

A BLACK SPOT ON THE NARCOTICS MAP  
DRUG POLICY IN TWENTIETH CENTURY  
MONTANA

by

Kathryn Kohn McLain

A dissertation submitted in partial fulfillment  
of the requirements for the degree

of

Doctor of Philosophy

in

History

MONTANA STATE UNIVERSITY  
Bozeman, Montana

May 2024

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DEDICATION

For Andrew, Lindsey, and Tripp

## ACKNOWLEDGEMENTS

I would not have started or finished this dissertation without the support of my husband, Andrew. I am forever thankful he appreciates lifelong education as much as I do. My kids, Lindsey and Tripp, came to class with me, helped me grade papers, traveled with me for conferences, and trekked along on research trips to the archives. My Dad and stepmom, my in-laws, my sisters, and extended family all cheered me on along the way.

Dr. Molly Todd has been a truly wonderful doctoral committee advisor, committed beyond belief and encouraging our “Equipo PhD” to keep going through the tough times. The individuals on my dissertation committee, Dr. Amanda Hendrix-Komoto, Dr. Bridget Kevane, and Dr. Brett Walker were mentors in teaching, researching, and writing. I started this program with a cohort of brilliant minds – Jacey Anderson, Micah Chang, and Kirke Elsass – you’ve all been more than one could ask for in colleagues. Our writing group of this crew and Jen Dunn, Casey Pallister, and Jill Falcon Mackin were there in the early days of terrible first drafts. Savannah Apedaile offered wonderful editing assistance in dire moments. Finally, an extra thank you to Jacey Anderson, who paralleled me in this journey and was a dear friend throughout.

The wonderful staff at the Montana Historical Society Research Center got me in during the craziest days of Covid and before a massive remodel. Thank you to the Charles Redd Center for Western Studies, the Ivan Doig Center, the Department of History and Philosophy, the MSU Graduate School, Women in Western History coalition, and the Alcohol and Drug History Society for supporting me with funding over the years. Finally, Ellen Baumler met me in her darling office on Reeder’s Alley in early days and I am forever grateful for her telling me to keep digging. She was a beacon in the Montana history community, and we will miss her.

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## ABSTRACT

This research examines cycles of drug policy from the federal down to the local level in Montana. I show how drug policy, and the people and organizations that influence that policy, are part of a broader historical and geographical process. If drug use and drug policy are cyclical, as so many policy makers point out, then using a historical methodology to examine them can offer stronger and more nuanced policy analysis. This scholarship is important in understanding past practices to improve our future relationship with drugs in our communities. Specific case studies show the influence of women's clubs on public opinion and policy in Montana in the 1930s. I unpack the long history of methamphetamine leading to the rise of a graphic prevention campaign in Montana at the turn of the twenty-first century. This work addresses the intersections of federal and local drug policies, drawing on professional expertise from my work with the federal government as well as my scholarly research in the field.

## PREFACE

## TWENTY-FIRST CENTURY SNAPSHOTS

Mount Hood, Oregon

In late 2006, I found myself touring the communities around Mount Hood, Oregon, from the passenger seat of a police car. I was there to see the work of local law enforcement, city officials, and community organizations in combating Part I crimes: aggravated assaults, robberies, and homicides. My office in the U.S. Department of Justice oversaw grant funding in what was supposed to be more of a strategy rather than a program: to weed out violent crime and drug dealing in a community and to seed in drug interventions and neighborhood revitalization. As the grants program officer, it was my job to see that grant dollars were going to the appropriate programming to tackle these problems. For this rural space outside of Portland, that meant combating the creation, trafficking, and consumption of methamphetamine (“meth.”)

The area of Mount Hood was not the typical community I was used to visiting for this program. Many of the Weed and Seed sites, as they were known, were in highly populated urban areas across the U.S. The area we drove around was wooded, quiet, and high up in the mountains. Houses were spread out and tucked back off the main road. Some of these houses, the officer told me, he suspected of being meth labs. We stopped at one such house while the officer hopped out and checked the electricity meter. He said high electric use often went together with home labs, but it was difficult to get warrants to enter homes or even to be on the property—his peeking at the meter was something I should not mention in my report, he said. I said nothing, but sat nervously while we drove on.

The police officer went on to describe the effects of the recently passed state law that required a prescription for medicines like Sudafed that contained pseudoephedrine. When cooked with other ingredients, such as paint thinner or battery acid, pseudoephedrine becomes a highly addictive stimulant. The chemicals involved in its production bind to the carpet and walls of homes, are harmful to breathe in, and costly to remove. Placing Sudafed behind the counter at pharmacies was an attempt to limit the production of meth in home labs, but many of these home labs still remained, as did the demand for meth by users. The demand for meth had not gone away just because the drug was harder to make at home. In this case, entrepreneur drug traffickers saw an opportunity to meet the continued demand in Oregon by bringing it in from other places.

#### Sonsonate, El Salvador

In the spring of 2010, I walked into the Izalco prison outside the town of Sonsonate, El Salvador with a brave face, but a pit in my stomach. I was nervous and truthfully scared. My colleague Xixala and I were there on behalf of the U.S. State Department as part of a monitoring visit to see the consequences of U.S. foreign assistance aid on a prison reform program. The all-men's prison, made up of MS-13 gang members, was a far cry from the high-security prisons at home. Our office in the Bureau of International Narcotics and Law Enforcement Affairs funded efforts at improved security to lower contraband, including drugs and cell phones, from going into this prison. While the gangs in El Salvador participated in some local drug dealing and trafficking, at the time they were primarily serving jail time for violent acts and extortion against local businesses. The prison program we funded helped Izalco staff develop a prisoner classification system and standard operating procedures. Controls to limit drugs going into the

prison were part of this process.

Our Embassy colleague, a local Salvadoran, wore a hat and glasses so he would not be recognized by the tattooed gang members scattered throughout the facility. He did not want his family targeted for his work with the American government against gang members. As the prison warden walked us into the open-air hallway that looked down on the prison yard, the catcalling and whistling began. Two American women in this space were unheard of. “They are signaling your arrival,” the Warden told us with a smile. “That way those in confinement know what is going on. The different whistles have different messages, like their own language.”

### Helena, Montana

In 2018, I sat in the comfort of my office in Helena, Montana researching child removal numbers across Montana due to substance use. I found that in 2010, there were more than 800 children in foster care statewide because of neglect stemming from parental substance abuse. By April 2018, that number had doubled to more than 1,600. Methamphetamine was the primary drug for families arrested for child abuse and neglect across Montana at that time. Katie Loveland’s research for the Department of Public Health and Human Services Strategic Plan showed that compared to other states, Montana had the highest percentage of children living in a home with someone with alcohol or drug problems at nineteen percent.<sup>1</sup>

All this research went into a grant application I was writing for the development of a family treatment court in the Flathead Valley. We argued that a family drug court would improve

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<sup>1</sup> Montana Department of Health and Human Services Strategic Plan, “Preventing Child Abuse and Neglect,” 2018, <https://leg.mt.gov/content/Committees/Interim/2017-2018/Children-Family/Meetings/Sept-2018/sept2018-child-abuse-prevention-strategic-plan.pdf>.

the rates of reunification, help parents enter recovery, become sober, and care properly for their children. The county did not have any sort of drug court at that time and those behind this one pitched that the family drug court model supported and encouraged a healthy parent-child relationship while keeping the parent accountable for addressing their substance use and other treatment needs.

### Bozeman, Montana

In February 2024, I sat watching my son's hockey game in a freezing ice rink in Bozeman, Montana. The mom next to me, a new friend I was just getting to know, asked about my research. In trying to keep things succinct, I told her that I was attempting to look at historical data to inform future efforts in drug policy. I went into my goal of not repeating the cycles of the past given our current crises of opioids and fentanyl and so much fear around overdose. I felt lucky, I told her, that I was able to do this research without my own personal trauma or exposure to addiction in an era where it felt all around us. It was very much around her, I soon found out. She opened up about the loss of her nephew to a fentanyl overdose last year and the devastation that hung over her family. His death was one of the 112,000 overdoses from fentanyl in the United States in 2023, according to the Centers for Disease Control and Prevention.<sup>2</sup>

I have taken you through these four places and times to exemplify the complex spaces around drugs and to highlight the challenges that come with regulating drugs in our society. The Mount Hood story provides an example of how changes in laws impact drug flows. On top of

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<sup>2</sup> FB Ahmad, JA Cisewski, LM Rossen, P. Sutton, "Provisional Drug Overdose Death Counts," National Center for Health Statistics, 2024.

tackling lingering home labs, federal and local law enforcement in Oregon struggled to stop new meth that was pouring in from Mexican labs. The term in drug policy circles for this constant chase of drug flows is the balloon effect or “whack a mole” like the arcade game of the same name. If you put pressure on the system in one spot to try and control it, it usually just moves the production or supply route to another spot. The El Salvador story is an example of the overlap of security and substance use. In a high security prison, contraband still finds its way inside as demand for substances remains high. The drug court story from Montana shows the link between public health and the justice sector. This constant blurring of policy spaces requires many minds at work to find solutions. Finally, the fentanyl story is a major struggle in our current moment in time. A drug that is easily produced, highly addictive, and widely circulated is an incredible challenge to manage. It is overwhelming our current systems.

These challenging environments show that drugs are all around us, but also that their management is far from simple. In my professional work and in my personal experience, I continued to ask the question of how best to manage drugs in our communities. My curiosity turned to an examination of what came before as a means of understanding how we arrived at our current policies and approaches.

## CHAPTER ONE

## DRUG POLICY FEEDBACK LOOP

As the United States geared up for another presidential race in 2024, voters across the country noted concerns around the drug fentanyl. The drug, once rarely used outside of hospital settings for pain management, had made the jump from medicinal use to one of abuse. Highly toxic and cheaply made, fentanyl was a policy maker's nightmare as it wreaked havoc across American communities. A Bloomberg News poll of 5,000 registered voters cited the drug's misuse as "very important" or "somewhat important" for 8 in 10 voters when deciding who to vote for in November. That figure was more than the number who cited abortion, climate change, labor issues, or wars in Ukraine and Gaza as issues of concern.<sup>1</sup> Drugs, and the war against them, was still very much top of mind for Americans.

What we think about drug users is not just dependent on who is using and what the drug is, but also on our historical understanding of drugs across our communities.<sup>2</sup> Previous drug history research across the twentieth century reveals a predictable pattern of drug crises in the U.S.—a cycle of panic and prohibition in which initial social enthusiasm for novel iterations of various drugs, is followed by caution, fear, and prohibition as the use of that drug is taken up by poor and marginalized communities. Likewise, as the failures of prohibition become obvious,

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<sup>1</sup> Riley Griffin, Tanaz Meghjani, and Katia Dmitrieva, "270,000 Overdose Deaths Thrust Fentanyl Into Heart of US Presidential Race," *Bloomberg.Com*, March, 2024.

<sup>2</sup> David Courtright argues in his work *Dark Paradise* that "what we think about addiction very much depends on who is addicted." David T. Courtwright, *Dark Paradise: Opiate Addiction in America Before 1940* (Cambridge: Harvard University Press, 1982.)

anti-drug attitudes soften, taboos weaken, drug use proliferates, and the pattern repeats.<sup>3</sup>

Together with a host of structural factors, including racism and inequality, that cycle drives the various iterations of drug policy that repeat over time.

Can that cycle be broken, or at least improved? If we examine historical data around these cycles, can we inform new approaches to drug use across our society? My questions for this research started here. I built off this original inquiry to examine drug policy in twentieth century Montana. What have drug cycles looked like in rural spaces like Montana in comparison with the rest of the nation? What factors influenced drug use, drug laws, and drug enforcement in the region? Were substance users shunned or accepted? How did gender influence these issues in different places? Did public health officials respond with punitive measures or treat addiction like a medical issue? What did prevention and education efforts look like over this period? If drug use and drug policy are cyclical, then using a historical methodology to examine them - and to try to answer the previous questions - can offer stronger and more nuanced policy analysis for the future. This matters because we know drug use is not going away. Society will be dealing with drugs in our communities for the years to come and we deserve sound and holistic policies to manage them.

The research in the following pages comes from my twenty years of work experience in government and the nonprofit sector touching on these various parts of the drug policy sphere.

From managing federal grant programs in high-crime communities both domestically and in

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<sup>3</sup> David F. Musto, *The American Disease: Origins of Narcotic Control*, 3rd ed (Oxford: Oxford University Press, 1999), 294-300. Gawin and Ellinwood discuss the similar sensationalized concern over cocaine in the 1920s and the 1980s. Frank H. Gawin and Everett H Ellinwood Jr., "Cocaine and Other Stimulants," *The New England Journal of Medicine*, May 5, 1988): 1174. David T. Courtwright, "The Cycles of American Drug Policy," *History Faculty Research and Scholarship*, 2015.



Latin America, to working with local Montana communities on substance use prevention, my working life has always revolved around drug policy in some regard. While numerous topics and ideas came across my desk for dissertation projects, my mind kept coming back to drugs; their place in our society, how they are used, how they are regulated, and what we as a community think about them over time. The crises from the last twenty years centered around the rise in synthetic drugs and abuse of opioids - including the devastating rise of fentanyl. I examine the deep roots of how we arrived at these 21st-century drug problems. My research ultimately looks at how a long view of drug policy in the U.S. reveals patterns of use and abuse, followed by cycles of community and government response. This history seeks to uncover effective and potentially new approaches to drug policy.

I approach this work as a former diplomat and student of international affairs, as well as a Westerner. Taking the experiences noted in the preface, I examine policies over time to understand our current drug issues in the United States. I also approach this work with an eye towards solutions, innovation, and improvement in current drug policy efforts. Many drug historians share this approach. Benjamin Breen's work in *The Age of Intoxication* argued for a look to the past to understand historical origins of drug regulation to overcome current bias and rethink obsolete policies. As he writes, "in order for people of the present day to guide drug policy toward a fairer and more informed course, we first need to understand who and what set it on its present trajectory."<sup>4</sup> Like Breen, I look to the past to understand how we got to our current challenges in Montana and across the country. David Courtright also tackles issues of drug use and regulation with concern towards current policy and application. He writes in his book *Forces*

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<sup>4</sup> Benjamin Breen, *The Age of Intoxication: Origins of the Global Drug Trade* (Philadelphia: University of Pennsylvania Press, 2019) 3-4.

*of Habit* in such a way. I echo his approach of periodically zooming in on a particular episode or personality to show detail around the eras and issues I cover in this dissertation.<sup>5</sup>

I show how drug policy, and the people and organizations that influence that policy, are part of a broader historical and geographical process. Where Montana fits into that process is often overlooked. While many scholars have started to look at the long view of drug policy to make sense of our current drug trends, their focus is often on the national level, or large cities, and very rarely in rural spaces of the American West. The long-standing trope paints Montana as a place of rugged individualism, frontier mentalities, and hesitation towards outside intervention. I wondered: was Montana so wild as to not follow these historical drug cycles?

Montana is a state in the United States where geography and populations stretch away from the core and sit on the periphery. Far from the political center of our country, Montana has served as a space of individualism for all its statehood. A 1934 article in the Atlantic magazine notes that “the myth persists that Montana is a wild and woolly place, and when it is at last lived down some of Montana’s individuality will have gone.”<sup>6</sup> While some today argue that Montana is losing that individuality as the population grows, many are hanging on to the ethos that makes up the state’s unique culture. Some of that mentality is related to Montana being in what many refer to as a frontier space.

The concept of Montana as a frontier goes back centuries. This term frontier contains many layers of significance, particularly in the American West. In American historiography, scholars often defined the frontier as the line of open and free land where settlement is sparse.

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<sup>5</sup> David T. Courtwright, *Forces of Habit: Drugs and the Making of the Modern World* (Cambridge, Mass: Harvard University Press, 2001.)

<sup>6</sup> “Montana Myths” The Atlantic, October 1934, <https://www.theatlantic.com/magazine/archive/1934/10/montana-myths/652827/>.

When historian Frederick Jackson Turner gave a lecture about the American West in 1893, it was, for him, where America's unique nature came to light through the ideas embedded with the frontier. This American frontier that lies "at the hither edge of free land" was what made the country distinctive from its predecessors and represented "the line of most rapid Americanization." For Turner, the culture of our country came alive on the frontier, which showcased "that restless, nervous energy; that dominant individualism." While, of course, this land was neither free nor the sole factor that led to an American identity of dominant individualism, Turner's vision of this frontier is one wrapped in myth— and this myth still lingers in the minds of many Americans.

Today, the federal government designates frontier areas as spaces with very low population density and a high degree of remoteness. These territories lie at one end of the rural-urban continuum and where the population may find challenges with job creation, population retention, provision of services such as health care, and access to food, clothing, and other consumer items.<sup>7</sup> Other organizations use the term to signify something entirely different. The newly formed Montana based Frontier Institute for example, interprets "frontier" to mean a space free from government interventions to maintain a higher standard of living. Their website notes, that they "believe the spirit of the western frontier is what made America great. Frontier values like individual freedom, self-reliance, relentless optimism, a fierce drive to innovate, radical openness to opportunity, and mutual respect for others drives people to do great things."<sup>8</sup> Their mentality strikes an eerily similar chord to Turner's thesis from over hundred years ago.

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<sup>7</sup> "Methodology for Designation of Frontier and Remote Areas," Federal Register Vol. 77 No. 214 (November 5, 2012) 66471.

<sup>8</sup> The Frontier Institute, "About Us," Assessed May 16, 2024, <https://frontierinstitute.org/about/>.

Given this understanding of the lasting impact of the idea of a frontier space, I anticipated Montana to be unique in how it responded to drugs and their use. My hypothesis was that I might find stories of how Montana and its residents were resistant to follow national trends on drug use, intervention, and prevention. It seemed unlikely that 20th-century residents would be caught up in the national narratives found in the more known drug histories centered on New York, Chicago, or San Francisco. I found, however, that Montana falls into many of the social stories around drugs we see across the U.S. Contrary to an “isolationist myth,” Montana is deeply connected to the national narrative around drugs and has been for the last century. The rural West is also not immune to outside influence, as two case studies will show. Montana does, however, have a somewhat unique story in its relationship and response to the drug methamphetamine, as highlighted in chapter six. Ultimately, Montana shows the overlaps between drug use, legal frameworks, public health, and community engagement. Montana’s policies and public responses around drugs throughout the last hundred years oscillated between an individualistic approach to drug policy and caving to federal pressure.

My argument in this research covers three main points. The first is that we must understand our history of cyclical responses to drug use if we are to get anywhere with improving policy today. This includes rural spaces like Montana. Investigating national, state, and local level responses to drugs provides a deeper understanding of U.S. policy. Looking at historical data allows us insight into lessons learned; from there we can highlight effective policy measures going forward. The second is that scare tactics are a long-used mechanism to engage the public. When coupled with a mechanism for messaging and prevention – for example advocates like women’s groups or public-private partnerships like the Montana Meth Project -

they have potential for prevention work in the future. They can also be dangerous spaces of control and misunderstanding when not used correctly. My final point is that we need to continue to break down silos in drug policy circles. The different spheres that work on these issues – law enforcement, public health, social work, and policy makers – need to continue to come together on realistic solutions that encompass both “hard side” (i.e. law enforcement, interdiction) and “soft side” (i.e. prevention, addiction services) elements. Holistic approaches going forward will require such collaboration. As part of this last point, I argue that policy makers need to think backwards; harm reduction, prevention, and treatment should be a starting point in policy, not an afterthought. My argument for this rests in the knowledge that drug use is not going away. It is a naive goal for politicians to run on a platform that they will eradicate drug use. I encourage leaders to make sound policy with the awareness that drugs are here to stay.

The background of the problem is important to understand before diving into the research. As noted earlier, the public response to drug use in the U.S. in the last hundred years follows a pattern of what media and politicians often label a crisis.<sup>9</sup> Tracking a drug from origin to “crisis” shows an oft repeated pattern of a drug going from medicinal use to one of abuse.

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<sup>9</sup> Musto, *The American Disease*, 294-300.

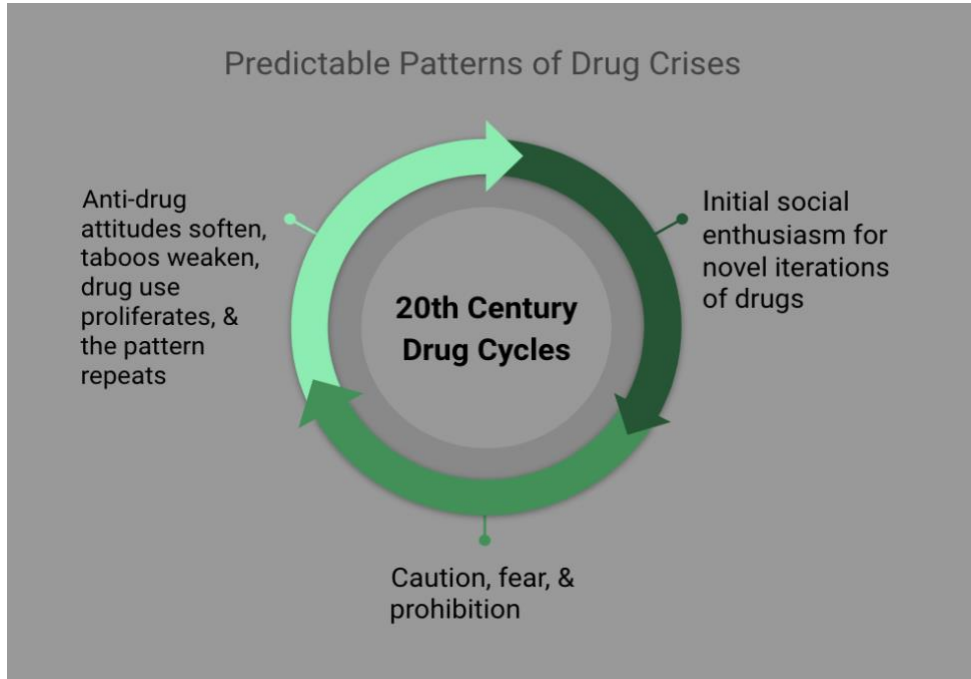


Figure 1. Image created by author. Based on work of David F. Musto, *The American Disease: Origins of Narcotic Control*, 3rd ed. (Oxford: Oxford University Press, 1999), vii-xvi, 294-300.

As David Musto's research shows, drug cycles of the 20<sup>th</sup> century tended to follow along this circle; from enthusiasm to fear to prohibition, followed by a softening of public opinion and another round of use. When we add in elements of race and class the cycles get more complicated. The American public has consistently perceived drug use and addiction as more threatening and destructive when it appears among poor and minority groups—and in many respects, it is, because those groups often lack the resources enjoyed by their fellow citizens and face a host of additional challenges in their daily lives. Drug historians and scholars continued to address these cycles in the U.S. following Musto's work, connecting them with issues of rule of

law and race, but none have analyzed these patterns in the lesser-known geographies and communities of Montana.<sup>10</sup>

Drugs have always been a challenging policy issue for the United States, and this especially pointed tale is but one in the long and complex history of drugs in this country. At the heart of that story lies the drug war. The term “War on Drugs” stems from the presidency of Richard Nixon. Even on the day that Nixon declared his ostensible war, promising to “wage a new, all-out offensive” in June 1971, he did so with the announcement of a new White House office—the Special Action Office for Drug Abuse Prevention—to coordinate national treatment and rehabilitation initiatives.<sup>11</sup> Notably, Nixon’s all-out offensive coincided with the creation of a domestic rehabilitation initiative because drug policies rarely tackle the issue from one side only. While the news tends to focus on the hard side approaches - arresting high-level Mexican cartel members, drug stings across the country, increased sentences for certain drugs - the soft side approaches - addiction treatment, prevention work, and community engagement - are often at play as well. Policymakers use multifaceted approaches to the issues, although funding levels in these different areas vary greatly.<sup>12</sup>

At the national level, U.S. policy has focused exclusively on illicit production, trafficking, and distribution, with public health and treatment a distant afterthought. Achieving

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<sup>10</sup> Courtwright, *Dark Paradise*. Michelle Alexander, *The New Jim Crow: Mass Incarceration in the Age of Colorblindness* (New York: The New Press, 2012); James Forman, Jr., *Locking Up Our Own: Crime and Punishment in Black America* (New York: Farrar, Straus and Giroux, 2017.)

<sup>11</sup> Richard Nixon, “Remarks About an Intensified Program for Drug Abuse Prevention and Control,” and “Special Message to the Congress on Drug Abuse Prevention and Control,” June 17, 1971, *The American Presidency Project*, UC Santa Barbara, [www.presidency.ucsb.edu](http://www.presidency.ucsb.edu).

<sup>12</sup> For a more detailed look at presidential leadership towards drug policy since Nixon see Kathryn McLain and Mathew R. Pembleton, “The Drug War Era: From the Crack Epidemic to the Opioid Crisis,” in Kimber M. Quinney and Amy L. Sayward *Understanding and Teaching Contemporary US History since Reagan*, eds. (University of Wisconsin Press, December 2022).

actual control over illicit drugs has been an elusive goal, and generations of U.S. drug warriors have demonstrated little success at curbing overseas production or eliminating illicit markets within the country's own borders. Drug policy in the American West falls into a similar elusive category – drug use did not always follow the national norms here and attempts to control certain drugs and their use over the twentieth century proved challenging. Yet despite those obvious failures, the drug war has proven remarkably successful as a system of social control, with the hand of the law falling disproportionately on poor, disadvantaged, and minority groups.

Looking back on these approaches and with origins under Nixon's era, most observers root the War on Drugs in the last forty to fifty years at the time of writing. But historians are increasingly realizing that as a system of ideas, assumptions, and policies, the "long drug war" stretches back well over a century.<sup>13</sup> Finding roots as far back as the temperance movement beginning in the first part of the nineteenth century, we see the origins of advocacy movements and efforts for regulation around substance use. Temperance activists often framed their arguments in terms of public health, something that would influence later approaches to drug policy.<sup>14</sup> Political, social, and health reforms were in full swing by the time of the Progressive Era at the start of the twentieth century and would greatly influence regulation related to drugs. The dynamics that shape the War on Drugs today were present in the first control laws passed in the early twentieth century, sharpened by the experiment with alcohol Prohibition, fed into the

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<sup>13</sup> Anne L. Foster, "The Long War on Drugs," in Oxford Research Encyclopedias: American History, ed. Jon Butler, June 2017, <https://doi.org/10.1093/acrefore/9780199329175.013.402>; Matthew R Pembleton, Revising the Drug War: A Genealogical and Historiographical Sketch, *Diplomatic History*, Volume 45, Issue 5, November 2021, Pages 890–902, <https://doi.org/10.1093/dh/dhab050>.

<sup>14</sup> Ruth Clifford Engs, *The Progressive Era's Health Reform Movement a Historical Dictionary*, (Westport, CT: Praeger, 2003); W. J. Rorabaugh, *The Alcoholic Republic, an American Tradition* (New York: Oxford University Press, 1979.)



obsession with national security and social order at mid-century, and further intensified in the late twentieth century, as Nixon and the general public drew the issue firmly into the national spotlight. Today, the damage wrought by the drug war can be clearly seen in the many crises that beset the country, from the opioid crisis and profound health inequities, mass incarceration and the struggles of American policing, and a state of perpetual war at home and around the world.

These patterns of the long drug war include international elements. As drug historian William McAllister wrote, “studying the history of drug regulation in the global arena provides a frame through which one catches an illuminating glimpse of the modern world.”<sup>15</sup> Historians, and the public in general, gain an understanding of how we got to where we are today by examining the international aspects of drug policy and where the U.S. fits into that global story.<sup>16</sup>

The global story, however, can leave out the impact on the individual and community levels. We gain another level of analysis when we look over time at how drug policies impacted residents across the U.S., including the frontier space of Montana. My research also looks at the state and local level because it recovers the stories and histories of institutionalized and marginalized peoples, as well as the people and organizations that influenced policy and opinions over time. This level of analysis matters in understanding how drug policy impacts people on the ground. Often left out of the equation entirely when it comes to the history of public policy and certainly the history of drug policy, Montana offers a unique snapshot of a historian’s work.

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<sup>15</sup> William B. McAllister, *Drug Diplomacy in the Twentieth Century: International History* (London, Routledge, 2000) 2.

<sup>16</sup> Examples of scholars in this space include Isaac Campos who examines marijuana’s long history in one country (Mexico) leading to antidrug ideology across North America. Isaac Campos. *Home Grown: Marijuana and the Origins of Mexico’s War on Drugs* (Chapel Hill: University of North Carolina Press, 2012.)

Presenting Montana as a focus point for this work breaks open what we think we know about drugs in America. It also helps us connect the long history of drug policy to our current struggles with drugs. As scholar Michel-Rolph Trouillot argues:

as the various crises of our times impinge upon identities thought to be long-established or silent, we move closer to the era when professional historians will have to position themselves more clearly within the present, lest politicians, magnates, or ethnic leaders alone write history for them.<sup>17</sup>

Montana provides an untouched case study to examine; a defined and controlled space, powerful individuals, and a distinct drug history in the last forty years around the synthetic drug methamphetamine. Rather than reexamine the dominant stories from either coast, this research looks at how the drug policy at the national level trickled down to the American West, including Montana, and how Montanans responded in kind.

I am drawing from and contributing to three main fields in history. The first is drug history, the natural home for my research and a relatively new field within the history discipline. The second field I engage with is the history of the American West, with a focus on Montana. The last field I engage with is women's history. The history of women dovetails with the first two topics in many ways as my research shows. In the paragraphs below I outline these fields, then I explain where my work fits within them, and finally how I am adding to them.

Most of the first studies in this field were quite narrow. Accounts of the history of drug use and social control in the United States begin with topics in the early 1900's examining opiates and cocaine, two of the first drugs to be legally controlled in the U.S. A handful of seminal studies on drug history look at these origins as they overlap with public health and

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<sup>17</sup> Michel-Rolph Trouillot, *Silencing the Past: Power and the Production of History* (Boston, MA, Beacon Press, 1995.)

governance.<sup>18</sup> For example, H. Wayne Morgan attempted an introduction to the history of drug use and addiction in nineteenth-century America that resulted in drug laws in the next century. He wrote, "as people learned more about drug use after the 1870s and came to fear its effects on individualism, productivity, and progress, a set of attitudes developed that helped shape the long debate and that ended in legal controls."<sup>19</sup> A landmark study in 1973 by David Musto titled *The American Disease*, solidified drug history as a realm all its own.<sup>20</sup> Musto's research highlights how society tends to view drugs with tolerance followed by restraint, creating a cyclical pattern that often results in the creation of drug laws.

Beginning in the 1970s, a few scholars expanded into a new drug history that broadened the scope of the field from a narrow focus on prohibition to the lived experience of the users, dealers, doctors, bureaucrats, and police who populate this world.<sup>21</sup> In more recent work, historians built off of this foundational scholarship to highlight specific influences of drug policy, public opinion on drugs, and the global drug trade.<sup>22</sup>

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<sup>18</sup> Arnold H. Taylor, *American Diplomacy and the Narcotics Traffic, 1900-1939* (Durham: Duke University Press, 1969); H. Wayne Morgan, *Drugs in America: A Social History, 1800-1980* (Syracuse: Syracuse University Press, 1981).

<sup>19</sup> Morgan, *Drugs in America*, 43.

<sup>20</sup> Musto, *The American Disease*.

<sup>21</sup> Examples include David Courtwright's research on addicts in his 1982 book *Dark Paradise* and H. Wayne Morgan's 1974 book *Yesterday's Addicts*. Courtwright followed the role of the medical profession in spurring opiate addiction, while Morgan traced public attitudes towards drug use from the Civil War to World War I. Courtwright, *Dark Paradise*, Morgan, H. Wayne. *Yesterday's Addicts; American Society and Drug Abuse, 1865-1920*. (Norman: University of Oklahoma Press, 1974).

<sup>22</sup> Caroline Acker's work examines the impact of psychiatry on public perceptions of opioid addicts as deviants beyond help. In *Using Women*, Nancy Campbell traces how cultural representation of female drug users defines drug policies and laws. Caroline Acker, *Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control* (Baltimore: The Johns Hopkins University Press, 2002); Nancy D. Campbell, *Using Women: Gender, Drug Policy, and Social Justice* (New York: Routledge, 2000); Benjamin T. Smith, and Wil G. Pansters, *Histories of Drug Trafficking in Twentieth-Century Mexico* (Albuquerque: University of New Mexico Press, 2022.)

Drug history also expands and overlaps with research around public health, medicine, and alcohol. Paul Starr expanded our understanding of the changing nature of the medical community over time in *The Social Transformation of American Medicine*.<sup>23</sup> Other scholars connected public health with the American state and helped show how the structure of public medicine built a divided society of healthcare.<sup>24</sup> All of this research within the field of drug history represents a shift in the historiography around drug scholarship. A desire to understand and study the people within this space - users, politicians, advocates, and more - made for a stronger base to see how public opinion changes and policy is formed.

In more recent work in drug history there are three trends of special importance to my study. The first is using an interdisciplinary approach to examine drug policy and its impacts over time. Some scholars examine public opinion and responses to specific drugs, while others look at legal changes and social impacts across the U.S.<sup>25</sup> The second is that scholars are unpacking drug histories that straddle the line of international relations, with transnational studies or foreign policy research. William O. Walker III is a notable scholar in this realm, examining the role of drugs and foreign policy in the Western Hemisphere.<sup>26</sup> Recent work in the field of drug history shows a

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<sup>23</sup> Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982).

<sup>24</sup> Daniel Sledge, *Health Divided: Public Health and Individual Medicine in the Making of the Modern American State*, (Lawrence, Kansas: University Press of Kansas, 2017.)

<sup>25</sup> Steven R. Belenko, *Drugs and Drug Policy in America: A Documentary History* (Westport, Conn: Greenwood Press, 2000); Mark Kleiman, Jonathan P Caulkins, and Angela Hawken, *Drugs and Drug Policy: What Everyone Needs to Know* (New York: Oxford University Press, 2011); Emily Dufton, *Grass Roots: The Rise and Fall and Rise of Marijuana in America* (New York: Basic Books, 2017.)

<sup>26</sup> Many drug historians focus on Latin America, examining the roots of the drug trade - from cocoa's path to cocaine or the overlap of guerilla movements and drug trafficking. Examples include: William O. Walker III, "Drug Control and the Issue of Culture in American Foreign Relations," *Diplomatic History* 12 (Fall 1988); Paul Gootenberg, *Andean Cocaine: The Making of a Global Drug* (Chapel Hill: University of North Carolina Press, 2008); Steven Topik, Carlos Marichal, and Zephyr L. Frank, *From Silver to Cocaine Latin American Commodity Chains and the Building of the World Economy, 1500-2000* (Durham, N.C: Duke University Press, 2006) <https://doi.org/10.1515/9780822388029>.

greater willingness to make cross-national comparisons outside the standard Anglo American one.<sup>27</sup> While my study is not an international one, it does bring in a case study of a woman known in international circles for her work with the Foreign Policy Association. The third trend is the examination of the use and impact of media as it relates to drug policy and public opinion.<sup>28</sup> This last piece is also one carried out in interdisciplinary approaches. I apply it to the long history of the use of fear in media in the U.S. as well as a drug prevention campaign in Montana.

The second field I engage with is the history of the American West. Like drug history, historians of the American West find themselves in a thriving, interdisciplinary field; one in which they struggled and won in terms of highlighting the importance of its place in the U.S. narrative. No longer is Western U.S. history a field characterized by a romantic notion of cowboys and vigilantes, of William Jackson Turner's frontier thesis, or concepts of a "Wild West." Influenced by the cultural turn of their field, historians are instead striving for studies that impart a more nuanced and complete story of the West. This transition into what historians now call the "New Western History" was a strong rebuttal to Turner, claiming his thesis was no longer a viable

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<sup>27</sup> Howard Padwa, *Social Poison. The Culture and Politics of Opiate Control in Britain and France, 1821–1926*, (Johns Hopkins University Press: Baltimore, 2012.)

<sup>28</sup> Examples include David Herzberg's work *Whiteout: How Racial Capitalism Changed the Color of Opioids in America* and Stuart Taylor's examination of how print media portrays addicts as ethnic minorities in "Outside the Outsiders: Media Representation of Drug Use." See David Herzberg, *Whiteout: How Racial Capitalism Changed the Color of Opioids in America*, University of California Press, 2023. Stuart Taylor, "Outside the Outsiders: Media Representations of Drug Use," *Probation Journal* 55, no. 4 (2008): 369–87. <https://doi.org/10.1177/0264550508096493>; David Herzberg, *White Market Drugs: Big Pharma and the Hidden History of Addiction in America*, (University of Chicago Press, 2020.)

intellectual construct for the history of the West.<sup>29</sup> Instead, historians began to make connections between environment and human behavior; writing histories of all the people and places in the West as opposed to only look at the expanding frontier of the country.<sup>30</sup> They began to give voice to minorities, to women, and to tell the story of the West from the inside out.<sup>31</sup> This shift is still a recent phenomenon within the field, with scholars still exploring the limits of this approach.

In more recent work on the American West there is one trend of significant importance to my study and that is the work of scholars looking at concepts of borderlands and the rural/urban divide.<sup>32</sup> Robust scholarship in this area covers interactions at points of encounter, highlighting movement of people and ideas across the country. Following the events of 2020 including the U.S. presidential election and the rise of Covid-19, scholarship in many disciplines re-examined the rural-urban divide.<sup>33</sup> This is important to my work as I examine how Montana fits into drug history. My research connects Montana as a borderland of the study of a rural space and how it responded

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<sup>29</sup> Frederick Jackson Turner, “The Significance of the Frontier in American History,” Meeting of the American Historical Association in Chicago, 1893; Richard White, *“It’s Your Misfortune and None of My Own:” A History of the American West*, (Norman: University of Oklahoma Press, 1991); William Cronon, George A. Miles, and Jay. Gitlin, *Under an Open Sky: Rethinking America’s Western Past*, (New York: W.W. Norton, 1992); Patricia Limerick, Milner Rankin, and Thomas G Alexander, “Trails - Towards a New Western History,” *Pacific Historical Review*, 1993.

<sup>30</sup> Donald Worster, *Under Western Skies: Nature and History in the American West* (New York: Oxford University Press, 1992.)

<sup>31</sup> Patricia Limerick, *The Legacy of Conquest*, (New York: W.W. Norton and Company, 1987); William Cronon, *Nature’s Metropolis*, (New York: W.W. Norton and Company, 1992); Mary Murphy, *Mining Cultures: Men, Women, and Leisure in Butte, 1914-41* (Urbana: University of Illinois Press, 1997.)

<sup>32</sup> Derek R. Everett, *Creating the American West: Boundaries and Borderlands*, (Norman: University of Oklahoma Press, 2014); Kelly Lytle Hernández, “Borderlands and the Future History of the American West,” *The Western Historical Quarterly* 42, no. 3 (2011): 325–30. Sheila McManus, *Both Sides Now: Writing the Edges of the North American West*, (College Station: Texas A&M University Press, 2022.)

<sup>33</sup> Hanna Love and Tracy Hadden Loh, “The ‘Rural-Urban Divide’ Furthers Myths About Race and Poverty – Concealing Effective Policy Solutions,” The Brookings Institute, December 8, 2020; Li Ruopu, Kang Chen, and Di Wu, “Challenges and Opportunities for Coping with the Smart Divide in Rural America,” *Annals of the American Association of Geographers* 110, no. 2 (2020): 559–70. doi:10.1080/24694452.2019.1694402.

and interacted with federal policy and outside elites. Prior to this, when drug historians were looking at the American West it was largely in relation to things like marijuana laws or Chinese exclusion laws in the nineteenth century.<sup>34</sup> The West has a unique background when it comes to drug use and drug policy and I argue we can take the research to the next level.

The last field I engage with is women's history as it relates to drug policy and the American West. Women play a unique role in drug history in the United States, especially when it comes to alcohol. Historians have thoroughly documented this story.<sup>35</sup> Placing my research into the understanding of the "long drug way" requires briefly considering the groundwork laid in the 1800s. In doing so, we see the deep roots of how drug dependency came about prior to national regulation, but we also see origins of advocacy movements and the role of women in them. Temperance organizations rallied against alcohol use by the 1820s, and although they splintered over the decades to come, they set the stage for organized community responses to vice. Women's groups were also a key component of this time, forming organizations like the Women's Christian Temperance Movement in 1874. Many scholars engage with this piece of women's history, laying the groundwork for my analysis.<sup>36</sup> One specific example is seen in Michelle L. McClellan's work that argues Americans' continued conflict with alcohol and drug

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<sup>34</sup> Nick Johnson, *Grass Roots: A History of Cannabis in the American West*, (Oregon State University Press, 2017); Diana L. Ahmad, *The Opium Debate and Chinese Exclusion Laws in the Nineteenth-Century American West*, (Reno: University of Nevada Press, 2007.)

<sup>35</sup> Examples include Scott C. Martin, *Devil of the Domestic Sphere: Temperance, Gender, and Middle-Class Ideology, 1800-1860* (DeKalb: Northern Illinois University Press, 2008); Catherine Gilbert Murdock, *Domesticating Drink: Women, Men, and Alcohol in America, 1870-1940*, (Baltimore, Md: Johns Hopkins University Press, 1998.)

<sup>36</sup> Examples include Ian R. Tyrrell, *Woman's World/Woman's Empire The Woman's Christian Temperance Union in International Perspective, 1880-1930*, (Chapel Hill: The University of North Carolina Press, 2010); Holly Berkley Fletcher, *Gender and the American Temperance Movement of the Nineteenth Century*, (New York: Routledge, 2008.)

use stems from the deep-seated leagues in American society and culture coming from the temperance era.<sup>37</sup> I argue that Montana is no exception, although the Montana story does have its own path that I outline in the last two chapters of my study.

One area of women's history that I build from is the role of women as "moral compasses" and "civilizing influences" in society. Historians cover this concept of women's "civilizing mission" as embedded in U.S. foreign and domestic expansion.<sup>38</sup> I take this concept one step further to describe how gender and national identity overlap into the American West and Montana. Jane Simonsen applied a similar concept to the West stating that "domesticity was an imperial construct used by the white middle class to uphold its power in a diversifying and expansionist nation."<sup>39</sup> While Simonsen's work is focused on racial barriers and differences between Native American and white women, her analysis is similar to the ways that women's clubs measured and projected social values in communities across the West. More recent work highlights the role of native women, including those in Montana, in their work with the Women Christians Temperance Union in the prohibition era.<sup>40</sup>

My work builds off this robust research within the above noted disciplines – drug history, history of the American West, and women's history - and I argue there is ample room to shed light on where the three overlap. My research connects the lines between these historical fields and integrates my policy background into new analysis. My work fits neatly within the discipline of

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<sup>37</sup> Michelle L. McClellan, *Lady Lushes: Gender, Alcoholism, and Medicine in Modern America*, (New Brunswick, New Jersey: Rutgers University Press, 2017.)

<sup>38</sup> Amy Kaplan, *The Anarchy of Empire in the Making of U.S. Culture*, (Cambridge, Mass: Harvard University Press, 2002.)

<sup>39</sup> Jane E. Simonsen, *Making Home Work: Domesticity and Native American Assimilation in the American West, 1860-1919*. (Chapel Hill: University of North Carolina Press, 2006), 3.

<sup>40</sup> Thomas J. Lappas, *In League Against King Alcohol: Native American Women and the Woman's Christian Temperance Union, 1874-1933*, (Norman: University of Oklahoma Press, 2020.)



drug history, building off this strong foundation of scholarship and expanding into previously untouched areas of consideration. My work also fits into the space of American West history by examining drug policy in Montana and the concept of borderlands and the rural-urban divide. Lastly, my research pulls in analysis around the history of women as advocates and community voices on social issues.

There are three important contributions of my research as they relate to each of these three fields. The first contribution I add is applying the concept of cyclical approaches to policy around drugs to Montana, examining the influence of outside elites into public and governmental responses across the twentieth century. One specific example of this first contribution is seen in my research around the work of Helen Howell Moorhead in the 1930s. Moorhead, highlighted in chapter four, helps connect the global story of drugs to the local. I examine her influence in Montana - using David Courtwright's practice of zooming in on a personality to make a larger point – to show how the state was connected to the larger national stage.<sup>41</sup> Moorhead was a pioneer in her diplomatic work with the Foreign Policy Association, a nonprofit organization that continues to this day working to develop awareness, understanding, and informed opinions on U.S. foreign policy and global issues. Moorhead engaged in global discussions on opium regulation and spread her knowledge of the global drug story across the United States during her time with the Association.<sup>42</sup>

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<sup>41</sup> Courtwright, *Forces of Habit*.

<sup>42</sup> Moorhead's role is an example of what some historians call "the 'technical League,' the distinct milieu shaping international governance at the League of Nations at Geneva." Katharina Rietzler, "U.S. Foreign Policy Think Tanks and Women's Intellectual Labor, 1920–1950", *Diplomatic History*, 46, No. 3, 2022, <https://doi.org/10.1093/dh/dhac015>.

Finding Moorhead in the government records at the Montana Historical Society archives was an unexpected and delightful discovery. She appears most often in the archives of the Foreign Policy Association, as well as in the Federal Bureau of Narcotics and Harry Anslinger archives, but her role on the state level is not as well documented. Her appearance in the Montana Governor's records from the 1930s highlights her level of influence and sway in state affairs and has not previously been written about to my knowledge. In contrast, drug policy histories are abundant of government figures like Harry Anslinger, the Commissioner of the Federal Bureau of Narcotics.<sup>43</sup> I argue for a focus on smaller players in the field who at times had a more indirect influence on society and policies. I present Moorhead's archival and historiographical contribution in Montana as a way to understand local and state-level responses.

The second contribution I add is bringing in new research into overlooked people and spaces in Montana. My findings and analysis on the the use of Warm Springs hospital as a drug treatment facility is an example of this. Scholars have highlighted the use of the Federal Narcotics Farms at Lexington and Fort Worth as places of treatment and incarceration throughout the mid twentieth century, but this was centered on the federal level.<sup>44</sup> At the state level, research into how

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<sup>43</sup> Alexandra Chasin, *Assassin of Youth: A Kaleidoscopic History of Harry J. Anslinger's War on Drugs*, (Chicago: The University of Chicago Press, 2016); William B. McAllister, "Harry Anslinger Saves the World: National Security Imperatives and the 1937 Marihuana Tax Act," *The Social History of Alcohol and Drugs* 33, no. 1 (2019): 37–62; Carolyn Carlson, "Anslinger, Harry, and the Hemp Conspiracy," *Conspiracies and Conspiracy Theories in American History: Thematic Essays; Entries A-L*, 2019. Alexandria Goldstein and Richard Stringer, "Anslinger, Harry (1892–1975)." In *Marijuana in America*, 13–15 (United States: Bloomsbury Publishing USA, 2022.)

<sup>44</sup> Nancy D. Campbell, J P. Olsen, Luke Walden, and Sam Quinones, *The Narcotic Farm: The Rise and Fall of America's First Prison for Drug Addicts*, (Lexington: South Limestone Books, an imprint of the University Press of Kentucky, 2021.)

Holly M. Karibo, "'The Only Trouble Is the Dam' Heroin': Addiction, Treatment and Punishment at the Fort Worth Narcotic Farm." *Social History of Medicine : The Journal of the Society for the Social History of Medicine* 33, no. 2 (2020): 515–38. <https://doi.org/10.1093/shm/hky069>.

Thomas R Kosten, and David A Gorelick. "The Lexington Narcotic Farm." *The American Journal of Psychiatry* 159, no. 1 (2002): 22–22. <https://doi.org/10.1176/appi.ajp.159.1.22>.

Montana used its one psychiatric hospital for addiction treatment over time did not exist. Warm Springs State hospital continues to this day, hitting our headlines with stories of losing federal certification and staff quitting in droves.<sup>45</sup> Almost a hundred years ago, it served as a space to handle morphine and opium addicts as well as treat those suffering from mental illness. The hospital's history with efforts for addiction treatment are outlined in chapter four.

My last contribution is in my analysis on the role of women and the role of fear in the space of drug policy formation and application, both of which rose to the surface as a throughline in my research. The power of women as influencers has consistently proven to be far-reaching, to the point that perceptive leaders at federal level organizations tapped into them to help sway passage of state and federal laws, as well as to shape public opinion at the local level. Examples in Montana include the work of female journalists, the sway of women's clubs, and the influential voice of Helen Howell Moorhead.<sup>46</sup>

Part of this moral positioning comes through in examples in my research related to the use of visual media and storytelling over the 20th century. Presenting the early 20th century roots of how the media portrayed drug users is not just for the rich imagery, extravagant language, and gripping narratives, but because of the power of these media portrayals to sway public opinion and influence a government and community response. As a tool, fear is quite provocative and influential if not always conveying the whole picture of drug use and its impacts. This throughline of the power of visual media and storytelling as a driver of fear of drugs comes

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<sup>45</sup> Mara Silvers, "Five takeaways from our reporting on Montana State Hospital," Montana Free Press, April 18, 2024

<sup>46</sup> This complicated space of the influence of white women in the American West builds off existing scholars who point to moral and complicated roles for women in the west including Peggy Pascoe's concept of "female moral authority" Peggy Pascoe *Relations of Rescue: The Search for Female Moral Authority in the American West, 1874-1939*. (New York: Oxford University Press, 1990).

through in global and national examples from the mid-century and continues with examples in Montana in newspapers, government agencies, and messaging by social groups. Helen Howell Moorhead demonstrates this in her 1930s opinion piece, showing the power of fear and the influence of an outside elite sounding the warning bell. Tom Siebel demonstrates this in the early 2000s with his creation of the Montana Meth Project; a fear-based campaign financed by an outside elite with a similar desire to Moorhead to do something about a drug crisis. Fear as a tool in drug history is abundant in the archives and I bring it to light in my research.

My approach to this work is both interdisciplinary and expansive. Coming from an academic and work background in the justice sector and international affairs and shifting to a history lens meant that my approach captured a variety of disciplines. Archives revealed everything from diplomatic letters to state hospital reports. Oral histories and interviews with law enforcement experts, health policy researchers, and economists provided context for my examination on the rise of meth and subsequent responses. As the research unfolded, it felt imperative to look at the topic through a historical lens with an understanding of the wider political science, public health, and economic angles that went into the story. Part of my approach was driven by my motivation for answers around what works in policy, which necessitated looking at the topic from several perspectives. I also had to be open to where the archival records presented the material. Some periods (like the 1930s) were ripe with archival documentation on drug policy.

The Montana Historical Society's records proved to be a tremendous resource for encapsulating the long history of U.S. drug policy and how it impacted Montana. Particularly, the archival records on governors, attorneys general, Montana State Federation of Women's Clubs,

Warm Springs Hospital, and state agency educational materials were fundamental for the case studies in this work. The Foreign Policy Association's archival collection on Helen Howell Moorhead was vital in providing an understanding of Moorhead's personal and career history and information regarding her deeply influential drug policy work. I was lucky to get access to the highly sought-after Harry Anslinger archival collection from Penn State University, which worked with the Montana State University library to connect me with many reels that shaped this research. Finally, several experts agreed to interviews that helped me place the long history of drug policies into our current era. I am thankful for the insight from public health expert Katie Loveland, the conversations with Montana State University Associate Professor of Economics D. Mark Anderson about his research on the Montana Meth Project, and data provided by Agent Frank Fredericks from the Rocky Mountain High Intensity Drug Task Force.

This study unfolds in five parts. Chapter two traces the long view of drug policy in the U.S. to show the predictable patterns in policy responses over the twentieth century. With an understanding of the rise of addiction as a public policy issue in the early 1900s and the legal and public responses to drug use over the century, we get a basis for specific case studies later in this dissertation. Although medical professionals were correct that addiction is a physical/biological illness, this chapter demonstrates that it is equally a social and cultural problem. Patterns of use, abuse, and community response show a cycle that repeats across time and different types of drugs. The tools used to drive these cycles forward prove to be similar across time and space, even in rural Montana.

Chapter three explores how fear is a driving force in the cycle of drug crises. This chapter argues that government leaders, media, and advocacy groups repeatedly use fear as a tool to drive messaging around drugs and their use, regardless of effectiveness. Tracing fear-based

media, government initiatives and voices, we see this messaging repeatedly capture public attention but is often misinformed and can reinforce negative stereotypes, create confusion, and place blame incorrectly.

Chapter four shows how women rose to fan the flames of fear, address social ills, and advocate for change and solutions. The evidence from this chapter shows the power of female advocacy with specifics from Montana communities and organizations. A case study on Helen Howell Moorhead shows us the international to national to state to local influence of one female expert in the drug policy space. I argue that women speaking to women are a powerful force via journalism, community groups, and educational curriculum development particularly in the 1930-1950 period. In Montana, their voices are some of the strongest in influencing the public and resulting in government action and drug prevention efforts. At a time when women's clubs' influence waned across the nation, it appeared more consequential in Montana. This is measured in their extensive public outreach via meetings, public messaging, and advocacy work related to drug laws.

Chapter five centers on the Montana story of drug treatment and prevention efforts. Throughout the twentieth century, the state oscillated from outlier to falling into national norms; it provides an untouched case study that shows us how all the previous chapters (cycles, fear, advocacy) can direct drug policy on the ground even in the remote spaces of the American West. This chapter provides a new look into how the state used Warm Springs Hospital as both a place of incarceration and treatment.

In chapter six I look at how the drug methamphetamine dramatically changed the landscape of Montana by the turn of the twenty-first century. Documenting the government and

public responses to the growing threat of the drug, I show the lead up to the public-private partnership of the Montana Meth Project. Analyzing its formation and development as well as its replication across other states with federal support, I challenge policymakers to learn from their work as a strategy for the future.

Dr. Naomi Oreskes article “Why I Am a Presentist” helped capture my contribution to the field through this research. While Oreskes focuses mainly on the history of science in this piece, her approach to understanding history as progression and regression applies to drug history. Historians of public policy often analyze the impacts of a policy in terms of who benefits or loses, and what motivates the policymaker in the first place. Drug historians pour over policy documents, dissecting decisions from a global to a local scale with a lens toward economic, social, and political drivers. Oreskes uses a similar approach to drug historians and argues for the unavoidable kind of historical presentism that she calls “motivational presentism,” that which motivates us in our present lives.<sup>47</sup> I note here as well the limits of relying too heavily on presentism in my approach. James Sweet’s writing for the American Historical Society caused a stir within the historical field, but I agree with him that we cannot rely on history to predict and fix our future path. As he noted, “historical questions often emanate out of present concerns, but the past interrupts, challenges, and contradicts the present in unpredictable ways. History is not a heuristic tool for the articulation of an ideal imagined future.”<sup>48</sup>

In delving into research on drug policy, I was, and continue to be, driven by Oreskes’ approach of motivational presentism. In my professional work over the last twenty years, I

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<sup>47</sup> Naomi Oreskes, “Why I Am a Presentist”, *Science in Context* 26, no. 4 (2013) 595–609, <https://doi.org/10.1017/S026988971300029X>.

<sup>48</sup> James Sweet, “Is History History?” *American Historical Association, Perspectives on History*, August 17, 2022.

continue to see failed policies trickle down to the local level where poverty and lack of public security tore apart communities. I wanted to search for the moments and pieces of success and answer two major questions: What grand experiments or small components in drug policy have worked? Could I piece together parts of the policymaker's toolkit from the last hundred years to come up with lessons learned for our future approach to drugs? The research documented in this work is my attempt to do just that. I hope that the next twenty years of my work in the field of drug policy will open a new chapter on how we manage and respond to drugs and drug users in our communities.



## CHAPTER TWO

CRISES OR CRISIS? DRUG CYCLES OF THE 20TH  
CENTURY

*The Hellgate Lance*, a Missoula, Montana-based newspaper, sent mixed signals about teen drug use in an April 1987 article. With a tone that started optimistic, the writer noted statistics on the decrease in marijuana use but turned to the typical attention grabber by ending with fear; “it seems we have a whole new dilemma on our hands.”<sup>1</sup> Marijuana, hallucinogens, and stimulant use might have been down, but the *Hellgate Lance* wanted its audience to know that this was still not time to celebrate. Sounding the alarm about an increase in a new cocaine derivative known as crack, the reader felt a sense of dread at a new cycle of drug use beginning just as soon as another seemed to be ending.

Although this news from the late twentieth century suggested an “unprecedented” moment in drug use and abuse, in reality, there was a century of precedent of new drugs causing moral panics in communities. Once the American medical community and general public adopted the concept of drug addiction, “drug crisis” hysteria came in waves. Drug epidemics in the U.S. include examples like a heightened use of morphine after the Civil War, followed by the rise of heroin and cocaine use in the early 1900s. In 1910, for example, President William Howard Taft sent a report to Congress stating that cocaine posed the most serious drug problem America had ever faced.<sup>2</sup> Amphetamines took off mid-century, marketed by drug companies and

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<sup>1</sup> “High School Drug Use Declines Despite “Drug Crisis” Hysteria,” *The Hellgate Lance*, April 16, 1987.

<sup>2</sup> William Howard Taft, Special Message Online by Gerhard Peters and John T. Woolley, The American Presidency Project <https://www.presidency.ucsb.edu/node/207334>. David F. Musto, “Opium, Cocaine

eventually leading to addiction and abuse beyond their medical use. By 1965 Congress passed legislation that was originally intended to address the over manufacturing of amphetamines; public concern around use became an increasingly pressing political topic. For example, one congressional hearing in 1969 was titled “Crime in America – Why 8 Billion Amphetamines?”<sup>3</sup> Heroin came back following Vietnam, cocaine resurged in the 1980s, and crack cocaine, as noted at the beginning of this section, caused panic through the 1990s.

The media response to crack cocaine came after a few years of what citizens viewed as an “epidemic” of crack use across the country, perpetuating narratives about the impacts of enduring poverty and urban decline.<sup>4</sup> In pharmacological terms, cocaine and crack are essentially the same. Their only real distinction is in their mode of consumption; cocaine is absorbed through the mucus membrane of the nose, whereas crack is absorbed through the lungs—a more direct pathway to the brain, speeding the onset of the drug.<sup>5</sup> In sociological terms, crack represented the democratization of cocaine and the arrival of cheap, small doses available to the masses. As in previous cycles of the long drug war, the movement of a novel drug down the socioeconomic ladder to already marginalized groups prompted a vicious backlash.

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and Marijuana in American History.” *Scientific American* 265, no. 1 (1991): 40–47.  
<http://www.jstor.org/stable/24936977>.

<sup>3</sup> *Crime in America—Why 8 Billion Amphetamines? Hearings of the Senate Committee on Crime*, 91st Cong, 1st Session, November 18, 1969.

<sup>4</sup> Jane Gross, “A New, Purified Form of Cocaine Causes Alarm as Abuse Increases,” *New York Times*, November 29, 1985; Peter Kerr, “Drug Treatment in City Is Strained by Crack, a Potent New Cocaine,” *New York Times*, May 16, 1986; “New York Police Fight ‘Crack’ Epidemic,” *Baltimore Afro-American*, May 31, 1986; Kerr, “Crack Addiction Spreads Among the Middle Class,” *New York Times*, June 8, 1986; John J. Goldman, “New York City Being Swamped by ‘Crack’,” *Los Angeles Times*, August 1, 1986; “Crack Wars,” *Baltimore Afro-American*, August 30, 1986

<sup>5</sup> John Strang and Griffith Edwards, “Cocaine And Crack: The Drug And The Hype Are Both Dangerous,” *BMJ: British Medical Journal* 299, no. 6695 (1989): 337-38,  
<http://www.jstor.org/stable/29704914>

Panic over crack cocaine played out through a series of anti-drug laws - the Anti-Drug Abuse Act of 1986 and its successor, the Anti-Drug Abuse Act of 1988—which became key building blocks in the creation of the carceral state. Yet Congress passed them with strong support from politicians across the partisan spectrum, including from Black leaders, all of whom felt compelled to respond to a growing urban crisis in which crack seemed the most obvious culprit. The 1986 law specifically targeted crack offenders, reintroducing mandatory minimum sentencing and levying the same 5-year sentence for the possession of 5 grams of crack or 500 grams of cocaine. The impact of the law was disproportionately felt by communities of color and explicitly racist in outcome.<sup>6</sup>

This example of the government and public response to crack cocaine helps exemplify the cyclical nature of drug use and policy response in the U.S. From morphine to crack to the rise of methamphetamine, these cycles spanned the century and the country. The policy responses to these cycles and the shifting understanding of drug addiction in the U.S. ranged from quiet acceptance to frantic repression depending on the drug, user, and cultural moment in time. In taking David F. Musto's concept of the cyclical nature of drug panics down to the state level, we open up a new level of analysis in understanding patterns of drug policy.

This chapter argues that to apply this cyclical understanding to Montana as I do in later chapters, one must understand the background and groundwork of drug policy in the twentieth century. In an examination of the regulation of drugs, there is a repeated pattern of expansion, fear, and control. Today, the damage wrought by this approach to drugs can be seen in the many crises that beset the country over the 20th century, from an early opioid crisis to a recent one,

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<sup>6</sup> Alexander, *The New Jim Crow*. Forman, Jr., *Locking Up Our Own*

from profound health inequities to varied attempts at treatment, from mass incarceration to a state of perpetual war at home and around the world in what came to be known as the “War on Drugs.”<sup>7</sup> Delving into a century of U.S. drug policy illustrates the deep historical roots of current-day drug problems.

This chapter covers illicit drug origins in the United States and how the social understanding of addiction framed the responses that came from the medical and legal communities in the twentieth century. This overview of federal drug laws provides the context for the legal framework in which our country regulates and views certain drugs. Examples from Montana offer the reader a look into a state-level interpretation and application of laws and approaches, often tailored to local concerns. I end with a look at how incarceration and treatment facilities grew out of this legal framework in an attempt by the government to link public health and law and order. This framing sets up later chapters that offer specific case studies and analysis in Montana.

### Drugs, Decades, Details

Politicians developed drug laws in the U.S. in response to popular drugs as use of those drugs spread across communities. In the early twentieth century, drug laws focused on morphine, opiates, and cocaine, followed by amphetamines during the mid-century, and synthetic drugs and opioids towards the end. Marijuana also maintained popularity and yielded different policy responses throughout the century. This research provides a long history of some of these drugs,

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<sup>7</sup> The term “War on Drugs” as described in the Introduction came about during the Nixon era. It has since been an umbrella term for everything from supply side interdiction efforts across the globe to increased sentencing for drug users.

but not all. For example, the complex history of amphetamines and methamphetamine (meth) are very relevant to Montana. Pieces of the long history of meth are covered in Chapters 3 and 5. The transition from medical use to abuse of morphine and cocaine are important components to understanding advocacy responses in the 1930s in Montana, discussed in Chapter 4.

While I trace major drug laws and resulting treatment and incarceration in the sections below from 1900 - 2000, there are two eras highlighted that help frame later case studies in Montana. The first centers on the lead-up to the Harrison Narcotics Tax Act in 1914 and the impacts in the decades after. While I discuss the lead into this first era with the start of state and local laws, the bulk of the first section is about the push for national controls, how the U.S. fits into the global story of drug regulation, and the impact of the Harrison Narcotics Tax Act. The second era centers around the rise of punitive laws around drugs (both their use and distribution) starting in the 1950s and peaking by the 1990s, as well as the rise of synthetic drugs at the end of the century.

Abuse of substances in these eras generally began with white, well-to-do urbanites who did not receive severe punishments for using them illegally. In each case study, within a decade or two, abuse and addiction eventually expanded to poor, non-white, and in some cases, rural areas. As the chapters ahead explore in more detail, when this happened, rhetoric used by anti-drug advocates, politicians, and media shifted from bemoaning the “unfortunate victims” to emphasizing the violent nature of these “criminals.”

### Addiction as Discovery

Drugs and their place in society first became a subject of public interest in the late 19th century, as the country grappled with an addiction crisis stemming from an unregulated patent

medicine industry. While many medicinal drugs were easy to obtain at the time and regulation minimal, the rise in addiction stemmed from multiple causes; aggressive use of morphine as pain treatment by doctors, self-medication, disease, and trauma post-Civil War, to name a few.

As drug use increased across the social spectrum in communities across the country, so too did concern around the impacts of that use. Drug abuse at this time was associated with a disruption to a civil society and public health. Reformers built off the momentum from the temperance movement which had played a significant role in shaping public attitudes towards substance use by the end of the 1800s. Efforts for restrictions, bans, and controls over alcohol by organizations like the Women's Christian Temperance Union and the Anti-Saloon League laid the groundwork for drug policy reformers.<sup>8</sup> These groups framed their work as a moral crusade against evils of substance use. Using public awareness campaigns about the social and health consequences of alcohol led to legislative success and unique coalition building. These strategies helped establish a framework for addressing substance use through legal and regulatory means; something that drug policy makers would tap into as they advocated for similar measures to control drugs by the early 1900s.

Leaders within the medical and pharmaceutical professions were some of the first to respond to the increased use of drugs across American society at the turn of the 20<sup>th</sup> century. One doctor wrote an analysis of drug use at the time after numerous physicians requested more information on the symptoms, prognosis, and treatment options connected with various "habits."

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<sup>8</sup> The temperance movement is well documented and analyzed by scholars. Examples include Ian R. Tyrrell, *Woman's World/Woman's Empire The Woman's Christian Temperance Union in International Perspective, 1880-1930*. 1st ed. (Chapel Hill: The University of North Carolina Press, 2010). Holly Berkley Fletcher, *Gender and the American Temperance Movement of the Nineteenth Century*. (New York: Routledge, 2008). Scott C. Martin, *Devil of the Domestic Sphere: Temperance, Gender, and Middle-Class Ideology, 1800-1860*. (DeKalb: Northern Illinois University Press, 2008.)

He starts off his work by noting the alarmingly common use of opium and morphine, “once a comparatively rare vice among Christian nations,” and calls for his reader to respond to this “fearful drift.”<sup>9</sup> He acknowledged the struggle with drug addiction was actually worse than what he knew of alcohol addiction; “there is a worse form of intemperance than that which comes from bad liquor, although the choice would seem to be between the devil and the deep sea.” Both alcohol and drugs were dangerous spaces to engage in according to him.

Pharmacists were also aware of addiction rates and the misuse of drugs. At the annual meeting of the American Pharmaceutical Association in 1902, H.P. Hynson issued a committee report that discussed how individuals acquired a drug habit and offered recommendations for the association to consider for managing the flow of drugs. One of those recommendations emphasized the responsibility of the pharmacist to offer good judgment and discretion when dispensing drugs, noting it to be “a sacred obligation.” In a similar call to what we find women’s clubs discussing in a later chapter, the report notes that “the responsibility is upon us, and we must meet it or go down. If asked what can be done? we may answer, Our level best; that’s all.” Pharmacists held power over partial control of drug supply, but they also chimed in on issues of race, state laws, and ethics of their trade; all factors that would influence future legislative measures to regulate drug supply and enforcement.

The committee report conducted surveys to understand the conditions of drug use and supply and notably focused on major Eastern cities (like Philadelphia and New York City) where populations were highest. A survey of 400 pharmacists, concluded that three in every 1,000 was addicted to some form of drug. While they acknowledged the limitations of their survey, the

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<sup>9</sup> Harry Hubbell Kane, *Drugs That Enslave: The Opium, Morphine, Chloral and Hashisch Habits*, 1881, <https://babel.hathitrust.org/cgi/pt?id=hvd.32044107280216&view=1up&seq=17>.

chairman wrote that he believed it to be the best way to acquire statistics. Their survey results led Mr. Hynson to claim that “the use of cocaine by unfortunate women generally and by negroes in certain parts of the country is simply appalling.”<sup>10</sup> These gendered and racist assumptions were fueled by societal biases, which associated different substances with specific genders and races.

Sexism, racism and classism have long shaped American attitudes towards drug use. At the time of the aforementioned report, alcohol use was seen as a male problem, whereas the use of opium, laudanum, and cocaine was seen as a female problem.<sup>11</sup> Beyond gender, drug use had long been linked to stereotypes about certain cultural groups. The Chinese Exclusion Act of 1882 restricted opium smoking and perpetuated an association of Asian immigrants as drug users. Cocaine would continue to be sensationalized as a drug used by the African American population with media reports erroneously linking it to violent acts. The committee’s survey and response demonstrate just one example of these gendered and racist assumptions.

In response to the survey, the committee offered a series of recommendations that illustrated their bias. First, that

“Through the various State Associations and with the aid of medical bodies, every State legislature should be induced to pass a uniform law carefully prepared by this Association” to limit drug flow. Next, to exclude pharmacists who were “persistently trading in narcotics to be used by drug habitues,”

from their Association membership and the medical profession overall. Finally, the committee interpreted the results with clear racial discrimination, advocating for the “absolute suppression of the incoming of opium for smoking. If the Chinaman cannot get along without his ‘dope,’ we can get along without him. The great increase in the quantity of this special kind of

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<sup>10</sup> Proceedings of the American Pharmaceutical Association at the Annual Meeting.

<sup>11</sup> Elizabeth Kelly Gray, *Habit Forming: Drug Addiction in America 1776-1914*, (Oxford University Press, 2022), 7.



opium proves one of two things, or both: Either our exclusion laws are being violated, or the smoking of opium is largely practiced by others than Chinese.”<sup>12</sup> Suddenly the pharmaceutical community went from a discussion around drug use and addiction and veered into a conversation around immigration and culture. With clearly racist undertones, they note how drug use had spread beyond a small populace of the country and was now widespread across various ethnicities and demographics.

The committee's desire for a uniform national law was practical, but still decades from reality. This was because, in the 1930s, advocates were still pushing for passage on the state level. The third recommendation of the report is early evidence of a repositioning of the public view of how doctors and pharmacists should administer treatment. No longer were physicians or pharmacists at liberty to administer drugs to patients without oversight or provide narcotics quietly to known laudanum and morphine addicts. This would be solidified in the Supreme Court decision in *Webb et al. v. United States* in March of 1919, which held that a physician might not provide opiates for the sole purpose of maintaining an addict.

After the passage of the Harrison Narcotics Tax Act, which limited the number of authorities who could legally dispense narcotics, the federal government attempted to understand addiction. In June 1919, the U.S. Treasury Department issued a report on narcotics, stating that accurate statistics on addiction had never been compiled and were still not available. While they still conducted surveys of doctors, pharmacists, law enforcement and others, they argued that their report was a smattering of scattered information and fragmentary statistics.<sup>13</sup> This data, and

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<sup>12</sup> Proceedings of the American Pharmaceutical Association at the Annual Meeting.

<sup>13</sup> United States and Henry Thomas Rainey. 1919. *Traffic in Narcotic Drugs Report of Special Committee of Investigation Appointed March 25 1918 by the Secretary of the Treasury. June 1919*. Washington: Govt. Print. Off. <http://books.google.com/books?id=5X3aAAAAMAAJ>.

the attempt to collect it, is important as it illustrates the shifting view of addiction. It shows that the government felt pressure from the public to deal with this rise in drug use and they started searching for ways to address it. It also shows how complicated it was to gather accurate, unbiased data on the extent of use.

By 1925, U.S. Public Health Service psychiatrist Lawrence J. Kolb proposed that addiction was essentially a manifestation of mental disease. Dr. Kolb identified five categories of addiction, with only one consisting of “normal” people who became addicted through a medical case. The remaining categories were what he considered to be abnormal personalities, including “carefree pleasure seekers, neurotics, habitual psychopathic criminals, and inebriates.”<sup>14</sup>

Historian David Courtwright points to the overall change in the medical field at the time:

“During the 1920s and 1930s a growing number of physicians and public health professionals came to view addiction as a manifestation of psychopathy or some other form of twisted personality, to support mandatory institutionalization of addicts, and to refuse to supply addicts (especially the nonmedical type) with opiates.”

While doctors wrote about addiction as a disease that needed curing in journals like the *Quarterly Journal of Inebriety*, the treatment of addiction moved into sanitariums and private hospitals. Treatment programs at the start of the 20th century served the middle and upper classes, which at the time was a large portion of those addicted to medically provided drugs. But there was a demographic shift that began at this time as well, with public concern over the rise in addiction of the working and lower-class society.<sup>15</sup> The term “addiction” shifted from an

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<sup>14</sup> Lawrence J. Kolb, “Types and Characteristics of Drug Addicts,” *Mental Hygiene* 9, no. 2, April 2, 1925.

<sup>15</sup> David Courtwright, *Dark Paradise*, 3-38

inconvenient medical condition to a state of moral deviance spilling out on the streets, exacerbated by an incendiary media and a growing prohibitionist mentality throughout the wider public.<sup>16</sup> Whereas the public turned a blind eye to most drug users when the majority of users remained in the higher socio-economic levels and behind closed doors, the public now viewed drug users as a public menace.

### Origins of U.S. Drug Laws: Global Influence to Local Interpretation

By the start of the 20th century the government and medical community identified addiction, but what to do about addicts was still unclear. The public wanted their government to do something about it. The first U.S. drug laws appeared in the late 1800s at the state level mostly in the form of local ordinances against districts or businesses that catered to drug users. One example was San Francisco's opium den ordinance, which made it a misdemeanor to keep or visit any place where one smoked opium. Another example was states, including Montana, banning cocaine.<sup>17</sup> Many of the laws appear to be a response to concerns about drugs corrupting whites, especially white youth. The press later sensationalized accounts of nonwhite users and the effects of certain drugs on them.<sup>18</sup>

While some states had laws to ban or regulate drugs in the late 1800s, the early 1900s was when the U.S. began in earnest to create more uniform laws to govern the supply, distribution, and consumption of narcotics. Broader social concern increased as an addiction

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<sup>16</sup> Nicolas Rasmussen, "Controlling "America's Opium": Barbiturate Abuse, Pharmaceutical Regulation, and the Politics of Public Health in the Early Postwar United States," *The Journal of Public Policy* Vol. 29, No. 4, 2017. P. 545

<sup>17</sup> Cocaine bans went into effect in Oregon in 1887, Montana in 1889, Colorado and Illinois in 1897, Massachusetts in 1898.

<sup>18</sup> See Chapter 3 with specific media examples from the early 20th century.

crisis centered on cocaine, opium, and morphine blossomed alongside an expansive patent medicine industry in the early twentieth century.<sup>19</sup> So long as addiction remained confined to the genteel class—mostly middle- and upper-class white women, doctors, and other professionals who had reliable access to medical care—it was seen largely as a private medical problem. Public sentiment turned sharply punitive as drugs escaped from the loosely defined medical realm into the wider consumer market and addiction grew among working class men and minorities, prompting the first set of federal drug laws. With the rise of the progressive movement there was a unifying belief that it was immoral to carry out behaviors that resulted in a loss of self-control. Women’s groups in particular saw alcohol and drug use as a moral problem and a profound threat to American society. Their activism around these issues date back to the 1830s with the rise of the temperance movement, as noted earlier. Women were an integral part of this movement, rallying for change by forming advocacy organizations and educating the public. By the early 1900s they were part of the push for legislators to respond with laws that addressed these concerns when it came to regulation of narcotic drugs.

Early 20<sup>th</sup>-century policymakers touted the concept of a U.S. drug problem that plagued the nation because of international influence from foreign places like the Philippines or from migrants from China. The power of racial scare tactics grew in U.S. papers, coupled with inflated statistics or unjustified connections noted by powerful diplomats like physician Hamilton Wright. Wright represented the U.S. at the Shanghai Opium Commission in 1909, which was the first international meeting discussing global narcotics. It laid the groundwork for the first international drug control treaty at the Hague in 1912. While there was global concern for opium

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<sup>19</sup> “The Cocaine Monster,” *The Herald* (Los Angeles, CA), December 11, 1898, 10.

use prior to this, the Commission was a significant milestone in the history of international drug control, highlighting the need for collaborative efforts to address the global challenges posed by drug production, distribution, and addiction. In the U.S., concern about foreign places and immigration manifested itself in drug laws that followed this Commission. Hamilton came home from that first commission meeting eager to lobby for domestic anti-drug laws. He informed the public in a 1911 interview that “of all the nations of the world, the United States consumes most habit-forming drugs per capita.”<sup>20</sup> Lacking valid figures to back that up, Hamilton and others still pushed forward for drug laws at home.

The first drug law in the U.S. came out of the Pure Food and Drug Act of 1906, which was mostly a consumer protection act that required proper labeling of licit drugs. The Harrison Narcotics Tax Act of 1914 followed and marked the beginning of federal control by limiting the number of authorities who could legally dispense narcotics, and tied to a larger international project to restrict the opium trade in East Asia and woo China as a potential trade partner.<sup>21</sup> Scholars note that the act died many times in Congress before it passed, but when it did it was for multiple reasons: “to fulfill the agreements the United States made in the International Opium Commission in 1912; to confine narcotics traffic to legitimate medical channels; and to bring drug transactions into the light of day.”<sup>22</sup>

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<sup>20</sup> Edward Marshall, “Uncle Sam is the Worst Drug Fiend in the World,” *New York Times*, March 12, 1911.

<sup>21</sup> James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton: Princeton University Press, 1961); Arnold H. Taylor, *American Diplomacy and the Narcotics Traffic, 1900-1939* (Durham: Duke University Press, 1969); Musto, *The American Disease*. Morgan, *Drugs in America*.

<sup>22</sup> Audrey Redford and Benjamin Powell, “Dynamics of Intervention in the War on Drugs: The Buildup to the Harrison Act of 1914,” *The Independent Review* 20, no. 4 (2016): 509–30.  
<http://www.jstor.org/stable/44000159>. P. 524

With the passage of the Harrison Act, Congress moved to regulate the domestic trade in narcotic drugs and fulfill these international obligations. The Act allowed Congress the power to tax narcotic drugs as well as require annual registration of several people connected to drug production, supply, and distribution - namely importers, physicians, and pharmacists. It also completed a campaign to move control of opiates and cocaine to the federal level to systematize and regulate what had been an assemblage of state anti-narcotic laws.<sup>23</sup> The Harrison Act established precedents for prescribing medications as well as the potential for physician criminal liability when their prescriptions did not meet the statutory requirements. Historian David Courtright points to two defining features of the Harrison Act: one is the definition of narcotics as opium-and coca-based drugs; the other is the law's failure to address the question of whether an addict could receive, on an indefinite basis, a prescribed supply of narcotics.<sup>24</sup>

The impacts of the Harrison Act included the rise of a black market for drugs and challenges for doctors who could no longer supply drugs to certain patients. Dr. Robert A. Schless wrote in February 1925:

“I believe that most drug addiction today is due to the Harrison Act, which forbids the sale of narcotics without a physician’s prescription. Addicts who are broke act as ‘agent provocateurs’ for the peddlers, being rewarded by gifts of heroin or credit for supplies. The Harrison Act made the drug peddler; and the drug peddler makes drug addicts.”<sup>25</sup>

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<sup>23</sup> Musto, *Drugs in America*, 253.

<sup>24</sup> David Courtright, “A Century of American Narcotic Policy”, Institute of Medicine (US) Committee for the Substance Abuse Coverage Study; Gerstein DR, Harwood HJ, editors. *Treating Drug Problems: Volume 2: Commissioned Papers on Historical, Institutional, and Economic Contexts of Drug Treatment*. Washington (DC): National Academies Press (US); 1992.

<sup>25</sup> Robert A. Schless, “The Drug Addict,” *The American Mercury*. (Torrance, Calif: American Mercury, February 1925), 198.

Lawmakers did not offer up alternative policy, but clarity of application soon came through the legal system.

Challenges to the act and analysis of its interpretation came about through judicial channels. Several Supreme Court cases arose in the years after the passage of the Harrison Act: in 1919 the court accepted the Act's constitutionality in *United States vs. Doremus*. That same year, *Webb vs. United States* held morphine prescriptions to keep addicts comfortable violated the Act. In *United States vs. Behrman*, the Court physicians violated the Act if they prescribed drugs to an addict regardless of their reasons for doing so.

The Act blurred public health and policing. The Harrison Act incarcerated drug users, even though it appeared to support a treatment model of drug control. Drug users were not initially criminalized for their use but were simply required to obtain a physician's prescription. The opinion of the average doctor of a drug user, however, changed dramatically. The addict was somehow now "somehow beyond the pale, an unstable and compulsive personality better left to the management of the police or other authorities. This hardening of attitudes resulted at least in part from the fact that physicians were exposed to an increasingly lower-class type of addict; witnessing the transformation first hand, they did not much like what they saw."<sup>26</sup> Addiction shifted down the social ladder and what was considered acceptable drug use in society shifted as well. The passage of the Harrison Act also contributed to the stigmatization of drug users and their addiction as a moral failing rather than a medical condition, leading to negative perceptions of individuals struggling with addiction. When this was true of the upper class just a decade before it was seen quite differently.

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<sup>26</sup> Courtwright, *Dark Paradise*.

Montana, a state of just under half a million people in 1914, followed this narrative as lawmakers attempted to regulate pharmaceutical sales. Pharmacists across the state expressed confusion about the application of certain state drug laws in 1915 known as the “Narcotics Law” and “Pharmacy Law” (Section 10, Chapter 134 of the 14th session laws of the State of Montana).

The law forbade the sale of drugs by anyone other than registered pharmacists; specifically:

Section 1 of this Chapter declares that it shall be unlawful for any person other than a registered pharmacist to retail, vend, or compound drugs, medicines, poisons, or chemicals in the State of Montana and to institute, conduct or manage a store, shop, pharmacy or institution for the sale, vending or compounding of the same unless such be a registered Pharmacist or unless a Registered Pharmacist is placed in charge of such store pharmacy, shop or institution.<sup>27</sup>

However, Montana’s rural nature and business in agriculture resulted in letters to the Attorney General focusing on the sale of insect poisons, arsenic, and gopher poison, instead of narcotics and patent medicines. The records do not show any concern about the declaration that only registered pharmacists would be allowed to administer the sale of medicines.

Montana followed the national trend of drug regulation after the Harrison Act. Across the state, the sale of opium and coca leaves became illegal in 1921, and by 1923 state legislation criminalized possession of narcotics.<sup>28</sup> A 1922 article estimated there were 300 dope fiends in Montana, described as “the ordinary police court vagrant type of addicts.”<sup>29</sup> The Harrison Act would result in 10 years in federal prison for the smugglers convicted of bringing drugs into the country or a \$15,000 fine, or potentially both. These laws impacted incarceration rates across Montana. Historian Ellen Baumler details how drug arrests affected women: “From 1911 to

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<sup>27</sup> Montana Historical Society, Montana Attorney General files, RS No 76, box 11, file 8, Letter to Messrs. G.B. Lyon & Bro from Attorney General

<sup>28</sup> Ellen Baumler, “Justice as an Afterthought: Women and the Montana Prison System.” *Montana: The Magazine of Western History* 58, no. 2 (2008): 41–99. <http://www.jstor.org/stable/25485713>, 52.

<sup>29</sup> *Fergus County Argus*, July 7, 1922.



1943, the small women's facility at the Montana State Prison housed 126 women. Interestingly enough, statistics show that during this period the types of crimes attributed to women began to change. Possession and selling of drugs, at 23 percent, had become a significant category of crime. This statistic can be partially explained by changes in the law.”<sup>30</sup>

By the end of 1923, federal narcotics agents reported a decrease in trafficking and tracked a high number of registrants across the US, including Montana. A federal narcotics inspector noted “a great decrease in the activities of drug traffickers in Montana last year...He praises the cooperation of city and county officials throughout the state.” The same article discussed the results of the federal anti-narcotics agents operating under the Harrison Act to register people selling narcotics. On record at the time were 236,465 narcotic registrants across the U.S., consisting of physicians, dentists, druggists, wholesale dealers, manufacturers, and importers of narcotics drugs. The law required each of these registrants to keep an accurate record of sales and submit a sworn report to the Washington office each month showing the drugs sold.<sup>31</sup>

Like most states, Montana passed the Uniform State Narcotic Drug Act in the mid-1930s. While the law left much up to the state level to interpret, lawmakers wrote the question of maintenance in such a way that the administration of drugs by “physicians in good faith and in the course of his professional practice only,” ultimately meant that supporting addicts through a maintenance regime was illegal.<sup>32</sup> Between the Harrison Act and the Uniform State Act,

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<sup>30</sup> Bauml, “Justice as an Afterthought: Women and the Montana Prison System,” 2008.

<sup>31</sup> *Sanders County Signal*, December 6, 1923

<sup>32</sup> Uniform Narcotic Drug Act Drafted by the National Conference of Commissioners on Uniform State Laws, and by It Approved and Recommended for Enactment in All the States at Its Forty-Second Annual Conference at Washington, D.C., October 4-10, 1932. Illinois, 1932.

lawmakers had tightened the distribution of legal drugs through medical channels, but it was unclear how much this pushed illegal sales into the black market.

The intention of the law was not just to rope in drug distribution, but to create uniformity in the overall administration and oversight of medicinal drugs throughout the United States. The next step policymakers took was to increase law enforcement oversight to enforce their new laws. Congress approved the creation of the Federal Bureau of Narcotics (FBN) in 1930 to carry out federal enforcement of drug laws. Commissioner Harry Anslinger led the FBN for the majority of its 38-year existence.<sup>33</sup> Anslinger tried to highlight the complications of differing state laws in his article for the *Journal of Criminal Law and Criminology* in 1933:

John Doe is a peddler in the State of South Carolina, of one of the most vicious forms of a narcotic drug, heroin. He sells it to minors who are addicted to its use or who become addicted as a result of his despicable trade. Again and again complaint is made by relatives or friends of his victims. Can the State of South Carolina prosecute him? No. The law of that State only prohibits the sale of cocaine. But Richard Roe, a similar peddler living in the State of Oregon makes identical sales, both in Oregon and Montana. May the States of Oregon and Montana prosecute Richard Roe for such acts? They not only may, but the penalty for a second such offense in either State is life imprisonment. What would have happened to both of these men in the State of Utah? They would have been punished for a mere misdemeanor.<sup>34</sup>

Anslinger's frustration at this disjointed offense structure is palpable. He would go on to push for clarity and streamlining of policy and regulation throughout his career, although at times got caught up in a desire for more severe punishment for certain drugs, especially marijuana.

The story of how each state regulated marijuana is important at this time as it relates to other laws and policymakers. The view of marijuana changed dramatically as a result of federal

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<sup>33</sup> A detailed look at Anslinger's legacy by fear tactics is found in Chapter 3.

<sup>34</sup> Harry J. Anslinger, "Organized Protection Against Organized Predatory Crime: VI. Peddling of Narcotic Drugs," *Journal of Criminal Law and Criminology* (1931) 24, no. 3 (1933): p. 646-647 <https://doi.org/10.2307/1135776>.

efforts in the early part of the 20<sup>th</sup> century. Understanding the factors that contributed to changing attitudes towards marijuana provide insights into how similar shifts occurred for other substances. In 1937, Montana's administering agency for cannabis laws was the Secretary of the State Board of Health. A first offense included a fine of \$1,000 or 6 months in prison or both; a second was \$5,000 or 5 years in prison or both.<sup>35</sup> Anslinger was obsessive about tracking marijuana laws, which he connected with his desire for states to pass the Uniform law. Beyond the media stories he helped push, he also galvanized women's clubs to be a vocal proponent of passage - covered in detail in Chapter 3. Their rallying cry was one of the reasons Montana passed the Uniform Law in the 1930s.

#### Mid-Century Modern or Medieval?

World War II briefly disrupted global trade, throwing smuggling networks into disarray. The total volume of narcotics available for consumption (both licit and illicit) and the prevalence of U.S. addiction fell to historic lows. However, by the 1950s, criminalization began to expand. The Boggs Act (P.L. 82-255), passed in 1951, established mandatory prison sentences for some drug offenses. It lumped marijuana with other narcotics and failed to distinguish between consumers and traffickers. The 1956 Narcotic Control Act (P.L. 84728) increased penalties for drug offenses and established the death penalty as punishment for selling heroin to youth.

Montana's lawmakers were quieter in their work on drug policy in this era. By 1947, the Montana Food and Drug Division clearly outlined pharmacological uses for drugs and discussed proper labeling of medical drugs that included morphine, opium, or cocaine, but there was no

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<sup>35</sup> Harry J. Anslinger, "State Laws Controlling Production of Cannabis Penalties," Box 3, Harry Anslinger Papers, Special Collections Library, Pennsylvania State University.

specific discussion of amphetamines.<sup>36</sup> Illegal drugs did not take center stage for the state in the mid-century, although newspaper articles kept the fear alive at times. Harry Anslinger wrote with characteristically doomed undertones in 1951 that “the narcotic peddler does not kidnap your children; he destroys them.” Anslinger’s emphasis on youth was with intention. He tried to grab his audience with fear at the vulnerability of children. His graphic description of an addicted peddler and the thousands out there like him drove the point home in the need for improved legislation;

“they have no sense of moral responsibility. They would, without hesitation, shoot heroin into the radiant veins of your 15-year-old daughter, and send her into prostitution to get money for the heroin they pump into her innocent body, yet such peddlers get off with suspended sentences.”<sup>37</sup>

The parents reading these articles would most certainly be alarmed at the vision of their children being put in harm’s way. Anslinger’s semantics also placed full blame for any entry into drug use on the peddler, painting them as a hawk circling with evil intention on the youth of society.

A clear overview of Montana’s approach to drug policy is available as a result of a 1955 inquiry from John Ben Shepperd, Attorney General of Texas and president of the National Association of Attorneys General, to then Montana Attorney General Arnold Olsen. Shepperd requested information about Montana’s laws, penalties, addiction rates, treatment, and education. Attorney General Olsen’s response via a Western Union telegram provides a succinct snapshot of the state’s legal, health, and educational components of drug policy:

Montana adopted Uniform Narcotic Drug Act in 1937. Montana Law has been modified to stay current with uniform law and federal code. Old State Law requires

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<sup>36</sup> Montana State Board of Health Food and Drug Division “Food and Drug Laws, Rules and Regulations,” July 1947, Montana Historical Society Archives.

<sup>37</sup> Harry J. Anslinger, “The Narcotic Peddler” Dillon Tribune September 19, 1951

Superintendent of Public Instruction to instruct school children re. effect of narcotic addiction. 1949 Law established narcotic education section under the State Board of Health. No specific legislation charging the Attorney General with responsibility concerning narcotics.

Addiction not an offense, but addictive people can be committed by district judge to state mental hospital. The legal sale, possession, manufacture, prescription, administering or compounding of narcotic drug, punishable on first offense for six months, and/or \$1000 fine, for any subsequent offense by five years and/or a \$5000 fine. Traffic involving person under the age of 18, punishable by minimum of five years to maximum of life. Narcotics not considered as a serious criminal problem in Montana. Last known convection to state penitentiary was a 1952. Statement the hospital, warm Springs, Montana, has an inebriate and narcotic section. At all times during past 20 years there has been narcotic patients in the hospital.

State has no procedure for sending addicts to federal hospitals. Cooperation between state and federal law-enforcement good. Has been difficult to contact federal agent because of distance and lack of federal agents. Nearest agent resides Seattle. No known case of Mexican narcotics in the state. Only narcotic appropriation is for education, this through state board of health. Totals approximately \$8000 annually. State has only one full-time employee working on our narcotic problem. Majority of narcotic laws found in Title 38, Chapter 7, and Title 54, Chapters 1 and 2, R.C.M., 1947. Montana law follows uniform act. Recommend additional emphasis on program of education and that federal government hire additional agents for this area.<sup>38</sup>

Montana followed the national norms at the time in providing drug education for school age children. These educational efforts often included lectures, films, and informational materials designed to raise awareness about the risks associated with narcotics and other drugs. The use of the state mental hospital for people suffering from addiction was also practiced in other states outside Montana. This approach was often pursued under laws that allowed for involuntary commitment of individuals deemed a danger to themselves or others due to their substance use, sometimes viewed as a mental illness or moral failing. Of note is the lack of procedures for

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<sup>38</sup> Attorney General Records, October 7, 1955, RS 250, Box 10, Folder 26 Montana Historical Society.

sending people to the federal hospitals. These hospitals, outlined in the next section, were a tool created at the national level to assist states with rising addiction rates.

While the AG did not see narcotics as a serious criminal problem in the state, he highlighted the challenges of limited staffing and difficulties in reaching the entire state with few agents. This trend would continue for rural states like Montana through the end of the century.

### Crashing into the End of the 20th-Century

With the passage of the Controlled Substances Act in 1970, Montana fell in line with the nation on how to govern drug use. Drug laws did not change until the turn of the century, and mostly focused on marijuana.<sup>39</sup> Across the rest of the U.S., state approaches varied; some states followed the lead of New York and imposed stiff penalties, including mandatory minimums for selling or possessing certain drugs based on the punitive Rockefeller drug laws.<sup>40</sup> Other states recognized the added social harm imposed by such penalties and began to experiment with decriminalization. By the late 1970s, then-President Jimmy Carter briefly voiced support for decriminalization, arguing, “Penalties against possession of a drug should not be more damaging to an individual than the use of the drug itself; and where they are, they should be changed.”<sup>41</sup>

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<sup>39</sup> In November 2004, Montana voters approved a medical marijuana ballot initiative by a margin of 62 to 38 percent—the second largest margin of victory for such measures to date.

Ferraiolo, Kathleen. “From Killer Weed to Popular Medicine: The Evolution of American Drug Control Policy, 1937–2000.” *Journal of Policy History* 19, no. 2 (2007): p. 147  
<https://doi.org/10.1353/jph.2007.0009>.

<sup>40</sup> The Rockefeller Drug Laws, named after then Governor Nelson Rockefeller and passed in 1973, are statutes dealing with the sale and possession of narcotic drugs in the New York State Penal Law. They set mandatory minimums for selling or possessing certain drugs and gave New York the most severe drugs laws of the time. Julilly Kohler-Hausmann, “The Attila the Hun Law: New York’s Rockefeller Drug Laws and the Making of the Punitive State.” *Journal of Social History* 44, no. 1 (2010): 71-95.

<sup>41</sup> Jimmy Carter, “Drug Abuse Message to the Congress,” August 2, 1977, *The American Presidency Project*, [www.presidency.ucsb.edu](http://www.presidency.ucsb.edu). In October of 2022, President Joe Biden would voice a similar

Yet certain core assumptions endured, as politicians like Richard Nixon repurposed durable arguments about drugs and social decline and turned “law and order” into a rallying cry for decades to come.

One drug that swung on a pendulum of social and legal responses was marijuana. From 1973 to 1978, marijuana was decriminalized or legalized across the country in twelve states including Oregon, Colorado, and South Dakota. Laws in these states handed out civil fines rather than put criminal charges on a person caught smoking the drug in public. A push back against a period of decriminalization of marijuana in the 1970s came about in a counterrevolution of concerned parents.<sup>42</sup> Parents’ groups quickly mobilized, stifled research on marijuana, and pushed drug policy toward fearmongering and taboos.<sup>43</sup> Meanwhile, cocaine returned to the American drug scene after a roughly fifty-year absence. In October 1986, Congress passed the Anti-Drug Abuse Act with overwhelming bipartisan support. The law specifically targeted crack offenders, reintroducing mandatory minimum sentencing and levying the same five-year sentence for the possession of five grams of crack or five hundred grams of cocaine. Communities of color disproportionately felt the impact of the law, which was explicitly racist in its outcome.<sup>44</sup> Harkening back to the first drug laws and media stories heightening perceptions of

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argument in an executive order that granted a pardon to people convicted of simple marijuana possession under federal law.

<sup>42</sup> Dufton, *Grass Roots*.

<sup>43</sup> Lisa McGirr, *Suburban Warriors: The Origins of the New American Right* (Princeton: Princeton University Press, 2001); Dufton, *Grass Roots*. See also Marsha Keith Schuchard, *Parents, Peers, and Pot*, (National Institute on Drug Abuse, 1980), <https://wellcomelibrary.org/item/b18034718#?c=0&m=0&s=0&cv=0&z=-1.1709%2C-0.0845%2C3.3417%2C1.6908>

<sup>44</sup> Alexander, *The New Jim Crow*; Forman, *Locking Up Our Own*.

more dangerous use by minorities, the Anti-Drug Abuse Act followed the cyclical path of how Americans responded to drug use as it spread across parts of society.

Meanwhile, the country also displayed significant changes in drug use patterns. The shock and awe of the crack epidemic began to fade out – partly due to media saturation<sup>45</sup> - just as new drugs started to take center stage. In the late nineties, methamphetamine (or “meth”) use began to cause a public outcry, particularly in rural communities, replacing crack as the drug of concern. While national trends did not show a major increase in meth use, regional and local data show stark increases. High rates of use cropped up in Hawai‘i and parts of the West, where states like Idaho reported 42% of total treatment admissions for meth use.<sup>46</sup> Legislators, law enforcement, and pharmacists struggled with the effects of meth use on law enforcement, safety, and health within their communities. Prosecutions for meth-related activities began to rise, but state and federal legislation to curb home-lab meth production did surface till the mid-2000s.<sup>47</sup> Instead, policy in this era drugs connected with crime.

President Bill Clinton solidified and expanded hardline sentencing from previous presidential administrations under the Violent Crime Control and Law Enforcement Act in 1994, the largest crime bill in the history of the country. The “three strikes” statute under this law provided mandatory life imprisonment if a convicted felon had a severe violent felony and two or more previous convictions in federal or state court. Although the long-term consequences of

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<sup>45</sup> Donna M. Hartman and Andrew Golub, “The Social Construction of the Crack Epidemic in the Print Media,” *Journal of Psychoactive Drugs*, 31:4,(1999) 423-433.

<sup>46</sup> Dana Hunt, Ph.D, Sarah Kuck, Linda Truitt Ph.D. NCJRS Study “Methamphetamine Use: Lessons Learned,” February 2006, <https://www.ncjrs.gov/pdffiles1/nij/grants/209730.pdf>. Timothy Egan, “Crack’s Legacy: A special report; A Drug Ran It’s Course, Then Hid With Its Users,” *New York Times*, September 19, 1999.

<sup>47</sup> Curtis J. VanderWaal, et. all, “Controlling Methamphetamine Precursors: The View from the Trenches,” NCJRS, August 2008.



this bill were still unclear, strong anti-drug public sentiment made it popular. The punitive measures of this bill increased the number of people held in state and federal prisons for drug-law violations from fewer than 25,000 in 1980 to nearly 300,000 by 2018.<sup>48</sup> For Montana, the last quarter of the 20th century saw dramatic change related to drug offenses. From 1978 to 1991 the drug offense rate was below 200 offenses per 100,000 population. From 1991 to 2001, that rate saw an increase of 276.5%.<sup>49</sup>

### What about the User? Treatment & Incarceration

The United States has a long history of using incarceration as a tool to treat drug addiction. Before the passage of the Harrison Act in 1914, drugs were easy to obtain through medical channels and pharmacies, with little to no penalties across the spectrum of supplier to user. Tightening regulations scared doctors into compliance, and what was once seen as a casual drug user became addicts in need of treatment. Many, particularly lower classes, ended up in jail. The Harrison Act gave authority to the Internal Revenue Bureau's Narcotic Division to close state and city narcotic clinics and send drug violators to federal penitentiaries.<sup>50</sup>

As prisons filled with addicts - estimates from the 1920s put one-third of the federal prison population as incarcerated for drug-related offenses - policymakers looked for new ways to address overcrowding and to rehabilitate drug users.<sup>51</sup> The result was a 1929 act of Congress

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<sup>48</sup> "More Imprisonment Does Not Reduce State Drug Problems," Pew Charitable Trusts, March 8, 2018, <https://www.pewtrusts.org/en/research-and-analysis/issue-briefs/2018/03/more-imprisonment-does-not-reduce-state-drug-problems>.

<sup>49</sup> Montana Board of Crime Control "Crime in Montana, 2002-2003 Report," September 2004. Of note: Western states had the highest percentage increase in the number of overall sentenced prisoners in 1990 for all offenses, with a gain of 9.2%. Robyn Cohen, "Prisoners in 1990" U.S. Department of Justice, Bureau of Justice Statistics, 199.

<sup>50</sup> Charles F. Levinthal, *Drugs, Society and Criminal Justice*, (Boston: Prentice Hall, 2012), 56.

<sup>51</sup> Nancy Cambell, *The Narcotic Farm*, 2021.

(21 USC 199) establishing two Public Health Service hospitals for the treatment of drug addiction in Lexington, Kentucky and Fort Worth, Texas. These two hospitals, often referred to as “Narcotics Farms,” treated narcotic drug addicts convicted of offenses against the United States and addicts who voluntarily submitted themselves for treatment. In the hearings before the Committee of the Judiciary of the House of Representatives in April 1928, the bills for the establishment of “farms” included language about how “narcotic addiction annually destroys men's lives and brings untold misery into thousands of homes, and is responsible for much crime, committed by the victims in their frenzied desire for money to buy drugs.”

The committee responded after seeing evidence of overcrowded prisons where drug addicts were not only taking up space but also “seeking to recruit others to the use of drugs and that he is a source of infection in any place where numbers are gathered together in confinement.” The language in the bill fluctuated between descriptions of drug users as social menaces who exacerbated crime to people “afflicted with a malady.”<sup>52</sup> This fluctuation exemplifies tensions at the national level about how to address addiction. We see the pendulum swinging even within the drafting of laws; those who use drugs are both sinners and victims and the response from the government is an attempt to link public health and law and order.

As medical providers turned away drug users for maintenance treatment because of the Supreme Court Webb decision, carceral facilities started to feel the strain. Overcrowded prisons concerned lawmakers and the creation of these drug treatment facilities was their logical response. Support, however, was wider than just those seeking to address the issue of drugs from the justice sector side of things; backing for the bill came from a “wide range of interests

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<sup>52</sup> *Establishment of Two Federal Narcotic Farms: Hearings before the Committee on the Judiciary, House of Representatives, Seventieth Congress, First Session.* Washington, U.S. G.P.O. p. 10

including public health officials, ministers, the American Federation of Labor and women's clubs - precisely because it promised to establish institutions that were more than just prisons." The Narcotics Farms existed for over forty years, and while they may have been conceived as treatment facilities, their role as incarceration sites dominated as the state used them to detain men convicted for drug offenses.

The farms represented a blending of old and new methodologies, "a modern prison setting that could instill nineteenth-century moral principles."<sup>53</sup> In 1934, Dr. Lawrence Kolb was appointed head of the hospital in Lexington, Kentucky to lead the U.S. government's first experimental unit for treating drug addicts. There was much hope from Dr. Kolb for treating residents of the "farms" as patients rather than prisoners and returning them to society:

When one notes the tremendous improvement in the physical appearance and the mental balance of these patients, one considers the appropriation to maintain this institution as one of valuable, practical, humanitarianism. One who has seen narcotic addicts on the streets and in the penal institutions noting their pasty complexions, their drawn skin and their emaciated physiques, is quite surprised to note the robustness and healthy appearance of the men who, at Lexington, are being rehabilitated and returned to good citizenship.<sup>54</sup>

Recidivism rates for patients, however, were quite high and influenced the perception that the narcotic farms were failures, which ultimately led to stricter laws. The resulting Narcotics Control Act of 1956 saw expanding penalties for drug offenders rather than continue with a transformative medical model that the farms pursued. Lawmakers used what they saw as a

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<sup>53</sup> Holly M. Karibo, "Addiction, Treatment and Punishment at the Fort Worth Narcotic Farm," *Social History of Medicine: The Journal of the Society for the Social History of Medicine* 33, no. 2 (2020): 523.

<sup>54</sup> Alfred Gus Harger, "Narcotic Addicts and the United States Government," March 20, Lawrence Kolb Papers, 1912-1972. Archives and Modern Manuscripts Collection, History of Medicine Division, National Library of Medicine, Bethesda, MD; MS C 279.

failure at the narcotics farms as their justification for pivoting to the criminal justice system as an answer to addiction problems in the post-war era.<sup>55</sup>

During the era of the narcotics farms, mental health treatment was also undergoing significant changes across the United States. Emerging approaches like psychoanalysis as well as new medications and treatments changed the landscape of for those suffering from a mental health condition. Institutional care was still largely the norm, but by mid-century efforts grew to provide mental health services within communities. While Congress criticized and eventually phased out the federal narcotics farms due to their ineffective and punitive methods, mental health treatment, which faced similar challenges, transformed and evolved towards more comprehensive and humane approaches.

A 1955 testimony to a Congressional subcommittee on narcotics investigations offers a snapshot into the narcotics problem in that moment. John Ben Shepperd, the Attorney General of Texas, sent his testimony to Montana's Attorney General as he had contributed information that went into the report. Covering the history of drug legislation in the U.S. and the current response from both law enforcement and treatment angles, Shepperd ends his remarks with ideas for how to handle addiction across the country. With a lack of uniform provisions for the commitment and treatment of addicts, he argues for some form of post-custodial care and a possible solution in looking at out-patient treatment through county health units. He notes, "federal funds are already sent to county health units for outpatient treatment of polio, heart-disease, cancer, tuberculosis, maternal care and many other things - but not a cent is earmarked for narcotics addicts. Every known addict should be required to undergo a check-up by a competent doctor for

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<sup>55</sup> Karibo, "The Only Trouble Is the Dam' Heroin': Addiction, Treatment and Punishment at the Fort Worth Narcotic Farm," 537.

at least five years after release.”<sup>56</sup> This concept of continual care post-incarceration never came to fruition and the farms abrogated by the mid-1970s.

The federal response to addiction at that time briefly flirted with a softer approach to drug policy that encompassed treatment. On the day that President Richard Nixon declared his ostensible war on drugs, promising to “wage a new, all-out offensive” in June 1971, he did so with the announcement of a new White House office—the Special Action Office for Drug Abuse Prevention—to coordinate national treatment and rehabilitation initiatives. One of the major imperatives for this softer approach was the war in Vietnam, where heroin and marijuana were readily available, and the fear that returning soldiers would bring their habits home. Nixon’s solution was essentially progressive: drug use was decriminalized, and soldiers were simply required to detox and pass urinalysis screening before returning home.<sup>57</sup> This approach, like the post Narcotics Farm care concept, evaporated in the years to come. Instead, Americans embraced harsh enforcement and a public demand for more street-level security of drug users, traffickers, and dealers.

### Conclusion

Drug controls, as a policy measure to reduce public accessibility to drugs deemed harmful, is a consistently tricky formula to nail down. By trying to create controls around

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<sup>56</sup> Montana Historical Society, Montana Attorney General files, RS No 76, Copy of Testimony and Letter to Honorable John Ben Shepperd from Attorney General Arnold Olsen

<sup>57</sup> Nixon, “Special Message to the Congress,” July 14, 1969; “Remarks About an Intensified Program for Drug Abuse Prevention and Control,” and “Special Message to the Congress on Drug Abuse Prevention and Control,” June 17, 1971, *The American Presidency Project*, UC Santa Barbara, [www.presidency.ucsb.edu](http://www.presidency.ucsb.edu). See also Jeremy Kuzmarov, *The Myth of the Addicted Army: Vietnam and the Modern War on Drugs* (Amherst: University of Massachusetts Press, 2009); Eric C. Schneider, *Smack: Heroin and the American City* (Philadelphia: University of Pennsylvania Press, 2008), 159-81.

pharmacists, doctors, and society's ability to access and distribute medicine and drugs, policymakers pushed for regulation to protect the public. By trying to reckon with a growing number of drug users, policymakers pushed for concrete legislation, enforcement, and sentencing. However, because drug controls placed drug users into two schools of thought, one positioning drug abusers as illicit pleasure seekers and the other as licit health seekers, coming up with drug policy and controls was complex. Drug laws over the twentieth century divided drug users down these lines, impacting treatment options for those with addiction and challenging policymakers to find effective laws, systems, and responses for the management of drugs in society.

The history of drug policy illustrates that what is often labeled “unprecedented” drug crises in the news cycle is just one more example of drugs flowing through American society. Tracing these flows and the response of policymakers helps us see the historical roots of the “crises” we face today. Policymakers respond to a moment in time. The resulting laws are the results of constituents and lobbying groups, and the culture, politics, and economics of that moment. In the chapters ahead, we will see specific examples of the pendulum of policy swinging back and forth, with Americans attempting to tackle the challenges of drug production and consumption from the local to the global level.

## CHAPTER THREE

MUDDLED COMMUNICATION - FEAR AS A TOOL IN DRUG  
POLICY

At the end of a site visit in Mount Hood, Oregon for my work with the U.S. Department of Justice, I drove with a police officer by shocking billboards that showed repeat arrest photos. The images were of the same individuals, white people appearing to be between twenty to fifty years of age. The photos showed the slow demise of their skin, teeth, and hair because of methamphetamine (meth) use. The Multnomah County Sheriff's Office sponsored this prevention campaign, titled "Faces of Meth" and used it as a high school drug education program in schools. It was hard to look at the photos for more than a second, leaving the viewer uncomfortable. Did this fear-based messaging work, I wondered?

This type of prevention campaign was far from new in the United States— newspapers, publishers, and government officials have used this same type of fear-based messaging for over a century. From grotesque images of drug users to graphic depictions of the depths of addiction, fear was the backbone of these stories. Fear-based messaging capture public attention but fail to give the viewer the entire picture of drug use. Prevention campaigns, like the one above, tend to focus on extreme impacts on those suffering from the worst forms of addiction.

This chapter argues that media, government leaders, and advocacy groups repeatedly used fear as a tool to drive messaging around the use, abuse, and enforcement of drugs. This, in turn, influenced how the public perceived certain drugs over the century. In particular, this chapter shows the roots of current drug prevention tactics in earlier twentieth-century media and government examples. As a tool, fear is quite provocative and influential in drug policy, if not

always conveying the whole picture of drug use. Although there is no clear positive impact of this approach, governments and advocacy groups cyclically use this strategy in their work.

This chapter begins with examples of media depictions of the effects of drugs on users in the media in the early twentieth century. Newspaper articles and personal narratives provided details for an eager audience to read and see the visual impacts of drug use. The next section demonstrates how government agencies used fear as a tool for law enforcement. Now seen as misguided messaging, federal law enforcement in the first part of the twentieth century also targeted minorities and provided confusing messaging around drugs like marijuana. Finally, I look at the origins of government use of methamphetamine as a tool during World War II and the Cold War, and corresponding public rejection afterward. While several governments utilized meth as a performance enhancer to keep soldiers awake and energized in battle, afterward meth use symbolized a national state of despair, defeat, and dependence instead of a tool used to achieve victory. This long view of meth shows how one drug can shift along a spectrum from accepted medical and societal uses to a drug of fear and panic, especially when the drug shifts to the black market.

These sections support the argument that fear perpetuates the cycles of panic and disorder in response to drugs. I show that while fear-based messaging captured public attention, it reinforced negative stereotypes, created confusion, and incorrectly placed blame. Ultimately, this chapter shows that despite the inability to demonstrate a positive impact, media and policymakers continued these fear-based methods over time.

### Fear as a Media Tool: From Use to Abuse, Race, & Class

Media coverage of drug use in the early 1900s reflected a growing concern about drug



addiction and its impact on society. Newspapers and magazines often reported on the dangers associated with common medicinal drugs used at the time, including cocaine and morphine. With no laws restricting the consumption or sale of these drugs, one would commonly find them in pharmacies, saloons, and through mail-order vendors. As use spread, so too did addiction. The media picked up on stories to share, including sensationalized accounts of addiction, crime, and societal decay.

A common thread through many of these articles was the use of drawings, photographs, and graphic written descriptions of the physical impact drugs had on the user. An article from the *Chicago Tribune* covered the tale of Max Ohle, a middle-class teenager who became addicted to cocaine while working for a pharmacist.<sup>1</sup> The write-up included a before and after of his face as drawn by a newspaper sketch artist - his wide-eyed expression becoming more intense after cocaine use, his hair unkempt, and his face gaunt. His stealing of a cough remedy resulted in public interest like the “proprietary remedy through which this lad acquired the habit.”<sup>2</sup> A 1902 memoir by Annie Myers described the Chicago socialite's life of cocaine addiction and recovery. Her goal in sharing her story was to warn others of the impacts of the consequences of drug use. She describes her social status, noting “I was a typical woman of society in those days. I only state these things to show that cocaine is no respecter of persons or positions.” She also details how cocaine affected her appearance. Her memoir includes photographs demonstrating the dramatic changes in her physical appearance, where she ages beyond recognition. She notes:

...it is impossible to give the reader any idea of the frightful condition I was in during my stay at the Bridewell. The engraving on page 66 of this book, made from a photograph taken a few days after my release, flatters my real appearance at that time. My hair was mostly out. A part of my upper jawbone had rotted away. My

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<sup>1</sup> “Boy Slave to Cocaine,” *Chicago Tribune*, October 20, 1896.

<sup>2</sup> “Admit Cocaine Is In It,” *Chicago Tribune*, October 21, 1896.

teeth were entirely gone. My face and my entire body were a mass of putrefying cocaine ulcers. I weighed only about 80 pounds and it would be hard to conceive of a more repulsive sight. My mind was in a state of imbecility...<sup>3</sup>

Myers brought readers graphic description of the impact of cocaine on her body. This personal insight is thought to be the first drug memoir written by a woman and the first written publication about cocaine addiction. Myers acknowledged the help of her sister and the St. Luke society in recovering from her addiction.

By the time the Harrison Narcotics Act passed in 1914, the newspaper-reading American public was well-versed in the consequences of drug use. The media jumped at the chance to use imagery and first-hand accounts describing and visualizing the physical impacts of cocaine and opium use on men and women across the nation. What started in many publications as exposes of the dangers of drug use turned into articles showing racial hatred towards minority populations with exaggerated depictions of drug users. Many scholars have documented this shift and expanded on how racism shaped the creation of drug policy and drug laws in the U.S.<sup>4</sup> The American public has consistently perceived drug use and addiction as more threatening and destructive when it appears among poor and minority groups—and in many respects it is because those groups often lack the resources enjoyed by their fellow citizens when it comes to treatment, housing, and social services.

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<sup>3</sup> Annie C. Meyers, *Eight Years in Cocaine Hell* (Illinois: St. Luke Society Press, 1902.)

<sup>4</sup> The existing literature discussing race and drug use is robust. Just a few examples include David Musto's work, *The American Disease*, which includes a list of articles discussing crimes by African American cocaine users in the medical and popular press between 1898 and 1914. Isaac Campos examines marijuana and the link between Mexico and antidrug ideology across North America. John Hudak tracks the explicitly racist roots of cannabis policy in the United States. Michelle Alexander and James Forman Jr. write about the unjust application of drug laws across racial lines. See Musto, *The American Disease*; Campos, *Home*; John Hudak, *Marijuana: A Short History* (Washington, D.C: Brookings Institution Press, 2016); Alexander, *The New Jim Crow*, Forman, *Locking Up Our Own*.

One of the best examples of this nexus of drugs and social and racial prejudice is the 1914 *New York Times* article, “Negro Cocaine ‘Fiends’ Are a New Southern Menace.” Often cited in research on race and drug history, this article falsely claimed that cocaine made black men murderous, crime-seeking, and resistant to bullets. The prominent physician who penned the article noted how prevalent this issue was across the Southern United States, where “the Negro fiend imagines he hears people taunting and abusing him, and this often incites homicidal attacks upon innocent and unsuspecting victims.”<sup>5</sup> Articles like this were numerous, erroneously linking the effects of cocaine on black men with violence, rape, and crime. The public repeatedly soaked up stories of drug cycles, often starting with legal pharmaceuticals and leading to illegal abuse. Government agencies and leaders tapped into this tactic throughout the 20th century.

Fear as a Government Tool: Harry J. Anslinger and the Federal  
Bureau of Narcotics

Painting drug users as criminals changed the public view of addiction and tapped into fears about crime and violence. The government used this fear as a tool in law enforcement approaches that blossomed in the 1930s and grew in the decades that followed.

As explored in detail in Chapter 1, a public health approach to substance users provided treatment through institutions, asylums, and for a period the federal Narcotics Farms. While these federally funded institutions attempted to cure addiction for substance users, policymakers simultaneously invested in federal law enforcement as another tool to tackle drug supply and use across the United States. Prohibition of alcohol ended in 1933, but opiates continued to be

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<sup>5</sup>Edward Huntington Williams, “Negro Cocaine ‘Fiends’ Are a New Southern Menace,” *New York Times*, February 8, 1914.

outlawed under the Harrison Act. The public view shifted from seeing the typical drug addict as a soft-spoken high-class female to a “small criminal subculture; it did not seem unreasonable for that same government to deny the morbid cravings of a deviant group.”<sup>6</sup> As drug use spread across the social and economic spectrum, perspectives changed dramatically about what Americans considered acceptable drug use.

Out of this attitude towards prohibition came Congressional support for establishing a separate Federal Bureau of Narcotics (FBN) in 1930. The new center focused on drug laws and enforcement, instead of retaining supervision within the Treasury Department’s Prohibition Unit. President Herbert Hoover appointed Harry J. Anslinger the founding commissioner of the bureau. He served in that role for 32 years, covering five different presidential administrations.

Anslinger had a powerful influence and legacy from his work with the FBN, not only because of his lengthy time in office but also because of his definitive approach to enforcement.<sup>7</sup> Scholars and analysts are split on seeing this legacy as a positive or a negative in policy circles; articles and books on Anslinger include titles from “Stable Force in a Storm” to “Assassin of Youth.”<sup>8</sup> His views on race influenced how agents enforced laws across the country. Starting in 1933, he “ordered his agents to report directly to him any information about narcotics of foreign origin and certain ethnic groups involved in illicit narcotics trafficking.”<sup>9</sup> He fell into the camp of

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<sup>6</sup>Courtwright, *Dark Paradise*, 141.

<sup>7</sup>John C. McWilliams, “Unsung Partner against Crime: Harry J. Anslinger and the Federal Bureau of Narcotics, 1930-1962,” *The Pennsylvania Magazine of History and Biography* 113, no. 2 (1989): 207–36. <http://www.jstor.org/stable/20092328>.

<sup>8</sup>Douglas Clark Kinder and William O. Walker, “Stable Force in a Storm: Harry J. Anslinger and United States Narcotic Foreign Policy, 1930-1962,” *The Journal of American History* 72, no. 4 (1986): 908–27. <https://doi.org/10.2307/1908896>; Alexandra Chasin, *Assassin of Youth: A Kaleidoscopic History of Harry J. Anslinger's War on Drugs*, (University of Chicago, 2016.)

<sup>9</sup>Douglas Clark Kinder, “Bureaucratic Cold Warrior: Harry J. Anslinger and Illicit Narcotics Traffic,” *Pacific Historical Review* 50, no. 2 (1981): 176. <https://doi.org/10.2307/3638725>; For more on analysis of

viewing drug users as criminals, informing Congress that “the major criminal in the United States is the drug addict; that of all the offenses committed against the laws of this country, the narcotic addict is the most frequent offender.”<sup>10</sup> Most agree that the punitive drug policy he championed serves as the foundation of our prohibitionist drug strategy that remains today.<sup>11</sup>

By the end of the 1930s, the FBN was busy enforcing the Harrison Act by tracking drug distribution by doctors and pharmacists nationwide. Commissioner Anslinger took this requirement very seriously. Government documents highlighting his oversight and enforcement of the medical community in the 1930s and 1940s show fearful and often panicked responses from doctors and pharmacists.

Anslinger did not care for criticism of his approach. In an editorial he wrote for the *Weekly Bulletin of the Jackson County (Missouri) Medical Society* in 1939, he lambasted the Bureau’s critics. He argued the Bureau worked hard to avoid ruining the reputation of reputable doctors, but he also noted that the careless acts of doctors who skirted the law irritated the Bureau. He left the reader with the threat:

if enough of you are performing this illegal act and particularly, if this abuse of privilege increases, we may expect to hear from the authorities...We may be enjoying a lot of unpleasant publicity at present and we may be a gang of bad boys in the eyes of certain government officials, but there is no reason why we can’t mend our ways and remain on good terms with our friends of old - the Federal Bureau of Narcotics.<sup>12</sup>

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the FBN, Anslinger, and race see: Elaine Carey, “Creating False Analogies: Race and Drug Wars, 1930s to 1950s,” In *Race and Transnationalism in the Americas*, (University of Pittsburgh Press, 2021): 161.

<sup>10</sup>United States Congress Finance Committee, “Taxation of Marihuana,” July 12, 1937, <https://www.finance.senate.gov/imo/media/doc/75HrgMarihuana.pdf>.

<sup>11</sup>Michael F. Walther, “Insanity: Four Decades of U.S. Counterdrug Strategy,” Strategic Studies Institute, US Army War College, 2012, <http://www.jstor.org/stable/resrep11872>.

<sup>12</sup>Harry Anslinger, “The Narcotics Bureau if Neither Horse Nor Car So Let’s Stop Riding It,” February 4, 1939, H. J. Anslinger Papers, Eberly Family Special Collections Library, Pennsylvania State University.

Anslinger leaned into doctors' fears they might lose their medical licenses or experience public humiliation. Archival records from Commissioner Anslinger's time in office show numerous panicked responses from doctors from South Carolina to Idaho regarding excessive morphine purchases in 1943. Many responded that the drugs they were charged with overprescribing were for their wives or themselves due to some kind of illness or injury or years of use. Some doctors almost expressed relief at being caught; "I have been expecting something like this to happen and I hope that I may get this matter settled and feel free again." One doctor in Greenville, SC who admitted to self-use wrote:

There is an explanation for this excessive amount but I don't think there is ever an excuse. I do not know what to do. I have worked hard very hard, I have a family 4 children and wife. You realize without my telling you what this will mean to them and to my practice when you make this public information.<sup>13</sup>

This type of response came from across the country from many doctors and pharmacists. The tone in this specific example showed how some felt it unjust to be called out for their actions. Yet, the FBN felt they were seeing to their duty as enforcers of drugs laws. They aimed to control how doctors and pharmacists used drugs – both personally and in their professional roles. The reach of the FBN was national, but their ability to follow through on legal ramifications was partially dependent on local sentiment. Federal agents of the FBN had as much power as their state and local partners would give them. The specific cases in Montana included scrupulous details collected by FBN agents of doctors and pharmacists who overprescribed morphine and codeine in their communities. Few saw the ramifications of these violations, however, as the local response was not always as aggressive as the FBN wanted. Limited

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<sup>13</sup>“Addiction Cases Involving Physicians, 1920-1942,” Box 8, Folder 8, H.J. Anslinger Papers, 01875, Eberly Family Special Collections Library, Pennsylvania University.

numbers of agents weakened the strength of the FBN in places like Montana.

Anslinger pivoted to different tactics in regions where he had limited agents. He built a powerful relationship with the press to influence society and their understanding of drugs and drug users. This is vividly seen in his cutthroat pursuit of marijuana laws. Citing tales of violence, particularly in Mexican American users, Anslinger ignited a public push against marijuana. The American Medical Association (AMA) argued marijuana was a mild narcotic and not a major concern to public health, and certainly not a drug that incited violent crime and insanity. Anslinger's files include a report by a director at the AMA who had elicited opinions from pharmaceutical manufacturers on whether a uniform law was necessary for marijuana; they almost unanimously agreed it was unnecessary as it was not widely prescribed nor was it habit-forming.<sup>14</sup>

Anslinger fabricated evidence against marijuana. Historians have documented his blatant misinformation campaign, including claims marijuana led to violence and insanity.<sup>15</sup> A 1938 Reader's Digest article cited Anslinger as stating "There must be constant enforcement and constant education against this enemy, which has a record of murder and terror running through the centuries." Anslinger himself co-authored an article that wrongly identified marijuana as a narcotic, as "dangerous as a coiled rattlesnake," and connected its use with violent crimes that drove the user into a delirious rage.<sup>16</sup> His efforts resulted in marijuana's criminalization in 1937.

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<sup>14</sup>"Effects of Marijuana, circa 1930-1940," Box 9, Folder 24, Anslinger Papers, 01875, Eberly Family Special Collections Library, Pennsylvania University.

<sup>15</sup> Mike Vuolo, Joy Kadowaki, and Brian C. Kelly, "Marijuana's Moral Entrepreneurs, Then and Now," *Contexts* Volume 16, Issue 4, <https://doi.org/10.1177/1536504217742387>.

<sup>16</sup> Harry Anslinger, "Marijuana – Assassin of Youth," *Readers Digest/The American Magazine*, 1938, <https://www.druglibrary.org/schaffer/history/e1930/mjassassinrd.htm>.

The media picked up Anslinger's messaging. A newspaper from the small town of Ryegate, Montana ran a story about the destructive effects of marijuana, stating that the result of using:

... is to release the base impulses and desires from those moral controls and inhibitions developed in the civilized man. Education regarding the deleterious effects of this dangerous drug is urged by Commissioner Anslinger. Many stress the importance of stricter state laws prohibiting the production and use of marijuana and more stringent federal laws to prevent its production and use. There is no time to be lost in inaugurating a campaign of education against marijuana for many of the most heinous crimes chronicled in the daily press are said to be attributed to its use.<sup>17</sup>

Anslinger's false narrative had gained traction, even across rural Montana. The Bureau would use fear tactics for numerous types of drug legislation, not just for marijuana, and they would argue that their work was having an impact on addiction. The Bureau claimed legislative efforts through the 1950s reduced the number of addicts in the U.S. from 1 in 400 to 1 in 4,000.<sup>18</sup> A legal scholar in that same era argued the FBN "succeeded in creating a very large criminal class for itself to police (i.e., the whole doctor-patient-addict-peddler community), instead of the very small one that Congress had intended (the smuggler and the peddler.)"<sup>19</sup> Addicts still existed, but the government funneled them into the carceral state rather than to hospitals or sanitariums for treatment.

Nixon folded the FBN into the Department of Justice in 1968 to bring the enforcement of federal drug laws under one roof. The Bureau continued to influence drug policy for the

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<sup>17</sup> "Use of Marijuana in US Still Increasing," *Eastern Montana Clarion*, Ryegate, Montana, March 2, 1938.

<sup>18</sup> "Accomplishments in Narcotics Control Since 1914," Anslinger Papers, 01875, Eberly Family Special Collections Library, Pennsylvania University.

<sup>19</sup> Rufus G. King, "The Narcotics Bureau and the Harrison Act: Jailing the Healers and the Sick," *The Yale Law Journal* 62, no. 5 (1953): 736–49. <https://doi.org/10.2307/793503>.



remainder of the 20th century and into the next. Playing on fears of race, crime, and addiction, Anslinger was successful in moving legislation forward and influencing the public about drugs in the U.S., although his legacy is muddled at best.

Fear as a Government Tool Part 2: Origins of Amphetamines,  
WWII, The Cold War

Government agencies used fear in other areas besides drug abuse and enforcement. This next section examines how the drug methamphetamine transitioned from being a tool that governments used during wartime to a drug that the public feared.

In 1893, Japanese chemist Nagai Nagayoshi synthesized methamphetamine for the first time.<sup>20</sup> Designed to treat medical issues like asthma, congestion, and narcolepsy, meth proved to be a powerful stimulant:

Like amphetamine, methamphetamine causes increased activity and talkativeness, decreased appetite, and a pleasurable sense of well-being or euphoria. However, methamphetamine differs from amphetamine in that, at comparable doses, much greater amounts of the drug get into the brain, making it a more potent stimulant.<sup>21</sup>

It also is much more powerful in its effects on the central nervous system. Given the different types of pharmaceutical products available at this time, I use both amphetamine and methamphetamine in this section to mean roughly the same thing, although dose affects potency.

While its use was minimal upon first discovery, meth became a tool of war during World War II, as Germany, Britain, Japan, and the U.S. distributed it as a performance enhancer for

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<sup>20</sup> Another Japanese chemist, Akira Ogata, contributed to the streamlining of the meth process in 1919 when he used phosphorus and iodine to reduce ephedrine into a crystallized form. Parsons, *Meth Mania*.

<sup>21</sup> NIDA, “What is Methamphetamine?,” National Institute on Drug Abuse, June 9, 2022, <https://nida.nih.gov/publications/research-reports/methamphetamine/what-methamphetamine>.

soldiers.<sup>22</sup> These countries stockpiled large quantities of methamphetamine. Historian Nicolas Rasmussen noted that the U.S. military used Benzedrine Sulfate to fight fatigue in soldiers, but medical prescriptions, especially for depression, eclipsed these sales<sup>23</sup> Amphetamine prescriptions to the public in the U.S. would continue to rise mid-century. One historian labeled the U.S. an “Amphetamine Democracy.”<sup>24</sup>

Meth use was not limited to the U.S. Other historians have viewed National Socialist Germany from 1938 forward as a ‘Methamphetamine Dictatorship:’

German pharmaceutical companies produced their own and stronger versions of amphetamines as compared to the USA. Foremost was the drug Pervitin and despite legal regulation, this German methamphetamine maintained its place in everyday life...including health care and the war effort.<sup>25</sup>

German society used Pervitin in both military channels and in the general public. Germany and Britain, however, were cautious about the dangers of addiction to amphetamines. By 1941, the German military noted that amphetamines depleted users’ energy and were dangerously habit-forming; by 1942 German medicine officially recognized the drugs as addicting, something the U.S. did not do till the 1970s.<sup>26</sup>

Japan felt the effects of meth after the war. In a 1972 conference presentation, Professor

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<sup>22</sup> Stephen Snelders, and Toine Pieters, “Speed in the Third Reich: Methamphetamine (Pervitin) Use and a Drug History From Below,” *Social History of Medicine: the Journal of the Society for the Social History of Medicine* 24, no. 3 (2011): 686–99. <https://doi.org/10.1093/shm/hkq101>; Miriam Kingsberg, “Methamphetamine Solution: Drugs and the Reconstruction of Nation in Postwar Japan,” *The Journal of Asian Studies* 72, no. 1 (2013): 141–62. <https://doi.org/10.1017/S0021911812001787>.

<sup>23</sup> Nicolas Rasmussen, “Making the First Anti-Depressant: Amphetamine in American Medicine, 1929–1950,” *Journal of the History of Medicine and Allied Sciences* 61, no. 3 (2006): 288–323. <http://www.jstor.org/stable/24632384>.

<sup>24</sup> Charles O. Jackson, *Food and Drug Legislation in the New Deal* (Princeton, N.J: Princeton University Press, 1970.)

<sup>25</sup> Snelders and Pieters, “Speed in the Third Reich,” 686–99.

<sup>26</sup> Nicolas Rasmussen, *On Speed the Many Lives of Amphetamine*, (New York: New York University Press, 2008) 55.

Kato Massaki noted the country suffered from the first epidemic of methamphetamine abuse and dependence in the world in the post-war period.<sup>27</sup> Historian Miriam Kingsberg writes “in the 1950s, methamphetamine addiction symbolized the national state of despair, defeat, and dependence. The campaign against stimulants yielded measurable achievement in the collective quest for national rejuvenation.” The Japanese government described meth as a major threat to youth and tried to rally the public against its misuse.

The government aggressively tried to tackle the crisis by cracking down on trafficking, publicizing the dangers of stimulants, and offering users treatments. The creation of a General Headquarters for the Promotion of Policy Against Amphetamines in January 1955 tried to alert the public of the dangers of meth; “in 1955 alone, the task force spent sixteen million yen circulating 225,000 anti-hippon pamphlets, 470,000 leaflets, and 385,000 posters.”<sup>28</sup> This public campaign reached a Japanese public eager for a rejuvenation of culture and community following the war. As a result, meth use declined.

The U.S. was on a slightly different path in the postwar period. In the 1960s and 1970s, doctors often referred to methamphetamine as Methedrine, the most popular brand name of the medically prescribed drug in the United States since the mid-1940s.<sup>29</sup> Doctors prescribed it for use as an antidepressant and an appetite suppressant for obesity, and it filled a high demand for amphetamine use. As legislatures tried to better control amphetamine prescriptions, related drugs

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<sup>27</sup> Miriam Kingsberg, *Moral Nation: Modern Japan and Narcotics in Global History*, (Berkeley: University of California Press, 2013), 212; Katō Masaaki, “Epidemiology of Drug Dependence in Japan,” in Chris J. D. Zarafonitis, ed., *Drug Abuse: Proceedings of the International Conference* (Philadelphia: Lea & Febinger, 1972), 67.

<sup>28</sup> Miriam Kingsberg. “Methamphetamine Solution: Drugs and the Reconstruction of Nation in Postwar Japan,” *The Journal of Asian Studies* 72, no. 1 (2013): 141–62. <http://www.jstor.org/stable/23357510>.

<sup>29</sup> Parsons, *Meth Mania*.

moved to the black market.<sup>30</sup> Demand soared. Methedrine and other “speed” type drugs found their way to users and into the papers. For example, journalists covered the arrest of famous American comedian Lenny Bruce for possessing methedrine and syringes in 1961, which he claimed his doctor prescribed for treatment of fever and migraine headaches.<sup>31</sup>

Methedrine and other amphetamines also stoked Cold War fears across the newspaper-reading public. As early as 1954 FBN Commissioner Anslinger testified to the Senate Foreign Relations Committee that Japanese and Korean communists deliberately tried to neutralize soldiers to narcotics.<sup>32</sup> By the mid-1960s articles referred to amphetamines as “reason-warping drugs.” A 1962 article noted that “if preparations were made with devilish care and advanced technical skill, an enemy could drug key American officials so that they would commit mistakes and errors of judgment.”<sup>33</sup> Col. William F. Lynch, Army Medical Corps liaison to the Department of Health, Education, and Welfare, told a reporter Russia was quite interested in developing these drugs for such purposes.

Historian Charles O. Jackson described an amphetamine epidemic by mid-century; massive numbers of amphetamine prescriptions kept availability high as the public began to consider meth an illicit rather than a licit drug.<sup>34</sup> Rising crime concerned the public in the 1960s; political leaders blamed rising drug use. In 1965, President Johnson spoke to Congress about law

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<sup>30</sup>Nicholas Parsons provides a tremendous account of the history of methamphetamine in his book *Meth Mania*. He argues that many of the contemporary problems associated with methamphetamine are largely due to drug policies enacted in a culture of fear perpetuated through the mass media.

<sup>31</sup>“Lenny Bruce Held in Narcotics Case,” *Evening Star*, (Washington DC) October 1, 1961. <https://www.loc.gov/item/sn83045462/1961-10-01/ed-1/>.

<sup>32</sup>“Communists Use Drugs to Gain Ends,” *Montana Standard*, Sunday, August 1, 1954.

<sup>33</sup>“Reason Warping Drugs Now in War’s Arsenal,” *Evening Star*, (Washington DC), May 6, 1962.

<sup>34</sup>Charles O. Jackson, “The Amphetamine Democracy: Medicinal Abuse in the Popular Culture,” *South Atlantic Quarterly*, July 1, 1975, 74 (3): 308–323.

enforcement and the rule of law, noting that barbiturates and amphetamines needed to be controlled as dangerous drugs:

senseless killings, robberies, and auto accidents have resulted from the radical personality changes induced by the indiscriminate use of these drugs. Because they are less expensive and more available than narcotics, these drugs appeal to a much broader cross-section of our population, particularly the young.<sup>35</sup>

Johnson felt the rising crime rates were directly connected to amphetamine use among the youth of the country. A magazine article from 1967 alluded to a potential link between meth use and violence noting:

About a third of the meth heads questioned at Corona indicated that their memory or ability to concentrate had been impaired by heavy doses....From descriptions of the intensity of the paranoid state and the hypertension associated with amphetamine use, crimes of violence by amphetamine users appear likely in the future.<sup>36</sup>

Many were making this connection between meth and crime, whether they could point to direct evidence or not. The quote above alludes to more violence to come. By 1971, the Controlled Substances Act outlawed meth, listing it as a Schedule II drug with high potential for abuse and available only through a non-refillable prescription. Addiction to meth and other amphetamine-type stimulants declined because of this reclassification, which limited its accepted medical use.<sup>37</sup>

The American public feared amphetamine addiction, the use of the drug in the Cold War,

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<sup>35</sup> “Text of President’s Message on Law Enforcement and Administration of Justice, Special to The New York Times,” New York Times, March 9, 1965, <https://www.nytimes.com/1965/03/09/archives/text-of-presidents-message-on-law-enforcement-and-administration-of.html>.

<sup>36</sup> “Medicine: Unsafe at Any Speed,” *Time Magazine*, October 27, 1967, <https://content.time.com/time/subscriber/article/0,33009,841112,00.html>.

<sup>37</sup> Today, there is only one legal meth product - Desoxyn® - which is marketed for the treatment of attention deficit hyperactivity disorder (ADHD) and as a short-term component for weight loss, although the application of the drug is low with very few prescriptions. The dosage of this legal prescription is much lower than common dosage levels when the drug is abused.

and potential links between amphetamines and crime. These fears, however, did not prevent people from using meth and the U.S., like Japan, would face its own reality of a meth epidemic by the end of the century. The origins of that meth problem take us back to rural Montana fifty years ago.

### Fear as a Prevention Strategy: The Road to the Montana Meth Project

The rise of meth addiction in America changed meth production and distribution. The drug gained a link to rural spaces and devastated communities ill-equipped to tackle widespread addiction. Perceptions of meth linked it to lower social classes; as public health researcher Katie Loveland noted, “meth is a drug of poverty.”<sup>38</sup> Meth followed the cycle of earlier drug scares; as it moved down the socioeconomic ladder, public panic rose

A simple search of newspaper databases reveals the rise of meth use. Using the keyword “methamphetamine” by date range, the results a dramatic increase in articles at the start of the twenty-first century.<sup>39</sup>

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<sup>38</sup> Katie Loveland (Principal, Loveland Consulting) in discussion with the author, Helena, MT, July, 2023.

<sup>39</sup> Search performed through the Montana Newspapers website offered through the Montana Historical Society: <http://montananewspapers.org/>.

Date range	Number of articles
2000-2010	481
1990-2000	105
1980-1990	8
1970-1980	10
1960-1970	3
1950-1960	1

Table 1. Findings from a digital search of Montana Newspaper articles for the phrase “methamphetamine” over a ten-year span.

State records show little else in the lead-up to the meth epidemic that would peak in Montana at this time. Newspapers, as noted earlier in this section, start to see an uptick in articles about labs, trafficking, and increased misuse of meth. By the late 1980s there was a shift in the type of drugs sold on the street; “speed” shifted to methamphetamine made in home labs from ephedrine and other chemicals. Articles described homemade meth labs in newspapers as early as the mid-1980s and had a noticeable uptick in the early 2000s.<sup>40</sup> Global reports showed a peak in clandestine labs in the U.S. in 2004, with another rise in labs in 2008.<sup>41</sup> Many of these were in rural communities including Montana. Other articles talked about the drug’s prevalence throughout the state, which had an impact on arrest rates. One case from 1992 had three men arrested for attempting to sell meth to two off-duty police officers from Minnesota who happened to be riding their motorcycles through the area.<sup>42</sup>

<sup>40</sup> “Couple Denies Drug Charges,” *Dillon Tribune Examiner* (Dillon, Montana) December 4, 1984.

<sup>41</sup> “World Drug Report 2010,” United Nations Office on Drugs and Crime, 2009, [https://www.unodc.org/documents/wdr/WDR\\_2010/2.0\\_Drug\\_statistics\\_and\\_Trends.pdf](https://www.unodc.org/documents/wdr/WDR_2010/2.0_Drug_statistics_and_Trends.pdf).

<sup>42</sup> “Wrong Impression Nets Drug Charges,” *Dillon Tribune*, Dillon, Montana, August 19, 1992.

While meth production, distribution, and use expanded at the turn of the twenty-first century, use was still much lower compared to other drugs. The National Survey on Drug Use and Health (NSDUH) helped put the use of meth into perspective; in 2001 the level of methamphetamine use in the United States rose among adults and held relatively steady among adolescents. The report that year indicated a rise in the number of all methamphetamine users (12 and older) reporting past year use, from 1 million to 1.3 million; still low nationwide compared to cocaine, prescription drugs, and marijuana use.<sup>43</sup> While these statistics show meth with a low percentage of users, the impact of meth production, trafficking, and use on communities caused ripples through Montana for law enforcement, politicians, and public health officials. In Montana, the public felt the impacts of methamphetamine, from contaminants in meth labs to rising addiction rates. Fear of the drug spread like a prairie fire, setting off alarm bells for politicians and residents alike.

### Conclusion

In contrast to the messy realities of those who use drugs and the laws that govern that use, there is a very clear public messaging using fear, seen in everything from newspaper articles in the 1920s to a major media campaign against methamphetamine in the early 2000s. This messaging casts the issue of drug use into a virtuous framework of right and wrong, positioning abstinence (right) versus addiction (wrong). Fear of violence, abuse, and addiction resulted from this messaging and was provocative and effective in the sense that the audience was certainly

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<sup>43</sup> Substance Abuse and Mental Health Services Administration, “National Survey on Drug Use and Health (NSDUH,)” Office of Applied Studies, 2001, <https://www.datafiles.samhsa.gov/dataset/national-household-survey-drug-abuse-2001-nhsda-2001-ds0001>.



captivated and walked away with an emotional response. The reality in the research shows that substance use is far from a simple phenomenon and the public policy responses to try to prevent use are also not easily placed into a lens of what works and what does not. As public health scholars note, “Effective public health requires precision, but the domain of drug policy has long been a province of muddled communication.”<sup>44</sup> If the examples from this chapter are of any note, muddled communication, with fear as a central component of that communication, is the common space where drug policy lives. Advocates around drug policy rose across the twentieth century to fan these flames of fear, address social ills, and advocate for change and solutions.

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<sup>44</sup> Leo Beletsky et al. “Fentanyl Panic Goes Viral: The Spread of Misinformation About Overdose Risk from Casual Contact with Fentanyl in Mainstream and Social Media,” *International Journal of Drug Policy*, Volume 86, 2020, <https://doi.org/10.1016/j.drugpo.2020.102951>.

## CHAPTER FOUR

MORAL CRUSADERS - HELEN HOWELL MOORHEAD &  
WOMEN IN MONTANA

It was the kind of article meant to cause a stir, though articles about drugs tend to do that. To the average reader of the Billings Gazette, it was likely a shock to see Montana highlighted on a map of morphine and codeine distribution in the United States in 1936. Helen Howell Moorhead, a narcotics expert for the Foreign Policy Association, warned that because Montana was a black spot on the narcotics map, it was headed on a path of perceived destruction.<sup>1</sup>

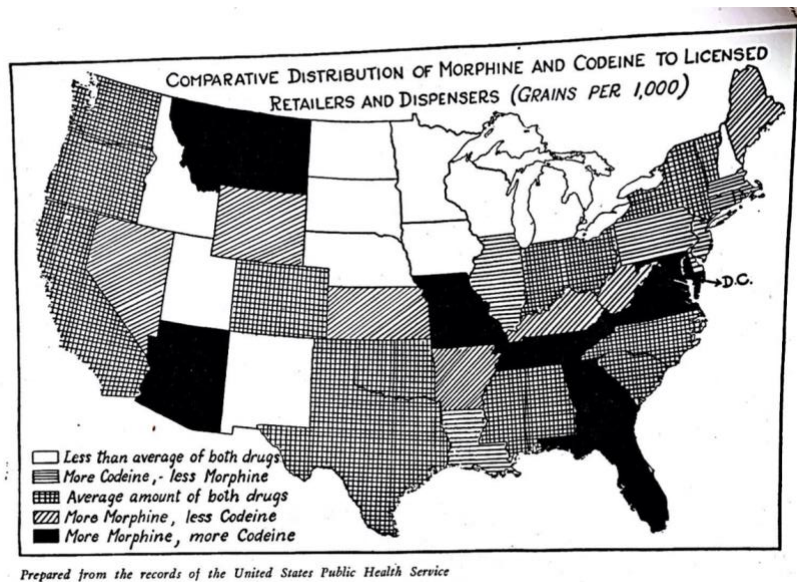


Figure 2. “Montana: Black Spot on United States Narcotics Map,” from The Billings Gazette, February 23, 1936. Moorhead pulled data from the U.S. Public Health Service to analyze morphine and codeine distribution by medical professionals across the U.S. and identified states with high prescription levels.

<sup>1</sup> The Foreign Policy Association is a nonprofit organization that continues to this day working to develop awareness, understanding, and informed opinions on U.S. foreign policy and global issues.

She sounded the alarm by writing that “more dangerous drugs are sold through doctors’ prescriptions and drug stores for each resident there [in Montana] than in all but one state west of the Mississippi.” Moorhead argued that doctors and druggists dispensing drugs in excessive quantities needed scrutiny “by the State Federation of Women’s Clubs, by church groups, by the Rotary and Kiwanis - by all good citizens of Montana.” She suggested that the state of Montana failed to prosecute drug misuse cases because of bribery or political pressure. She was willing to go on the record about it and encouraged Montanans to push for change stating:

It is up to the people of Montana to find out why this is so. Danger to all elements of society lurks in such a condition; drug addiction is a ‘communicable disease.’ When addiction is fostered by doctors so debased that they have no regard for the health of the general community, when the list of cases prosecuted by the sworn defenders of the public will shows such an inexplicable hiatus, when the integrity of the prosecuting bodies is brought in the picture, it is time to act. If not, why not - Montana?<sup>2</sup>

While Helen Howell Moorhead was an expert on narcotics, the average Montanan did not know her.<sup>3</sup> In the late 1930s, her sphere of influence lay in Washington DC and New York, where she navigated foreign policy experts and politicians with ease. William McAllister describes her in his book *Drug Diplomacy* with robust distinction:

Driving force behind the FPA’s Opium Research Committee and hostess with the mostest. A woman of strong but closely held opinions. Master of private negotiations. Less well known than her contemporary, E.W. Wright, but more effective in international negotiations. Her behind-the-scenes style matched both the sensibilities of drug diplomats and the gender expectations of the age. She

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<sup>2</sup> Helena Howell Moorhead, “Montana: Black Spot on United State Narcotics Map,” *The Billings Gazette*, Billings, MT, February 23, 1936, 16.

<sup>3</sup> A 1923 article in the Helena Independent quotes Moorhead at length regarding international narcotics conventions under the League of Nations. Eugene S. Bagger, “America, With More Than a Million Drug Addicts, Spurred to Vigorous Action to Stamp Out the Traffic in Opium,” *The Helena Independent*, Sunday, February 18, 1923.

enjoyed the confidence of her fellow-travelers in narcotics circles more than the company of her own family.<sup>4</sup>

An educated woman from the high society circles of New York, Moorhead wrote an op-ed for the Billings Gazette in 1936 as an elite outsider, not a local worried about her neighbors or family members. She was a summer tourist in the state for a few weeks in both the summer of 1935 and 1936, residing at the Elkhorn Ranch in the Gallatin Canyon on the recommendation of friends in her political and social circles. M.L. Wilson, Assistant Secretary at the U.S. Department of Agriculture counted himself and his wife as close personal friends. In a July letter to Montana Governor W. Elmer Holt, he introduces Moorhead, noting that she is “one of the ablest, most intelligent, and best balanced among the leading women of the nation who are contributing time and energy to the public welfare.”<sup>5</sup> Holt’s depiction shows us that, at the time, women’s contribution to drug policy was largely understood to be in response to improving the public good rather than a legal or political act.

His introduction also casts narcotics use in Montana as a cause for alarm. He describes Moorhead as capable and well-informed, given her work with the FPA and her close studies of illicit trade in narcotics and law enforcement responses. Moorhead quickly followed up on this introduction. Her July 14, 1936, letter to Governor Holt spoke of an imploding narcotics situation in Montana. She appended an article she wrote for the Billings Gazette and urged action. Moorhead, like many before and after her, tried to create a moral panic surrounding drugs.

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<sup>4</sup> William B. McAllister, *Drug Diplomacy in the Twentieth Century: An International History*, 2000, 52.

<sup>5</sup> M. L. Wilson letter to Governor W. Elmer Holt, July 7, 1936, Montana Historical Society.

While she was more familiar with the international realm, she picked up on the lack of federal prosecutions in Montana when it came to narcotic drugs. Her outsider viewpoint was informed by international and New York-centered experiences, but that did not stop her from pushing for change in rural Montana. Her life's work focused on public health and drug policy, and she saw an opportunity to inform policymakers Montana needed to act. From her writing, we see an activist ready to ignite the citizens of the state to care about drug use and to crack down on doctors and pharmacists working outside of the law. She would tap into her network of women advocates, politicians, and government agencies to make sure that happened.

### Women As Advocates

In the early twentieth century, American women emerged as passionate advocates for social change and community improvement. Women's clubs proved to be a natural starting point for many conversations and provided a platform for women to address issues such as suffrage, education, public health, and social welfare. Many club members connected with the public on these reform issues through educational outreach via public programs, pamphlets, and newspaper pieces. While clubs were not necessarily political, some members were and used clubs as a space for conversation and education. They engaged politically by lobbying lawmakers and focusing on grassroots movements, elevating their voices across many spaces.

Women's clubs originated in the 1800's centered around social reforms, education, and welfare of children and communities. While many served as centers of intellectual and cultural enrichment, they also empowered women to engage in advocacy and philanthropy. Advocates like Elizabeth Cady Stanton and Lucretia Mott created momentum for many clubs to focus on the right to vote for women. Women's clubs provided a platform for many women to expand

their voices and their roles in their communities beyond their homes; activism and education grew from these spaces and laid a groundwork for the women's rights movement that followed.<sup>6</sup>

Scholars note that women's right to vote came about hand in hand with the push for other reform movements. June O. Underwood argued that "women's suffrage was successful in the West not because men recognized the worth of women, but because women needed political power to promote the welfare of others and to extend their roles outside the confines of their home."<sup>7</sup> Reform work served as an entry point for women into the public sphere. They used every tool at hand to enter that realm and women's clubs and advocates were a part of that process. Women used clubs as a way to engage in public activism to strengthen the country and their communities. Overall women and women's club served a pivotal role in advancing women's rights and shaping societal norms.

Moorhead, therefore, is one of many women in this era engaged in advocacy around social welfare. Her voice joined others who were making arguments about addiction, health, and women's responsibilities in their communities. The existing scholarship around the role of women and reform movements at the beginning of the twentieth century is robust.<sup>8</sup> What makes

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<sup>6</sup> Karen J. Blair, *The Clubwoman as Feminist: True Womanhood Redefined, 1868-1914*. (New York: Holmes & Meier Publishers, 1980.)

<sup>7</sup> June O. Underwood, "Western Women and True Womanhood: Culture and Symbol in History and Literature," *Great Plains Quarterly* 5, no. 2 (1985): 101

<sup>8</sup> This existing scholarship focuses on aspects of women's experiences and activism, exploring themes such as women's involvement in social reform movements, the pursuit of moral authority, contributions to abolitionism, and their engagement in public life through education. See: Alison M. Parker, *Articulating Rights: Nineteenth-Century American Women on Race, Reform, and the State*. (DeKalb, Ill: Northern Illinois University Press, 2010.) Peggy Pascoe, *Relations of Rescue: The Search for Female Moral Authority in the American West, 1874-1939*, (New York: Oxford University Press, 1990.) Julie Roy Jeffrey, *The Great Silent Army of Abolition* (Chapel Hill, University of North Carolina Press, 1998). Mary Kelley, *Learning to Stand & Speak: Women, Education, and Public Life in America's Republic*. (Chapel Hill: Published for the Omohundro Institute of Early American History and Culture, Williamsburg, Virginia, by the University of North Carolina Press, 2006.)

Moorhead's voice unique is her advocacy in the rural landscape of Montana and her passion around narcotics policies. Her role as an advocate provides new evidence on the formation and implementation of drug policy in the American West in this period.

Advocacy in drug policy history is a multifaceted tale of many players - teachers, law enforcement, politicians, medical professionals, social workers, special interest groups, and community members. Consequently, advocacy covers many things: lobbying for legislation, crafting prevention campaigns, and developing educational resources for schools. Women's clubs played a role in this piece of drug policy history by promoting an ideology of citizenship rooted in an informed public. Their focus centered more on educational and civic outreach rather than politics. By the 1940s the General Federation of Women's Clubs declared:

the primary function of a Club or federation of clubs is education—to educate the homemaker who would like to keep up with the trends of the day, who would like to learn something about international relations, legislation, fine arts, etc., but who cannot leave the home to enter an educational institution.<sup>9</sup>

Moorhead was a means to an end in serving this need, spreading her knowledge around drug use, laws, and regulation to the women of Montana. At the same time, she used the clubs as a rallying point for increasing political pressure for enforcement of drug laws.

This chapter discusses the path of prevention advocates and educational outreach around drug policy across the U.S. and at the state level in Montana. I argue that much of this work originates with women. There was a groundswell of interest in preventing drug and alcohol abuse that started in the early twentieth century. Women repeatedly organized and rallied against alcohol use during the Prohibition era and carried the momentum into drug abuse prevention.<sup>10</sup>

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<sup>9</sup> Helen Laville, *Cold War Women: The International Activities of American Women's Organisations*, (Manchester, UK ; Manchester University Press, 2002.) 59.

<sup>10</sup> McClellan, *Lady Lushes*.

The archives showed that women's stories, images, and writing were key influencers in prevention and education work in this era. Montana embodied how many states handled drug policy on a state level and provides distinct examples of women rising into influential roles.

I also argue that the voice of Moorhead as an elite East coast outsider is a catalyst in the conversation around drugs in Montana in the 1930s. Many scholars unpack how white middle- and upper-class women brought eastern concepts of proper behavior and thought west with them.<sup>11</sup> Moorhead was a high society woman from New York, bringing ideas and experience from her work with the Foreign Policy Association with her on her travel to Montana. As part of this, she changed the dynamics of communication and outreach around the issue of drug abuse in the medical community in the state. What had been a quiet acceptance of a lack of enforcement around drug laws turned into a stronger rallying cry for justice. Archival material shows how Moorhead tapped into women, but also used her connections with high level government officials, to influence public perceptions and government actions.

Gender has always played an indelible role in the history of drugs in the United States, starting with drug consumption; women's use of certain drugs has often been considered reasonable or necessary by the medical field and by society in general. Women have also long been targets of pharmaceutical advertising in the United States, with advertisements focusing on the distinctly female conditions of pregnancy, childbirth, and menstrual pain. By the end of the 1800s, more than two-thirds of the country's opium and morphine addicts were women. While women crusaded against alcohol at this time, certain drugs for women's needs were acceptable.

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<sup>11</sup> June O. Underwood, "Western Women and True Womanhood: Culture and Symbol in History and Literature." <http://www.jstor.org/stable/23530950>. Virginia Scharff, *Twenty Thousand Roads : Women, Movement, and the West*. Berkeley: University of California Press, 2003. Laura E. Woodworth-Ney, *Women in the American West*. 1st ed. New York: Bloomsbury Publishing USA, 2008. 104.



Throughout the 1940s and 1950s, ads continued to target women for “female conditions” such as anxiety and weight loss.<sup>12</sup>

Women have been instrumental advocates in shaping drug policy. From their involvement in clubs and nonprofits to their influence on education and prevention materials, women are the bedrock of power behind much of twentieth and twenty-first-century drug policy across the United States. They have not only worked behind the scenes, but many have led the way as writers, policymakers, politicians, and international diplomats. Their power as influencers has consistently proven to be far-reaching, to the point that perceptive leaders at federal level organizations tapped into them to help sway the passage of state and federal laws and local public opinion.

The writing for women by women rose to the surface in this research as one of the most commanding tools in influencing drug policy and public opinion at the time of Moorhead’s op-ed. Female authors of the time approached drug abuse and addiction from various angles, incorporating their observations and insights to shed light on the personal, social, and cultural dimensions of the issue. Edith Warton for example, wrote of addiction in her novel “Twilight Sleep” in 1927 and specifically an elite woman’s reliance on drugs to cope with the pressures of her privileged life. Writers came through in many platforms outside of fiction including in magazines, club newsletters, and op-eds in newspapers. Many built off the concept of “home” being central to women’s activism, serving as a metaphorical space from which they could influence public life and effect change.<sup>13</sup> Three important female figures of the time who used

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<sup>12</sup> Nancy Campbell, *Using Women Gender, Drug Policy, and Social Justice* (New York: Routledge, 2000.)

<sup>13</sup> As Jane E. Simonsen argued in her research on domesticity and assimilation of indigenous populations in the West, sustaining home as a cultural ideal took more than just politicians. It entailed the work of many including anthropologists, bureaucrats, reformers, and writers. Simonsen, *Making Home Work*. In

their writing as a vehicle for outreach to other women were Vera Connolly, Alice Ames Winter, and Helen Howell Moorhead.

Vera Connolly was a writer and editor for many popular magazines from the 1920s to the 1950s, many of which were women's journals. In her writings, she brazenly brought attention to and often criticized major social problems of the day, from poor living conditions on Native American reservations to ineffective narcotics laws. Connolly took the momentum of the Progressive era to strive for change around the issues in which she wrote. For example, a yearlong investigation at Indian reservations in Western states for a series in *Good Housekeeping* led to a Senate investigation, ended the rein of Commissioner of Indian Affairs Charles H. Burke, and redirected one million dollars to feeding Native children.<sup>14</sup> Her power was not just in her journalistic prowess, but in her sphere of influence of activism and advocacy. Pushing beyond conventional expectations of women's roles in society, Connolly embodied a new feminist push and independence for women writers. Connolly's article in *Good Housekeeping* discussed in this chapter provided context around narcotics, their misuse, and what women could do to get involved in the passage of the Uniform Drug laws. This is typical of Connolly's approach; she encouraged her readers to write to their government officials, to volunteer their time.<sup>15</sup>

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the post WWII era, women's clubs focused on personal civic activism that reaffirmed women's authority over their homes and local communities. Paige Meltzer, "The Pulse and Conscience of America': The General Federation and Women's Citizenship, 1945-1960." *Frontiers: A Journal of Women Studies* 30, no. 3 (2009): 52-76. <http://www.jstor.org/stable/40388747>.

<sup>14</sup> Catherine Prendergast, "How an Abortion in 1910 Changed the World," Medium June 12, 2019; Vera Connolly Papers, 1907-1960, Columbia University Library, [https://findingaids.library.columbia.edu/ead/nnc-rb/ldpd\\_4078648](https://findingaids.library.columbia.edu/ead/nnc-rb/ldpd_4078648).

<sup>15</sup> Vera Connolly Papers, 1907-1960, Columbia University Library, [https://findingaids.library.columbia.edu/ead/nnc-rb/ldpd\\_4078648](https://findingaids.library.columbia.edu/ead/nnc-rb/ldpd_4078648).

Alice Ames Winter served as president of the General Federation of Women's Clubs from 1920-1924. Winter wrote of the power these clubs held in her article “The Business of Being a Club Woman:”

Club life is becoming a tremendous business because it is a tremendous force. There are millions of club women and thousands of clubs. Their activities range all the way from the delightful little circles of intimate friends to the great groups that are influencing cities and attacking the questions of federal legislation. Almost all the women of power and character in the United States belong to some kind of club. It would be stupid of us to fail to draw our energies together and ask ourselves very pointedly how can we stop being amateurs and become effective?<sup>16</sup>

Ames drove home the point that women were in positions of power partly because of the power within the clubs. Wanting to take it to the next level of effectiveness, her message comes off as a rallying cry to keep their momentum and continue to build their abilities and influence across their communities. As this chapter shows, women’s clubs would take this call to arms of being a tremendous force very seriously.

Helen Howell Moorhead tapped into the power of mobilizing women through writing, speeches, and legislation. She spoke directly to women's clubs, in radio addresses, and in public newspaper pieces advocating for women to hold their communities and leadership accountable for enforcing drug laws. Even though she was an outsider, her connection with influential policymakers and women’s clubs gave her a unique role and influence across the broader U.S., including Montana. Women writing intentionally to influence other women shines through as a trademark of drug policy advocates in the 20th-century U.S. The existing archival record

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<sup>16</sup> Alice Ames Winter, *The Business of Being a Club Woman*, (New York, NY, 1925): 1.

dramatically demonstrates that the most influential voices around advocacy during this era in drug policy were female.<sup>17</sup>

### Women Connecting with Women: Women's Clubs as a Tool

At the headquarters of the General Federation of Women's Clubs (GFWC), Alice Ames Winter, a writer and former president of the GFWC, sat and listened to a panel of "distinguished and well-informed men" lament about the "shackled souls" with narcotic addictions. Information from this meeting inspired an article Winter wrote for the *Ladies Home Journal* in 1926. She stated more than a third of the addicts in the Western World resided in the United States. She intended to incite fear of cocaine and morphine, stating that "cocaine, you know, is the drug that drives men crazy when they get it. Morphine and heroin, opium derivatives, are the drugs that drive men crazy when they don't get them." She momentarily stepped away from fearmongering to inform the reader that not all addicts were criminals; some were decent people who slipped into the abyss. She suggested the cure for the narcotic habit was prayer and moral grounding.

Winter's message reached women across the nation. In 1928, the *Ladies Home Journal* had over two million subscribers nationwide, with over 16,346 subscribers in Montana. This

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<sup>17</sup> Women have historically been involved disproportionately in reform movements compared to their male counterparts. A few examples of this activism are the temperance, abolition, suffrage, and educational reform movements. Laura E. Woodworth-Ney noted an overlap with women's suffrage organizations and the women's club movement; "many college-educated western women participated in women's suffrage organization and the women's club movement, and a number of women wrote memorials intended to help shape the cultural landscape of the West." Woodworth-Ney, *Women in the American West*. 255. See Library of Congress, "Women's Suffrage in the Progressive Era," Assessed May 1, 2024, <https://www.nps.gov/wori/learn/historyculture/abolition-womens-rights-and-temperance-movements.htm>.

readership was quite high compared to other states. Analyzing the role that geography played in *Ladies' Home Journal* readership, Douglas B. Ward stated that “the West contained a substantial number of readers who embraced the ideals of womanhood and consumption that the journal espoused.”<sup>18</sup> Indeed, Montana women represented an engaged and dynamic audience for advocacy work in the early twentieth century.

Many of these types of women were active in local community organizations. Women’s clubs in the early part of the twentieth century were dynamic and engaged groups, focused on policy and social issues ranging from transnational conflict to narcotics use. While women’s groups at this time were well-known for voicing concerns about alcohol use, they also voiced their concerns about opium use and addiction in general. Many women’s groups, like the Women’s Christian Temperance Union (WCTU), believed that addicts and inebriates were part of a larger class of “degenerates” that belonged in institutions.<sup>19</sup> These groups influenced many local laws and public perceptions regarding narcotics and drug use.

Women’s clubs in Montana followed a national trend of utilizing their groups not just to form social connections, but to reform perceived problems in their society. Historian Stephanie Ambrose Tubbs explains that “the nineteenth-century cult of true womanhood, which loosely defined women as the guardians of virtue and morality, aligned women with each other to attack

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<sup>18</sup> Douglas B. Ward, “The Geography of the Ladies’ Home Journal: An Analysis of a Magazine’s Audience, 1911–55,” *Journalism History* 34, no. 1, 2008, 2–14.

<sup>19</sup> David F. Musto, *Drugs in America: A Documentary History*, (New York: New York University Press, 2002): 10, 87, 95; Matthew Pembleton, "Toiling in the Vineyards: American Security and the Federal Bureau of Narcotics, 1930-1968," Order No. 3619301, American University, 2014, <https://www.proquest.com/dissertations-theses/toiling-vineyards-american-security-federal/docview/1647431475/se-2?accountid=28148>.

the immortality they observed around them.”<sup>20</sup> In this sense, women's clubs had a “civilizing mission” to provide moral standing and guidance for their communities. These groups were influential in developing and spreading modern Western thought. They were also well funded, attended, and able to communicate to a wide audience through pamphlets, posters, and articles in newspapers.<sup>21</sup>

The influence of women's "civilizing mission" is embedded in U.S. foreign and domestic expansion. Historian Amy Kaplan coined the phrase “manifest domesticity” to describe how gender and national identity overlap in U.S. global expansion, which is applicable in the U.S. West and Montana. Jane Simonsen applied a similar concept to the West stating that “domesticity was an imperial construct used by the white middle class to uphold its power in a diversifying and expansionist nation.”<sup>22</sup>

During the early twentieth century, women's clubs flourished across the nation and in Montana. The Montana State Federation of Women’s Clubs, (comprising twelve clubs across the state) published its first annual announcement in June 1904. In it, club president Mary G. Mitchell argued for addressing the social wrongs of the day, stating that “every club can have a great deal to do with creating public sentiment.” She called for club women to engage with all levels of state society and show that women’s clubs are “always working for the best and highest

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<sup>20</sup> Stephanie Ambrose Tubbs, “Montana Women’s Clubs at the Turn of the Century,” *Montana The Magazine of Western History*, Vol. 36, No. 1 Winter 1986.

<sup>21</sup> Jensen and Miller note that women’s clubs paralleled temperance unions and suffrage leagues and Mormon groups with organization, expertise and funding. Joan M. Jensen, and Darlis A. Miller. “The Gentle Tamers Revisited: New Approaches to the History of Women in the American West.” *Pacific Historical Review* 49, no. 2 (1980): 205. <https://doi.org/10.2307/3638899>.

<sup>22</sup> Simonsen, *Making Home Work*, 3.

interests of the commonwealth.”<sup>23</sup> The clubs were more than a social group — they had the capacity and leadership to push for issues that concerned them, which included stopping the abuse of narcotics and alcohol. They would follow this path for the decades to come.

The Montana State Federation of Women’s Clubs was a member of the General Federation of Women’s Clubs (GFWC), a larger, national organization. The GFWC started in 1890 as a network of clubs working to improve local communities through volunteer service and social reform. They lobbied for alcohol and narcotics control measures during the Temperance Movement, including support for the Eighteenth Amendment which prohibited the manufacture and sale of intoxicating liquors. They followed their temperance work with a campaign against narcotics. In 1924, the GWFC supported international control of narcotics at the source of supply and planned a nationwide campaign against drug consumption. Part of their efforts included launching a “campaign in every community for the purpose of teaching in schools, factories and other places where children and works gather, the danger of the use of narcotics.”<sup>24</sup> The GWFC is an example of a broader trend of women’s groups using children as a tool in their advocacy and messaging.

The GFWC’s messaging surrounding narcotics continued in the decades that followed and drew national attention. For example, a 1951 New York Times article highlighted GWFC president Hiram Cole Houghton’s advocacy to stop narcotics addiction among teenagers. Houghton's work sought to coordinate between home, school, church, and community to stop teenagers from accessing and using narcotics. Houghton argued churches were too apathetic and

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<sup>23</sup> Montana State Federation of Women’s Clubs, “First Annual Announcement,” 1905, Montana Historical Society.

<sup>24</sup> The Journal of the American Medical Association Vo. 82, No 14 (Chicago, IL, Saunders Publishers), April 5, 1924, p. 1276

family influence too anemic to tackle the issue. She warned Congress' minimum sentencing bill was not enough and sent a telegram to President Truman proposing a law for the death penalty for selling narcotics to children.<sup>25</sup>

The Federal Bureau of Narcotics (FBN) also recognized the power of women in carrying out their work, something that Commissioner Harry J. Anslinger relied on over the years in enforcing narcotics laws and increasing social awareness of drug abuse. A 1930 FBN report noted the “excellent work done by the General Federation of Women’s Clubs, the National Congress of Parents and Teachers, and the National Woman’s Christian Temperance Union in informing the public regarding the dangers attending the illicit use of narcotic drugs.”<sup>26</sup>

The FBN particularly relied on women’s clubs for their campaign for the Uniform State Law—an attempt at uniformity across states to control the sale and enforcement of narcotic drugs.

As Vera Connolly wrote, the Uniform State Law was the “most powerful piece of state legislation aimed at the local dope peddler and the spread of addiction ever framed.” To rally fellow women in support of this belief, Connolly wrote dramatized pieces that further sensationalized drug policy and use. For example, she urged the readers of *Good Housekeeping* (a magazine marketed to women) to advocate for the Uniform State Law by accompanying a cartoon of confused men with the argument that the law was a “whip” ready to strengthen drug law. This suggested that the Uniform State Law would support women by offering further control over social issues that men were not taking seriously. She simultaneously played into existing

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<sup>25</sup> “Child Narcotic Habit Held Parents’ Fault,” *The New York Times*, June 20, 1951, <https://www.proquest.com/historical-newspapers/child-narcotic-habit-held-parents-fault/docview/111917078/se-2>.

<sup>26</sup> US Bureau of Narcotics, “Traffic in Opium and Other Dangerous Drugs: Report by the Government of the United States of America,” (Washington, DC: US Government Printing Office, 1930): 57.



social fear of drugs by stating that the law would “scourge the purveyors of living death from the land.” Connolly argued that this could only happen if readers to “[did] your part” by advocating for the law.

Ironically, her example of John X, a morphine peddler in Georgia, knew better than to try to settle in Montana or Oregon, where she points out that a second offense of dope peddling was punished by life imprisonment.<sup>27</sup> This showed that Montana held stricter drug policy than other states, something Connolly celebrated. By 1936 the World Narcotic Defense Association, started by Admiral Richard Hobson, tapped into the power of the Federation of Women’s Clubs to focus on education and public outreach, specifically pushing for enactment of the Uniform State Law in the fourteen remaining states that year.<sup>28</sup>

Historians note a shift in the 1930s as states began to incorporate drug issues into local policy decisions. During this period, women’s groups successfully promoted social reform in drug policy and that work took on a life of its own and spurred other groups to action. This meant that as bureaucracies and other organizations became more empowered to make decisions on drug law, the leverage exercised by women and women’s groups diminished.<sup>29</sup> While this trend occurred nationwide, Montanan women contradicted this norm and maintained their power in influencing policy. For example, the FBN’s Harry Anslinger continued to work with Helen Howell Moorhead, who, despite a new political landscape, “continued to play an important role precisely because she conformed to both the increasingly bureaucratized atmosphere that

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<sup>27</sup> Vera Connolly, “The Dope Menace,” *Good Housekeeping* (U.S. ed.) 100, no. 2 (1935):90.

<sup>28</sup> Richard P. Hobson letter to Harry J. Anslinger, World Narcotic Defense Association, December 11, 1936, Anslinger Archive, Penn State University.

<sup>29</sup> In Woodworth-Ney’s *Women in the American West*, she notes that women’s clubs came under attack in the 1920s and 1930s as fertile grounds for socialism and communism, but does not present evidence of how this played out. Woodworth-Ney, *Women in the American West*. 219.

suffused the drug regime and the gender expectations of the era.”<sup>30</sup> Moorhead could speak the language of drug policy and she provided education from an informed stance; a woman in a role of quiet power and subtle influence.

#### Moorhead’s Path to the Foreign Policy Association (FPA)

Moorhead’s work with the FPA gave her a strong platform to communicate with women across the country. Her path to her career with the FPA was rather typical of an upper-class woman of the time. Charity and volunteer work first exposed her to the realities of drug use which informed her later work.

Born into an upper-class and well-known family in New Brunswick, New Jersey, Moorhead studied at Bryn Mawr and the University of Grenoble in France before marrying Doctor John Moorhead. Census records show a comfortable life in New York City; the 1910 census includes two household servants, and the 1920 census shows the addition of adopted daughter Anne and four servants.<sup>31</sup> While most of her correspondence did not focus on her role as a parent, one letter during a work trip to Egypt with a rare mention of motherhood, as she has her young, adopted daughter in tow with her; “Anne has gained 16 pounds. I have to take her to Paris and buy her an entirely new set of clothes! You can imagine how pleased I am! Thank heaven I have not gained 16 pounds!”<sup>32</sup>

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<sup>30</sup> McAllister, *Drug Diplomacy*, 101.

<sup>31</sup> 1910 Census, “Manhattan Borough,” Enumerator Isadora Rela District No 611, Ward 12, April 1910; 1920 Census “Manhattan Borough,” Enumerator Arma Hallock District No 1071, January 1920.

<sup>32</sup> Helen Howell Moorhead, “Letter to G.M, On Board Rotterdam, Off the Venetian Coast,” March 25, 1930, Foreign Policy Association Archives, Box 93, Folder 24, Part 1, Wisconsin Historical Society.

Moorhead was a well-known, active member of her community, volunteering with charitable affiliations and advocating for women's suffrage.<sup>33</sup> Her work as a volunteer with the New York State Charities Aid Association exposed her firsthand to the world of drug addiction.<sup>34</sup> Blackwell's Island, where Moorhead volunteered, was home to asylums, a prison, almshouses, and hospital facilities. Before WWI, New York's penal system swelled with drug addicts; many of whom experienced symptoms of withdrawal, especially from heroin and morphine. Part of Blackwell's Island served as a facility to house recovering drug addicts, who were put to work at the "Municipal Farm of the City of New York."<sup>35</sup> Blackwell is an early example of the concept of incarceration coupled with recovery that influenced the Narcotics Farms as described in Chapter 1. By 1915, philanthropists John D. Rockefeller Jr. and Mrs. W. K. Vanderbilt provided major gifts for the construction of a hospital on what then became Riker's Island for the treatment of drug users.<sup>36</sup>

After working with the Red Cross in Washington DC during World War I, she returned to New York. In 1923, she started working for the newly formed nonpartisan and nonprofit Foreign Policy Association, an organization she served until she died in 1950. Moorhead's background fit well with the association, whose mission centered on supporting Wilsonian ideals that were blossoming in the progressive era. The Association drew its theoretical basis from the adult

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<sup>33</sup>William Leonard, "Women's Who's Who of America: A Biographical Dictionary of Contemporary Women of the United States and Canada, 1914-1915," New York: American Commonwealth Co., 1914, 574.

<sup>34</sup> Brooklyn Times Union, "Prominent Doctor's Wife Wages War on Opium Traffic", (Brooklyn NY), January 17, 1924.

<sup>35</sup> Jarrod Shanahan and Jayne Mooney, "New York City's Captive Work Force: Remembering the Prisoners Who Built Rikers Island", International Journal of Law, Crime and Justice, Volume 56, 2019, 23.

<sup>36</sup> "Rockefeller Jr. Gives \$18,000 for Hospital," New York Tribune, September 16, 1915, 7.

education movement and centered its work around international affairs. Well-funded, the organization grew quickly and successfully; “the organization did more to disseminate knowledge about world affairs than any other U.S. institution before 1941, with a research staff synthesizing scholarship and news, a pioneering series of radio programs, and a network of branches that made foreign affairs part of high-society life across the Northeast and Midwest.”<sup>37</sup>

Her background in charity and recent understanding of addiction and narcotic drugs served her well as the issue of global narcotics grew. The FPA picked up the topic at the 1912 International Opium Convention at the Hague, the first international drug treaty. The FPA helped educate the public about the conventions through their newspaper coverage. In doing so they also hoped to educate the wider U.S. audience about growing drug use. Eugene Bagger covered the creation of the FPA and the rising levels of drug use across the US for the Helena Independent in 1923, stating that:

The United States is the heaviest user of narcotic drugs in the world. Seventeen times as much “dope” is consumed per capita in this country as in China, conventionally regarded as the homeland of the opium fiend... 12 to 72 times as much opium is consumed here per capita as in other white nations.<sup>38</sup>

By specifically mentioning race as a comparison tool for evaluating drug use, Bagger used racist fear tactics that he presumed would call his white, Montanan audience into action.

The staff of the FPA was eager to increase public knowledge about these issues, as was a growing movement of reformers that perceived drug use as a major danger to society.<sup>39</sup>

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<sup>37</sup> David Allen, "Great Decisions, the Foreign Policy Association, and the Triumph of Elitism in the U.S. Foreign Policy Community," *International History Review* 43, no. 4, 2021, 704.

<sup>38</sup> Eugene Bagger, “America, With More than One Million Drug Addicts, Spurred to Vigorous Action to Stamp Out the Traffic in Opium,” *Helena Independent Record*, Helena, MT, February 18, 1923.

<sup>39</sup> J. Jones, “The Rise of the Modern Addict,” *American Journal of Public Health*, 85, no. 8 Pt. 1, August 1, 1995, 1157-1162.

Moorhead educated journalists about the FPA and its role in the changing understanding of drug use and the world. She noted the U.S. tried to use international cooperation to curb drugs after its occupation of the Philippines. The U.S. also raised concerns about opium use in comparison with alcohol use. The FPA itself reported that:

Several missionaries made the statement that the whiskey sot is worse than the opium sot, one of them adding that nothing he ever saw in the East was as bad as Glasgow on a Saturday night. The reason the West is so aroused by opium smoking is that it was a new vice to the Occidental missionaries and others who first came to the East, differing from the drinking vice and making more of an impression on them.<sup>40</sup>

The Foreign Policy Association, and its Opium Committee in particular, worked tirelessly during this period to educate U.S. citizens about the growing threat of drug use. The FPA considered the Opium Research Committee one of its most important permanent sub-committees of the 1920s. Committee members believed they provided information to the American public at the League of Nations Conferences in Geneva on the Traffic of Opium. Part of their work stemmed from maintaining their authority concerning narcotic education in the United States, which they felt to be their role as the “only available agency” following the Committee meeting in August 1925. In a 1927 self-analysis of their work, they stated that “the Opium Research Committee has had a most vigorous and effective finger in almost every opium pipe smoked internationally in the last three years.”<sup>41</sup>

Moorhead took on her leadership role with the FPA Opium Research Committee with vigor. She first started studying narcotics use issues and opium when she joined the Committee,

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<sup>40</sup> Herbert L. May, “Survey of Smoking Opium Conditions in the Far East; a Report to the Executive Board of the Foreign Policy Association,” New York (State): Opium Research Committee of the Foreign Policy Association, 1927.

<sup>41</sup> C.K. Krane, “International Drug Control: Existing Methods and Proposed Solutions,” Foreign Policy Association, New York, July 1927.

which informed the research work of directors Edward Mead Earle, Raymond Leslie Buelle, and Vera Micheles Dean.<sup>42</sup> After serving as assistant to the Research Director in 1927 and 1928, she became chairwoman of the Committee. Such work required copious amounts of time and travel, which also meant time away from her family. It consumed the bulk of her working life.

At this time, Moorhead was one of a few women leaders within the international sphere of drug control. Other leading women in this group included Elizabeth Wright, Sarah Graham-Mulhall, and Elizabeth Bass. Wright, who served as an assessor to the United Nations Opium Advisory Committee in the 1920s, was the first woman granted plenipotentiary powers by the U.S. government to negotiate some drug policy agreements. Graham-Mulhall was the first deputy commissioner of the Department of Narcotic Drug Control in New York in 1919. Bass became the Chicago District Supervisor for the Federal Bureau of Narcotics in 1933 at the age of seventy-two.<sup>43</sup>

While other women were influential in diplomatic and narcotics work at the time, Moorhead's ability to synthesize complex international topics for the general public, wade through political personalities, and push for political advantage was exceptional. Her role with the FPA allowed her a position of stature and influence in the political world, one in which she jumped headfirst. This is evident in a piece of correspondence from a trip to Egypt in early 1930, where Moorhead wrote to a colleague about negotiations regarding Sudan, the Suez Canal, and the supply of cotton to the United States. Her ability to navigate around and with foreign officials and dignitaries amongst the politics of her own government and embassy staff is evident in her

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<sup>42</sup> Foreign Policy Bulletin, "Helen Howell Moorhead Obituary," March 17, 1950, provided by Bryn Mawr Alumni Association.

<sup>43</sup>Musto, *Drugs in America*, New York University Press, 162.

letter. Most strikingly, she notes a preference for politics, “I land in Europe today and then begin on radio - I am very lukewarm about radio - I really like politics!”<sup>44</sup>

During this period, women’s clubs were often formed explicitly to correct perceived social wrong doings through policy advocacy. Because of their sizes and influence, women’s groups were a great tool for political messaging. Moorhead’s status as a woman proved to be an advantage in the subtlety of how she handled her politics. When she came to Montana, she tapped into her existing contacts. As noted earlier, her friendship with M.L. Wilson, Assistant Secretary at the U.S. Department of Agriculture gave her inside access to Governor Holt. In a letter to the Governor, Wilson painted Moorhead as having a suave political nature. He described her as:

an enthusiastic New Dealer, and is offering her services to the Democratic National Committee to campaign for the New Deal, especially in its agricultural and welfare phases in the coming campaign. I say this that you may know that Mrs. Moorhead is not one of those overly enthusiastic, evangelical crusaders that is out to reform and save the world immediately.<sup>45</sup>

Moorhead linked the global agenda to regulate drug supply to efforts to control substance use at the local level. In the text following her article highlighting Montana narcotics use (see page 1), she educates the reader on how the Harrison Narcotic Act serves to fulfill the promise the United States made in the Hague Convention. She warned, “How can the United States cooperate with other nations based on an exclusive limitation of dangerous drugs to medical and legitimate purposes when doctors in Montana do not recognize such limits in their prescriptions?”<sup>46</sup>

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<sup>44</sup> Helen Howell Moorhead, “Letter to G.M.,” 1930.

<sup>45</sup> Wilson letter to Holt, 1936.

<sup>46</sup> Moorhead, “Montana: Black Spot,” *The Billings Gazette*.

### Moorhead Hits the Clubs

Moorhead's outreach in Montana tapped into existing networks she knew could ignite interest and change around community issues. Her article was a catalyst for opening discussions with politicians, policymakers, and other important local actors. She knew the power of women as activists and the power of women's clubs in particular. Her legacy before coming to Montana included a long circuit of speaking to women's groups about her work with the FPA and advocating for radio education. Moorhead's accomplishments led to a federal appointment to a commission on improving radio education.<sup>47</sup> She spoke to women as voters, as part of Hoover's National Women's Committee and her speaking tours to groups like the League of Women Voters.<sup>48</sup> Through public speaking, she gained experience conveying complex information to a wide audience and repeatedly argued that the women of the U.S. needed to know about production, international agreements, and the power of drug smugglers the world over.<sup>49</sup>

In the 1920s women's groups rallied around concerns about alcohol, opium, and drug addiction. Many women's groups, from the Women's Christian Temperance Union (WCTU) to local women's clubs, believed that addicts were part of a larger class of degenerate needing institutionalization.<sup>50</sup> Many of these groups influenced local laws and public perceptions about narcotics. Moorhead provided context and information to women's clubs across the country in a lecture circuit in 1924 and 1925.<sup>51</sup> In a 1925 address to the New Jersey State Federation of

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<sup>47</sup> Amarillo Sunday News and Globe, "Women Members Radio Body Seek Improved Radio Education Plan," October 27, 1929.

<sup>48</sup> "Women Voters to Hear of Work in Country," *Yonkers Statesman*, Yonkers, NY, October 25, 1928.

<sup>49</sup> New York Times, "Finds Drug Victims Fewer in America," May 8, 1925.

<sup>50</sup> Musto, *Drugs in America*, New York University Press, 10, 87, 95.

<sup>51</sup> The Journal Times, Racine Wisconsin, January 28, 1924; Brooklyn Times Union, "She Is for Better World Relations," August 4, 1924, and Brooklyn Times Union, "Prominent Doctor's Wife", 1924.



Women's Clubs, Moorhead urged women to know they could "aid greatly in this fight against the drug traffic." She added, however, that they had to "know the facts."<sup>52</sup>

The Federal Bureau of Narcotics (FBN) also recognized the power of civil groups in carrying out their work, something which Anslinger relied on to enforce narcotics laws and increase social awareness around drug abuse. A 1930 report by the FBN noted the "excellent work done by the General Federation of Women's Clubs, the National Congress of Parents and Teachers, and the National Woman's Christian Temperance Union in informing the public regarding the dangers attending the illicit use of narcotic drugs."<sup>53</sup>

In Montana, women's clubs were a natural entry point for Moorhead to engage the public. She toured women's clubs as a speaker during her first summer visit in 1935. Newspapers mentioned she was the principal speaker at the Gallatin County Federation of Women's Clubs quarterly meeting in August of that year. By early 1936, one of her articles was the topic of a roundtable discussion at the WCTU meeting in Billings. Participants discussed problems stemming from nurse's using and selling narcotics at Billings Deaconess Hospital.<sup>54</sup> In September of 1936, Moorhead wrote to William Heinrich, the newly elected President of the Montana Federation of Women's Clubs, encouraging her to take action. She informed her that she had contacted the governor, as she believed "an active campaign of publicity through your branches would be of great value to him."<sup>55</sup> By the end of the year, she lobbied several branches of the Montana Federation of Women's Clubs, including Fort Benton, Helena, and Billings, to

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<sup>52</sup> New York Times, "Finds Drugs Victims Fewer in America: Dry Law Has Not Increased Traffic in Narcotics, Speaker Tells Jersey Women" May 8, 1925.

<sup>53</sup> U.S. Bureau of Narcotics, "Traffic in Opium", 57.

<sup>54</sup> Billings Gazette, "W.C.T.U. Hears Narcotic Talks", February 26, 1936.

<sup>55</sup> Helen Howell Moorhead, Letter to Mrs. William Heinrich, September 28, 1936, Copy to the Governor's records, Montana Historical Society.

publicly speak out against narcotics abuse. She argued, “Only an aroused public opinion in Montana will be able to clean up this situation which is so directly menacing to the health and morals of Montanans generally and the young people of the state in particular.”<sup>56</sup>

Moorhead hoped that outgoing Governor Elmer Holt would still be an effective mouthpiece to urge increased prosecutions of over-prescribing doctors and to continue the public campaign against narcotics trafficking and use. Unfortunately for Moorhead, this was not the case. He kindly replied that he regretted his lack of time and it was unlikely he would be in a position to attend to it after his term expired. He was eager to support her opinion piece in the *Billings Gazette*, however, stating that:

Growth of the narcotic traffic in Montana in recent years is a matter of grave concern to every citizen of the state, regardless of age or condition. The proportions which the hideous traffic has reached are not generally realized, but a clearer idea of the unenviable position may be had from statements recently made in a series of articles by Helen Howell Moorhead.

By the end of his term, Holt still seemed to support her, but he had realized that follow-up on these cases was more than he could handle. He had exhausted his outreach to other government leaders and local officials and left it at that.

The leaders of the Women's Federation, on the other hand, agreed with Moorhead's call to arms. The following spring, the *Montana Woman Magazine* released its official newsletter to the Women's Clubs in Montana. Director J. H. Morrow wrote:

As you remember, at our biennial convention in Billings we endorsed the resolution concerning the narcotic problem in Montana. When in Washington, I contacted the Commissioner of Narcotics of the Treasury Department, and found these appalling facts about Montana, that Montana has 25 places where the records show an unusual amount of narcotics sold, and has 299 addicts listed, which in proportion to its population is pretty bad. The states around Montana have but a few addicts

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<sup>56</sup> Letters Moorhead and Governor Elmer Holt, December 1, 1936 and December 7, 1936, Montana Historical Society, Governor's Records.

listed, and Minnesota, with its much larger population, has but 216 addicts listed. I am glad the narcotic bill in our state legislature is apparently carrying — it is high time something was done. What are you doing in your towns about checking this evil? Keep your eyes open and report what you find. Federal aid will be given to any prosecutions, but the case must be brought in Montana first. It is up to the mothers to be on the alert and doing something about it.<sup>57</sup>

Morrow endorsed Moorhead's work, encouraging members to become politically and socially active in highlighting the issue of drug use and distribution through medical channels. Montana's women's club filled the gap the governor's lack of effort created. In October of 1937, the Madison County Federation of Women's Club passed two resolutions. The first instructed clubs to focus on the placing of trees, shrubs, and general community improvements to beautify Montana. The second focused on Montana's social welfare by urging clubs to educate their communities about the dangers surrounding narcotics.<sup>58</sup> Like Moorhead, they saw the path forward as increasing an understanding in the public about narcotics.

Another group that Moorhead's message resonated with was teachers. The Rimrock Echo, a paper published by the Eastern Montana Normal School (later known as Montana State University Billings), published an editorial in March of 1938 discussing Moorhead's extensive survey of the narcotics situation across the state. Based on her information, the paper warned that "anyone may unsuspectedly be made an addict by the prescription of some unscrupulous doctor" who wanted to increase profits by addicting "innocent public." The editorial advised teachers to stay informed on the subject and to warn children against any advances made at drug stores by "seemingly good natured men, who offer them candy cigarettes." They argued that if children understood "their future lives may be ruined by the use of narcotics, few of them will knowingly

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<sup>57</sup> J. H. Morrow, "General Federation Women's Clubs," *The Montana Woman Magazine*, March 1937, 4.

<sup>58</sup> The Madisonian, "Federated Women's Clubs Convene at Twin Bridges," *The Madisonian*, Virginia City, MT, October 15, 1937.

contact the habit.” This knowledge would equip them as they became voters who would demand “strict, uniform laws in order that the black spot on the narcotics map of the US, which now indicates Montana, may be removed.”<sup>59</sup> Moorhead’s goal of removing Montana as a black mark on the narcotics map required her to connect with politicians, women’s clubs, and educators. Her next step was to take her message to Washington DC.

### Moorhead Goes to Washington

Moorhead brought her experiences of international negotiations, diplomatic entanglements, outreach to social groups/women’s clubs, and interest in improved education and enforcement around narcotics to Montana. While they were trips of leisure, she turned them into a chance for political action. Upon her return to Washington in 1936, she raised the issue of overprescribing narcotics in Montana to federal leaders. The letters she generated that fall speak to her conversations with the Department of the Treasury.

Moorhead took what she knew about Montana’s affairs to her friend Henry Morgenthau, then head of the Treasury Department. Both Morgenthau and Moorhead wrote to Governor Holt about Dr. James E. Free of Nashua, Montana. Federal narcotics agents had been tracking the doctor, who sold morphine on three occasions in February totaling over \$225.<sup>60</sup> Morgenthau noted that Dr. Free was found guilty and sentenced to serve a term of imprisonment of ten years in the Montana State Prison and a fine of \$1,000. Morgenthau urged the department to revoke Dr. Free’s medical license. Governor Holt sent a copy of the letter to the Montana State Board of

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<sup>59</sup> “Our Narcotic Menace,” *The Rimrock Echo*, Billings, MT, March 6, 1938.

<sup>60</sup> Treasury Secretary Henry Morgenthau Jr. to Governor Elmer Holt, September 21, 1936, Montana Historical Society, Governor’s Records.

Medical Examiners and requested the Board take action to revoke his license as a practicing physician. Whether or not they did so is unknown, as the records from that time no longer exist.

Moorhead followed up with the governor in November, asking what had become of the cases that had not been brought to trial. With a lost election and his time in office coming to an end, Governor Holt responded that the newspapers did not respond very heartily to their publicity programs; “I received several letters and considerable materials concerning the matter and have put it to the best use possible. I will be out of office in early January but hope to arouse the interest of my successor in the work.”<sup>61</sup>

The governors’ records ran cold after Holt’s term concerning any further follow-up on the cases Moorhead, Morgenthau, and Anslinger requested. Montana adopted the Uniform Narcotic Drug Act in 1937. The full effects of her advocacy with higher-ups in Washington DC like Commissioner Anslinger becomes clearer by 1938, at least by her own account. She shared with W.H. Morrow, the Montana director of the General Federation of Women’s Clubs, that “violations of laws regulating the sale of narcotics in Montana decreased considerably in 1937 as compared to 1936. There were 36 registered violations in 1936, and only four in 1937.” But while doctors and pharmacists became less likely prescribe narcotics in violation of the law, unregistered violations of the narcotics law began to increase in 1937. If doctors could no longer easily prescribe pain medicine to patients, peddlers on the street rose to take their place. In 1937, there were thirty-six violations of the peddler type reported, as compared to nine in 1936. Of these, twenty-one peddlers were convicted in 1937 as compared to six in 1936.

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<sup>61</sup> Letters between Helen Howell Moorhead and Governor Elmer Holt, November 18, 1936, Governor’s Records, Montana Historical Society.

Moorhead once again urged women's clubs to act by monitoring peddlers selling narcotics and encourage strict responses; "fines imposed upon the peddler merely raise the price of their illicit drugs, she pointed out, and imprisonment or expulsion from the state seems to be the only effective deterrents to the practice."<sup>62</sup> Lock them up or kick them out, she advised.

### Conclusion

The Elkhorn Guest Ranch where Moorhead vacationed has been part of the scenic Gallatin Canyon for a century. Ernest and Grace Miller established the camp as their homestead in 1922 and slowly built it into a dude ranch that operates much the same today as it did one hundred years ago. In those first few decades, guests of the ranch, mainly from Eastern cities, were welcomed by the invitation of the owners who relied on recommendations from existing guests or contacts. Ranch records include lists of references for guests - it was a distinct and hand-curated group who vacationed there during the summer months.<sup>63</sup>

Moorhead fits into this narrative as a typical guest of the ranch, staying for an extended period at Elkhorn in her two summer vacations there. What is unclear is how much of her trips was spent playing the part of the typical Elkhorn tourist, touring around on horseback through Yellowstone National Park. From her correspondence, we know she spent some of her time traveling to Helena and meeting with officials over Montana's place as a "dark spot on the (narcotics) map." Although Montana likely served a retreat for Moorhead, she did not have a personal connection to it.

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<sup>62</sup> "Narcotics Law Cases Decline: Fewer Arrests Made of Violators, Report Indicates," *Billings Gazette*, March 6, 1938. The figures were based on a report by Commissioner Anslinger.

<sup>63</sup> Katie McLain interview with Daphne White, October 2021.

Outside elites influenced Montanan policymakers in most economic and social issues for the state from the 1930s to today including railroads, mining, forestry, drug use, and public health. Moorhead's op-ed and follow-up political pressure kept the issue of prescription drug abuse in the news and conversations at women's clubs and elite circles from Helena to New York. Her outreach to women's clubs is a stark reminder of the belief that white women in the West held the power to influence social structures – churches, schools, social clubs, and an abhorrence of social ills such as alcohol, gambling, and drug use.<sup>64</sup> Moorhead perpetuated the concept of women as moral crusaders.

Moorhead's outreach is also an example of civil society pressuring the justice sector to enforce the legal requirements of the Harrison Act. While federal narcotics agents monitored doctors and pharmacists across the state, they lacked the capacity and the political will at the local level to come down hard on doctors like Cowperthwaite and Free. The Harrison Act and Supreme Court decisions around it severely cut back on physicians prescribing to addicts, but it did not stop the practice entirely.<sup>65</sup> Women's clubs put that pressure on enforcement, but often times their power only went as far as their local communities allowed.

Moorhead's legacy mainly rests in her international work with the Foreign Policy Association and her intimate knowledge of international drug supplies and conventions. Her most prolific writing is on narcotics control in multilateral settings like the UN. The later years of

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<sup>64</sup> Tonia M. Compton, "Proper Women /Propertied Women: Federal Land Laws and Gender Order(s) in the Nineteenth-Century Imperial American West," The University of Nebraska, Lincoln, accessed April 9, 2022, <https://www-proquest-com.proxybz.lib.montana.edu/dissertations-theses/proper-women-propertied-federal-land-laws-gender/docview/304940418/se-2?accountid=28148>.

<sup>65</sup> David Courtright, "A Century of American Narcotic Policy," in *Treating Drug Problems: Volume 2: Commissioned Papers on Historical, Institutional, and Economic Contexts of Drug Treatment*, Institute of Medicine (US) Committee for the Substance Abuse Coverage Study, eds. DR Gerstein and HJ Harwood (Washington, DC: National Academies Press, 1992.)

her life focused on these areas when she authored “International Narcotics Control 1939-1946” for the Foreign Policy Association and an article titled “Narcotics Control under the UN” for the Far Eastern Survey published by the Institute for Pacific Relations.<sup>66</sup> However, for a brief moment in the mid-1930s, her influence focused on Montana. One could argue all her rustling of women advocates and government officials did not amount for much in the end, but her relentless drive came through in her writing and outreach.

Advocacy and education work requires constant surveillance, a powerful voice, and strong organization. How U.S. society learned about drugs in the twentieth century through many mediums including newspapers, government agencies, social clubs, and advocates. Women across the U.S., from individual elite policymakers to broad social groups, proved to be powerful voices in drug policy during this era. Even as some of their national influence waned, their role and sway at the local level remained strong, influencing local laws, and education materials. This was certainly true in Montana. The story of women's public outcry about drug use and abuse in Montana takes us back to the concept that drug use is not a recent phenomenon in U.S. society, nor are the underlying issues around trafficking, use, and addiction. One sees a perpetual feedback loop; the social impacts of criminalizing drugs, challenges for government officials as they try to manage domestic drug control, and justice and public health sectors struggling to balance security, health, and drug supply.<sup>67</sup>

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<sup>66</sup> Helen Howell Moorhead, “Narcotics Control Under the UN: Narcotics Control Today and Plans of the UN Narcotics Commission,” *Far Eastern Survey*, 16, (1947): 5–58.

<sup>67</sup> Lisa N. Sacco, “Drug Enforcement in the United States: History, Policy, and Trends,” Congressional Research Service, October 2, 2014, <https://fas.org/sgp/crs/misc/R43749.pdf>.



## CHAPTER FIVE

CROSSROADS OF JUSTICE, PUBLIC HEALTH, AND  
PREVENTION

In the early part of the twentieth century the city of Butte, Montana was a major urban center with a thriving mining economy centered around copper. Its reputation as a rowdy town “inspired pungent description from novelists, journalists, and travelers” and its red-light district bustled twenty-four hours a day.<sup>1</sup> The population peaked in the first two decades, housing perhaps 85,000 during World War I, but losing workforce and residents in the decades that followed.<sup>2</sup> By the 1920s, Butte had settled down from its most boisterous days, but was still a rough-and-tumble city. Drug use was a major political issue for residents as addiction became more obvious among residents.

One example of this is in the figure of Frances Steele, who was just 18 years old when her name first made the newspapers in 1920. The Butte article noted a newly appointed federal narcotics inspector working to “exterminate” an alleged ring of “dope” peddlers in Butte’s Chinatown.<sup>3</sup> Steele told the police that “Chinese men and white men are in league to violate the Harrison drug law and are daily making young girls drug addicts.”<sup>4</sup> Two years later she was in the paper again, this time for her arrest for selling drugs. The paper described her as having a

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<sup>1</sup> Mary Murphy, *Mining Cultures : Men, Women, and Leisure in Butte, 1914-41*. (Urbana: University of Illinois Press, 1997.) 6

<sup>2</sup> Brian James Leech, *The City That Ate Itself : Butte, Montana and Its Expanding Berkeley Pit*. (Reno, Nevada: University of Nevada Press, 2018).

<sup>3</sup> The term “dope” at this time referred to narcotics including cocaine, morphine, and opium derivatives.

<sup>4</sup> “Federal Officers Go After Dope Peddlers Who Debauch Youth,” *Helena Independent Record*, March 20, 1920.

rapidly lengthening jail history stemming from a drug habit that was “fastened on her through the machinations of the landlady of an apartment house.” Stelle was “a Butte girl, a graduate of the local high school, happily married while still in her teens, the child of respectable parents, she has sunk to the level of hovel dwelling drug addicts.”<sup>5</sup> If one is to take the paper’s view, Steele’s addiction came about over time from these outside influences; a ring made up of dope peddlers of various backgrounds, the bad influence of her landlady, and the other drug addicts around her.

Frances Steele is just one example of a person in twentieth-century Montana who struggled with drugs in her life and consequently entered the judicial system. Steele served time at Deer Lodge Prison for her connection with drug use and dealing. As historian Ellen Baumler’s research highlights, female prisoners sometimes had drug addictions that led to their crimes, but until 1923 drug use itself was not a crime:

With the change in the state law, many women went to Deer Lodge for selling or possessing narcotics. Since there were no rehabilitative programs, these same women became repeat offenders. In December 1925, for example, Butte housewife Frances Steele entered Deer Lodge to serve a one to two-year sentence for possessing morphine. She served a little over a year, paid her five hundred dollar fine, and was paroled. She returned on the same charge in 1929.<sup>6</sup>

Recidivism was a consequence of a society and system that did not provide support for those with addiction or those caught up in drug trafficking. Steele needed drug treatment, but never received it.

This chapter centers on Montana’s story of treatment and education on drugs in the twentieth century. In Montana, one way that the justice sector and public health spheres overlapped was in how the public addressed addicts across the state. This was, and still is, an

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<sup>5</sup> “Sheriff Seizes Dope and Drugs,” *The Moore Independent*, Moore, Montana, November 9, 1922.

<sup>6</sup> Ellen Baumler, “Justice as an Afterthought: Women and the Montana Prison System,” *Montana: The Magazine of Western History* 58, no. 2 (2008): 41–99. <http://www.jstor.org/stable/25485713>.

issue across the country, but Montana’s small size provides a unique research opportunity to see how the treatment of those addicted to drugs changed over time. An examination of the state’s use of the psychiatric hospital at Warm Springs unpacks the unsettling mix of incarceration and treatment in one setting. Similarly, research into Montana’s approach to drug prevention education shows how the state adopted and adapted national trends as a tool of drug policy. Drug prevention efforts often centered on youth, something I argue is part of the policy maker’s gambit in striking an emotional and engaged response from the community.

Montana’s story is its own, but it is a good reminder that local drug policy interfaces “uncomfortably with America’s federalized system.”<sup>7</sup> There is a constant dance between local and state officials and those at the federal level when it comes to enforcing drug laws, providing treatment to those suffering from addiction, and carrying out educational prevention efforts. State interpretation and application of policy differs greatly across the country, and Montana is no exception. There are tensions between punitive approaches versus treatment and prevention efforts. This chapter reveals some of these tensions, providing the reader with examples of the struggles that policy makers face in striking the right balance in drug policy circles.

#### From the Streets to the Hospital: Treatment as Incarceration

Treatment for drug use in Montana was a complicated issue across the twentieth century. Montana’s large size, limited resources, and politics proved challenging components in addressing the needs of those with addiction. As treatment options evolved over the century, patients received support through new types of treatment programs, integrated behavioral

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<sup>7</sup> Charles Fain Lehman, “The Drug Crisis: Problems and Solutions for Local Policymakers,” *The Manhattan Institute*, August 4, 2022.

therapies, and eventually outpatient services. The first part of the century, however, was less formalized, with institutional treatment that lacked standardization. These early approaches included incarceration in both medical institutions and jails and prisons.

At the turn of the twentieth century, Montana drug users often sought treatment through local doctors. For some, this meant a doctor providing a maintenance program for them, supplying them with whatever medicine to which they were addicted. As narcotics laws became stricter, this practice lessened to some extent, although Butte papers reported a deep connection between some doctors and drug trafficking and distribution. A 1921 article highlighted the reality of drug use and distribution within the community; “while the head of the Butte dope ring is said to be a negro, the assertion has been made again and again that men occupying high positions in the community had co-operated with him financially in carrying on the traffic.” These articles all comment on the race of those involved in drug rings, but this article went on to highlight the connection between community elites and drug distribution.

The legal system attempted to regulate illegal drugs, but widespread community participation in illicit drug sales made it difficult for legislatures to get community buy-in: “drug users have declared that a drug peddler sat on the last federal grand jury. The same jury returned indictments against several Butte physicians who are charged with trafficking in drugs. One physician pleaded guilty and said that he had no other practice save selling dope.”<sup>8</sup> If local doctors were part of the “drug rings,” then use proliferated despite attempts to control distribution. The question remained: what to do with the users?

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<sup>8</sup> “Butte Drug Traffic Drags Down Young Girls; Negro Heads Dope Ring There,” *The Hardin Tribune*, February 4, 1921.

A focus on treatment was something new across the country, particularly as addiction became a more discussed issue within medical and legal circles. Treatment, however, was far from uniform and at times lumped in with mental health care. In Montana, a more restrictive medical care was available through institutions. Some patients found themselves forced into care at the psychiatric hospital at Warm Springs, which the state founded in 1877 and handled several drug users in its early years. In reports submitted to the state for the “Montana State Hospital for the Insane,” the terminology changes over time for patients admitted for drug use. The 1911 report noted “drug psychosis” for 9 patients, rising to 14 the next year. In 1913, the term “Toxic: drugs” was listed in the report with 25 male and 10 female patients, as well as a separate line item for “narcotism” (25 males and 10 females). The reports begin to distinguish types of drugs by 1917, noting “psychosis due to drugs” and listing out morphine and bromides numbers. By 1919, “drug addiction without psychosis”, which is to say those who were there for just drug addiction and no other mental health issue, had 28 male and 20 female patients.<sup>9</sup> The use of the hospital for those suffering from addiction continued to grow over time.

Warm Springs hospital’s 1920 state report shows the commonly accepted trend of the era of providing an outdoor, agricultural space in which patients can work. In a section titled “the Farm,” the writers note:

Because of the fact that farm work as a part of their observation and treatment is recommended for many of our patients, mention is here made of the farm... There are about one thousand acres of land in connection with the institution. This land can be easily irrigated but is of poor quality. We suggest that a competent state, or other agriculturalist be designated by your honorable body to inspect these lands and make recommendations to you as to their proper irrigation, cultivation, fertilization, cropping etc., with a view to realizing a maximum return to the

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<sup>9</sup> “1911 Report,” “1917 Report,” and “1919 Report,” Annual Report to the Board of Commissioners, Box 1, Folder 22, Warm Springs State Hospital Records, 1877-1981, Montana Historical Society Research Center Archives.

institution from the efforts of such patients as we believe will be benefited in mind and body by the out of door occupation.

While referring to all patients, not just those that were at Warm Springs for drug use, the description of the farm is of particular interest as an example of this type of treatment for patients who suffered from substance use disorders. As described in detail in chapter one, Congress established the federal narcotics farms - with a special focus on those addicted to drugs and/or alcohol - in 1935 in a similar vein to this type of treatment. In some regard, Montana was ahead of this national trend by linking outdoor work in agriculture with rehabilitation efforts for those they were treating for addiction at their psychiatric hospital.

Eventually the hospital specialized with a department unique to those who used drugs and alcohol. The 1921 revised codes in MT discussed a department at Warm Springs for inebriates to be used for the detention, cure, and treatment of all persons suffering from affliction caused by the use of drugs or intoxicants. This hospital received patients who “are dipsomaniacs, inebriates, or who are addicted to the excessive use of morphine, cocaine, or other narcotic drugs, and who shall have been regularly examined and found of unsound mind as a result of the use of any such intoxicant or drug.”<sup>10</sup> This formal unit at the facility housed those suffering from drug and alcohol use, sometimes, but not always, with co-occurring mental health issues.

One such case noted in the archival record in 1925 was for a housewife from Broadus Montana, admitted to Warm Springs for “excessive use of intoxicants.” While she denied the use of any form of narcotics, and physical examination failed to disclose the usual marks of hypodermic syringe of morphine users, the report noted her mother “felt positive that she was

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<sup>10</sup> Isaac Watts Choate, “The Revised Codes of Montana of 1921, Containing the Permanent Laws of the State in Force at the Close of the Seventeenth Legislative Assembly of 1921,” Berkeley Law, 1921, <https://lawcat.berkeley.edu/record/221339?ln=en>. Chapter 111.

using some kind of drug as they had found some kind of ‘pill’, and that she had some source of supply away from home...that after partaking of them she had an undue exhilaration, and in attitude she was inclined to be flippant.” The superintendent admitted her to Warm Springs as a case of alcoholism, without psychosis (hysteria) for a minimum of 90 days, which he deemed as “not excessive.”<sup>11</sup> Cases like this illustrate the use of Warm Springs as treatment facility and a place of incarceration. It is unclear from the record, but it appears this patient was admitted under pressure from her parents, not by choice.

City officials in Butte saw Warm Springs as a tool for getting drug users off the street, although the ability to commit users there rested with the county attorney and district court. The Assistant City Attorney in 1921 noted:

If we cannot get rid of the drug peddler, we can at least destroy their market if we commit the user to Warm Springs. In this way we may save many of them and, what is infinitely more important, we are removing a dangerous and most corrupting influence from our midst.<sup>12</sup>

Butte, once a place of boisterous consumption, followed the national pattern of residents not wanting to bear witness to drug use or see it spread throughout the community. By 1929 county elections focused on dope with more of an emphasis on incarceration versus treatment. A political ad for the county attorney election led with the word “dope” in huge letters at the top and an image of 59 cans of morphine, noted to have a retail value at \$2000 per can. Under the image, it noted that this was enough dope to start 1000 boys and girls on the road to ruin. The same article spoke of Attorney Freebourn sending 19 dope peddlers to the Deer Lodge state

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<sup>11</sup> “Commitment Papers, Hospital for the Insane,” Box 40, Folder 8, Warm Springs State Hospital Records, 1877-1981, Montana Historical Society Archives.

<sup>12</sup> “Butte Drug Traffic Drags Down Young Girls; Negro Heads Dope Ring There,” *The Hardin Tribune*, February 4, 1921.

prison during his first year in office. Ending with “A Vote for Freebourn for County Attorney for County Attorney Democratic Ticket Is a Blow at the Dope Peddler,” showed how drug policy, addiction, and government response were very much a part of the community dialogue in this time.<sup>13</sup>

Even with a political push and public pressure to tackle drug users with jail time, the use of Warm Springs remained popular. Eventually Warm Springs suffered from a lack of facilities to meet the needs of the state for addiction treatment at the time. As early as 1922 there is evidence that overcrowding was an issue and a realization that the hospital needed to focus on those with mental health issues as a priority. State reporting noted:

In the biennial period closing December 1, 1920, a total of 117 drug addicts were treated at the hospital or the period covered by this report 52 were admitted. This does not reflect the true number of drug habitues within Montana as some of the larger counties are caring for many of their unfortunates locally. In the spring of 1921, due to the overcrowded condition of the various buildings, it became necessary for the management to address an appeal to the district judges of many counties that they restrict the commitment of drug addicts to only such cases as were psychotic.<sup>14</sup>

With places like Butte relying on it to clear users off their streets, it quickly reached capacity as a treatment facility. Numbers for those entering Warm Springs for just substance use treatment started to slow. In a 1930 letter to the state board of commissioners for the insane, statistics for the nearly 1700 patients included a small number who were “discharged as without psychosis;” 25 males and 22 females were committed as drug addicts, and 28 males and 5 females as inebriates. Treatment for substance users happened during this first decade of the

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<sup>13</sup> “Freebourn for County Attorney,” 1928. C. Owen Smithers Photograph Collection. Butte-Silver Bow Archives.

<sup>14</sup> “Annual Report to the Board of Commissioners, 1922 Report,” Box 1, Folder 22, Warm Springs State Hospital Records, 1877-1981, Montana Historical Society Research Center Archives.



department for those with addiction, but how effective it was is difficult to determine from the archival data.

The available archival records mostly show reports to the legislature on the status of the hospital over time and the analysis of treatment shows a haphazard approach. One report noted that “for a period of approximately 36 years, until 1963, there was no record to the development of a treatment approach to alcoholism or addiction. Apparently, the acute symptoms were treated according to the process in vogue at the time and little or no effort was made to explore or treat the chronic phase of the condition.”<sup>15</sup> Treatment for alcohol and drug use still lacked a uniform standard across the country and this proved to be true in Montana. The approach at Warm Springs was also noted to have a general philosophy that was punitive rather than therapeutic.<sup>16</sup>

During the last quarter of the twentieth century, the state continued to tackle treatment but moved away from Warm Springs as a tool. The records turn quieter on what worked and focused more on tracking the number of consumers. A 1975 report on “Incidence and Prevalence of Drug Use” by the Addictive Diseases Unit of the State did not discuss treatment at all, but rather just outlined major drug consumption through statewide survey data. Up until that point, a comprehensive statewide quantitative baseline of data did not exist beyond small surveys of limited local areas or schools. The assessment notes that the goal was a baseline of the general distribution of drug use, but that “precise estimation of the attributes of some particular

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<sup>15</sup> “History of Warm Springs State Hospital, 1875-1973 by Richard E. Faestill” Box 2, Folder 6, Warm Springs State Hospital Records, 1877-1981, Montana Historical Society Archives.

<sup>16</sup> “History of Warm Springs State Hospital, 1875-1973 by Richard E. Faestill”

categories of drug abusers would have to be produced through other means, due to the fact that in those categories drug users constitute a rather small proportion of the state population.”<sup>17</sup>

The other trend that continued into the end of the century was that alcohol maintained top status as the substance of concern. The Montana Comprehensive Chemical Dependency plan for fiscal years 1984 - 1987 developed by the Alcohol and Drug Abuse Division of the Montana Department of Institutions started by stating that “alcohol is one of the most serious health problems facing Montana today,” and goes on to note that treatment statistics also reveal that the state has a serious multi-drug problem. There were 5,690 clients admitted to state-approved chemical dependency programs in 1983, of which 44% had a secondary drug problem and 16% a tertiary problem with drugs other than alcohol.<sup>18</sup>

The end of the 20th century saw the rise of stimulant use across the state, which impacted treatment efforts in new ways. In 1998 the Office of National Drug Control Policy recognized Montana as one of eight states with the most serious and active threat from methamphetamine.<sup>19</sup> Substance use treatment admissions for stimulants peaked in 2005 and then began a downward trend through 2009.<sup>20</sup> As state agencies and public health experts grappled with the rise in use and distribution of meth at this time, they also sprang into action for treatment. The Chemical Dependency Bureau, part of the Montana Department of Health and Human Services, created a Best Practices Committee of treatment providers throughout the state in January 2006. Their goal

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<sup>17</sup> Montana Addictive Diseases Unit, *Incidence and Prevalence of Drug Use: A General Population Study* (Helena, MT: Governor’s Office) 1975.

<sup>18</sup> Montana Department of Institutions, “Montana Comprehensive Chemical Dependency Plan: Fiscal Years 1988-1991,” Montana Treatment Services, 1991.

<sup>19</sup> Montana Board of Crime Control, “2000-2002 Cohen Anti-Drug Strategy.”

<sup>20</sup> Executive Office of the President, “Montana Drug Control Update,” Office of National Drug Control Policy, 2010. [https://obamawhitehouse.archives.gov/sites/default/files/docs/state\\_profile-montana.pdf](https://obamawhitehouse.archives.gov/sites/default/files/docs/state_profile-montana.pdf).

was to “identify current best and promising practices in the treatment of Montana’s methamphetamine epidemic.”<sup>21</sup> The resulting document, free to use and reprint, included treatment research, treatment strategies, screening tools, and assessments. The experts noted that meth clients needed a range of services and a continuum of care to find success in recovery.

“Think Clearly and Act Accordingly”: Education and Prevention in  
Montana

Montana appeared to have a slow start to using education as a tool in drug policy in the first part of the twentieth century. National pressure and state commissions took time to ignite a clear path forward in education efforts. While the justice and medical sectors of Montana used Warm Springs in an attempt at treatment, other state agencies and advocates eventually tapped into formal school-based education efforts in attempts at prevention.

Education for youth around drugs was, and still is, seen as an alternative to treatment or punishment. The primary logic behind the investment in drug prevention education campaigns is that preventing substance abuse before it starts saves lives and money down the road. This thinking was the same in the early twentieth century as it is today. By educating society, especially young people, about the risks and consequences associated with drug use, these campaigns aim to deter experimentation and initiation of drug use.

The national push for education standards around drug education came to Montana in 1925, through an organization known as the International Narcotics Education Association. This Association, led by Admiral Richmond Hobson, sensationalized the problems of addiction and

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<sup>21</sup> Chemical Dependency Bureau, “Best Treatment Strategies: Methamphetamine Treatment Implementation in Montana,” Helena, MT, 2006.

drug trafficking during the 1920's and 1930's. Hobson actively tried to undermine the messaging of Dr. Lawrence Kolb of the U.S. Public Health Service and others regarding drug addiction.<sup>22</sup> He employed a small staff to help establish himself as the face of a multi-media public relations campaign against narcotics that included radio programs and newspaper publicity about his organization's advocacy efforts, including educational programming. The Association held a board meeting in Los Angeles on May 12, 1925, where they not only approved the completion of their nationwide "Teachers and Parents Program," but also called for a world conference on Narcotic Education to be held the next summer in Philadelphia.

Hobson's goal was to standardize narcotics education through his network and was actively reaching out to public officials across the country with this in mind. In a letter to Montana governor J.E. Erickson, President Richmond Hobson shared a copy of the document, "The Peril of Narcotic Drugs," with the intention that it would make it into the hands of parents and teachers for the instruction of children and youth. Hobson requested that the governor assure them of his sympathetic interest and cooperation in their work. The governor in turn wrote back thanking him for the information, noting "I...assure you I am very much interested in the work in which you are apparently devoting much of your time. Wishing you every possible success in your work and that of your associates."<sup>23</sup> What the governor did with this curriculum is unclear, but it did not seem to get implemented as received. The analysis of Hobson in many archives as well as from recent scholarship is far from complementary given his blatant disregard of doctors

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<sup>22</sup> See chapter two for more information on Dr. Kolb regarding his work with the U.S. Public Health Service and the Federal Narcotics Farms.

<sup>23</sup> International Narcotics Education Association letter to the Governor Joseph M. Dixon, May 19, 1925, Montana Governor's Records 1889-1962, Montana Historical Society Archives.

and experts in the field.<sup>24</sup>

By the 1940s Montana’s education curriculum around drug prevention focused more on alcohol education than drug education. A State Department of Public Instruction letter to all county superintendents of schools from 1945 included curriculum created by Ahlida Ballagh, a former teacher who focused on developing curriculum for youth with the California Women’s Christian Temperance Union. The curriculum centered on “nature, action, psychological, and physiological efforts as well as the social, economic, and historical significance of the alcohol problem.”<sup>25</sup> The curriculum that the state of Montana sent out defined narcotics as “agents which temporarily suppress the activity of living matter” and advised a focus on alcohol as it was the greatest narcotic problem, not systematically attacked, and the education code specifically mentions it.<sup>26</sup> The speech materials include a chart, which starts with the word ‘drugs’ and breaks into two categories of stimulants and narcotics. Under stimulants are “tannin, strychnine, caffien, and adrenalin” while under narcotics Ms. Ballagh noted “opium, cocaine, mairjuana, alcohol and nicotin [*sic*].” Ballagh’s curriculum shows what would be seen as misguided categorization today. It also is evidence of the continuation of alcohol staying in the center of prevention work as well as the continued influence of women’s clubs and organizations on educational outreach.

By 1947, legislators created the Montana Narcotic Education Commission and worked to

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<sup>24</sup> Stephen Siff, "Expanding the Victory of Prohibition: Richmond P. Hobson’s Freelance Public Relations Crusade against Narcotics" *Journalism and Media* 5, no. 2: May 9, 2024, 566-581

<sup>25</sup> University of the Pacific, "Pacific Weekly, June 15, 1945" (1945). All Issues - Student Newspaper, The Pacifican, Pacific Weekly. 1512. <https://scholarlycommons.pacific.edu/pacifican/1512>. G. T. Buswell, Jessie Carter, W. G. Whitford, Evangeline Colburn, D. K. Brace, Homer J. Smith, and Naomi Keller. “Selected References on Elementary-School Instruction. III. The Subject Fields-Continued.” *The Elementary School Journal* 48, no. 3 (1947): 155–66. <http://www.jstor.org/stable/999021>.

<sup>26</sup> State Department of Instruction September 14, 1945, Box 40, Folder 8, Montana Governor’s Records 1889-1962, Montana Historical Society Archives.

develop “a phase of narcotic education” they incorporated into a bulletin on alcohol and other narcotic drugs and fit into the Montana Course of Study.<sup>27</sup> The Women’s Christian Temperance Union was quick to meet with the Commission as well, and in a letter to the governor they noted their efforts in raising \$10,000 for their educational work.<sup>28</sup> One prominent organization they pursued was the Anaconda Copper Mining Company. Their request for a contribution towards the work of the Commission was firmly rejected. Mrs. H.C. Reis, the WCTU President in 1948, used words of shame about Anaconda Copper’s decision not to support the cause:

Our motive has been purely altruistic evidence by the fact we have left the program entirely under the supervision of the department of education. Our part has been to finance it. In very many cases it has been sacrificial giving. This work doesn’t call forth the response that the idea did of sending the Butte High School Band to California. Over a period of years the value of the State Narcotic Educational work will be felt as it motivates girls and boys to make wise choices in life that they may think clearly and act accordingly. This is an important factor in this highly mechanized age in which we live.<sup>29</sup>

Reis shows the gendered notions of public service and volunteerism of the WCTU. Her words also highlight the common call to arms of protecting youth from the evils of narcotics. In this attempt at outreach from a women’s organization, the cry for saving Montana’s children from the perceived evil of drug use was not enough to secure funding for preventative education efforts.

By midcentury the state finally landed on a more thorough guide to teach kids about drugs and connected students to the global story around drug policy. In 1954, the Montana State Board of Health Narcotics and Alcoholism Program had come up with a robust outline guide for

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<sup>27</sup> “Narcotic Study Made in School,” *Fallon County Times*, Baker, Montana, November 13, 1947, <http://montananewspapers.org/lccn/sn84036037/1947-11-13/ed-1/seq-1/>.

<sup>28</sup> WCTU Letter to the Governor Samuel C. Ford, April 12, 1947, Montana Governor’s Records 1889-1962, Montana Historical Society Archives.

<sup>29</sup> WCTU letter to Anaconda Copper Mining Co, WCTU Records MC 160, Montana Historical Society Archives.

use in schools for teaching about addiction-producing substances. The guide, a response to “requests by school administrators for a tangible aid to the organization of instruction about the addiction-producing substances,” provides suggestions for background materials, teachings about the roles of the school, the home, and the community, as well as teaching method ideas.<sup>30</sup> This language suggests that the earlier materials presented to teachers were lacking. Given the earlier focus on alcohol, it appears educators started to vocalize the need for curriculum that highlighted drugs as well. The suggested approaches for learning - for example using news or magazine articles, a pupil questionnaire, and specific activities - allowed the local community to determine the best needs and approach to engage with students. One idea was to develop pupil reports on subjects like United Nations’ activities in international drug control and reasons for the passage of the Harrison Narcotic Act and the Volstead Act.

This was a start for the state to identify a teaching tool focused on drug prevention, but the reality was that alcohol use continued to be the major concern of Montana residents and state leaders. Most of the work of the Montana State Board of Health Narcotic and Alcoholism Program focused on alcohol. By 1958, a Narcotic and Alcoholism Advisory Committee to the Montana State Board of Health developed a six-page guide to “The Problem Drinker in Montana Business and Industry,” complete with cartoon visuals and facts about the impact of alcoholics in industries across the state. There is no mention of drugs in the material, but alcoholics are described as “sick and suffering from a progressive disease.”<sup>31</sup> The guide advocates for adopting

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<sup>30</sup> Montana State Board of Health Narcotic and Alcoholism Program, “An Outline Guide for Use in Schools for Teaching About Addiction-Producing Substances,” April 6, 1954, Montana Historical Society Archives.

<sup>31</sup> Narcotic and Alcoholism Advisory Committee to the Montana State Board of Health, “The Problem Drinker in Montana Industry,” July 1958, Montana Historical Society Archives.

a plan of outreach through a person's supervisor and an advisor who will help the employee take steps to address their illness. The Montana State Board of Health's 1960 handbook for "Community Action and Education in Alcoholism" echoed the same messaging, chalking the little that had been done on the nation's alcohol problem up to ignorance; "ignorance on the part of the alcoholic, his family, friends, boss and even professional counselors."<sup>32</sup> The writers of this handbook advocated for the formation of a Local Committee on Alcoholism that will help with rehabilitation efforts, connecting local agencies, and engaging with clergy.

The early noted 1954 school curriculum developed by the Montana State Board of Health Narcotics and Alcoholism Program largely remained the same until a joint resolution came out of the 1967 Montana legislative session that highlighted the need for more education for both youth and adults on "the nature of alcohol and narcotic, depressant, stimulant and hallucinogenic drugs and their effects upon the human system."<sup>33</sup> Once again public pressure from educators pushed curriculum forward. Legislators requested that the state board of education work with schools of pharmacy and education and the University of Montana to develop guidelines for a program of instruction on drugs and alcohol to be used in public schools across the state.

Newspaper articles point to smaller outreach efforts at the local level through both law enforcement and educational groups in the later part of the century. A 1970 article in the *Sanders County Ledger* points to educational outreach in the Missoula area by law enforcement that had prepared an educational paper for parents to understand signs of drug use and to help parents

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<sup>32</sup> Narcotic and Alcoholism Advisory Committee to the Montana State Board of Health, "Handbook for Community Action and Education in Alcoholism," 1960, Montana Historical Society Archives.

<sup>33</sup> Montana Legislative Assembly, "Laws and Resolutions of the State of Montana Passed by the 39th- Legislative Assembly," Hathi Trust, 1967, <https://babel.hathitrust.org/cgi/pt?id=uc1.b3830598&seq=471&q1=narcotic>, 1183.



protect their children from becoming victims of dope peddlers. They advised to look for visible physical signs in their children, behavioral changes like acting withdrawn or appearing listless, or covering their arms to hide injection marks. They end with what all parents should know, including that “dope peddlers may park near schools or playgrounds, be in the ice cream parlors or on the beaches.”<sup>34</sup> Another article from 1980 spoke to the growing drug problem on the Fort Peck Indian Reservation, describing high marijuana use by high school-age children on the reservation and goes on to describe marijuana and other drugs as well as their impact on the central nervous system.<sup>35</sup> Educational prevention efforts did change over the century, but these articles all share the fear based undertones of earlier drug policy messaging, warning parents to be on the lookout and protect their children.

### Conclusion

As of 2024, Warm Springs Hospital remains a place of complicated application of treatment for behavioral health care. Limited staffing and shortfalls in safety standards resulted in the state losing its credentials and funding from the federal government in 2022. While it no longer serves as a treatment center for those suffering from addiction the way it did through parts of the previous century, the long history it holds as a place of incarceration and attempts at treatment shows a struggle between justice and healthcare.

Why examine Montana’s treatment for addicts or changes in educational approaches? I argue that the smaller, quieter places offer insight into the wider American story of drug policy. Sometimes Montana was ahead of the national narrative. For example, Montana shows us the

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<sup>34</sup> “Paper Lists Pattern Shown Youths Using Narcotics,” *Sanders County Ledger*, November 5, 1970.

<sup>35</sup> “Marijuana—What is it? Part 1,” *Wotanin Wowapi*, March 28, 1980.

application of outdoor agricultural work for patients, something the Narcotic Farm would use a decade later. Some examples show the overlap with politics, like campaign slogans in Butte that vowed to come down harder on addiction. Other times Montana fought its own battles like in the case of education about drug use prevention; drug education curriculum often started with national influence, but ultimately needed to have a local feel to be effective.

While cities across Montana never reached the size of major urban centers in the twentieth-century American West, like Denver or Spokane, the state still shows many of the same trends from across the nation. Even with smaller towns, Montana maintained links with national leaders who influenced everything from the rule of law to educational practices. Montana's development of prevention education shows these connections.

As drug treatment and education programs formed over time, Montana saw a variety of approaches and challenges in application. Most education programs attempted to help young people identify the risks associated with drugs, but uniformity in approach took a long time to form - and even when it did it had mixed success. Some scholars viewed these approaches by the government in Foucauldian terms; "as a multitude of governmental sites that seek to shape the health conduct of the population in relation to drugs by enabling young people to take charge of their bodies so as to ensure their own and others' good health."<sup>36</sup> In Montana, this attempt at helping teens take charge of their bodies shifted to scare tactics of prevention against meth use by the start of the 21st century.

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<sup>36</sup> Deana Leahy and Peta Malins, "Biopedagogical Assemblages: Exploring School Drug Education in Action," *Cultural Studies, Critical Methodologies* 15, no. 5 (2015): 398–406. <https://doi.org/10.1177/1532708615611721>.

## CHAPTER SIX

## MONTANA'S METHAMPHETAMINE STORY

If there is one drug connected with the story of rural Montana at the turn of the twenty-first century it is methamphetamine. While the drug is now widespread among most of the United States, it had its grip on the American West, and Montana in particular, in the first decade of the century. Widely available precursor chemicals made it easy to make and limited law enforcement and lack of drug treatment made it hard to tackle. Montana's response to this drug provides a compelling and complicated case study for outside intervention in prevention work.

Montana's identity as a frontier, rural space is part of this relationship with meth. The state sits at the edge of national trends, often lagging behind what larger cities experience on either coast. In this case communities in Montana experienced something different from the rest of the country. Examining the response from these communities and their interaction with federal policy and outside elites when it came to meth presents new material for drug historians to consider. We see how Montana's unique relationship with meth shaped its identity and its people. This chapter also provides an example of the continuation of scare tactics as a mechanism to engage the public. In this case, both government and nonprofits used this approach to increase law enforcement and prevention efforts.

This chapter centers on the rise of meth in Montana, the government and community response to it, and the impacts of the prevention campaign titled the Montana Meth Project. The Montana Meth Project is a nonprofit campaign started by billionaire philanthropist Tom Siebel in 2005 and remains active as of 2024. Centered on preventing teen meth use, the project uses television, radio, and internet ads to depict the consequences of meth use. In a similar fashion to

the 1955 campaign by the Japanese government discussed in chapter three, the Montana Meth Project flooded every media channel in an aggressive campaign to stop meth use. Unlike the Japanese example, which the Japanese government initiated and funded, a billionaire philanthropist funded the Meth Project and formed a nonprofit to continue the work.

The investment from the private sector and one powerful individual allows the historian a look into how personal philanthropy can greatly influence policy. Siebel's interest in public policy issues in Montana likely stemmed from involvement with the 90,000 acre ranch he purchased in Wolf Creek, Montana in 1999. There, he spent time with Cascade County lieutenant sheriff John Stevens and became aware of the growing influence of meth in rural Montana. By 2005, meth accounted for half of all incarcerations in Montana and overwhelmed those in law enforcement and public health.<sup>1</sup> Tackling this rising threat required engagement from both the justice sector and the health sector, something that would take time to figure out across the state.

### From Medicine to Sin: Meth's Rise and the Government's Response

Understanding meth's origins and the government's response over time help put the drug and the abuse of it in perspective in comparison to earlier drug cycles. Meth started its shift from a medicinal drug to one of abuse during a period of changing drug culture as early as the late 1960s. The public in Montana took an interest and concern, especially when it came to the youth of the region. A 1969 lecture titled "Youth Alienation and the Drug Scene" by Dr. David Smith, a

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<sup>1</sup> James Verini, "Meth Mouth: Tom Siebel's Brash Anti-Crystal Campaign," Fast Company, May 1, 2009, <https://www.fastcompany.com/1266054/meth-mouth-tom-siebels-brash-anti-crystal-campaign>.

San Francisco physician, drew big crowds in Billings. Many in the audience likely wanted to hear his take on the hippie movement and the rise in youth drug use. Smith argued that the U.S. was the greatest drug-using nation in the world at the time, particularly when considering alcohol and cigarette use. Smith pointed to the “good white middle class youth of America” as being deeply involved in drugs, but also that methamphetamine (or methedrine) was turning housewives into “speed freaks” through diet pill misuse.<sup>2</sup> By 1971, the US Department of Justice ordered a reduction of pep pill (amphetamine and methamphetamine) production, due to 20 to 50 percent getting diverted into illegal drug trafficking across the country.<sup>3</sup> Meth was slowly making its way across the threshold of medicine into a drug of abuse, including in Montana.

By the mid-1970s the Montana Public Health and Human Services’ Addictive Diseases Unit was tracking methedrine use across the state. A 1975 report to the governor, with notable sample size limitations, pointed to high use by younger populations; “46.2% of all users were 18-24, 30.3% were 25-34, and 15.9% were 14-17.” The report stated that usage occurred throughout all levels of occupation with regular usage typical of managers, administrators, clerks, salespeople, and skilled workers. Users tended to come from households with high school or college educational backgrounds; “of all users, 43.4% were from households where head's education included college experience, while 25.8% came from households where head's education was high school.” There was a noted expansive use occurring in rural areas with 59.7% of all users residing in a rural locale, but of those considered ‘regular users’ the data skews more urban than rural - 55.6% urban and 44.4% rural.

While useful that the state began to track methedrine use and abuse, the report is lacking

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<sup>2</sup> Aaron Stansberry, “Big Crowd Greet Smith,” *The Retort*, Billings, Montana, January 24, 1969.

<sup>3</sup> “Pep-pill Reduction Ordered,” *Daily Tribune-Examiner*, December 3, 1971.

in a couple of ways. It is limited in numbers, but also fails to fully paint the picture of a Montanan who might be using methedrine and why they began using it in the first place. For example, the report does not describe the medical use of meth or methedrine in people trying to lose weight. The analysis of the use by sex appears to be misleading, describing the “usage of methedrine seems to be a little more frequently associated with males, however, this is not significant,” but then the numbers show 64.5% of regular users as women.<sup>4</sup> This is to say that researchers at the state level did not seem to fully understand the medical uses of methedrine and the way it was being misused in certain populations.

The issue of meth became a major talking point for government officials in the last decade of the twentieth century and that included coming up with efforts to tackle production and trafficking. Labs were prolific in Montana, with rural spaces and limited law enforcement making it easy to hide them in plain sight. Between 1993 and 1998, the DEA reported an increase of 900 percent in the number of small, illicit meth labs seized in Montana.<sup>5</sup> This percentage appears shocking, although the article failed to provide exact quantities to understand the rise.<sup>6</sup> Regardless of these figures, meth overall was seen as a growing public health and law enforcement issue.

Senator Max Baucus made the fight against meth a priority in his political career. Baucus’ role on the Senate Finance Committee gave him a platform to highlight the problem and to

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<sup>4</sup> Montana Addictive Diseases Unit, *Incidence and Prevalence of Drug Use: A General Population Study* (Helena, MT: Governor’s Office), 1975.

<sup>5</sup> Baucus Says He’s Worried About the State’s Meth Problem,” *Helena Independent Record*, August 2, 2000.

<sup>6</sup> Another article note that labs peaked at around 150 in the 1990s through the early 2000s. The calculation for a 900% increase could therefore have gone from 50 labs to 150 labs. Kathleen J. Bruan “Cartels replace local labs as cheap methamphetamine floods Montana,” *The Missoulian*, December 15, 2016.

encourage funding for programming. He pushed for Montana to be included in law enforcement measures to tackle meth coming into Montana and to tackle labs, stating:

As you all will remember, I got 5 counties in Montana into the Rocky Mountain High Intensity Drug Trafficking Area, also known as HIDTA. This wasn't easy. Believe me. Stiff competition from other states. The fact that Montana is less populated than other areas. It was an uphill battle. But, working with all of you, we kept pushing. Kept calling. Kept meeting personally with the Drug Czar. And last year, we finally got the designation. That designation came with about \$500,000 for meth fighting in 2003. We were disappointed it wasn't more.<sup>7</sup>

HIDTAs began under the Anti-Drug Abuse Act of 1988 with the purpose of assisting all levels of law enforcement (federal, state, local, and tribal) in managing drug-trafficking regions deemed critical. With funding administered by the Office of National Drug Control Policy (ONDCP), the Drug Enforcement Administration (DEA) played a leading role in directing HIDTA's work.<sup>8</sup> With the addition of Montana to the Rocky Mountain HIDTA in 2002, the DEA expanded its footprint and approach to encompass a more rural space in its jurisdiction. There was no obvious tension between federal law enforcement and local law enforcement in Montana, but this was new territory for the DEA at the time. Agent Frank Fredericks noted that in the early days of the Rocky Mountain HIDTA "meth was not even on the radar," but that meth labs started to expand across the region in a short time.<sup>9</sup>

HIDTAs were just one governmental tool created to tackle the spread of meth. At the federal level, many elected officials began to highlight concerns around meth in their communities and fought to maintain funding for domestic law enforcement. In the post-9/11 era,

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<sup>7</sup> Baucus Says He's Worried About the State's Meth Problem," *Helena Independent Record*, August 2, 2000.

<sup>8</sup> As of 2023, there are 33 HIDTAs, with more than 1,500 authorized special agents dedicated to the program. Drug Enforcement Administration, "High Intensity Drug Trafficking Areas," July 10, 2023, <https://www.dea.gov/operations/hidta>.

<sup>9</sup> Author interview with Frank Fredericks, September 2022.

when presidential leadership wanted federal funds to focus more on anti-terrorism measures, these lawmakers kept the pressure on to keep funding for domestic policing efforts. As meth spread into rural communities across the Rocky Mountains and into the Midwest, lawmakers responded with the creation of a bipartisan group known as the Congressional Caucus to Fight and Control Methamphetamine. In 2005, Congress passed the Combat Methamphetamine Epidemic Act, requiring pseudoephedrine, ephedrine, and phenylpropanolamine - the primary ingredients used to manufacture meth - to be both placed behind the counter at pharmacies and for retailers to track sales. This mirrored early 20<sup>th</sup>-century legislation that helped rein in drug distribution through regulation, licensing, and documentation. Just as the Harrison Narcotics Act engaged with pharmacists and doctors to control medicine, so too did this law. In both cases, legislators realized that controlling supply was the first step in controlling drug abuse.

The Combat Methamphetamine Epidemic Act was generally well-received by pharmacists across the nation. For example, a pharmacist from Belgrade, Montana testified before Congress in 2007 that the act had helped “significantly reduce domestic production, that is, the numerous mom-and-pop meth labs that have become the scourge of rural America.” He noted how well the program was working, arguing that in 2004 the DEA recorded over 17,000 meth lab incidents and that by 2006, this number had dropped to nearly 7,000. While the act helped decrease the domestic production of meth, it inversely increased meth importation primarily from Mexico.<sup>10</sup> As a result, attention shifted from domestic control to foreign seizures to limit meth’s prevalence in the United States.

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<sup>10</sup> United States Senate Finance Committee, “Breaking the Methamphetamine Supply Chain: Meeting Challenges at the Border,” September 18, 2007, <https://www.finance.senate.gov/imo/media/doc/496611.pdf>.



Prevention efforts centered on educational outreach grew alongside law enforcement efforts during this period. Montana's approach fit into a national push for a uniform approach to drug prevention education. By 1998, the federal Office of National Drug Control Policy (ONDCP) started an anti-drug media campaign to fill the void. While the campaign was not solely centered on meth, it did influence later prevention work that was specific to meth. The goal of the campaign was to change youth attitudes about drug use and reverse youth drug trends through targeted media ads, something the Montana Meth Project would do a decade later. Numerous evaluations proved this program had little to no impact on youth behavior and beliefs.<sup>11</sup> While various iterations of this program followed, the impact proved mixed, and funding eventually dried up.

Early 21<sup>st</sup>-century efforts at the state level in Montana would pivot away from these national platforms to tackle the rising use and distribution of methamphetamine on their own. In April 2005, Montana Department of Justice funded a toolkit for community educators and teachers - developed in partnership with Montana State University Extension Service - as a means to provide public education and outreach about methamphetamine. Then-Attorney General Mike McGrath introduced the toolkit:

There is no single, simple solution. We cannot arrest, prosecute and jail our way out of the meth problem. Law enforcement is an important part of the answer, but it must be balanced by equally strong treatment, education and prevention components. And these components must be part of a locally based alliances capable of responding to the situation in their communities.<sup>12</sup>

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<sup>11</sup> Westat, "Evaluation of the National Youth Anti-Drug Media Campaign: 2004 Report of Findings," Executive Summary, Rockville, MD.

<sup>12</sup> Montana State University Extension Service, "Meth in Montana a Toolkit for Community Educators and Teachers," Montana State University, Accessed April 22, 2024, [https://www.justice.gov/archive/tribal/docs/fv\\_tjs/session\\_1/cd1/MethToolkitFlyer.pdf](https://www.justice.gov/archive/tribal/docs/fv_tjs/session_1/cd1/MethToolkitFlyer.pdf).

The toolkit itself includes booklets, focus cards, posters, ads for newspapers and mailings, public service announcements, a firsthand story of a mother who lost her daughter to meth use, and a PowerPoint presentation to use in a classroom to cover basic information, pictures of labs and precursors, and images of meth users. A major focus of much of the material centered around meth labs, still an area of major concern for state law enforcement then. Other resources included a document citing quick facts about meth in Montana; 9.3 percent of Montana teens admitted ever using meth compared to 7.6 nationwide, the rise in admissions at state-approved chemical dependency treatment providers (i.e. 734 in 2000, 903 in 2002, 1,124 in 2004), and 35.8 percent of federal sentences in Montana in the fiscal year 2003 were drug-related with 73.2 percent of those (compared to 17.1 percent nationally) meth-related.<sup>13</sup>

One element from the toolkit - the mother's story of how she lost her daughter to meth - echoes back to the power of the female storyteller, something noted in earlier chapters.<sup>14</sup> The use of this toolkit was likely influenced by the success of the national campaign of Mothers Against Drunk Driving. Started in 1980 in response to personal experiences of loss with drunk drivers, Mothers Against Drunk Driving (MADD) grew into a preeminent grassroots organization focused on prevention, advocacy, and lobbying for laws against drunk driving. A 2005 Gallup poll noted that 94% of Americans recognized the organization. Further, evaluations show that MADD played an important role in their advocacy work at the state level to get legislatures to

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<sup>13</sup> Montana State University Extension Service, "Meth in Montana a Toolkit for Community Educators and Teachers."

<sup>14</sup> Chapter three discusses the use of memoir for drug prevention from a female perspective. Chapter four discusses the power of women's clubs and outreach for prevention work.

enact more effective impaired-driving laws as well as in pushing for landmark federal legislation.<sup>15</sup>

One final note about the 2005 Meth in Montana toolkit is the use of strong and disturbing visuals in many of its materials. Pulling from similar approaches seen in newspapers a century earlier and discussed in chapter three, these fear-based visuals ignite the conversation around the impact of the drug. One document for use by educators for a discussion titled “The Face of a Meth User - 10 years” shows the repeated arrest photos of a woman over a decade from the age of 28 to her final arrest at 37. Her photos show her slow physical decline, with an emaciated figure, sunken eyes, and the dramatic aging of her overall appearance. At the bottom of the document, it states “Dead at age 38.” The PowerPoint includes this document under the subheading “The beauty of METH” along with other images of tooth decay, aging, and physical scars on the body of a user. This sort of visual media would be the basis of the Montana Meth Project founded that same year.

#### Private Interest on Public Matters: Origins of the Montana Meth Project (MMP)

Prevention efforts through scare tactics were not a new communication strategy when the Montana Meth Project started, but rather the campaign builds off a deeply embedded interest from the public in exposing and fighting drug use. As I argue in chapter three, public interest and

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<sup>15</sup> While not solely focused on the family storyteller approach to their work, MADD did find success in applying personal narrative to prevention and advocacy work. The National Highway Traffic Safety Administration notes victim impact panels started by MADD as a tool for creative sentencing work. See James C. Fell and Robert B. Voas, “Mothers Against Drunk Driving (MADD): The First 25 Years,” *Traffic Injury Prevention* 7, no. 3 (2006): 195–212; Janice Harris Lord, *A How to Guide for Victim Impact Panels: A Creative Sentencing Opportunity* (Washington, D.C. U.S. Dept. of Transportation, National Highway Traffic Safety Administration), 2001.

concern about drug use in the early 20th century played out in media sources, showing the impacts of drugs like cocaine and opium on a cross section of society. This early showcasing of drug users in newspapers sets the stage for later drug prevention campaigns at the end of the 20th century. Media advertising through organizations like Partnership for a Drug-Free America continued to showcase the scare tactics and shock factor of these earlier newspaper stories. The Montana Meth Project followed suit, but rather than the community driving the organization it was founded through private funding and one powerful outsider.

One of the primary financiers of fear-based drug prevention in Montana was Tom Siebel. Siebel is a billionaire who is known for being a self-starter, innovator, and creator of enterprise artificial intelligence in tech, primarily through his company Oracle. Siebel is also prolific in philanthropy, primarily through the Thomas and Stacey Siebel Foundation. While the Foundation supports a variety of causes that benefit the public, it prioritizes “strategic philanthropy” that focuses on targeted, highly leveraged programs like the Montana Meth Project.<sup>16</sup>

Unlike his typical business approach of communicating directly to employees and current customers, Siebel’s communications for the Montana Meth Project specifically targeted potential future meth users.<sup>17</sup> Inspired by the American Cancer Society's successful "Truth" anti-smoking campaign, which used television and digital content to encourage teens to reject smoking, the Montana Meth Project took this advertising concept and modified it for an aggressive, and often disturbing, portrayal of the impacts of meth use. The goal of the Montana Meth Project was to “offer a snapshot of meth addiction at its worst: a son attacking his mother; a boyfriend selling

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<sup>16</sup> Siebel Foundation, “Siebel Foundation Annual Report,” 2020, [https://www.siebelscholars.com/wp-content/uploads/2021/04/2020\\_TSSF\\_Annual\\_Report.pdf](https://www.siebelscholars.com/wp-content/uploads/2021/04/2020_TSSF_Annual_Report.pdf).

<sup>17</sup> Bronwyn Fryer, “High Tech the Old-Fashioned Way: An Interview with Tom Siebel of Siebel Systems,” *Harvard Business Review* 79, no. 3 (2001): 118.

his girlfriend for drugs; a boy hallucinating that bugs are crawling on his skin; and the transformation of a pretty girl into one with skin sores and tooth decay.”<sup>18</sup> These advertisements used extreme realism to capitalize on fear in the hopes of inspiring drug prevention. The program’s slogan “Not Even Once,” aimed to target those who had not tried the drug and encourage them to avoid it at all costs.<sup>19</sup>

Before delivering any prevention messaging, the founders of the MMP did extensive market research to target teens’ perceptions of drugs; initial efforts produced major insights into what might work. From this base, the founders developed a dynamic, expensive, and aggressive media campaign designed to “unsell” meth to teens. Their initial messaging covered these five points:

1. Meth is dangerous to try even once.
2. Meth will make you look different than normal.
3. Meth will cause you to act in a way that you do not want to act.
4. Meth affects many people’s lives other than the user.
5. Meth problems could happen in your town or school.<sup>20</sup>

The campaign kicked off with a jolt. As the largest advertiser in the state, the campaign included 45,000 television ads, 35,000 radio ads, 10,000 print impressions, and 1,000 billboards statewide in the two years from 2005 - 2007.<sup>21</sup> Saturating media outlets to get the Montana Meth Project’s message across came with hefty price tag, costing the Thomas and Stacey Siebel Foundation

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<sup>18</sup> Corey Binns, “The Anti-Drug Lord,” *The Huffington Post*, June 26, 2008, [https://www.huffpost.com/entry/the-anti-drug-lord\\_b\\_107761](https://www.huffpost.com/entry/the-anti-drug-lord_b_107761).

<sup>19</sup> Corey Binns, “The Anti-Drug Lord.”

<sup>20</sup> Thomas M. Siebel and Steven A Mange, “The Montana Meth Project: ‘Unselling’ a Dangerous Drug,” *Stanford Law & Policy Review* 20, no. 2 (2009): 405.

<sup>21</sup> United States Senate Finance, “Breaking the Methamphetamine Supply, 2007.

over \$25,850,000 to launch the program, conduct market research, and develop ads in just those two years alone.<sup>22</sup> Hiring provocative movie directors like Darren Aronofsky made for cinematic TV spots that caught more media attention and sparked conversation around drug use, if not a bit of controversy.<sup>23</sup> Videos included gritty imagery of violent acts and behavior by meth users, with everything from sexual exploitation to death shown on screen.

By 2009, six states: Arizona, Illinois, Idaho, Wyoming, Hawaii, and Colorado, adopted the model started in Montana and implemented their own versions of the Meth Project. “Tom Siebel,” says former Montana attorney general Mike McGrath, “has single-handedly changed national drug-control policy.”<sup>24</sup> The numbers around meth in Montana - seizures, users, drug labs – went up and down in the early part of the 21st century. What role the Montana Meth Project played in those changes is a harder question to answer.

### Does the Montana Meth Project Work?

Several researchers from various disciplines (psychology, economics, political science, and business) have studied the Montana Meth Project at length. Their conclusions show not just the multidisciplinary interest in understanding drug policy, but also how complicated it is to successfully evaluate drug prevention programs. How do we know if prevention programs are working? Can we clearly link demand-side interventions with a drop in drug use? How do policymakers know what to fund? How can a historical perspective inform modern

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<sup>22</sup> Siebel and Mange, “Montana Meth Project,” 2009.

<sup>23</sup> “‘Black Swan’ Director Darren Aronofsky Creates Anti-Meth Ads,” ABC News, November 9, 2011, <https://abcnews.go.com/Health/WellnessResource/darren-aronofsky-directs-anti-meth-ads/story?id=14917405>.

<sup>24</sup> Verini, “Meth Mouth,” 2009.

understandings of the Montana Meth Project?

Mixed results in efficacy and impact are not uncommon in educational campaigns to deter drug use. Prior to the Meth Project several earlier prevention programs proved to be limited or mixed in effectiveness and required major revamping. One such program was the National Youth Anti-Drug Media Campaign, a massive undertaking of the Office of National Drug Control Policy (ONDCP) that Congress appropriated over \$1.2 billion dollars for between 1998 and 2004. The campaign aimed to prevent the initiation of or curtail the use of drugs among the nation's youth with anti-drug messaging in television, radio, and print ads. However, an extensive evaluation of the campaign showed a lack of effectiveness in reducing youth drug use. A Government Accountability Office (GAO) report noted that while youth and parents recall of campaign advertisements increased over time with generally good impressions of it, "exposure to the advertisements generally did not lead youth to disapprove of using drugs and may have promoted perceptions among exposed youth that others' drug use was normal." While not as graphic as the Montana Meth Project ads, the approach of prevention of initiation of drug use and sustained and repeated messaging was similar. The negative findings by the GAO included advice to Congress to limit appropriations for the campaign. ONDCP rejected this claim, stating that they did not believe the evaluation findings to reflect the campaign's effectiveness.<sup>25</sup>

The once popular Drug Abuse Resistance Education (DARE) program was torn apart in a 1999 Department of Justice funded evaluation, where researchers concluded it had limited influence on adolescent drug behavior. This finding contrasted with the program's popularity and

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<sup>25</sup> United States Government Accountability Office, "ONDCP Media Campaign: Contractor's National Evaluation Did Not Find That the Youth Anti-Drug Media Campaign Was Effective in Reducing Youth Drug Use," Washington, D.C., August 2006, <https://www.gao.gov/assets/gao-06-818.pdf>.

prevalence. Researchers noted “an important implication is that DARE could be taking the place of other, more beneficial drug-use curricula.”<sup>26</sup> These examples show repeated hesitation by those in charge of prevention programs from heeding advice to stop a program that has limited effectiveness.

Many studies show the challenges of evaluating the effectiveness of drug prevention programs and the Montana Meth Project evaluations are no exception. Much of the research around the program is critical of it in some way, with some studies disparaging evaluation methods, another showing how the program exacerbated discrimination of drug users, and another noting the disregard for existing outside trends and patterns. A 2008 study by psychology professor David M. Erceg-Hurn found that the Montana Meth Project misrepresented data in their evaluations and therefore claims for the effectiveness of the overall program were unsound:

The main finding is that empirical support for the campaign is weak. Claims that the campaign is effective are not supported by data. The campaign has been associated with increases in the acceptability of using methamphetamine and decreases in the perceived danger of using drugs. These and other negative findings have been ignored and misrepresented by the MMP. There is no evidence that reductions in methamphetamine use in Montana are caused by the advertising campaign. On the basis of current evidence, continued public funding and rollout of Montana-style methamphetamine programs is inadvisable.<sup>27</sup>

Some researchers were less interested in refuting the effectiveness of the campaign, but rather analyzing the long-term impact on the stigmatization of drug users. In their piece ““With

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<sup>26</sup> S. T. Ennett, N. S. Tobler, C L. Ringwalt, and R. L. Flewelling, “How Effective Is Drug Abuse Resistance Education? A Meta-Analysis of Project DARE Outcome Evaluations,” *American Journal of Public Health* 84, no. 9 (1994): 1394–1401. <https://doi.org/10.2105/AJPH.84.9.1394>.

<sup>27</sup> DM Erceg-Hurn, “Drugs, Money, and Graphic Ads: A Critical Review of the Montana Meth Project,” *Prevention Science* 9. (August 7, 2009): 256-63. <https://doi.org/10.1007/s11121-008-0098-5>.



Scenes of Blood and Pain’: Crime Control and the Punitive Imagination of The Meth Project,”

authors Travis Linnemann, Laura Hanson and L. Susan Williams were:

concerned with how the images themselves may perpetuate or exacerbate long-standing social inequalities. With graphic fear appeals as its centerpiece, the organization advances a very narrow and, as we argue, imaginary view of the causes and consequences of meth use and the lives entangled with addiction.<sup>28</sup>

This study highlights the importance of understanding why drugs users might use in the first place, a key component of prevention work and a piece of drug policy that continues to grow for those in the field.

One of the most striking studies of the Meth Project came in 2010, when D. Mark Anderson’s article “Does Information Matter? The Effect of the Meth Project on Meth Use Among Youths” drew nationwide attention.<sup>29</sup> His study aimed to empirically scrutinize the effectiveness of the MMP in a rigorous fashion, something which he claimed had not been done. Anderson analyzed Youth Risk Behavior Surveys (YRBS) from 1999 - 2009 and found that while rates of meth use were roughly 1.5 to 4 percentage points lower after the adoption of the MMP, this drop could be part of a preexisting downward trend in meth use. Therefore, the effectiveness of the Montana Meth Project’s advertising could be “small and statistically insignificant” compared to other factors, such as increased policing efforts that began before the program’s inspection.<sup>30</sup> In 2015, Anderson expanded the scope of national and state YRBS by two years to include data from 1999 through 2011 to examine the relationship between the Meth

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<sup>28</sup> Travis Linnemann, Laura Hanson and L. Susan Williams, ““With Scenes of Blood and Pain’: Crime Control and the Punitive Imagination of The Meth Project,” *British Journal of Criminology* 53, no. 4 (2013): 605–23. <https://doi.org/10.1093/bjc/azt008>.

<sup>29</sup> Author interview with Dr. D. Mark Anderson, October 2021.

<sup>30</sup> D. Mark Anderson, “Does Information Matter? The Effect of the Meth Project on Meth Use Among Youths.” *Journal of Health Economics* 29, no. 5 (2010): 732–742

Project and meth use. Data remained consistent in both studies, though this time Anderson found “some evidence that the Meth Project may have reduced meth use among white high school students.”<sup>31</sup>

Not all evaluations of the Montana Meth Project were as critical of the project’s success. Specifically, the Stanford University Business School used the Montana Meth Project as a case study of effective marketing strategies in nonprofit work in 2009. Authors Laura Arrillaga-Andreessen and Victoria Chang argued that the MMP exemplified the “development of a nationally scalable solution through a proven pilot program’s replication, the use of public policy efforts to raise government support and the power of public engagement to spur social action.” It praised the “strategic and operational choices made by the Siebel Foundation throughout the launch and initial implementation of the Meth Project from 2005 to 2009” as an example of “sophisticated program strategy, evaluation and advocacy.”<sup>32</sup> While some of the dissenting research about the effectiveness of the MMP is noted in the additional reading of the case study, the tone of the study material touts it as effective.<sup>33</sup> While the Stanford case study focused more on the Montana Meth Project’s marketing success as a business, it does illustrate how the use of graphic media and radio spots influenced public opinion.

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<sup>31</sup> D. Mark Anderson, and David Elsea, “The Meth Project and Teen Meth Use: New Estimates from the National and State Youth Risk Behavior Surveys,” *Health economics* 24, no. 12 (2015): 1644–1650.

<sup>32</sup> Laura Arrillaga-Andreessen and Victoria Chang, “Thomas and Stacey Siebel Foundation and The Meth Project,” Stanford Graduate School of Business, 2009, <https://www.gsb.stanford.edu/faculty-research/case-studies/thomas-stacey-siebel-foundation-meth-project>.

<sup>33</sup> When asked about the use of the MMP as a case study even with flawed effectiveness, Dr. Chang noted that she did not remember much about the case and Arrillaga-Andreessen never responded to requests to discuss the case study. Author email with Dr. Victoria Chang, October 2022

Initiated by the Montana Department of Justice's Attorney General Tim Fox, an in-depth study by public health researcher Katie Loveland analyzed how the Montana Meth Project affected current and former meth user's views on meth. Loveland found that many users had a fear of methamphetamine prior to trying it, expecting they "would immediately become addicted, die, or experience other significant and negative consequences," because of what the Montana Meth campaign rhetoric or their school's drug prevention programs taught them. However, for many users, these expectations were not met during their first experience with methamphetamine. For some, this resulted in them feeling comfortable using again. One user stated:

I was really scared at first. There's a lot of talk about meth ... I never thought I'd be approached with it. But I was. And then there I was— I did it and I lived afterwards. I was like, 'okay, I'm okay.' And so that's when I didn't believe what I had heard... I didn't die. I was still alive.<sup>34</sup>

In this example, the person using drugs felt that the information they obtained from prevention campaigns misinformed their experience. An overemphasis on the negative impacts of drug use disregarded the experience of those users who do not get addicted to the same level of others. This is an issue that scholars are now taking up in more recent work in drug research, along with an interest in including all levels of drug users in research.<sup>35</sup> Politically this approach still has mixed responses. For example, the Montana Department of Justice study noted above

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<sup>34</sup> Alle Lockman, Katie Loveland, and Jade Vandall, "Methamphetamine Use in Montana," Montana Department of Justice, December 2020, <https://leg.mt.gov/content/Publications/fiscal/Session-2021/SubCom-B/Jan-25.pdf>.

<sup>35</sup> Carl L. Hart, *Drug Use for Grown-Ups : Chasing Liberty in the Land of Fear*. New York: Penguin Press, 2021.

was never published as Attorney General Fox's predecessor Austin Knudsen determined it was not useful to hear from those with lived experience.<sup>36</sup>

### Squashing Fear, Facing the Facts

In 2023, the Montana Meth Project billboards looked much different than their original media campaign from almost twenty years earlier. One billboard along Highway 90 in Bozeman, Montana showed a young woman facing the photographer with the words "Ask me how the gun went off" above her image. Another on the road up towards the ski area at Big Sky showed a man looking at the camera with the words "Ask me who I tied to the steering wheel." While the messaging still strikes a somewhat disturbing tone, no longer were there graphic images of guns, sexual abuse, or self-harm. The nonprofit's website noted the campaign's effectiveness in reducing teen meth use since inception using their original dynamic and graphic media messaging, but the shift in their public media by 2023 showed a lighter message. Personal stories and faces of meth users are on their billboards, but less explicit imagery appears to be their new normal.

Although there is no hard evidence of perfect success, the Montana Meth Project continued to expand over time. In comparison to the Japanese government's aggressive one-time response to the meth epidemic in the post-World War II era, the Montana Meth Project grew from a fear-based, aggressive media campaign, to a long-term prevention strategy across the state. It provides an example of the power of an elite outsider directing messaging on drugs within the state to the point that the federal government replicated and funded the same type of

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<sup>36</sup> Author interview with Katie Loveland, May 2021

messaging across other parts of the country. It offers an abundance of information for researchers as well as policy makers, as they look to change the future of meth's story in Montana.

## CHAPTER SEVEN

## LIVING WITH DRUGS IN THE TWENTY-FIRST CENTURY

The story of methamphetamine in Montana continues, as newspapers report deadly combinations of meth once again overwhelming law enforcement and public health. Described as a problem “especially pernicious in the West, where states have been battling against methamphetamine for what seems like forever,” gives the reader the sense that the meth story is far from over for Montana.<sup>1</sup> Rather than being over, Montana is at the cusp of spilling into a new cycle centered on a new drug.

In March of 2024, Montana Attorney General Austin Knudsen announced a 20,000 percent increase in fentanyl seizures by law enforcement in Montana since 2019. Breaking the numbers down to the seized number of dosage units shows how that dramatic increase came about; 1900 units in 2019, 6,663 in 2020, 60,557 in 2021, 188,823 in 2022, and finally 398,552 in 2023.<sup>2</sup> Cocaine and meth seizures were also up, although not to the same drastic levels as fentanyl. In a state where alcohol, tobacco, and meth were the top substances used for many years, fentanyl is quickly rising to the surface as a drug of concern. A new cycle in drug use and community response are underway as of the writing of this research and that cycle is impacting Montana.

There are certain elements of note in this new cycle. The first is that multiple drugs are

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<sup>1</sup> Darrell Ehrlick, “The fourth wave of opioids swamps Montana with meth-fentanyl cocktail,” *Daily Montanan*, April 12, 2024

<sup>2</sup> Montana Department of Justice, “AG Knudsen Announces Another Record-Breaking Year For Fentanyl Seizures” March 6, 2024 <https://dojmt.gov/ag-knudsen-announces-another-record-breaking-year-for-fentanyl-seizures/>

challenging the system at one time. The second is that increased toxicity and dosage issues are pushing the limits for overdose response. The first element is something that many people in the drug policy space mentioned in interviews and conversations around my work. This new cycle is different than past ones because there are multiple drugs at work. While fentanyl is the drug making headlines, it is the combination of fentanyl with other drugs that is challenging law enforcement, first responders, and healthcare workers. These experts mentioned increased lacing of drugs like heroin with fentanyl causing overdose at alarming rates. The panic around fentanyl has to do with this secondary exposure to it by unexpected users.<sup>3</sup>

Tackling illegal drug supplies is now harder for law enforcement with multiple drugs flooding the streets. Previous drug cycles saw supply chains focused on one drug. For example, the popularity of cocaine in the 1980s meant law enforcement tackled production, supply routes, and distribution of just that one drug to disrupt the system. While other drugs were also being trafficked at that time, efforts tended to center around stopping coca from being grown, turned into cocaine, and trafficking in the U.S. Today, law enforcement is trying to put pressure on fentanyl, meth, heroin, opioids and marijuana across all parts of the chain. Stopping these different drugs require different strategies and tactics. As an American Embassy official told me in Mexico City in 2019, if he failed to put pressure on precursor chemicals for fentanyl, supply levels elevate rapidly.<sup>4</sup> He had to spread his resources out across multiple areas, making it hard to put a dent in any of it.

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<sup>3</sup> Some researchers refer to the current cycle as a triple wave epidemic, specially noting opioid pills, heroin and synthetic opioids as a current challenge in public health and prevention efforts. Daniel Ciccarone, The triple wave epidemic: Supply and demand drivers of the US opioid overdose crisis, *International Journal of Drug Policy*, Volume 71, 2019, Pages 183-188.

<sup>4</sup> Author interview with Eric Geelan, January 2019

There is another end of the spectrum in the current drug policy cycle related to research and public perception. Doors are opening again for research around psychedelics. A resurgence in scientific interest in this space includes potential therapies to treat mental health conditions.<sup>5</sup> Increased recreational use of marijuana continues, along with headlines on the impacts of microdosing mushrooms for professionals.<sup>6</sup> These drugs are now shifting into public view with a different acceptance and applicability of use. Where they go from here will depend on public opinion, regulation, and marketability across users in both legal and illegal avenues.

Along these same lines is a recent push in some academic circles to highlight the fact that not all drug users are addicts. Given the fear around addiction, this is a turning point in how researchers are discussing the use of drugs. Columbia University professor of psychiatry and psychology Carl Hart breaks open this point in his book *Drug Use for Grown Ups*:

Too often, the conversation about recreational drug use is hijacked by peddlers of pathology as if addiction is inevitable for everyone who takes drugs. It is not. Seventy percent or more of drug users - whether they use alcohol, cocaine, prescription medications or other drugs - do not meet the criteria for drug addiction. Indeed, research shows repeatedly that such issues affect only 10 to 30 percent of those who use even the most stigmatized drugs, such as heroin and methamphetamine.<sup>7</sup>

Hart builds off David Courtright's words that what we think about addiction depends on who is addicted; perhaps what we think about addiction is also clouded by those who suffer the most serious form of it.<sup>8</sup>

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<sup>5</sup> Michael Pollan, *How to Change Your Mind : What the New Science of Psychedelics Teaches Us about Consciousness, Dying, Addiction, Depression, and Transcendence*. (New York: Penguin Press, 2018.)

<sup>6</sup> Chavie Lieber, "Working Woman's Newest Hack: Magic Mushrooms" *The Wall Street Journal*, February 6, 2024

<sup>7</sup> Carl L. Hart, *Drug Use for Grown-Ups : Chasing Liberty in the Land of Fear*. New York: Penguin Press, 2021.

<sup>8</sup> Courtwright, *Dark Paradise*



One goal of my research was to show the value in studying the long history of one drug. While this research is not solely focused on methamphetamine, it is a first step in looking at the long history of meth over time from origins in medicinal use, a strange and troubled history with use in war time, and a rise of misuse and abuse in recent decades especially in Montana. Historians can continue to unpack this long history and what it means for the future of these types of amphetamines, including how we regulate them.

Another goal of my research was to look at the power of singular voices, community groups, and prevention campaigns. Researching both Helen Howell Moorhead and Thomas Siebel was a way of examining these areas. While Moorhead and Siebel dug their boots into Montana soil almost a century apart, they both shared the goal of shining a light on drug abuse in Montana. Moorhead's legacy in Montana does not run deep. Siebel's legacy, on the other hand, continues to this day. In both examples we see the use of fear, funding, and influence to try to make a dent in substance use in Montana.

A final goal of my work was to analyze Montana as it relates to the national story around drug use and regulation. Montana's drug policy history, often overlooked but deeply connected to the rest of the country, follows the national patterns of drug cycles and crises in the twentieth century. State laws followed federal policy, women rose up to fan the flames of fear, and advocates worked to prevent cycles from continuing. While Montana proved not to be singular, it does provide an example of how federal policy and outside influencers played out at the local level. The state stands out in its long-term relationship with methamphetamine and that consequently changed how communities responded to use and prevention tactics. We also see

how the state stood out on its own by tapping into myriad resources to respond to drug use and abuse; examples include the use of Warm Springs hospital, women's voices in advocacy, and a billionaire's public private partnership as a tool of youth drug use prevention.

Historian Peggy Pascoe wanted a Western history that was “less concerned with defining the boundaries of its subfield and more concerned with connecting itself to the rest of American history.”<sup>9</sup> The study of drug policy in Montana helps connect the field to the larger historical study of the U.S. From advocacy work to developing drug prevention education tools, the state plods forward just like the rest of the country in social concerns of the day. It stands out on its own at the same time. Telling Montana's story is a more coherent and holistic approach to a history of drug policy that connects events, places, and people and ultimately helps us make sense of the society in which we live.

A history lens shows the long struggle policy makers faced in the twentieth century to find the right mixture of law enforcement, treatment, and prevention work to keep society stable. We see that drug use is not a recent phenomenon in U.S. society, nor are the underlying issues around trafficking, use, and addiction. One sees a perpetual feedback loop; the social impacts of criminalizing drugs, challenges for the government as they try to manage domestic drug control, and individual and community struggles with balancing public safety and health. How policy makers tackled these challenges in the twentieth century shows a story of fear, laws, treatment, advocacy, and influence.

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<sup>9</sup> Peggy Pascoe, “Western Women at the Cultural Crossroads,” in *Trails: Toward a New Western History*, Patricia Nelson Limerick, Clyde A. Milner, and Charles E. Rankin, eds., (Lawrence: University of Kansas Press, 1991), 44.

The question then becomes what the future of drug policy might look like. As we continue into the twenty-first century the cycle of drug policy that David Musto outlined is ripe for disruption. Part of that disruption can come from examining the past to inform what works for the future. Public private partnerships like the Montana Meth Project have potential with the right approach, funding, and buy-in across sectors. Women will continue to play a large role; as storytellers, as advocates, and as government leaders. Community groups can lead the conversation around what they want for their communities in terms of health, safety, and support.

Drug use will continue and acknowledging this reality of human behavior allows policy makers to be prepared for drug use of the future. Where we go from here is up to the advocates, the policy makers, and the drug users of tomorrow - that last group is important to consider as drug use is not going away. Including users will inform strategies for what might work to help fight addiction. Harm reduction, prevention, and treatment should be a starting point in policy, not an afterthought.

With these concepts in mind, targeted prevention and intervention can find success in whatever the next cycle of drug policy holds. While the general public and political leaders want quick solutions to the complex problems that come along with drugs, the reality is that regulation, oversight, prevention work, and educational outreach take years to get right. Leaving behind the drug scares that perpetuated the 20th century that culminated in national systems of prohibition and created a divide between good and bad drugs means approaching policies around drugs with a holistic lens.

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