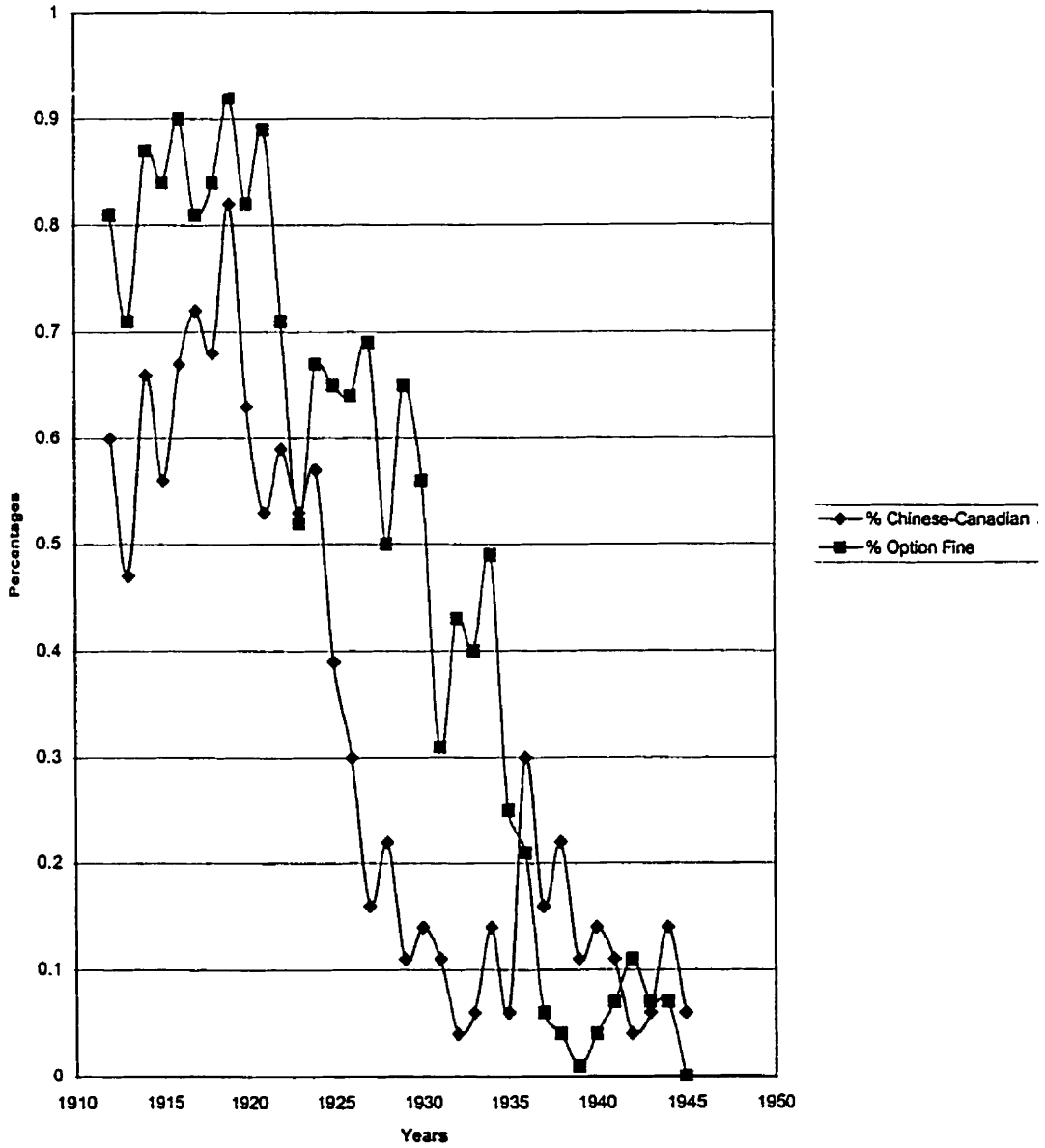


Chart 7

Possession Offences: People Found in Possession of Opium, Cocaine, Morphine, Heroin and Unspecified Drugs 1922-1945

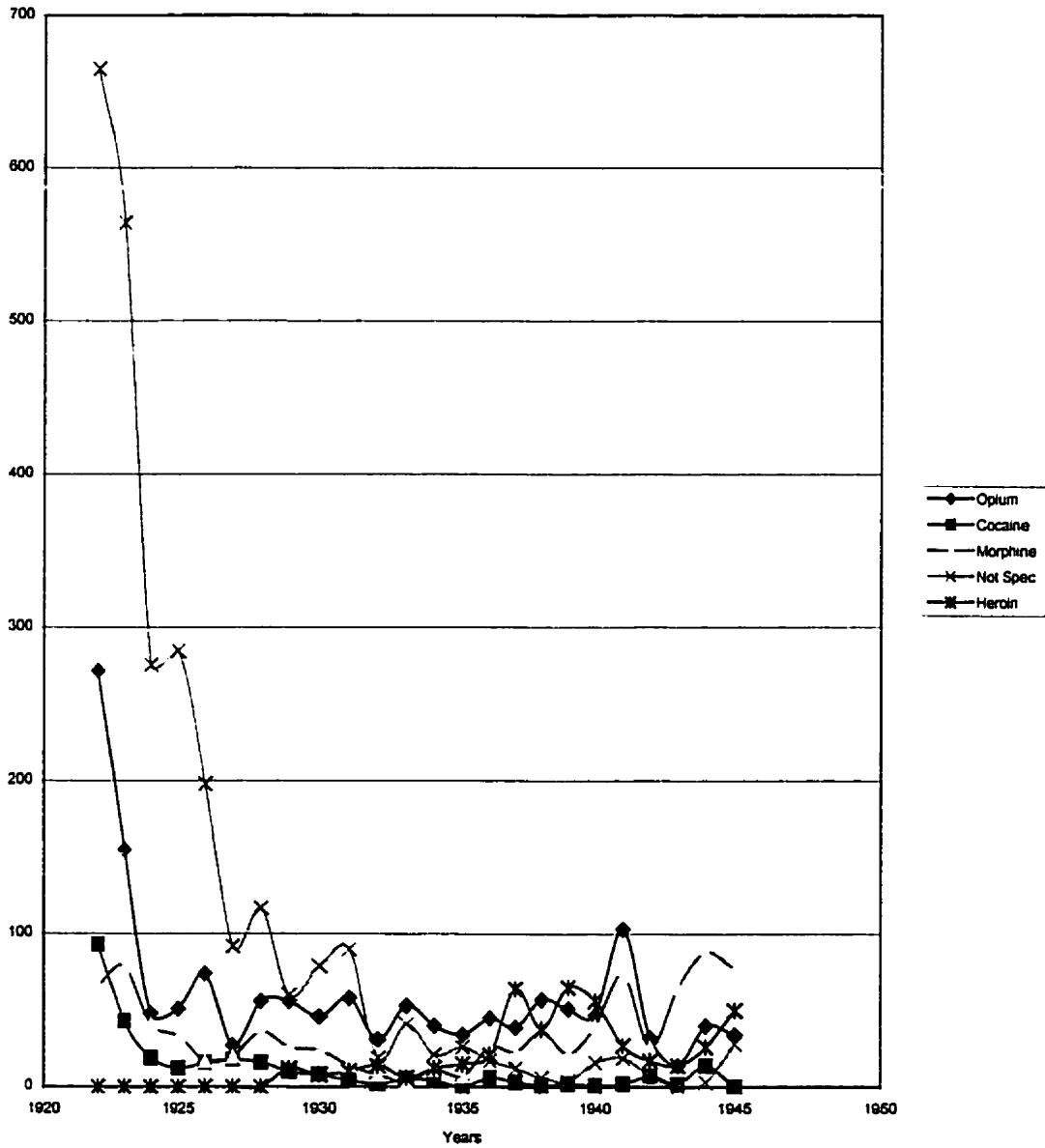


Chart 8

Possession Offences: People Found in Possession of Opium, Cocaine, Morphine, Heroin and Unspecified Drugs 1922-1945

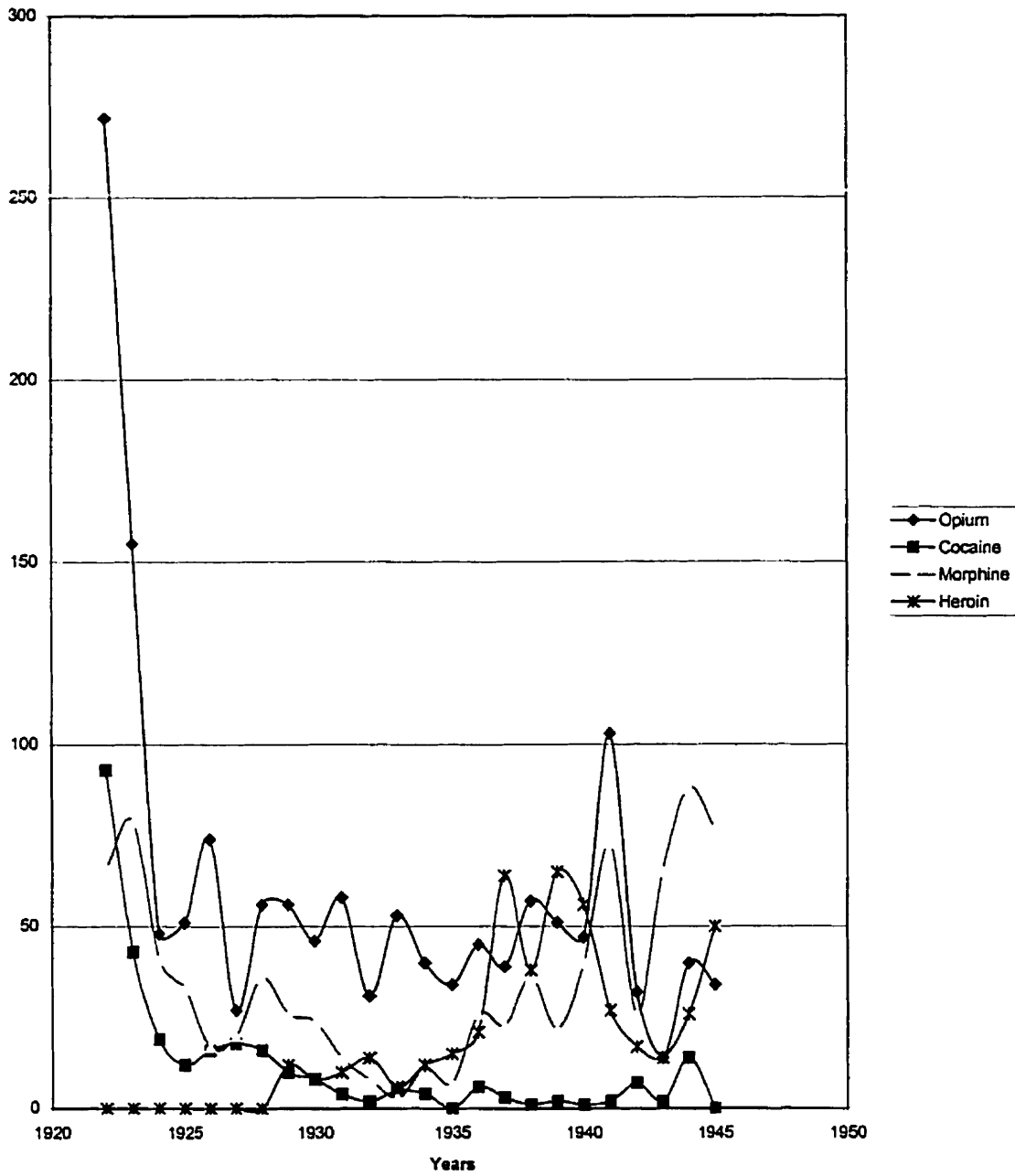


Chart 9

Possession Offences: People Found in Possession of Opium, Heroin and Morphine, 1945-1961

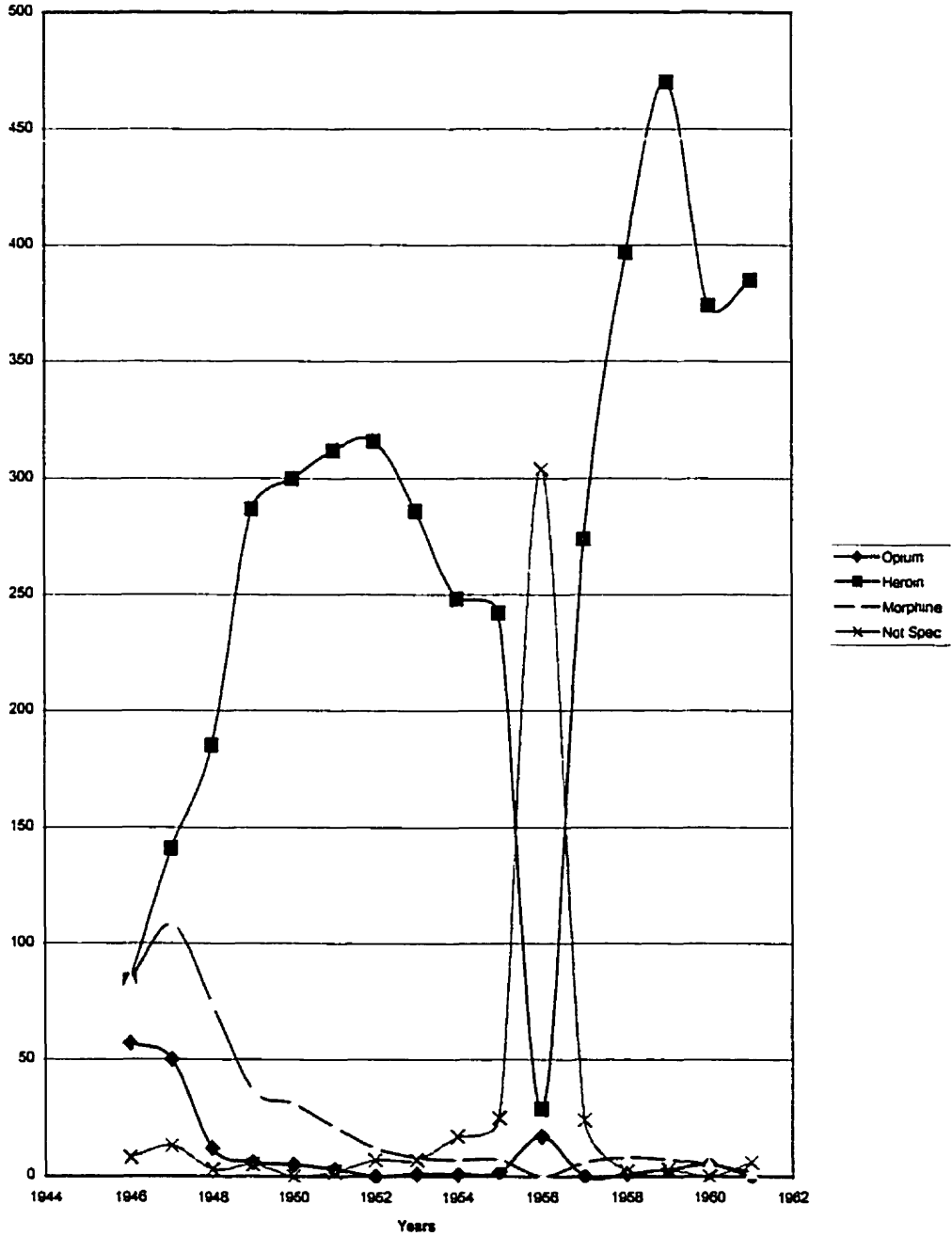


Chart 10

Age of Men Convicted Under the ONDA 1946-1961

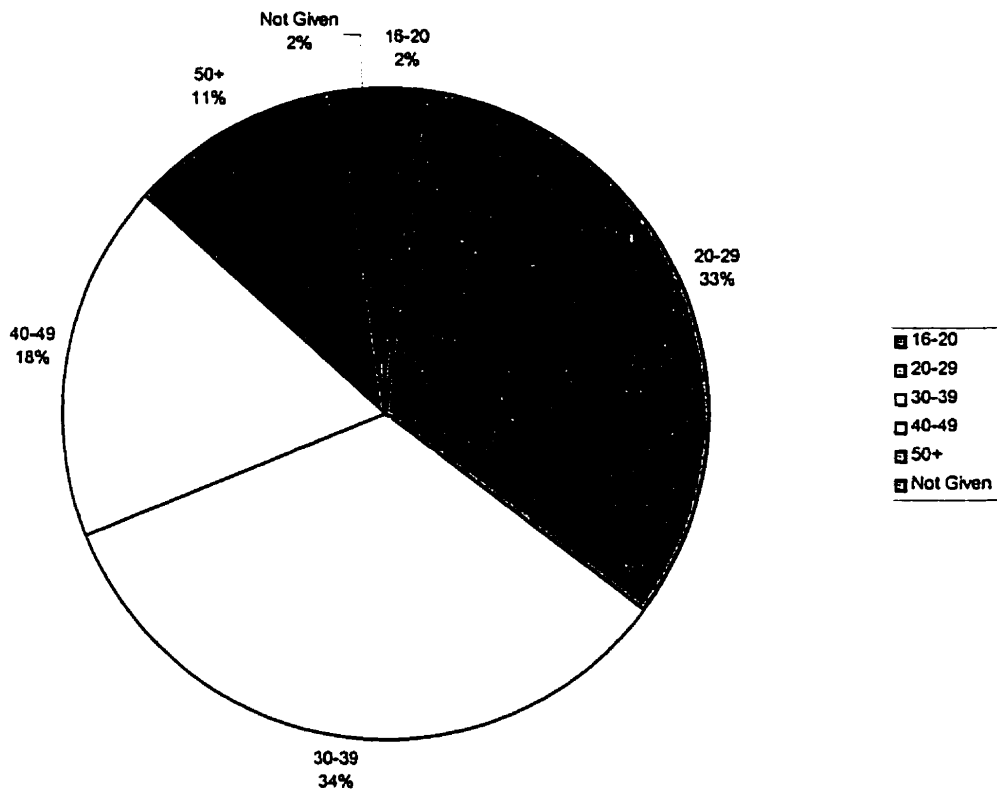


Chart 11

Age of Women Convicted Under the ONDA 1946-1961

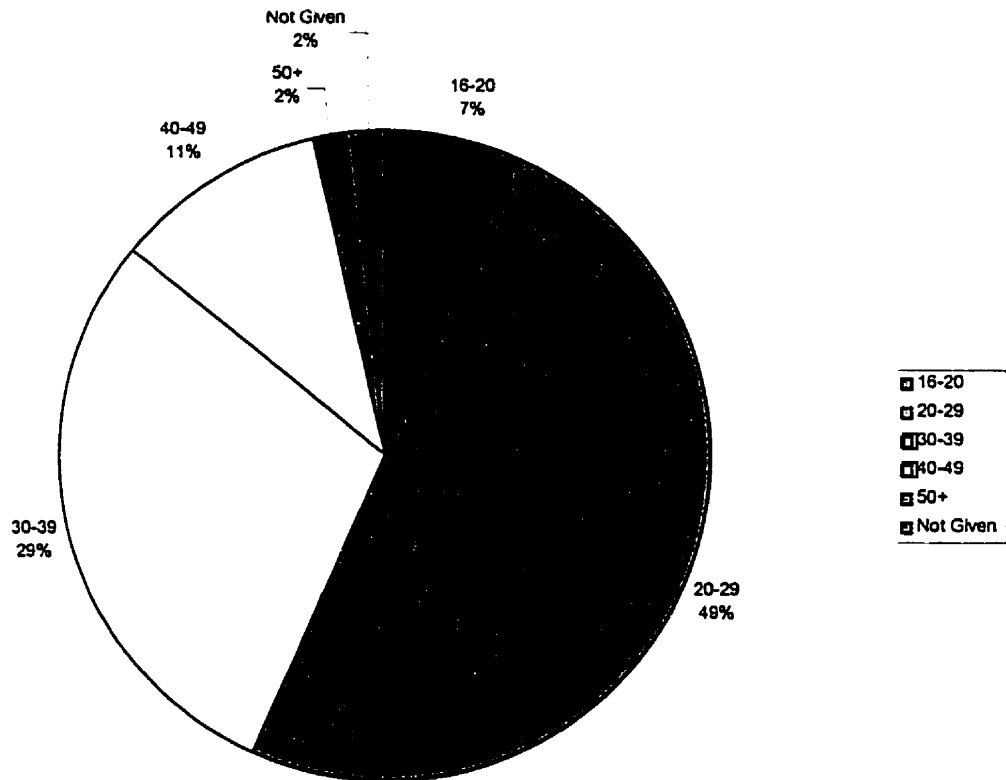


Chart 12

People Convicted Under the ONDA 1946-1961
Level of Education

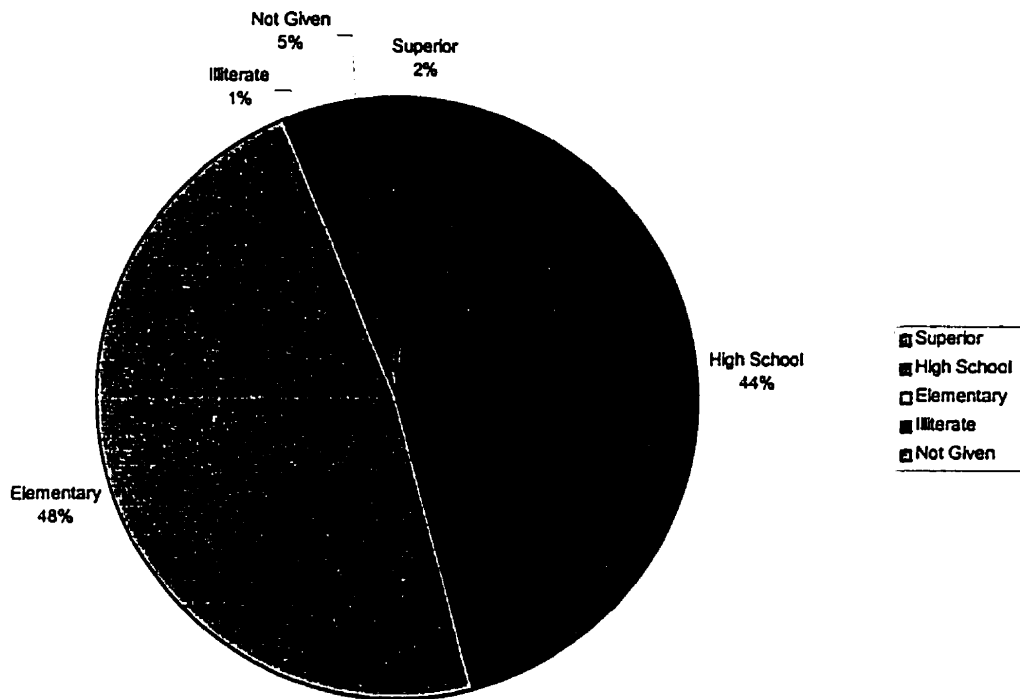


Chart 13

Marital Status of People Convicted Under the ONDA 1947-1961

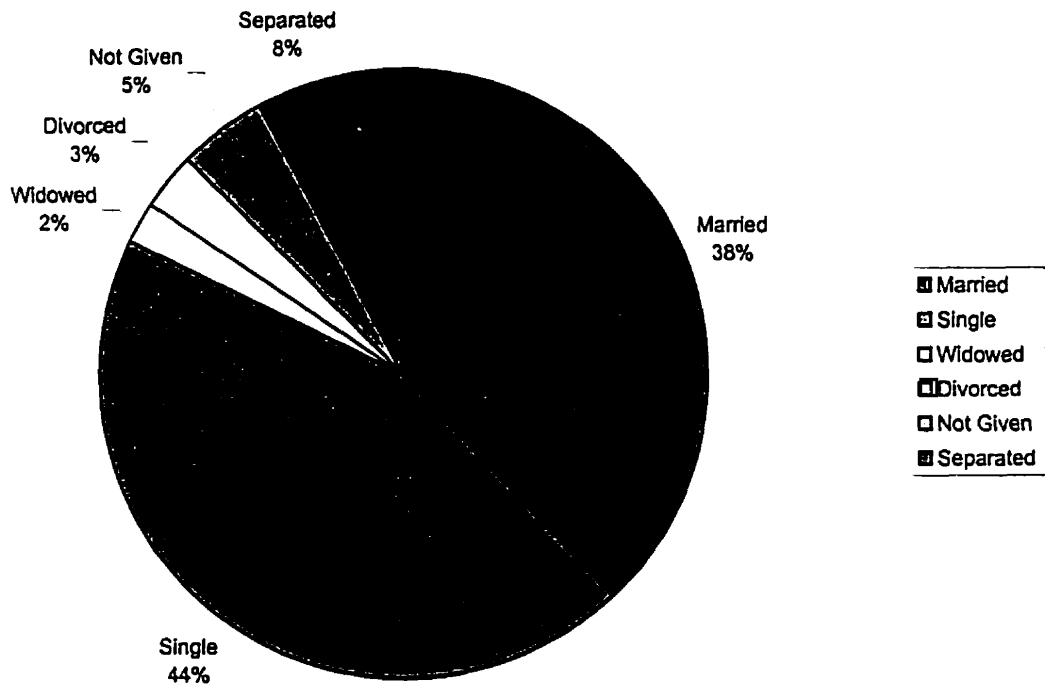
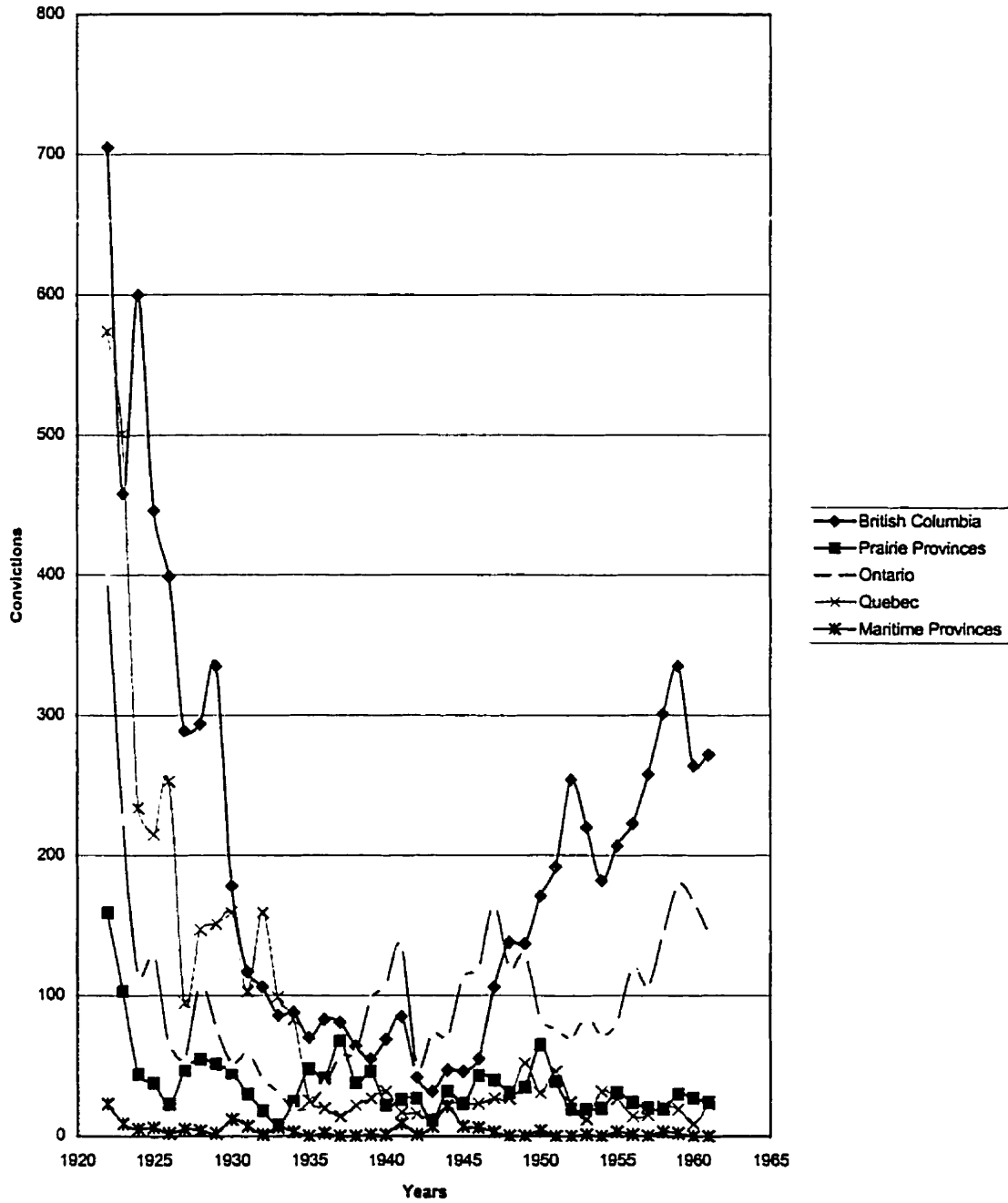


Chart 14

Convictions under the ONDA by Province, 1920-1961



Bibliography

Primary Sources:

Archival Sources

National Archives of Canada

RG 13 "Justice"

(Files to do with the Opium and Narcotic Drug Act 1911-1961)

RG 18 "Royal Canadian Mounted Police"

(Files to do with policing under the Opium and Narcotic Drug Act 1920-1961)

RG 29 "National Health and Welfare"

(All files from the Division of Narcotic Control 1920-1961)

RG 76 "Immigration"

(Files to do with deportation provision of the Opium and Narcotic Drug Act 1922-1961)

Robert Anderson Fonds

British Columbia Archives

GR-0602 "Vancouver Lock-Up Charge Books"

GR-1975 "British Columbia County Court (Penticton) Criminal Case Files Originals 1922-1945"

GR-2335 "Supreme Court (Vancouver) Originals 1946-1949"

GR-2788 "Prince George County Court Criminal Case Files Originals 1914-1949"

GR-2812 "Vancouver County Court – Conviction and Acquittals: Vol 1"

GR-1327 "Coroner's Inquests"

Alberta Archives

Acc. 72.26 "Criminal Case Files 1915-1928"

Acc 76.347 "Attorney General: Department of General Administration"

City of Vancouver Archives

Private Papers

Gordon Scott Papers Mss 289

H.H. Stevens Papers Mss 69

United Way of the Lower Mainland Mss 849 and Mss 849-2

Vancouver Police Department Fonds
Series 201 "Information bulletins", 1960

Vancouver (B.C.) Police Court
Series 182 "Court calendars, 1889-1929"
Series 184 "Court calendars of indictable offences, 1929-1961"

City Social Service Department Fonds
Series 450 "Narcotic Addiction"

City of Metro Toronto Archives

Series 100, Files 2041 and 2043 "Alcoholism, Drug Addiction and Vice: Mental Health 1935-1959"

City of Edmonton Archives

Emily Murphy Papers Ms.2

Simon Fraser University Archives

John Howard Society Papers, Simon Fraser University Archives

University of British Columbia Archives

Chinese Canadian Research Collection
E.E. Winch Fonds
Alexander Manson Fonds

Government Documents

Canada

Canada. Acts of the Parliament of Canada 1920-1961

Canada Annual Report of the Department of Health 1920-1929

Canada Annual Report of the Department of Pensions and National Health 1930-1944

Canada Annual Report of the Department of National Health and Welfare 1945-1961

Canada Annual Report of the Commissioner of Penitentiaries 1958

Canada Annual Report of the National Parole Board 1959

Canadian Census of Canada, 1921-1961

Canada *Commission of Inquiry into the non-medical use of drugs* Commission Research Paper Correctional Institution Section of the Administration of Criminal Justice (Ottawa, 1972): 24-5

Canada *Commission of Inquiry into the non-medical use of drugs Final Report* (Ottawa, 1973)

Canada *House of Commons Debates* 1920-1961

Canada. *The Labour Gazette* 1921

Canada *Proceedings of the Special Committee on the Traffic in Narcotic Drugs in Canada* (Ottawa, 1955)

Canada. *Report By W.L. Mackenzie King, Deputy Minister of Labour, on the need for the suppression of the opium traffic in Canada* (Ottawa, 1908)

Canada *Report of the Royal Commission to Investigate the Penal System of Canada* (Ottawa, 1938)

Canada. *Report of the Standing Senate Committee on Legal and Constitutional Affairs Parole in Canada* (Ottawa, 1974)

Canada *Royal Commission on Chinese Immigration* (Ottawa, 1885)

Canada *Senate Debates* 1920-1961

Josie, Gordon H. *A Report on Drug Addiction in Canada* (Ottawa, 1948)

Royal Canadian Mounted Police *Annual Report of the Royal Canadian Mounted Police* 1920-1961

Royal Canadian Mounted Police *Personnel Branch* (Ottawa, 1956)

British Columbia

British Columbia *Annual Report of Inspector of Gaols* 1944-1957

British Columbia *Annual Report of the Commissioner of Provincial Police* 1944-1950

British Columbia *Annual Report of the Director of Corrections* 1958-1961

British Columbia *Mental Hospitals Report* 1919-1943

Ontario

Ontario Annual Report on Prisons and Reformatories 1917-1961

Metro Toronto

Metro Toronto Annual Report of the Metro Toronto Police 1956-1961

Vancouver

Tupper, R.H. *Interim Report of the Vancouver City Police Force Inquiry* December 31, 1955

Tupper, R.H. *Final Report of the Vancouver City Police Force Inquiry* (Victoria, 1956)

Newspapers, Magazines and Journals

Newspapers (Not Comprehensive)

Globe and Mail

Manitoba Free Press

Montreal Star

Toronto Star

Vancouver News Herald

Vancouver Province

Vancouver Sun

Vancouver World

Magazines

External Affairs 1949-1961

Canadian Forum 1920-1961

Chatelaine 1928-1961

Hush Magazine 1952, 1958

MacLean's Magazine 1920-1961

National Home Monthly 1920-1961

Saturday Night 1920-1961

Journals

A Business Journal of the Medical Profession 1940-1961

Canadian Conference on Social Welfare Proceedings 1928-1961

Canadian Journal of Corrections 1958-1964

Canadian Medical Association Journal 1920-1961

Canadian Nurse 1940-1961

Canadian Practitioner 1918-1924

Canadian Journal of Public Health 1920-1961

Canadian Welfare 1924-1961
 Modern Medicine of Canada 1946-1961
 Police Journal 1928-1939
 RCMP Quarterly 1933-1961
 Social Welfare 1919-1939
 The Social Worker 1932-1961

Annual Reports

Alcoholism Research Foundation of Ontario *Annual Report* 1951-1960
 Alcoholism and Drug Addiction Research Foundation of Ontario *Annual Report* 1961
 Chief Constables Association of Canada *Journal of Proceedings of Annual Conference*,
 1931, 1935-1961
 John Howard Society of Vancouver *Annual Report* 1931-1962
 Narcotic Addiction Foundation of British Columbia *Annual Report* 1956/57-1961/62

Contemporary Articles, Books, Theses, Dissertations, Films, Oral History Collections

Alcoholism and Drug Addiction Research Foundation of Ontario Proceedings of the
 Conference on Narcotic Addiction Niagara Falls Ontario February 21-24 1963
 (Unpublished document at University of Toronto, Robarts Library)

Anderson, Earl Hard Place to Do Time: The Story of Oakalla Prison (New Westminster,
 BC: Hillpointe Publishing, 1993)

Beighton, Allan Lloyd "Classification of the Criminal Offender" MA Thesis, University
 of British Columbia, 1959

Boyd, Lemuel Walter "The Relationship Between Maintenance on Prolonged Methadone
 and Decrease in Crime" MSW Thesis, University of British Columbia, 1967

Brasset, Edmund A Doctor's Pilgrimage (Philadelphia and New York: J.P. Lipincott
 Company, 1951): 85-86

Brown, Claude Manchild in the Promised Land (New York: Macmillan, 1965)

Canning-Dew, Jo Ann ed. Hastings and Main: Stories from an Inner City Neighborhood
 (Vancouver: New Star Books, 1987): 150

Clark, Janet The fantastic lodge: the autobiography of a girl drug addict (Boston:
 Houghton, Mifflin, 1961)

The Canadian Newspaper Directory (A. McKim Ltd, 1922)

Coutts, Dorothy Mae "Social Structure of the Women's Unit at Oakalla" MA thesis
 University of British Columbia, 1961

- Forester, Victor Vancouver Through the Eyes of a Hobo (Vancouver: author, 1934)
- Greenfield, T.E.E. Drugs (mostly) (Meaford, ON: The Knight Press, 1976)
- Hanley, Lloyd G. "Functions of Argot Among Heroin Addicts" in W. E. Mann The Underside of Toronto (Toronto: McClelland and Stewart, 1970): 294-307
- Harvison, Clifford The Horsemen (Toronto: McClelland and Stewart, 1967)
- Henderson, G.Irwin An Exploration of the Natural History of Heroin Addiction (Vancouver: Narcotic Addiction Foundation, 1970)
- Ingeborg, Paulus A Comparative Study of Long-Term and Short-Term Withdrawal of Narcotic Addicts Voluntarily Seeking Comprehensive Treatment (Vancouver: Narcotic Addiction Foundation, 1966)
- Jennings, Thomas Burnet "Short Prison Sentence in Canada" MA Thesis, University of British Columbia, 1960
- Johnson, Victor Before the Age of Miracles (New York: Paul S. Erickson, 1972):
- Larner, Jeremy ed. The Addict in the Street (New York: Grove Press, 1966)
- Maartman, Ben The Strange Thing about Miracles & Other Stories (Errington BC: Fogduckers Press, 1990)
- Martin, Paul A Very Public Life: Vol 1 (Ottawa: Deneau, 1983)
- McCormick, Lindsay "Group Living for Drug Addicts: An Assessment of the Narcotic Drug Addiction Research and Treatment Unit at Oakalla Prison Farm 1956-60" MA Thesis, University of British Columbia, 1960
- Munday, J.G. "A Survey of the Women's Division Oakalla Prison Farm" MA Thesis, University of British Columbia, 1960
- Murphy, Emily The Black Candle (Toronto: Thomas Allen, 1922)
- National Film Board of Canada "The Drug Addict" 1948
- National Film Board of Canada "Pay-Off in Pain" 1948
- Richman, Alex et al "Natural History of Heroin Addiction" Canadian Psychiatric Association Journal October 1964
- Richmond, Guy Prison Doctor (Surrey: Nunaga Publishing, 1975)

Stevenson, George H. Drug Addiction in British Columbia Unpublished Manuscript (Vancouver: University of British Columbia, 1956)

Tobin, Joseph "Drug Addiction: The Role of Social Work in Its Recognition and Treatment" MA Thesis, University of British Columbia, 1952

Topping, C. Wesley "The Rise of the New Penology in British Columbia, Canada" British Journal of Delinquency 5(3) January 1955: 180-190

Ward, Hilda Glynn The Writing on the Wall (Toronto: University of Toronto Press, 1974) First Edition 1921.

Wilson, R.S.S. Undercover for the RCMP (Victoria: Sono Niss Press, 1986)

Wilton, Jean May I Talk to John Howard: The Story of J.D. Hobden – A Friend to Prisoners (Vancouver, 1973)

Withrow, Oswald C.J. Shackling the Transgressor: An Indictment of the Canadian Penal System (Toronto: Thomas Nelson and Sons Ltd., 1933)

Secondary Sources

Books and Articles

Aaron, Paul and David Musto "Temperance and Prohibition in America: A Historical Overview" in Mark H. Moore and Dean R. Gerstein eds. Alcohol and Public Policy: Beyond the Shadow of Prohibition (Washington: National Academy Press, 1981): 127-181

Addiction Research Foundation "Facts About...Opioids" (Toronto: Centre for Addiction and Mental Health, 1997)

Adams, Mary Louise The Trouble with Normal: Postwar Youth and the Making of Heterosexuality (Toronto: University of Toronto Press, 1997)

Agar, Michael Ripping and Running (New York: Seminar Press, 1973)

Akers, Ronald L "Addiction: The Troublesome Concept" Journal of Drug Issues 21(4) 1991: 777-794

Allsop, S.J. and W.M. Saunders "Commonalities in the Addictive Behaviors" in Gill Edwards ed. Current Issues in Clinical Psychology Vol. 4 (1986): 197-209

Anderson, Kay Vancouver's Chinatown (Montreal: McGill-Queen's University Press, 1993)

- Anthias, Floya and Nira Yuval Davis in association with Harriet Cain racialized boundaries: race nation, gender colour and class and the anti-racist struggle (London: Routledge, 1993)
- Archibald, David The Addiction Research Foundation: A Voyage of Discovery (Toronto: Addiction Research Foundation, 1990)
- Backhouse, Constance Petticoats and Prejudice: Women and Law in Nineteenth Century Canada (Toronto: University of Toronto Press, 1991)
- Bailey, Beth L. From Front Porch to Back Seat: Courtship in Twentieth Century America (Baltimore: John Hopkins University Press, 1988)
- Baron, Ava Work Engendered: toward a new history of American labor (Ithaca: Cornell University Press, 1991)
- Becker, Howard The Outsiders: Studies in the Sociology of Deviance (New York: The Free Press, 1963)
- Ben-Yehuda, Nachman The Politics and Morality of Deviance: Moral Panics, Drug Abuse, Deviant Science and Reversed Stigmatization (New York: State University of New York Press, 1990)
- Bennett, John Sutton History of the Canadian Medical Association 1954-1994 (Ottawa: The Canadian Medical Association, 1996),
- Berridge, Virginia "Professionalization and narcotics: the medical and pharmaceutical professions and British Narcotic Use, 1868-1926" Psychological Medicine 8(1978): 361-372
- Berridge, Virginia and Edward Griffiths Opium and the People: Opiate Use and Drug Control Policy in the 19th and Early 20th Century (London and New York: Free Association Books, 1999) First edition 1981
- Biernacki, Patrick Pathways from Heroin Addiction: Recovery Without Treatment (Philadelphia: Temple University Press, 1983)
- Blackwell, Judith Stephenson "Drifting, Controlling and Overcoming: Opiate Users who Avoid Becoming Chronically Dependent" The Journal of Drug Issues Spring 1983: 219-235
- Blake, Andrew "Foreign Devils and Moral Panics: Britain, Asia and the Opium Trade in Bill Shwartz ed. The Expansion of England: Race, ethnicity and cultural history (London and New York: Routledge, 1996): 232-259
- Bliss. Michael The Discovery of Insulin (Toronto: McClelland and Stewart, 1982)

Bothwell, Robert, Ian Drummond and John English Canada Since 1945: Power, Politics and Provincialism (Toronto: University of Toronto Press, 1989)

Bourdieu, Pierre The Logic of Practice (Stanford: Stanford University Press, 1990) First published in French 1980

Boyd, Neil "The Origins of Canadian Narcotics Legislation: The Process of Criminalization in Historical Context" Dalhousie Law Journal 8(1) January, 1984: 102-137

Brock, Deborah R. Making Work, Making Trouble: Prostitution as a Social Problem (Toronto: University of Toronto Press, 1998)

Brunn, Kettel "International Drug Control and the Pharmaceutical Industry" in Ruth Cooperstock ed. Social Aspects of the Medical Use of Psychotropic Drugs (Toronto: Alcoholism and Drug Addiction Research Foundation of Ontario, 1974)

Bruun, Kettel, Lynn Pan, and Ingemar Rexed The Gentleman's Club: International Control of Drugs and Alcohol (Chicago and London: University of Chicago Press, 1975)

Bryden, P.E. Planners and Politicians: Liberal Politics and Social Policy, 1957-1968 (Montreal and Kingston: McGill-Queen's University Press, 1997)

Burchell, Graham, Colin Gordon and Peter Miller The Foucault Effect: Studies in Governmentality (Chicago: University of Chicago Press, 1991)

Butler, Judith Bodies that Matter: on the discursive limits of 'sex' (New York: Routledge, 1993)

Butler, Judith Gender Trouble: Feminism and the Subversion of Identity (New York: Routledge, 1990)

Carstairs, Catherine "Innocent Addicts, Dope Fiends and Nefarious Traffickers: Illegal Drug Use in 1920s English Canada" Journal of Canadian Studies 33(3) Fall 1998: 145-162

Chan, Anthony Gold Mountain: The Chinese in the New World (Vancouver: New Star Books, 1983)

Chaiken, Marcia ed. Street-Level Drug Enforcement: Examining the Issues (Washington: US Department of Justice, 1988)

Chapman, Terry "Drug Usage and the Victoria Daily Colonist: The Opium Smokers of Western Canada" in L.A. Knafla ed. Canadian Society for Legal History Proceedings (1977): 41-59

Chapman, Terry "The Anti-Drug Crusade in Western Canada, 1885-1925" in D. Bercuson and L. Knafla eds. Law and Society in Canada in Historical Perspective (1979): 100-121

Chapman, Terry The Drug Problem in Western Canada (MA Thesis, University of Calgary, 1976)

Chein, Isodor et al The Road to H: Narcotics, Delinquency and Social Policy (New York: Basic Books, 1964)

Chunn, Dorothy From Punishment to Doing Good: Family Courts and Socialized Justice in Ontario, 1880-1940 (Toronto: University of Toronto Press, 1992)

Coburn, David "Canadian Medicine: Dominance or Proletarianization" Millbank Quarterly 66(2) 1988: 92-116

Coburn, David; Torrance George M. and Kaufert, Joseph M. "Medical Dominance in Canada in Historical Perspective: The Rise and Fall of Medicine?" International Journal of Health Services 13(3) 1983: 407-432

Cohen, Stanley Folk Devils and Moral Panics: The Creation of the Mods and Rockers (Oxford: Martin Robertson, 1980 First edition 1972)

Comack, Elizabeth A. "The Origins of Canadian Drug Legislation: Labelling vs. Class Analysis" in Thomas Fleming ed. The New Criminologies in Canada: Crime, State and Control (Toronto: Oxford University Press, 1985): 65-78

Coomber, Ross ed. The Control of Drugs and Drug Users (Amsterdam: Harwood Academic Publishers, 1998)

Copp, Terry and Bill McAndrew Battle Exhaustion: Soldiers and Psychiatrists in the Canadian Army 1939-1945 (Montreal: McGill-Queen's University Press, 1990)

Corrigan, Philip and Derek Derek The Great Arch: English State Formation as Cultural Revolution (Oxford: Basil Blackwell, 1985)

Courtwright, David Dark Paradise: Opiate Addiction in America Before 1940 (Cambridge: Harvard University Press, 1982)

Courtwright, David, Herman Joseph and Don Des Jarlais Addicts who Survived: An Oral History of Narcotic Use in America, 1923-1965 (Knoxville: University of Tennessee Press, 1989)

Creese, Gillian "Exclusion or Solidarity? Vancouver Workers Confront the 'Oriental Problem'" BC Studies 80 (Winter 1988-89): 24-51

- Dai, Bingham Opium Addiction in Chicago (Montclair N.J.: Patterson Smith, 1970)
- Dawson, Michael "'That Nice Red Coat Goes to My Head Like Champagne:' Gender, Antimodernism and the Mountie Image 1880-1960" Journal of Canadian Studies 1997 32(3): 119-139
- Dehli, Kari "They rule by sympathy: The feminization of pedagogy" Canadian Journal of Sociology 19(2) 1994: 195-216
- Dubinsky, Karen Improper Advances: Rape and Heterosexual Conflict in Ontario, 1880-1929 (Chicago: University of Chicago Press, 1993)
- Dubois, Ellen Carol and Vicki L. Ruiz Unequal Sisters: A Multicultural Reader in U.S. Women's History (New York: Routledge, 1990)
- Duffin, Jacalyn "The Guru and the Godfather: Henry Sigerist, Hugh MacLean, and the Politics of Health Care Reform in 1940s Canada" Canadian Bulletin of Medical History 9 1992: 191-218
- Ehrenreich, John The Altruistic Imagination: A History of Social Work and Social Policy in the United States (Ithaca: Cornell University Press, 1985)
- Erickson, Patricia G. ed. "Harm Reduction – A Special Issue" Substance Use and Misuse 34(1) 1999
- Erickson, Patricia G. and Alexander, Bruce "Cocaine and Addictive Liability" Social Pharmacology 3(3): 249-270
- Erickson, Patricia G.; Diane N. Riley; Yuet Cheung and Patrick W. O'Hare Harm Reduction: A new direction for drug policies and programs (Toronto: University of Toronto Press, 1997)
- Ericson, Richard Reproducing Order (Toronto: University of Toronto Press, 1982)
- Ericson, Richard and Kevin D. Haggerty Policing the Risk Society (Toronto: University of Toronto Press, 1997)
- Faderman, Lillian Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth Century America (New York: Penguin, 1992) First Published 1991
- Faupel, Charles Shooting Dope: Career Patterns of Hard-Core Heroin Users (Gainesville: University of Florida Press, 1991)
- Finkel, Alvin and Margaret Conrad with Veronica Strong-Boag History of the Canadian Peoples Vol II: 1867 to the Present (Don Mills: Copp Clark, 1998)

Fiske, John Understanding Popular Culture (Boston: Unwin Hyman, 1989)

Foucault, Michel The History of Sexuality Vol 1 (New York: Vintage Books, 1990) First published 1978: 90

Francis, R. Douglas, Richard Jones, Richard and Donald B. Smith Destinies: Canadian History Since Confederation (Toronto: Harcourt Brace, 1996)

Fraser, Nancy "Foucault on Modern Power: Empirical Insights and Normative Confusions" in Stuart Henry ed. Social Control: Aspects of Non-state Justice (Aldershot: Dartmouth Publishing Company, 1994)

Garland, David Punishment and Modern Society (Oxford: Clarendon Press, 1990)

Genovese, Eugene D Roll, Jordan Roll: The World the Slaves Made (New York: Vintage Books, 1972)

Gidney, R.D. and W.P.J. Millar Professional Gentleman: The Professions in 19th Century Ontario (Toronto: University of Toronto Press, 1994)

Giffen, P.J. Shirley Endicott, and Sylvia Lambert Panic and Indifference: the Politics of Canada's Drug Laws (Ottawa: Canadian Centre on Substance Abuse, 1991).

Gleason, Mona "Psychology and the Construction of the 'Normal' Family in Postwar Canada 1945-1960 Canadian Historical Review 78(3) September 1997: 442-477

Gleason, Mona Psychology: Schooling and the Family in Postwar Canada (Toronto: University of Toronto Press, 1999)

Golz, Annalee "'If a Man's Wife Does Not Obey Him, What Can He Do?: Marital Breakdown and Wife Abuse in Late Nineteenth and Early Twentieth Century Ontario in Susan Binnie and Louis Knafla eds. Law, State and Society: Essays in Modern Legal History (Toronto: University of Toronto, 1995),

Golz, Annalee "Uncovering and Reconstructing Family Violence: Ontario Criminal Case Files" in Franca Iacovetta and Wendy Mitchinson eds. On the Case: Explorations in Social History (Toronto: University of Toronto Press, 1998)

Goode, Erich and Nachman Ben-Yehuda Moral Panics: The Social Construction of Deviance (Oxford: Blackwell, 1994)

Gordon, Linda "Family Violence, Feminism and Social Control" Feminist Studies 12(3) Fall 1986: 452-78

Gordon, Linda Heroes of their Own Lives: The Politics and History of Family Violence

(New York: Penguin Books, 1988)

Gould, Stephen J. The Flamingo's Smile: Reflections in Natural History (New York: W.W. Norton and Company, 1985)

Green, Melvyn "A History of Canadian Narcotics Control: The Formative Years"
University of Toronto Faculty of Law Review 37 (1979): 42-80

Gregson, Harry A History of Victoria 1842-1970 (Victoria: Victoria Observer Publishing, 1970)

Grob, Gerald From Asylum to Community: Mental Health Policy in Modern America (Princeton: Princeton University Press, 1991)

Hagan, John and Bill McCarthy Mean Streets: Youth Crime and Homelessness (Cambridge: Cambridge University Press, 1997)

Hale, Grace Elizabeth Making Whiteness: the culture of segregation in the South 1890-1940 (New York: Pantheon Books, 1998)

Hall, Stuart; Chas Critcher; Tony Jefferson, John Clarke and Brian Roberts Policing the Crisis: Mugging, the State, and Law and Order (London: Macmillan, 1978)

Halperin, David Saint=Foucault: Towards a Gay Hagiography (Oxford: Oxford University Press, 1994)

Hanson, Bill et al eds Life with Heroin: Voices from the Inner City (Lexington: D.C. Heath and Company, 1985)

Hathaway, Andrew D. "Marijuana and lifestyle: Exploring tolerable deviance" Deviant Behavior: An Interdisciplinary Journal 18 1997: 213-232

Hebdige, Dick Subculture: The Meaning of Style (London and New York: Methuen and Company, 1979)

Howell, Colin "Elite Doctors and the Development of Scientific Medicine: the Halifax Medical Establishment and Nineteenth Century Medical Professionalism" in Charles G. Roland ed. Health, Disease and Medicine: Essays in Canadian History (Toronto: University of Toronto Press, 1983): 105-123

Howell, Colin "Medical Proessionalization and the Social Transformation of the Maritimes, 1850-1950" Journal of Canadian Studies 27 (Spring 1992): 5-20

Howell, Colin Northern Sandlots (Toronto: University of Toronto Press, 1995)

Howell, Colin "Reform and the Monopolistic Impulse: The Professionalization of

Medicine in the Maritimes” Acadiensis 11(1) Autumn 1981: 3-22

Hunt, Alan Governing Morals: A Social History of Moral Regulation (Cambridge: Cambridge University Press, 1999)

Hunt, Arnold “‘Moral Panic’ and moral language in the Media” British Journal of Sociology 48(4) December 1997: 629-648

Iacovetta, Franca “Gossip, Contest and Power in the Making of Suburban Bad Girls: Toronto, 1945-1960” Canadian Historical Review 80(4) December 1999: 585-623

Iacovetta, Franca “Making ‘New Canadians’: Social Workers, Women and the Reshaping of Immigrant Families” in Franca Iacovetta and Mariana Valverde eds. Gender Conflicts (Toronto: University of Toronto Press, 1992): 261-303

Iacovetta Franca Such Hardworking People: Italian Immigrants in Postwar Toronto (Montreal and Kingston: McGill-Queen’s University Press, 1992)

Iacovetta, Franca and Wendy Mitchinson On the Case: Explorations in Social History (Toronto: University of Toronto Press, 1998)

Ife, Jim Rethinking Social Work (Lance Cove, New Wales: Addison Wesley Longman, 1996)

Inciardi, James A. The War on Drugs (Palo Alto: Mayfield Publishing Company, 1986)

Johnson, Bruce et al eds Taking Care of Business: The Economics of Crime by Heroin Abusers (Lexington: D.C. Heath and Compnay, 1985),

Kaminer, Wendy I’m Dysfunctional, You’re Dysfunctional (Reading Mass: Addison-Wesley, 1992),

Katz, Michael Improving Poor People: The Welfare State, the “Underclass” and Urban Schools as History (Princeton N.J.: Princeton University Press, 1995)

Kealey, Gregory and Reg Whitaker eds. RCMP Security Bulletins: The War Series (St. John’s Newfoundland: Canadian Committee on Labour History, 1989)

Kealey, Gregory and Reg Whitaker eds. RCMP Security Bulletins: The Depression Years (St. John’s Newfoundland: Canadian Committee on Labour History, 1993)

Kealey, Gregory and Reg Whitaker eds. RCMP Security Bulletins: the Early Years 1919-1929 (St. John’s Newfoundland: Canadian Committee on Labour History, 1994)

Kelley, Robin Race Rebels: Culture, Politics and the Black Working Class (New York: Free Press, 1994)

- Kelley, Robin D.G. Yo' Mama's Disfunktional: Fighting the Culture Wars in Urban America (Boston: Beacon Press, 1997)
- Kennedy, Elizabeth Lapovsky and Madeline Davis Boots of Leather, Slippers of Gold: The History of a Lesbian Community (New York: Penguin Books, 1993)
- Kerr, Robert B. History of the Medical Council of Canada (Ottawa: The Medical Council of Canada, 1979)
- Kinsman, Gary "'Character Weakness' and 'Fruit Machines': Towards an Analysis of the Anti-Homosexual Security Campaign in the Canadian Civil Service Labour/Le Travail 35 (Spring 1995): 133-161
- Kinsman, Gary The Regulation of Desire: Sexuality in Canada (Montreal: Black Rose Books, 1987)
- Kleinman, Mark A.R. Against Excess: A Drug Policy for Results (New York: Basic Books, 1992)
- Kleiman, Mark A.R. and Smith, Kerry D. "State and Local Drug Enforcement: In Search of a Strategy" in Michael Tonry and James Q. Wilson eds. Drugs and Crime (Chicago: University of Chicago Press, 1990): 69-108
- Kohn, Marek Dope Girls: The Birth of the British Drug Underground (London: Lawrence and Wishart, 1992)
- Kosofsky, Eve Sedgwick "Epidemics of the Will" in Tendencies (Durham: Duke University Press, 1993): 130-142
- Ladd-Taylor, Molly Mother-Work: Women, Child Welfare and the State, 1890-1930 (Urbana and Chicago: University of Illinois Press, 1994)
- Lart, Rachel "Medical Power/Knowledge: The Treatment and Control of Drugs and Drug Users" in Ross Coomber ed. The Control of Drugs and Drug Users: Reason or Reaction? (Amsterdam: Harwood Academic Publishers, 1998)
- Lears, Jackson Fables of Abundance: A Cultural History of Advertising in America (New York: Basic Books, 1994)
- Leavitt, Judith Walzer The Healthiest City: Milwaukee and the Politics and Health Reform (Princeton: Princeton University Press, 1982)
- Lerner, Barron H Contagion and Confinement: Controlling Tuberculosis along the Skid Road (Baltimore: John Hopkins University Press, 1998)

- Levine, Harry Gene "The Discovery of Addiction: Changing Conceptions of Habitual Drunkenness in America" Journal of Studies on Alcohol 39(1) 1978
- Lewis, D. Sclater The Royal College of Physicians and Surgeons of Canada 1920-1960 (Montreal: McGill University Press, 1962)
- Li, Peter S. The Chinese in Canada (Toronto: Oxford University Press, 1988)
- Little, Margaret No Car, No Radio, No Liquor Permit: The Moral Regulation of Single Mothers in Ontario 1920-1997 (Toronto: Oxford University Press, 1998)
- MacDermot, H.E. History of the Canadian Medical Association Vol II (Toronto: Murray Printing and Gravure, 1958)
- Macdonald, Ian and O'Keefe, Betty The Mulligan Affair: Top Cop on the Take (Surrey: Heritage House Publishing Company, 1997)
- MacLeod, R.C. "The RCMP and the Evolution of Provincial Policing" in R.C. MacLeod and David Schneiderman eds. Police Powers in Canada: The Evolution and Practice of Authority (Toronto: University of Toronto Press, 1994): 44-56
- Malik, Kenan The Meaning of Race: Race, History and Culture in Western Society (London: Macmillan, 1996).
- Malleck, Dan "'It's baneful influences are too well known': Debates over drug use in Canada, 1867-1908" Canadian Bulletin of Medical History 14(1997): 263-88
- Mander, Christine Emily Murphy: Rebel (Toronto: Simon and Pierre, 1985)
- Manning, Peter The Narc's Game: Organizational and Informational Limits on Drug Law Enforcement (Cambridge MA, The MIT Press, 1980)
- Manning, Peter K. and Lawrence John Redlinger "Working Bases for Corruption: Organizational Ambiguities and Narcotics Law Enforcement in Arnold Trebach ed. Drugs, Crime and Politics (New York; Praeger, 1978): 60-89
- Markalek, Victor Merchants of Misery (Toronto: Macmillan, 1989)
- Marquis, Greg "The police as a social service in early 20th Century Toronto" Social History/Histoire Sociale 1992 25(5): 335-358
- Marquis, Greg Policing Canada's Century: A History of the Chief Constables' Association of Canada (Toronto: University of Toronto Press, 1993)
- Marquis, Greg "Police Unionism in early 20th Century Toronto" Ontario History 1989 81(2): 109-28

Marquis, Greg "The technology of professionalism: the identification of criminals in early 20th Century Canada" Criminal Justice History 1994 15: 165-88

Marquis, Greg "Towards a Canadian Police Historiography" in Louis A. Knafla and W.S. Binnie Law Society and the State: Essays in Modern Legal History (Toronto: University of Toronto Press, 1995): 477-496

Marquis, Greg "Vancouver Vice: The Police and the Negotiation of Morality, 1904-1935" Hammer Foster and John McLaren eds. Essays in the History of Canadian Law: British Columbia and the Yukon (Toronto: University of Toronto Press, 1995)

Marquis, Greg "Working Men in Uniform: The early 20th Century Toronto Police" Social History/Histoire Sociale 1987 20(40): 259-77

May, Elaine Tyler Homeward Bound: The American Family in the Cold-War Era (New York: Basic Books, 1988)

May, Herbert A. "The International Control of Narcotic Drugs" International Conciliation 441 (May 1948): 324-333

Maynard, Steven "Through a Hole in the Lavatory Wall: Homosexual Subcultures, Police Surveillance and the Dialectics of Discover, Toronto, 1890-1930" Journal of the History of Sexuality 1994 5(2): 207-242

McAllister, William B. Drug Diplomacy in the Twentieth Century (London and New York: Routledge, 2000)

McConnell, R.W. Masculinities (Berkeley: University of California Press, 1995)

McLaren, Angus Our Own Master Race (Toronto: McClelland and Stewart, 1990)

McNab, Elizabeth A Legal History of Health Professions in Ontario (Toronto: A Study for the Committee on the Healing Arts, 1970)

McRobbie A. and S. Thornton "Rethinking 'moral panic' for multi-medicated social worlds," British Journal of Sociology 46 (1995): 559-574

McWilliams, John C. The protectors: Harry J. Anslinger and the Federal Bureau of Narcotics, 1930-1962 (Newark: Univ. of Delaware Press ; London: Ass. Univ.Presses, 1990)

Miles, Robert Racism after 'race relations' (London: Routledge, 1993)

Miller, J.R. Skyscrapers Hide the Heavens: a history of Indian-White relations in Canada (Toronto: University of Toronto Press, 1989)

Mitchell, Timothy "Everyday Metaphors of Power" Theory and Society 19 (1990): 545-577

Moore, Mark Harrison Buy and Bust: the effective regulation of an illicit market in Heroin (Lexington MA: Lexington Books, 1977)

Morgan, H. Wayne Drugs in America: A Social History (Syracuse: Syracuse University Press, 1981)

Morrison, Alexander B. "Regulatory Control of the Canadian Government over the Manufacturing, Distribution and Prescribing of Psychotropic Drugs" in Ruth Cooperstock ed. Social Aspects of the Medical Use of Psychotropic Drugs (Toronto: Alcoholism and Drug Addiction Research Foundation of Ontario, 1974)

Mosher, Clayton Discrimination and Denial: Systemic Racism in Ontario's Legal and Criminal Justice System, 1920-1961 (Toronto: University of Toronto Press, 1998):

Mosher, Clayton and John Hagan "Constituting Class and Crime in Upper Canada: The Sentencing of Narcotics Offenders, circa 1908-1953" Social Forces 72(3) March 1994: 626-629

Mullally, Bob Structural Social Work: Ideology, Theory and Practice 2nd Edition (Toronto: University of Toronto Press, 1997)

Murray, G.F. "Cocaine Use in the Era of Social Reform: the Natural History of a Social Problem in Canada, 1880-1911" Canadian Journal of Law and Society 2(1987): 29-43

Musto, David The American Disease: The Origins of Narcotic Control (New Haven: Yale University Press, 1973)

Myers, Tamara "Women Policing Women: A Patrol Woman in Montreal in the 1910s" Journal of the Canadian Historical Association 1993 4: 229-245

National Film Board of Canada "Forbidden Love: The unashamed stories of Lesbian Lives" 1992

Naylor, David "The CMA's First Code of Ethics: Medical Morality or Borrowed Ideology?" Journal of Canadian Studies 17(4) (Winter 1982-3): 20-32

Naylor, David Private Practice, Public Payment: Canadian Medicine and the Politics of Health Insurance 1911-1966 (Montreal and Kingston: McGill Queens University Press, 1986)

Naylor, David "Rural Protest and Medical Professionalism in Turn of the Century Ontario" Journal of Canadian Studies 21(1) (Spring 1986): 5-20

Newman, R.K. "Opium Smoking in Late Imperial China: A Reconsideration" Modern Asian Studies 29 (4) 1995: 765-794

Orford, Jim Excessive Appetites: A Psychological View of Addictions (Chichester: John Wiley and Sons, 1985)

Palmer, Bryan Working-Class Experience: Rethinking the History of Canadian Labour 1800-1991 (Toronto: McClelland and Stewart, 1992).

Parr, Joy Domestic Goods: The Material, the Moral and the Economic in the Postwar Years (Toronto: University of Toronto Press, 1999)

Parr, Joy ed. A Diversity of Women, Ontario 1945-1980 (Toronto: University of Toronto Press, 1995),

Parssinen, Terry Secret Passions, Secret Remedies: Narcotic Drugs in British Society 1820-1930 (Philadelphia: Institute for the Study of Human Issues, 1983)

Pearson, Geoffrey Hooligan: A History of Respectable Fears (London: MacMillan Press, 1983)

Peele, Stanton Diseasing of America: Addiction Treatment out of Control (Lexington MA: D.C. Heath, 1989)

Peters, Dolores "The British Response to Opiate Addiction in the 19th Century" Journal of the History of Medicine 36 (October 1981): 455-487.

Phillips, Sandra S. Police Pictures: The Photograph as Evidence (San Francisco: The San Francisco Museum of Modern Art, 1997)

Pon, Madge "Like a Chinese Puzzle: Constructions of Chinese Masculinity in Jack Canuck" Gender and History in Canada eds. Joy Parr and Mark Rosenthal (Toronto: McClelland and Stewart, 1996): 88-100

Preble, Edward and John Casey Jr. "Taking Care of Business – The Heroin User's Life on the Street" The International Journal of the Addictions 4(1): 1969: 1-24

Rapping, Elayne The Culture of Recovery: Making Sense of the Self-Help Movement in Women's Lives (Boston: Beacon Press, 1996)

Reagan, Leslie When Abortion was a Crime: Women, Medicine, and Law in the United States, 1867-1973 (Berkeley: University of California Press, 1997)

Reins, T.O. "Reform, Nationalism and Internationalism: The Opium Suppression Movement in China" Modern Asian Studies 25(1) 1991: 101-42

- Rice, John Steadman A Disease of One's Own: Psychotherapy, Addiciton and the Emergence of Co-Dependency (New Brunswick, NJ, Transaction Publishers, 1996)
- Robins, L.N.; D.H. Davis and D.W. Goodwin "Drug Use by US Army enlisted men in Vietnam: a follow up on their return home" American Journal of Epidemiology 99: 235-249
- Robinson, Daniel J. and David Kimmel "The Queer Career of Homosexual Security Vetting in Cold War Canada in Joy Parr and Mark Rosenthal eds. Gender and History in Canada (Toronto: Copp Clark Ltd, 1996)
- Roediger, David The Wages of Whiteness: Race and the Making of the American Working Class (London: Verso, 1991)
- Rose, Nikolas Inventing Our Selves: Psychology, Power, and Personhood (Cambridge: Cambridge University Press, 1998)
- Rose, Nikolas Governing the Soul: Shaping of the Private Self (London: Routledge, 1990)
- Ross, Becki "Destaining the (Tattooed) Delinquent Body: The Practices of Moral Regulation at Toronto's Street Haven, 1965-1969" Journal of the History of Sexuality 7(4) 1997: 561-595
- Roy, Patricia A White Man's Province (Vancouver: University of British Columbia Press, 1989)
- Rutherford, Robert "Fatherhood and the Social Construction of Memory: Breadwinning and Male Parenting on a Job Frontier, 1945-1966" in Joy Parr and Mark Rosenthal eds Gender and History in Canada (Toronto: Copp Clark Ltd, 1996)
- Sanchez, George S. Becoming Mexican American: Ethnicity, Culture and Identity in Chicano Los Angeles, 1900-1945 (New York: Oxford University Press, 1993)
- Sangster, Joan "Criminalizing the Colonized: Ontario Native Women Confront the Criminal Justice System, 1920-1960" Canadian Historical Review 80(1) March 1999: 32-60
- Sangster, Joan Earning Respect: The Lives of Working Women in Small-Town Ontario 1920-1960 (Toronto: University of Toronto Press, 1995)
- Satzewich, Vic Racism and the Incorporation of Foreign Labour: Farm Labour Migration to Canada since 1945 (London and New York: Routledge, 1991)
- Sanders, Byrne Hope Emily Murphy: Crusader (Toronto: Macmillan Company of

Canada, Ltd., 1945)

Schneider, Eric C. Vampires, Dragons and Egyptian Kings: Youth Gangs in Postwar New York (Princeton: Princeton University Press, 1999)

Scott, James C. Domination and the Arts of Resistance: Hidden Transcripts (New Haven Conn: Yale University Press, 1990)

Scott, Joan "Book Review" Heroes of their Own Lives: The Politics and History of Family Violence by Linda Gordon (New York: Viking, 1988) and Gordon, Linda "Book Review" Gender and the Politics of History (New York: Columbia University Press, 1988) both in Signs 15(4) Summer 1990: 848-860

Scott, Joan Gender and the Politics of History (New York: Columbia University Press, 1988)

Sharp, Elaine B. The Dilemma of Drug Policy (New York: Harper Collins College Publishers, 1994): 109-130

Shortt, S.E.D. "Physicians, Science and Status: Issues in the Professionalization of Anglo-American Medicine in the 19th Century" Medical History 27(1) 1983: 51-68

Small, Shirley "Canadian Narcotics Legislation, 1908-1923: A Conflict Model Interpretation" in William K Greenaway and Stephen L. Brickley eds. Law and Social Control in Canada (Scarborough: Prentice Hall of Canada, 1978): 28-42

Solomon, R. and Green, M. "The First Century: The History of Nonmedical Opiate Use and Control Policies in Canada, 1870-1970" Illicit Drugs in Canada: A Risky Business (Scarborough: Nelson Canada, 1988): 88-117

Starr, Paul The Transformation of American Medicine (New York: Basic Books, 1982)

Stoddart, Kenneth "The Enforcement of Narcotics Violations in a Canadian City: Heroin Users' Perspectives on the Production of Official Statistics" Canadian Journal of Criminology 24(4): 425-438

Strange, Carolyn Toronto's Girl Problem: The Perils and Pleasures of the City, 1880-1930 (Toronto: University of Toronto Press, 1995)

Starkin, Edward Who Killed Janet Smith ? (Toronto: MacMillan, 1984)

Stein, S.D. International Diplomacy, State Administrators and Narcotics Control: The Origins of a Social Problem (Aldershot, Hampshire, England: Published for the London School and Economics and Political Science by Gower, 1985)

Stevens, Richard The Street Addict Role: A Theory of Heroin Addiction (New York:

State University of New York Press, 1991)

Stolerman, Ian "Drugs of abuse: behavioural principles, methods and terms" TIPS Reviews May 1992 (13): 170-176

Stroud, Charles The Blue Wall: Street Cops in Canada (Toronto: McClelland and Stewart, 1983)

Struthers, James The Limits of Affluence: Welfare in Ontario, 1920-1970 (Toronto: University of Toronto Press, 1994)

Sutter, Alan "Worlds of Drug Use on the Street Scene" in Donald R. Cressey and David A. Ward eds. Delinquency, Crime and Social Process (New York: Harper and Row, 1969): 802-829

Swann, Joe A Century of Service: The Vancouver Police 1886-1986 (Vancouver: Vancouver Police Historical Society, 1986)

Takaki, Ronald "Race as a Site of Discipline and Punish" in Garry Y. Okihiro et al eds. Privileging Positions: The Sites of Asian American Studies (Washington: Washington State University Press, 1995)

Takaki, Ronald Strangers From a Different Shore (New York: Penguin Books, 1989)

Talbot, C.K.; C.H.S. Jayewardene and T.J. Juliana Canada's Constables: the Historical Development of Policing in Canada (Ottawa: Crimcare Inc, 1985)

Taylor, Arnold H American diplomacy and the narcotics traffic, 1900-1939 : A study in international humanitarian reform (Durham, N.C: Duke University Press, 1969)

Taylor, Malcolm G. Health Insurance and Canadian Public Policy: The Seven Decisions that Created Canada's Health Insurance System and their Outcomes 2nd ed. (Kingston and Montreal: McGill-Queen's University Press, 1987)

Thompson , E.P The Making of the English Working Class (London: Penguin, 1991 First edition 1963)

Thompson, E.P. "The Moral Economy of the English Crowd" Past and Present 50 (1971): 76-136

Tonry, Michael and James Qu. Wilson eds. Drugs and Crime (Chicago: University of Chicago Press, 1990)

Trasov, G.E. "History of Opium and Narcotic Drug Legislation in Canada" Criminal Law Quarterly 4 (1961-62): 274-284

Uchida, Craig D. and Brian Forst "Controlling Street-Level Drug Trafficking: Professional and Community Policing Approaches" in Doris Layton MacKenzie and Craig D. Uchida eds. Drugs and Crime: Evaluating Public Policy Initiatives (Thousand Oaks: Sage Publications, 1994): 77-94

Valverde, Mariana Diseases of the Will: Alcohol and the Dilemmas of Freedom (Cambridge: Cambridge University Press, 1998)

Valverde, Mariana ed. Studies in Moral Regulation (Toronto: Centre of Criminology and Canadian Journal of Sociology, 1994)

Walden, Keith Visions of Order (Toronto: Butterworths, 1982)

Waldorf, Dan "Natural recovery from heroin addiction: a review of the incidence literature" The Journal of Drug Issues 11(1): 281-289

Waldorf, Dan "Natural Recovery from Opiate Addiction: Some Social-Psychological Processes of Untreated Recover" Journal of Drug Issues Spring 1983: 237-280

Waldorf, Dan; Craig Reinerman and Sheigla Murphy Cocaine Changes: The Experience of Using and Quitting (Philadelphia: Temple University Press, 1991)

Walker, William O. Drug Control in the Americas (Albuquerque: University of New Mexico Press, 1989)

Ward, Peter White Canada Forever (Montreal and Kingston: McGill-Queen's University press, 1978)

Warsh, Cheryl Krasnick Moments of Unreason: The Practice of Canadian Psychiatry and the Homewood Retreat 1883-1923 (Montreal and Kingston: McGill-Queen's University Press, 1989)

Warsh, Cheryl Krasnick "Stephen Lett" The Canadian Encyclopedia 2nd Edition (Edmonton: Hurtig Publishers, 1988)

Weaver, John Crime, Constables and Courts: Order and Transgression in a Canadian City, 1816-1970 (Montreal and Kingston: McGill-Queen's University Press, 1995),

Whitaker, Reginald and Gary Marcuse Cold War Canada: The Making of a National Insecurity State, 1945-57 (Toronto: University of Toronto Press, 1994)

Wickberg, Edgar et al From China to Canada: A History of the Chinese Communities in Canada (Toronto: McClelland and Stewart, 1982)

Wills, Gale A Marriage of Convenience: Business and Social Work in Toronto 1918-1957 (Toronto: University of Toronto Press, 1995)

White, William L. Slaying the Dragon: The History of Addiction Treatment (Bloomington: Chesnut Health Systems, 1998)

Worden, Robert E.; Timothy S. Bynum and James Frank "Police Crackdowns on Drug Abuse and Trafficking" in Doris Layton MacKenzie and Craig D. Uchida eds. Drugs and Crime: Evaluating Public Policy Initiatives (Thousand Oaks: Sage Publications, 1994)

Yee, Paul Saltwater City: An Illustrated History of the Chinese in Vancouver (Vancouver: Douglas and McIntyre, 1988)

Zinberg, Norman Drug, Set and Setting: The Basis of Controlled Intoxicant Use (New Haven: Yale University Press, 1994)

Unpublished Papers and Dissertations

Chenier, Elise "Tough Ladies and Troublemakers MA Thesis Queen's University, 1995

Crabb, Leona S. "Minor Tranquilizing drugs and the medicalization of everyday life in English-speaking Canada, 1945-1962" PhD Dissertation, University of Ottawa, 1994

de Lint, Wilhelm "Shaping the Subject of Policing: Autonomy, Regulation and the Police Constable" PhD Dissertation, University of Toronto, 1997

Graham, John "A History of the University of Toronto School of Social Work" PhD Dissertation Social Work, University of Toronto, 1996

Hewitt, Steve "'Old Myths Die Hard': The Transformation of the Mounted Police in Alberta and Saskatchewan 1914-1939 PhD Dissertation: University of Saskatoon, 1997

Hewitt, Steve "The RCMP's War on Drugs: The Early Years 1920-1939" (Unpublished Paper)

Malleck, Dan "Refining Poison, Defining Power: Medical authority and the Creation of Canadian Drug Prohibition Laws, 1800-1908" PhD Dissertation, Queen's University, 1998

McGinnis, Janice Dickin "From Health to Welfare: Federal Government Policies Regarding Standards of Public Health for Canadians, 1919-1945" PhD Thesis, University of Alberta, 1980

Mosher, Clayton "The Legal Response to Narcotic Drugs in Five Ontario Cities, 1908-1961" PhD Dissertation (1992) University of Toronto.

Park, Deborah C. "From the Case Files: A History of Involuntary Sterilization" presented at the Research in Progress Seminar, Queen St. Mental Health Centre, Toronto June 11,

1998

Room, Robin "Governing Images of Alcohol and Drug Problems: The Structure, Sources and Sequels of Conceptualizations of Intractable Problems" PhD Dissertation, University of California, Berkely, 1978