

# Drug Legalization and the Minority Poor

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ONE OF THE EARLY AND BEST KNOWN STREET DRUG peddlers in Harlem was a failed jazz musician named Milton “Mezz” Mezzrow. A Chicagoan who had moved eastward with the jazz migration of the 1920s, Mezzrow in Harlem typified the street-wise rebel of the predepression years. Enamored of jazz and other African-American idioms, he believed the blues to be the embodiment of soul and the first original American form of self-expression. He took it for granted that marijuana was socially more desirable than alcohol, for it seemed to heighten the listener’s appreciation of the new popular music. Mezzrow sold his product in the form of fat cigarettes soon called “mezerols” by young Harlemites, many of them first-time buyers, who were black, Hispanic, Jewish, or Italian—representatives of the major population groups in the community at the time. Mezzrow himself was white and Jewish. His sources for the weed were Latinos (Mezzrow and Wolf 1946).

Although he was a relatively minor actor in what would soon become a larger public drama, Mezzrow’s story is a timely reminder that illegal drugs are largely exogenous to African-American culture and its communities, certainly those of urban North America. Historically, new pleasurable commodities like marijuana, heroin, or cocaine were introduced by people who were not natives of the cities; among these were

rural whites, West Indians, Italian Americans, Mexicans, Puerto Ricans, Africans, East Indians, Greeks, Colombians, and others who migrated to cities from rural areas that grew these psychoactive products or from other urban centers (such as New Orleans) that had earlier developed markets for the drugs (Rubin 1975). Yet wholesale and retail markets for illegal drugs have tended to become especially well developed in minority ghettos, often, as in the case of heroin and now crack, with devastating effects. In large part this article is about the social forces that thrust illegal drugs so deeply into the fabric of minority communities.

Minority communities have been hardest hit by addictive drug epidemics over past decades and the sentiments of their representatives will of necessity carry great weight in legislative debates. The violence associated with the sale and use of drugs is found primarily in the minority communities of large and medium-sized cities. The majority of young males who have been killed in street violence over drug sales in the past three years are African Americans and Latinos. Overall, the homicide rate among black adolescent males is about six times higher than for whites (National Center for Health Statistics 1988). African-American, Latino, and white working-class males continue to be incarcerated for drug possession and sale at rates that severely tax the capacities of existing penal institutions. The majority of young women who become infected with the human immunodeficiency virus (HIV) are Latinas and African Americans, most of whom have histories of heroin addiction or of drug-related prostitution (Sterk 1989; Ayala 1991). Yet national statistics show that among the middle classes, where much of the demand for drugs originates, whites are significantly more likely than blacks to use illegal drugs and alcohol (Jaynes and Williams 1989; see also the article by Kandel on page 365 of this issue). This fact tends to refute suggestions that illegal drugs are a cultural trait of African-American or Latino communities. Yet the question remains as to why the ravages of addiction and the social problems associated with illegal drugs are so concentrated in lower-class minority ghettos.

Recent research demonstrates that the rate of sales and the incidence of addiction is higher in racially segregated ghettos than elsewhere (Williams 1989; Sullivan 1989). This is due in part to the large supply of illegal drugs available from ghetto-based merchants at far lower prices than buyers from the great middle-class, nonminority market are expected to pay. How this situation of economic specialization and ghetto drug supply came about and with what consequences for present gener-

ations of young people in the ghettos bears heavily on the issue of how to extricate the most pernicious drug markets from their niche in the nation's impoverished communities.

Theories of the ghetto underclass offer one set of explanations for the concentration of drug sales and addiction in impoverished minority communities. These theories trace the emergence of large proportions of people with "dysfunctional traits" (including criminal activities, drug use, and addiction) to large-scale, structural changes in the U.S. economy. Changes in the direction of a postindustrial service economy have deprived low-income minority individuals of better-paying, more secure industrial employment. Increasing numbers of the minority poor, some versions of the underclass theory argue, are left with few alternatives but to hang out, hustle, and seek welfare. Social scientists who developed the concept of the underclass have arrived at little consensus about its definition, its demographic size, or its specific consequences for criminality and drug abuse (Prosser 1991). Nonetheless, because the idea of the underclass has become such a dominant theme in policy discussions and in serious nonacademic thought about contemporary social problems, it requires attention in any treatment of drug use and the minority poor. In this article, I will develop the view that although deindustrialization and racial and class segregation clearly enhance the tendency for minority people to drift into selling and using drugs, the historical tendency for these markets to be localized in the ghettos in the first place is of primary significance.

As a final task, I will discuss possible policy implications of legalization. I am persuaded by my own and others' research that legalization of the opiates involves far too many risks; the blanket and precipitous legalization of highly addictive drugs would therefore represent an abdication of political leadership. Cocaine legalization also raises many problems, although it appears to be psychologically rather than physiologically addicting. In its crack form it has extremely negative consequences; this would suggest that cocaine legalization should be delayed until more is known about the effects of legalization policy for less potentially antisocial substances. Marijuana, in contrast to the opiates and cocaine, has been legal or tolerated as a nonaddictive, relatively harmless stimulant in many societies or cities throughout the world. Drawing particularly on the experience of Holland, I will conclude this article by exploring some of the possible consequences of a policy that would allow marijuana to be sold legally under controlled conditions while continu-

ing to prohibit the sale and consumption of addictive drugs, especially the opiates and cocaine.

## Drug Market Segregation and Ghetto Segregation

Drug markets became hypertrophied in minority ghettos for a series of highly interrelated reasons, all having to do with race and class discrimination and with the history of deviance in America. In many northern cities at the turn of the century there were relatively few African Americans. Vice districts, with their brothels, gambling joints, narcotics, and other stigmatized pleasures, were typically segregated in immigrant ghettos. These tended to be in or around the warehouses, docks, and other residential low-rent districts surrounding the commercial centers of the roisterous towns.

In the face of almost uniform resistance to their presence as neighbors, African Americans took residence where possible, usually in the poorest and most densely populated sections of these immigrant "neighborhoods of first settlement." Very often they found themselves living in or near the red light districts as well. In his classic "Chicago school" study of vice in the Midwest Metropolis in the first decades of the urban twentieth century, Walter Reckless observes:

The fact that Negroes in the past had to take up residence in or about the vice areas of Chicago was due to the natural segregation of poor, colored immigrants in the sections of least desirability in the city. In addition to this we find also that as the South Side Black Belt expanded southward as a result of the increase in the Chicago Negro population incident to the northern migration of Negroes from the southern states, commercialized vice was also spreading southward in Chicago at about this time in consequence of the efforts at public suppression. The disorganized condition of the poor colored neighborhoods enabled white vice resorts to hide from law enforcement. And later on Negro prostitution itself developed alongside the white commercialized vice just as the black-and-tan cabarets developed alongside the white night clubs which already had sought concealment in the Black Belt. When Negroes betook themselves to the Near West Side of Chicago they found themselves again among white vice resorts. (1933, 192)

During this period of early twentieth-century African-American urban settlement, city authorities tended explicitly to confine vice in areas where it could be closely watched and carefully nurtured. Historian Allan H. Spear points out that, in Chicago, "The police frequently moved the vice district so as to keep it away from commercial and white residential areas. Invariably they located it in or near the black belt, often in Negro residential neighborhoods" (1967, 25). A report of the Chicago vice commission noted in 1909 that "the growing Negro population had never managed to keep even one jump ahead of the continuously expanding Red-Light District," and found in its investigations that a majority of the employees in the sporting houses and related businesses were "colored men, women and children" (Drake and Cayton 1946, 55). Publication of reports like these soon had the predictable effect: white opponents of commercial vice blamed blacks and demanded that the Negro community clean house.

Leaders of the black community were split on the issue. Some, agreeing with Booker T. Washington, wanted to clean up the vice. Others pointed out that most of the establishments were owned by whites, and that "respectable" white leaders were only too happy to blame blacks for behavior sustained by money from their own white parishioners. Similar episodes and conflicts occurred in New Orleans, St. Louis, Philadelphia, New York, and many other cities.

Because African Americans who resented living near vice establishments had almost no opportunity to move elsewhere, conflict between opponents and defenders of the sporting life establishments became a ubiquitous feature of black communities in urban America (and remains so to this day). Thus in turn-of-the-century New York, when Negroes lived in what is now Manhattan's midtown, in the neighborhood famous as the city's vice tenderloin, the Reverend Adam Clayton Powell Sr. remembered that his Abyssinian Baptist Church, later to become a great Harlem religious institution, was surrounded by houses of prostitution. Street walkers, pimps, keepers of dives and gambling dens, and other street hustlers were some of the loudest shouters at his services. Although he regarded them as worthy of his prayers, he was also frustrated by their numbers and flagrant behavior.

This was perhaps the most lucrative vice district in the United States. From a few years' work in New York's tenderloin a corrupt official could retire to a life of comfort on the easy fruits of graft; thus few outside the

Negro community had an interest in sacrificing the flow of cash simply to relieve "their colored folk" from the stigma of association with an expanding red-light district (Osofsky 1963, 14; Ottley and Weatherby 1967). As African-American leaders gained grudging recognition in political institutions of the larger city, they were usually obliged to follow the patronage and payoff norms of the political machine. In Chicago, Spear observes, "The Negro community paid a price for political recognition. Its leaders allied themselves with the least progressive, most corrupt element in Chicago politics" (1967, 192).

Every crusade that has fired the zeal of the nation's moral reformers has tended to drive the morally repugnant but highly profitable vice markets to areas of the cities seen as "off limits" for respectable classes. As Walter Reckless noted early in this century, this meant a proliferation of cabarets and bawdy houses for the Black Belt and the immigrant ghettos. As St. Claire Drake, Horace Cayton, E. Franklin Frazier, and other black social scientists saw quite clearly even before the postwar explosion of hard drug markets, it meant the creation of jobs for those who desperately needed them. During prohibition it meant that there would be a surge in the sale of bootleg alcohol and a concentration of speakeasies in the Harlems, Little Italys, and Poletowns of the cities. It also meant, however, that conflict within those communities would increase, as would violence, exploitation, and addiction.

In the case of alcohol prohibition, the passage of the Volsted Act in 1918 immediately shut down the cabarets of central-city entertainment districts. Almost overnight thousands of musicians, entertainers, and service workers of all kinds were forced out of work. Some found far less stable employment in the gangsters' speakeasies and roadhouses. The respectable classes discovered "slumming," and "darktown" came increasingly to be seen as the least threatening underworld, a part of the city where white people could briefly lose their inhibitions. Prohibitions have also created fleeting opportunities for business innovation in minority communities, as the case of marijuana illustrates extremely well.

### *Marijuana*

During alcohol prohibition marijuana became a highly popular stimulant in many communities throughout the United States, especially in the ghettos. It was legal, relatively cheap, and pleasurable in social situations. It came to be associated with a bohemian lifestyle and a superfi-

cial form of class and racial integration. Its sale and distribution were not controlled by gangsters or large corporations and, unlike alcohol, it did not cause stupor, violence, or addiction. The mid-1920s, when a few hipsters like Mezzrow were selling marijuana in Harlem, to the late 1930s, when its sale was banned, marked a period of popular experimentation with the drug. Marijuana became integrated into the leisure life of communities like Harlem, which tolerated new ideas, racial mixing, and social experimentation. However, for reasons beyond the scope of this article, marijuana in the 1930s became the subject of a national fear campaign. Anti-marijuana legislation at the federal and state level became imminent when the now famous Laguardia Commission investigated its use and effects in New York from 1938 to 1941 (Solomon 1966).

The "sociological" component of the Laguardia Commission's report was actually conducted by undercover police officers. They noted that the drug was sold most commonly in the city in the form of "panatella" cigarettes, "occasionally referred to as 'meserole,'" the Harlem name for the fat joints Mezzrow had started selling years earlier. This description of the Harlem marijuana scene from the Laguardia Commission report is especially valuable for its discussion of the "tea pads."

There are two channels for the distribution of marihuana cigarettes—the independent peddler and the "tea-pad." From general observations, conversations with "pad" owners, and discussions with peddlers, the investigators estimated that there were about 500 "tea pads" in Harlem and at least 500 peddlers. (quoted in Solomon 1966, 292)

The investigators defined a tea pad as a room or apartment where people gathered to smoke marijuana. The majority of such establishments were located in Harlem, where there was a distinct pattern of collusion between white landlords and the local authorities. Yet the vast majority of the tea houses did not sell alcohol or illegal drugs or allow prostitution, for there was ample legal money to be made in supplying the drug along with a venue for its consumption.

The Laguardia Commission's sociological study also noted that the atmosphere of the tea pads was congenial, "like that of a social club." Further, "a boisterous, rowdy atmosphere did not prevail and on the rare occasions when there appeared signs of a belligerent attitude on the part of a smoker, he was ejected or forced to become more tolerant and quiescent" (293). One of the most interesting setups of a tea pad,

"which was clearly not along orthodox lines from the business point of view," was a series of pup tents arranged on a rooftop in Harlem. Those present, the undercover "sociologists" reported, "proceeded to smoke their cigarettes in the tents. When the desired effect of the drug had been obtained they all merged into the open and engaged in a discussion of their admiration of the stars and the beauties of nature" (293). One imagines them looking south over Central Park to the twinkling lights of midtown and the dreamy penthouses of the East Side, a smooth Duke Ellington tune on the breeze: elegant men and women, groups of friends, a hip and mixed crowd whose skin tones and backgrounds—African, West Indian, Spanish, Italian, Jewish, Asian American—are very New York. They are laughing and especially relaxed because for the briefest historical moment they are enjoying a substance whose use does not make them criminals.

Of course marijuana did become a controlled substance in the 1930s and its sale or use was made a criminal offense. The tea houses as economic institutions of interracial and ethnic sociability disappeared. The definition of marijuana as a dangerous drug, a precursor to the use of heroin and other narcotics, became official dogma and perhaps a self-fulfilling prophesy. Marijuana users became *de jure* deviants. Once the substance was banned, its users were forced to frequent the underworld drug markets where marijuana was merely one among a number of stimulants that might be offered. These markets continued to flourish in the ghettos and "less respectable" communities where the pattern of corruption and quasi-official containment policies followed practices established for other vices earlier in the century.

### *Heroin and Cocaine*

Criminalization of marijuana and narcotics, as well as the interruption of the war, helped prepare the way for far more troublesome drug epidemics in minority communities like Harlem (see figure 1). As Kenneth Clark wrote in 1964, based on his research with the Harlem Youth Opportunities Unlimited Corporation (HARYOU), "Harlem is the home of many addicts; but as a main center for the distribution of heroin, it attracts many transients, who, when the panic is on, cannot buy drugs at home" (Clark 1965, 91). It became clear to Kenneth Clark, Cyril Tyson, Hylan Lewis, and all the HARYOU researchers that, following the time-honored practice of ghetto containment of deviance, the authori-



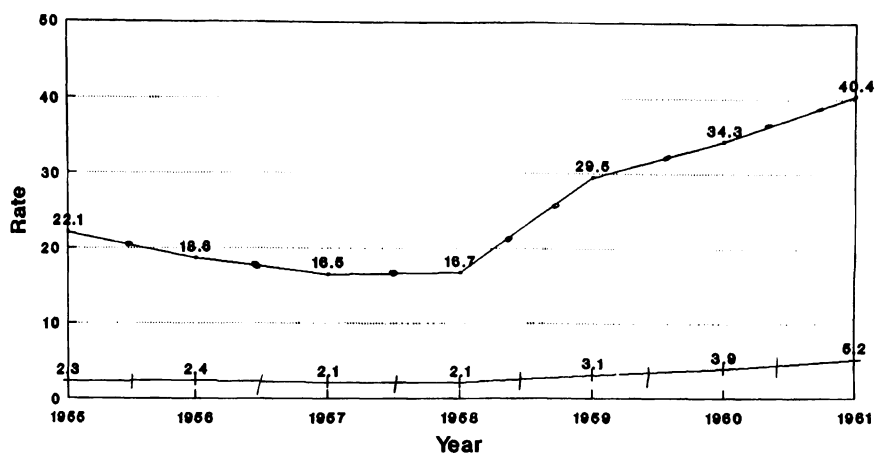


FIG. 1. Narcotics addiction rates (per 10,000) in Central Harlem and New York City from 1955 to 1961. (Adapted from HARYOU 1964.) — Central Harlem, + New York City.

ties were allowing illegal narcotics to be openly sold in the ghetto, behavior that was not tolerated in white communities. "It is known," Clark continued, "that when the panic is on in every other part of the city there are blocks in Harlem—117th Street between Fifth and Lennox Avenues, for example,—where heroin can still be obtained" (1965, 104).

The disproportionate segregation of heroin markets in Harlem and other ghettos followed an historic pattern seen as well in earlier epochs in northern cities like New York and Chicago. Although never an avowed feature of public policy, the containment of market transactions for drugs and other deviant goods and services rested on a pattern of collusion between corrupt authorities and illegal merchants.

During the heroin epidemic, for example, East 116th Street in Harlem became an infamous open drug thoroughfare and marketplace, an identity that it retains to this day. Much of the heroin sold in retail quantities along this street came from the Pleasant Avenue neighborhood, at the East River border of the area, where Italian-American gangsters carried on a notorious wholesale drug trade. David Durk, one of the New York City police officers whose investigations of official corruption contributed to the success of the Knapp Commission Report on police corruption (1973), noted that during the heroin epidemic of the

1960s, "Pleasant Avenue was a street that never shut down. If you knew the right people you could go there and borrow fifty thousand in cash, or rent a submachine gun, or arrange to fix a judge, or pick up three kilos of heroin" (Durk 1976, 3).

In the 1970s African-American gangsters began to dominate wholesale and retail heroin markets as well as the growing retail market for powdered cocaine. Wherever possible they continued the pattern of collusion with corrupt officials. Harlem streets remained notorious for open-air drug transactions, a situation contributing to the public perception that retail drug markets in Harlem and other ghettos were impossible to control without curtailing importation of large quantities of drugs into the United States. This view of the situation gained new credibility during the crack epidemic of the 1980s and has been a justification for a "war on drugs," which tends to neglect the activities of retail markets in the ghettos in favor of efforts at large-scale interdiction. Government reports, such as that of the Knapp Commission, continually offered evidence of the greater tolerance for drug sales in ghettos than in middle-class, white communities. Rarely, however, was there any direct mention of the racism inherent in these disparities. The average citizen of the ghetto communities, on the other hand, often held extremely bitter views about drug use and sales in their communities, as evidenced in comments to Kenneth Clark and other HARYOU studies researchers by a 30-year-old Harlem male respondent:

Most of us don't know anything about drugs or anything else, until we meet one of these types of people, and they introduce us to it—telling us about a way to make a dollar. That way we are deteriorating our race, by listening to them and by participating. But we don't have jobs, what can we do? We all need a dollar. We have to eat—we have to raise our families.

The MAN, he wants these things to exist in Harlem. Everything that exists in Harlem the government wants it to exist. If they didn't want it, they would stop it. (HARYOU 1964, 331)

A generation later, one hears even more of this sentiment expressed in Harlem and other black communities of urban America. The ghettos and immigrant neighborhoods of New York City, Los Angeles, Washington, D.C., and Miami are centers of the cocaine and crack trade, which has also made them centers of homicide and addiction. Cleveland, Chicago, St. Louis, Kansas City, Detroit, Milwaukee, San Francisco, and many other cities have drug problems as well, but they have

not experienced the crack epidemic of the 1980s in equally murderous fashion. The reasons for this are instructive and help one understand the conspiratorial sentiments typically expressed by minority people in Harlem, East Capital Hill in Washington, D.C., and other hubs of the crack epidemic.

In those cities and their metropolitan regions there was (and to a decreasing extent still is) a large demand for cocaine in its powdered form. The drug became a recreational fad during much of the later 1970s and through the 1980s, especially among certain white, middle- and upper-class occupational groups (e.g., in politics, fashion, finance, and entertainment). Enormous cocaine supplies were built up and extensive networks of wholesale and retail suppliers developed, many of them from the minority groups, to meet the demand. Increasing numbers of dealers turned from trade in marijuana to the more easily transported and profitable cocaine; between 1983 and 1985, for example, the amount of marijuana seized by federal agents declined by about 30 percent, while Drug Enforcement Agency (DEA) seizures of cocaine increased by about 100 percent (National Center for Health Statistics 1988). In this period the street price for ordinary domestic marijuana almost doubled, while the price of cocaine fell. The smokable form of cocaine, known as "free base" or "crack," could only become widespread as the price for cocaine dropped and consumers could afford to burn the drug in higher volumes. As in the case of heroin, however, the addictive effects of the drug were felt most heavily in the places where the industry was based: in the ghettos and immigrant neighborhoods.

Research by Terry Williams and Edmundo Morales covers the history and ethnography of cocaine on the international and local New York levels in great depth. Their work forms one of the most comprehensive accounts now available of an illicit commodity, its institutions, and its culture (Williams 1978, 1989, 1992; Morales 1986, 1989). Both believe that alternative economic opportunities (e.g., crop substitution and job creation) are a vital aspect of drug control because of the way drug criminalization has so deeply imbedded production and distribution in the economies of low-income areas. (Neither, however, is sanguine about prospects for anything other than continuation of the failed policies of interdiction.) At the end of his *Cocaine Kids*, for example, Williams states: "The Cocaine Kids, and many of the kids coming behind them, are drawn to the underground economy because of the opportunities that exist there. The underground offers status and prestige—rewards

they are unlikely to attain in the regular economy—and is the only real economy for many” (Williams 1989, 132). In his most recent work on the consumption side of the crack scene, Williams shows how personally debasing and self-destructive the crack milieu can become, and how deadly—due to high levels of violence and risk of infection by sexually transmitted diseases (STDs) (Williams 1992). In a fascinating parallel to the experience of the inner city, Morales’ Peruvian research reveals that increasing numbers of the peasants who work in the cocaine laboratories and plantations are becoming addicted because of their prolonged contact with more powerful alkaloid doses than is to be found in the traditional form of coca leaf ingestion.

In summary, the disproportionate involvement of minority and recent immigrant groups in the illegal drug industry can be traced to historical patterns of vice market concentration in stigmatized, segregated communities. There is a rich but somewhat neglected literature on this subject, extending from the classic period of Chicago School social science to contemporary research from New York, Los Angeles, Detroit, New Orleans, and other major cities. Through this literature, one can trace the influence of alcohol and drug prohibitions and of vice “crack-downs” on the dispersal of deviant markets from urban central business districts to their subsequent concentration in the ghettos.

Contemporary research shows the continuing influence of this earlier “ecological niche” formation and of the connections between recent Hispanic immigration streams and opportunities for involvement in drug markets. Recent ethnographies of drug markets tend to stress the rational actions of successful retail level drug dealers, as opposed to the more commonly held notion that mere opportunity or attraction to the drugs explains involvement (Adler 1985; Williams and Kornblum 1985; Hagedorn 1988; Sullivan 1989; Williams 1989). Research on the changing course of the cocaine-crack epidemic, however, suggests that no matter how rational or successful groups of wholesale and retail dealers may be, the confluence of shrinking demand and persistent law-enforcement pressure results in increasing ghetto violence. Violence flares over turf defense as community protests and police actions push street-level dealers into the territories of other dealer groups. Underground markets are especially dangerous because those who operate in them do not have recourse to the normal institutions of social control and therefore must police themselves (Figueroa 1989). Guns are widely available in the United States. Because advantages may accrue to groups in the illegal markets with heavier firepower, there has been a grave escalation in

weapons and a sensational increase in bystander deaths caused by automatic weapons.

As the consumption of cocaine diminishes in the nonminority, upper- and middle-class communities of metropolitan regions, and community mobilization against its use and sale increases in the same communities where its markets are concentrated, there are increasing reactions of defense, resistance, and violence among addicts and dealers. Similar patterns emerged with the heroin epidemic 30 years ago. The ill effects of a drug epidemic linger far longer in communities of the impoverished and stigmatized where addicts congregate from elsewhere and illegal markets are sustained, although at lower levels than during the epidemic.

Thus one sees that the history of illicit drugs in poor minority and immigrant communities has, among many other effects, helped to produce dependency and the increasing isolation of poor, minority people. This last trend immediately evokes images of the so-called urban underclass. It leads one to ask how drug markets are related to the existence of this supposed new class and what effects drug legalization might have on those whose life chances have been shaped by the drug epidemics.

### Illicit Drugs and Theories of the Underclass

Perhaps the strongest legitimization for the theory that there is a new underclass emerging in U.S. central cities is represented by the publication in *Science* of a paper by economists Ronald Mincy, Isabel Sawhill, and Douglas Wolf (1990). The authors begin their analysis with a strict economic definition. They point out that if one counts in the underclass only those among the impoverished in America who have lived below the official poverty incomes for eight years or more, then about one fifth of the poor, or about six million people, could be considered members of the underclass. Tempering this view, if one considers as numbering among the underclass only those who have been impoverished over their entire lifetimes, the total would be perhaps no more than one or two million (admittedly an educated guess).

As important as these facts may be, they have little bearing on possible relationships between poor populations and the ghetto drug markets or addicts. The *Science* authors go further, however, and choose, as many who write on this subject do, to define the underclass in behav-

ioral terms. This "behavioral underclass" could be measured, they assert, by simply counting "the number of people who engage in bad behavior or a set of bad behaviors." Crime (especially in the drug industry), failure to work when not physically or mentally handicapped, teenage pregnancy, dropping out of school, and long-term welfare reciprocity are the bad behaviors they use, arguing that they characterize people who do not conform to the norms of work, family, and morality. Using a methodology developed by Erol Ricketts and Isabel Sawhill, which counts the population in neighborhoods predominantly composed of people with these bad behaviors, the authors come up with an estimate of a "behavioral underclass" of about 2.5 million people (based on the 1980 census) who live in 880 neighborhoods in American cities where there are high concentrations of other such ill-behaved people.

William Wilson and his coworkers in Chicago avoid labeling terms like "bad behaviors" and also seek to avoid having their research appear to blame the victims of poverty for evolving their own self-fulfilling "culture of poverty." On the contrary, for Loic Wacquant and Wilson (1989) the central issue is primarily social-structural. The ghetto is experiencing a "crisis," not because a "welfare ethos" has mysteriously taken over its residents, but because of joblessness and economic exclusion. These structural changes have reached dramatic proportions. They have triggered a process of "hyperghettoization" exemplified in the largely negative changes occurring in Chicago's Black Belt.

Wilson and his colleagues describe a racially segregated population on Chicago's South and West Sides where, between 1970 and 1980, the proportion of African Americans living in "extreme poverty areas" (neighborhoods where 40 percent or more live in "official poverty") increased from 24 percent to 47 percent, a number that only continued to rise during the 1980s. Over the same period in the ten largest cities in the United States the proportion of poor blacks living in such highly concentrated poor neighborhoods increased from 22 percent to 38 percent. Wilson could have extended this observation to scores of smaller cities like Newark, Gary, East St. Louis, Camden, and Bessemer, Alabama (once a thriving and largely black industrial satellite of Birmingham, now a dusty slum).

In Chicago, as in other large cities, the exodus of jobs and stable families with steady work has amounted to a form of social hemorrhage. Today's ghetto residents, Wacquant and Wilson argue, "face a closed opportunity structure." They are increasingly closed off from the opportunities afforded others in the society by the "rapid deterioration of

housing, schools, businesses, recreational facilities, and other community organizations." A deterioration greatly aided, the authors continue, "by government policies of industrial and urban laissez-faire that have channeled a disproportionate share of federal, state, and municipal resources to the more affluent."

Jobs for people from Chicago's Black Metropolis were always more difficult to obtain than for others in the city, but Wilson and Wacquant show that deindustrialization of the city has hit ghetto residents particularly hard. From 1950 to 1980 the overall proportion of adults (including people over 65) of all races not employed in the city remained rather steady, around 43 percent. For ghetto blacks entering Chicago smoke-stack industries in the 1950s the proportions outside the labor force were only slightly higher than for the city overall. By 1970, however, rates of nonparticipation were 10 to 15 percentage points higher for ghetto residents, and by 1980 anywhere from two-thirds to three-fourths of ghetto adults were not in the (official, "above ground") labor force. As a further measure of how far the American Dream is slipping from the inner-city black poor, Wilson's research shows that in the extremely poor neighborhoods of Chicago's ghetto, over half (51 percent) of all residents live in households where the annual income is less than \$7,500 (at the end of the 1980s). Three quarters have "none of six assets" (personal checking account, savings account, individual retirement account [IRA], pension plan, money in stocks or bonds, prepaid burial) and 97 percent owned no home, no business, no land.

These and other recent theories of the ghetto underclass are helpful in explaining the structural changes that have produced persistent minority poverty. One of their limitations is that they lump so many different populations that social scientists must use the concept with extreme care. Wilson himself now rejects the term "underclass" as too vague. Jencks (1990) argues that social scientists "should probably avoid the word altogether unless they are prepared to make clear which of its many meanings they have in mind." Still, he admits, the idea will continue to hold great appeal outside academic social science circles. "If the term underclass helps put the problems of America's have-nots back on the political agenda, it will have served an extraordinarily useful purpose" (Jencks 1990).

Much as one can agree with Jencks's last point, from the perspective of drug issues these theories of the underclass are of limited value in predicting or explaining the trends in ghetto drug markets noted here. These theories would suggest that the availability of large numbers of

racially outcast, superfluous, undereducated teenagers and young adults provides a ready source of manpower for illegal industries in and outside the ghettos. In this sense, the underclass produces the people who too readily become enmeshed in the ghetto's drug institutions. Yet the drug ethnographies cited above show on balance that relatively few members of this population actually earn significant sums in the drug markets. More dabble in them and even more individuals get into trouble and circulate through the law-enforcement system by small-scale involvement in the drug trade or by becoming gravely addicted. Meanwhile the dominant illegal institutions of the wholesale drug industry continue to be located outside the ghetto. The ghettos typically become distribution centers of the more competitive and less profitable retail market. In industrial cities like Chicago, where the white middle class is not so accustomed to entering the ghetto to buy drugs, there is far less per-capita involvement in the drug industry than can be found in cities like Miami, New York, and Los Angeles.

Most current theories of the underclass fail adequately to consider the historical impact of vice market segregation in the minority ghettos. In consequence they generally fail to trace the influence of drug markets or to consider how the experience of young males in these markets may further stigmatize this population and further hinder its integration into the larger economy. In this sense it is the drug trade, with its experiences of addiction and the prison, that produces the most "strung-out," disabled members of the poverty population. This point was clear to the HARYOU researchers of the heroin period, but has figured less prominently in current, ahistorical discussions of the minority poor. Perhaps few of those who write structural analyses of the "underclass" have heard the modern version of the Harlem voices recorded by Kenneth Clark and his associates. For example, a 26-year-old addict told them:

Work, work, some kind of work program set-up where a man can work and get ahead and support himself. Then he can go to some type of school at night, you know, to learn some type of trade, because in jail you can't learn a trade . . . you can't learn anything in jail, you know. All you can do there is learn to hate more. All you can learn there is how to stay out of the police's way as much as possible, even if it means ducking work. . . . I know that, because I started going to jail when I was a kid.

I don't think I could be rehabilitated, you know, not now in this society. Maybe if I see something better offered. But I hope that in the future they offer kids, or my sister's kids, or someone's kids, a



better opportunity than they offered me, because they didn't offer me anything. I either accepted a porter's job for the rest of my life regardless of how much education I had, or went to jail. In fact, I think jails were built for black men. You understand? If you look at the population up there, the black man is more popular in jail than the white man. The black man makes parole less frequently than the white man, and the black man goes to the chair more often than the white man. Whitey gets all the breaks in this world. (HARYOU 1964, 330)

This century's history of ghetto containment of deviance—a specific feature of institutional racism—has compounded the extreme social and psychological difficulties of minority persons, especially the African-American male. It has stimulated the creation of thriving illicit markets and illegal economic institutions in the nation's racial ghettos and has gone far to produce a population debilitated by addictive drugs, alcohol, and fratricidal violence. It is not necessary to call upon a theory of the ghetto underclass to observe that there is a segment of highly alienated semicitizens in the heart of America's great cities. These are often the “survivors” among adults who come of age as poor adolescents in the ghettos. Each new drug fad is sustained by the cash from more affluent classes, but typically produces a tragic epidemic of drug addiction that is felt most bitterly in the ghettos and increases the number who are effectively lost from the institutions of the economy and the culture.

Given these historical truths it seems precipitous to declare that all the drugs, from the most addictive and potentially deadly to the rather benign, should become legal commodities. As James B. Jacobs has suggested, “Paralleling what occurred at the end of alcohol prohibition, some of the people who have gotten rich from illegal drugs would probably launder their images and play key roles in the now-legal distribution system” (1990, 29). Men like the addict quoted above would have to be content merely with further proof of the correctness of their sociological analysis of the society. Blanket legalization might prevent needless incarceration, but it offers no positive solutions to hyperghettoization and it would condone the escape to anodynes that helps make alcohol, legal and deadly, such a scourge of low-income communities. No nation in the world has legalized all mood- and mind-altering substances and it is extremely unlikely that the United States, a pioneer in failed prohibitions and symbolic crusades, will be the first to do so. Citizens who wish to be more pragmatic about a course of legalization policy for the United States would do well to look to the Dutch experience with decriminalized marijuana.

## A Coda on Cannabis Legalization

For at least two decades the Dutch have tolerated the use of cannabis, especially in Amsterdam and a few of its larger cities where the substance is sold openly in coffee houses to persons over the age of 18 (Sandwijk et al. 1988; Cohen 1989). No hard alcohol is sold in these gathering places, but there is food, perhaps beer, and coffee. Patrons can freely smoke hashish or marijuana, which they have either purchased in the coffee shop or brought with them.

It remains illegal to grow cannabis in Holland because of pressure from other European Economic Community (EEC) partners, which continue to ban entirely its sale and cultivation, but the importation of cannabis in the form of hashish ensures adequate supply of high-quality product for the legal cannabis outlets. The Dutch coffee houses typically sell Afghan, Moroccan, and Turkish hashish of various grades and prices. An increasing domestic cannabis crop still remains proportionately far smaller than the illegal and untaxed domestic U.S. crop. The Dutch have also tended to tolerate the street sale of cocaine, although they exert far more police pressure on its importation and bulk distribution than they do for marijuana. In comparison with New York City, where the underground markets for the two drugs are extensive but always under police pressure, the rate of use of both drugs in Amsterdam is less than that of New York (Cohen 1989). For many Dutch observers of the international drug scene this is an argument for legalization. If sources are equally available in a legal or quasi-legal environment (Amsterdam) and a criminalized one (New York), and use levels are far higher in the criminalized environment, this suggests that criminalization adds to the appeal of the drugs—to elements of the rebellious youth culture, for example—and that experience with criminalized cannabis immediately leads the new user into a milieu of contacts with peddlers of other criminal drugs (Sifaneck 1991; Charles Kaplan, personal communication, 1990, Rotterdam; Dierk Korf, personal communication, 1990, Amsterdam).

Legalized sale of retail quantities of cannabis in the United States could result in the emergence of coffee houses similar to those in Amsterdam and a concomitant increase in local revenues from taxing marijuana sales. Because many communities would choose not to legalize this retail activity, more diverse and tolerant areas of the nation, particularly central city entertainment districts and the commercial centers of minority communities, would be the likely sites of most active social ex-

perimentation in this domain of drug legalization. Legalization of retail consumption in coffee houses could also stimulate employment of musicians, actors, service workers, managers, and a host of other occupations related to the renewed vitality of central city entertainment districts.

It would be fanciful to suggest that cannabis legalization would contribute significantly to solving the dire problems of economic decline and demoralization in the nation's minority ghettos. Cannabis legalization hardly represents a significant feature of a possible economic development policy for low-income communities in or outside the cities. Under certain policy conditions, however, it could at least be expected to add some opportunity and wealth to the communities that have been most victimized in the past by the racially motivated containment of retail drug markets. On the other hand, without explicit policies to allow minority entrepreneurs, managers, production, and service workers to share in the benefits of legalization, cannabis legalization would probably offer no more advantage to poor minority people than did legalization of alcohol after prohibition.

Even a brief review of the experience with illegal drugs in minority communities offers ample argument for considerations of equity in legalization. As Joseph Gusfield has written, however, the public at large has supported prohibitions it knows are not effective because to do so gives people assurance of a moral order, however symbolic. "It assures," Gusfield observes, "by demonstrating that there is authority and that it is on the side of the audience. It is a culture-creating and culture-validating mechanism" (1981, 183). Tragically, it has also been a mechanism that has contributed heavily to the stigma borne by racially distinct people in America for more than a century. By maintaining prohibitions on heavily addictive substances and experimenting with policies that legalize the less harmful ones, American political leaders have an opportunity to foster a moral order that is more than symbolic and is not applied selectively according to a person's income or skin color.

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