Classical Antiquity

GENERAL DRUG USE

In classical Greece and Rome, only alcohol, the oldest documented compound of abuse, poses a significant problem. Opium is widely employed only as a medicine; great caution is advised in its use, it is seldom used alone, and the phenomena of dependence and abuse are not recorded. While cannabis use is widespread in Asia Minor and Assyria, there appears to be little use of cannabis in Greek and Roman cultures.

c. 700-800

OPIATES

<u>China/India</u>. The opium poppy is introduced by Arabs (who inherited and expanded the classical medical legacy and knowledge of opium). At first use is limited to medicinal purposes, and it is consumed in a beverage made from the seeds.

c. 1000

OPIATES

<u>China</u>. The medicinal use of opium poppy seeds is widespread. By 1100, the more potent capsule is in use, but pure opium is not extracted from the capsule.

<u>India</u>. Opium is cultivated, eaten, and drunk by all classes as a household remedy; it is used by rulers as an indulgence, and given to soldiers to increase their courage.

c. 1250

ALCOHOL

<u>Europe</u>. The technique of distillation becomes known in Europe, making it possible to produce more potent and convenient alcoholic beverages. Until the 16th century, however, distilled or spiritous liquors primarily are made from wine (such as brandy), are costly and are used only by the wealthy as a medicine. Credited with extraordinary healing powers, their common name is *aqua vitae*, "water of life."

c. 1300

COCAINE

<u>Inca Empire</u>. Throughout the period of the Inca Empire (1200- 1553), the chewing of coca leaves is central to Inca religious and social systems, with use controlled by ritual sanctions. The leaves of the plant are used for their euphoric, energizing effects and the plant is viewed as a divine gift of the Sun God.

COFFEE

<u>Arabia</u>. The technique of coffee roasting is developed. Indigenous to Ethiopia, coffee was previously extremely expensive; its use remained localized and limited to medicinal purposes and the beans were chewed or an infusion was made from the leaves. The technique of roasting makes coffee cheaper, more available, and more pleasant to consume. Cultivation and use of coffee expands into Arabia.

1450-1475

COFFEE

<u>Arabia</u>. Coffee cultivation and drinking spreads rapidly in Yemen, at first for medicinal or religious purposes, such as promoting alertness during long nights of devotional exercises.

1475-1500

COFFEE

<u>Arabia</u>. Dervishes spread the use of coffee to Medina and Mecca. Secular use becomes more prominent, in part because wine is forbidden by the Koran. Coffee houses are established and coffee becomes a much desired luxury. Many holy men begin to attack coffee as also contrary to the Koran.

c. 1500

GENERAL DRUG USE

Europe. Psychoactive drug use begins to become more widespread and diverse. European explorers and travelers discover and bring back a wide variety of new drugs: tobacco, coca, cocoa, and cassina from the New World; coffee from Arabia and Turkey; the kola nut from Africa; and tea from China. At the same time, major sociocultural changes make the Western world more receptive to the adoption of innovative drug use. Previous social and religious controls are loosened and society generally becomes more urban, complex, secular, and free. The problem of uncontrolled alcohol consumption also increases as religious, social, and political changes weaken traditional controls and the recreational consumption of new distilled spirits spreads. Luther, Calvin, and other Reformation leaders emphasize the need for temperance; for the first time entire books are devoted to this subject.

OPIATES

<u>China</u>. The medicinal use of pure opium is fully established; native opium is manufactured, but recreational use is still limited.

India. Earliest western records of opium as a product of India and its widespread use occur.

TOBACCO

General. Tobacco smoking is first observed by Europeans as Columbus lands in the New World.

1500-1525

COFFEE

<u>Arabia/Turkey</u>. Coffee use reaches Cairo (1510) and Constantinople (1517). Coffee is attacked in Mecca as forbidden by the Koran; coffee houses are viewed by political and religious authorities as centers of sin and sedition. A week long "reign of terror" fails to eradicate its use (1511). In 1524, renewed civil disorders in Mecca cause the coffee houses to be closed again.

1525-1550

ALCOHOL

England. Excessive use of distilled spirits is first apparent.

COFFEE

<u>Arabia/Turkey</u>. The coffee controversy spreads throughout the Ottoman Empire, as coffee--the "Wine of Islam"--becomes a regular article of diet in all classes. Sultan Suleiman the Great bans coffee in 1542, but coffee houses multiply in Constantinople.

OPIATES

<u>India</u>. The first Moghul dynasty is founded-poppy cultivation and opium sales become a state monopoly (1526).

1550-1575

ALCOHOL

<u>England</u>. Thomas Nash describes widespread inebriety in Elizabethan England; drunkenness is mentioned for the first time as a crime, and preventive statutes multiply.

COCAINE

<u>Inca Empire</u>. Pizarro invades and destroys the Inca Empire (1553); Nicolas Monardes reports an increase in coca chewing particularly among lower classes of Andean Indians, as traditional controls disappear (1569).

COFFEE

<u>Arabia/Turkey</u>. Coffee houses continue to spread in Constantinople, where they are known as "schools of wisdom." Mohammedan priests again declare that coffee is forbidden by the Koran.

OPIATES

<u>India</u>. Opium becomes a major source of government revenue. Opium eating and drinking is widespread, but it is consumed in small quantities.

TOBACCO

<u>Europe</u>. Tobacco is introduced into Western Europe. In 1556 Andre Thevet brings tobacco seeds from Brazil to France. Tobacco is dubbed *nicotiana* in honor of Jean Nicot, who describes its medicinal properties (1559) and sends it as a medicine to the French court. In 1565 tobacco seeds

are introduced into England, but smoking does not spread until Sir Walter Raleigh makes it fashionable in the court in the mid-1570s.

1575-1600

COCAINE

<u>Europe</u>. Monardes brings coca leaves to Europe (1580); unlike tobacco, it fails to generate interest or use, possibly because most coca leaves lost their potency during the long voyage.

COFFEE

<u>Arabia/Turkey</u>. The Sultan orders all coffee houses closed on religious grounds, to little effect. Finally, the coffee ban is lifted in the Ottoman Empire, and the government comes to rely on coffee as an important source of revenue. Coffee first comes to the attention of European travelers.

TOBACCO

<u>General</u>. Although smoking for pleasure is still controversial, tobacco as a medicine is almost universally approved. Nicolas Monardes devotes the second part of his book on New World plants to a lengthy section on tobacco, recommending it as an infallible cure for 36 different ailments. Summing up current beliefs regarding this much praised *herba panacea* or holy herb, Monardes' work (1571, 1574) becomes the fundamental source for all subsequent protobacco literature.

<u>China</u>. Limited smoking is apparent in S. China, probably introduced by Portuguese sailors and merchants.

<u>England</u>. Introduced into the court by Sir Walter Raleigh, smoking becomes the "duty" of every man of fashion; tobacco is worth its weight in silver. Numerous publications praise its medicinal virtues, starting with John Frampton's translation of Monardes, titled *Joyful Newes Oute of the Newe Founde Worlde* (1577).

<u>Italy</u>. Tobacco is cultivated as a medicinal herb in Tuscany and Rome, but there is no evidence that it is widely smoked.

<u>Japan</u>. Limited smoking is apparent, probably introduced by Portuguese sailors and merchants.

<u>Turkey</u>. Sultan Murad II cultivates tobacco as a novelty and a medicine; smoking is introduced by the English.

1600-1625

ALCOHOL

America. From the founding of the English colonies, drunkenness is prominent, but it is not considered a major problem, nor stigmatized behavior. As in England the consumption of beers and wines, particularly home-brews, is integrated into every aspect of colonial family life. Abuse is condemned and temperance is advocated, but alcohol itself is highly esteemed as in England as the Good Creature of God, a beneficial gift to man.

<u>England</u>. During the reign of James I, numerous writers describe widespread drunkenness from beer and wine among all classes. Alcohol use is tied to every endeavor and phase of life, a condition that continues well into the eighteenth century. Parliament passes "The Act to Repress the Odious and Loathsome Sin of Drunkenness" (1606).

COFFEE

<u>Arabia/Turkey</u>. Another brief attempt at closing coffee houses as centers of sedition fails.

<u>England</u>. Coffee is introduced as a luxury, medicament, and panacea; its use is encouraged as a cure for widespread drunkenness.

TOBACCO

<u>America</u>. New World colonists begin tobacco cultivation. In 1613 John Rolfe sends the first shipment of Virginia tobacco to England. Tobacco soon becomes a major New World crop.

<u>China</u>. Smoking is introduced into N. China during wars with Japan; use also is spread by invading Manchu armies. Tobacco is heralded as a medicine for colds, malaria, and cholera.

England. Smoking spreads rapidly, becoming an expensive fad among the court and nobility. Many also take up smoking as a preventative against the plague (1614). Works such as Barclay's *Nephentes, or the Virtues of Tobacco* (1614) continue to praise its medicinal properties, but concern is increasing that tobacco is undermining the moral and economic well being of the country. Anti-tobacco writings begin to appear, attacking the exorbitant medicinal claims and excessive recreational use by fashionable dandies. Most notable of these attacks is King James I's *Counterblaste to Tobacco* (1603). James unsuccessfully attempts to control use through prohibitive taxation (1604); as smuggling increases he lowers the tariff and sells the right to collect it for government revenues (1608, 1618). A royal tobacco monopoly is then established (1624), aiming to generate revenues by keeping the tobacco duty as high as possible without causing smuggling.

<u>France/Italy</u>. Use spreads within the Italian and French courts and clergy, and from there throughout the populace. The habit is also spread by returning sailors from the New World.

<u>Japan</u>. Cultivation begins and smoking spreads among all classes, prompting several severe imperial prohibitions (1603+). Prohibitions are governed by fears over outbreaks of fires, foreign influences, and interference in the cultivation of more valuable food crops such as rice. Despite increasing penalties, including property confiscations, death threats, fines and imprisonment, all bans fail. The prohibitions gradually fall into disuse from lack of enforcement.

<u>Russia</u>. Smoking is introduced by Western European and Turkish sailors and by travelers from Central Europe.

<u>Turkey</u>. Smoking is introduced from the West; use spreads rapidly. Immediately a controversy develops over whether smoking is forbidden by the Koran. Sultan Ahmed I prohibits it; many poets praise it, along with coffee, opium, and wine, as one of the four elements of the world of pleasure.

1625-1650

ALCOHOL

<u>America</u>. Massachusetts laws attempt to control widespread drunkenness, particularly from home-brews, and to supervise taverns. At the same time each town is ordered to establish a man to sell wines and "strong water" so that the public will not suffer from lack of proper accommodations (1637); inns are required to provide beer for entertainment (1649).

TOBACCO

<u>China</u>. The Ming emperor decrees any person trafficking in tobacco will be decapitated (1638), the decree proves ineffectual as smoking spreads within the court. A second prohibition is issued in 1641.

<u>England</u>. Increasingly, medicinal use declines and smoking becomes primarily a pleasurable pastime. The government comes to rely on tobacco duties as a main source of revenue. By the 1630's, smoking has overcome most opposition; use spreads as tobacco prices decline markedly.

<u>France</u>. Despite high prices, smoking spreads among the lower classes; snuffing is more prevalent among the nobility, who consider it a more dignified and aristocratic mode of use. Cardinal Richelieu imposes high duties on tobacco to discourage use and to create general revenues (1629), feeling that taxation would be more profitable than direct prohibition. In 1635, sales are restricted to prescriptions. By the reign of Louis XIV (16431715), use is widespread and highly praised, despite the King's personal disapproval.

<u>Italy</u>. The first import monopolies are established.

<u>Japan</u>. Smoking takes its place in polite society.

<u>Papacy</u>. Two papal bulls ban tobacco use by the clergy under penalty of excommunication (1642,1650).

<u>Prussia</u>. The 30 Years War spreads smoking throughout Central and Eastern Europe. In Luneberg, Germany, the penalty for smoking is death.

<u>Russia</u>. Tsar Michael Romanov and the clergy attack smoking as a sin, an abomination, and a cause of fires. Literature is extremely hostile; it is called "the devil's plant." Although smoking is forbidden under penalty of exile and torture (1630), financial pressures cause the ban to be momentarily rescinded (1643).

<u>Turkey</u>. Sultan Murad IV establishes the death penalty for smoking in the Ottoman Empire; use still spreads, although many turn to less detectable snuff. By mid-century, the ban is repealed and cultivation spreads.

1650-1675

ALCOHOL

<u>America</u>. New England colonies attempt to establish a precise definition of drunkenness that includes the time spent drinking, amount, and behavior. Massachusetts laws against home-brews are reaffirmed (1654); a law forbidding the payment of wages in the form of alcohol results in a labor strike (1672). Increase Mather writes *Wo to Drunkards* (1673).

<u>England</u>. Gin is developed in Holland (c. 1650) by distilling grain with the juniper berry. gin can be produced cheaply and plentifully, and the gin industry grows rapidly in England after it is introduced by British soldiers fighting in the Low Countries.

COFFEE

<u>General</u>. Coffee use spreads throughout the world, although often in the face of severe official resistance. Use generally begins among the upper classes and aristocrats and is copied by the lower and middle classes as prices decline. Although many coffee houses also serve beer and wine, the spread of coffee use in Europe's rapidly growing cities is soon facilitated by growing resentment against the effects of alcohol and the need for a center for sober social intercourse and intellectual discussions.

England. Coffee houses spread into England. Filling an important public need for a meeting place which does not serve alcoholic beverages, the coffee houses become centers for the exchange of news and for political and intellectual debates. Coffee use increases, particularly during the plague of 1664, as it is considered therapeutic. Coffee, as well as tea and brandy, is vigorously attacked by brewers as interfering with the consumption of the native products of barley, malt, and wheat (1673). Duties and licenses are imposed. In a period of turbulent political, social, and economic unrest, the coffee houses are closely watched by government officials who view them as centers of sedition, as in Turkey. Strong government opposition mounts, although the government derives considerable revenues from coffee. During this period, tea is also introduced and regularly imported by the East India Co. The fashion of the afternoon tea break begins. Both coffee and tea are praised for their curative powers, but as nonmedical use spreads, many come to view both as dangerous drinks.

TOBACCO

<u>China</u>. The Manchu, having conquered China, revoke all existing smoking bans (1644). China becomes the great smoking nation of Asia. Snuff is introduced by the Jesuits.

<u>France</u>. Louis XIV establishes a monopoly in imitation of the Italians (1674).

<u>Italy</u>. Venice establishes the first tobacco appalto or state monopoly, selling the exclusive right to import, manufacture, or trade in tobacco to a private party (1659).

<u>Japan</u>. All prohibitions are repealed.

Papacy. Pope Alexander VII farms out spirits and tobacco monopolies (1655, 1660).

<u>Russia</u>. Another smoking ban is established, with a death penalty (1674). Use continues to increase; restraints are lifted (c. 1676), and smoking spreads from the court and foreign circles to the general population.

1675-1700

ALCOHOL

<u>America</u>. The office of tithingman is established in Massachusetts to report on liquor violations in homes (1675). Cotton Mather blames growing irreligiosity on excess tippling (1694).

<u>England</u>. New laws encourage the distillation and sale of spirits for revenues and support of the landed aristocracy (1690). The production of distilled liquors, mostly gin, increases dramatically; so does use, particularly among the poor. Excessive consumption of beer and wine is still prevalent among the middle and upper classes.

COFFEE

<u>England</u>. King Charles II fails in his attempt to suppress the coffee houses as centers of sedition (1675); the ban is recalled within a few days and is replaced by heavy taxation. Hereafter, coffee houses spread with little resistance, becoming centers of daily social life. Many coffee houses also give special prominence to tea.

<u>France</u>. Many doctors are against coffee drinking and at first only limited use appears in the courts and upper classes. In order to pay for his wars, Louis XIV of France grants the first of several coffee monopolies (1692), all of which are extremely unpopular. The first monopoly fails because the price of coffee is set too high.

OPIATES

<u>England</u>. Thomas Sydenham, writes, "Among the remedies which has pleased the Almighty God to give man to relieve his sufferings, none is so universal and so effacacious as opium." Sydenham exemplifies the contemporary medical profession's enthusiastic advocacy of opium. As the 18th century progresses, there is growing interest in the problems encountered with sustained use of opium, as well as in its therapeutic potential.

TOBACCO

<u>France</u>. The French tobacco monopoly proves unpopular and unworkable, generating smuggling, bribery, and corruption.

<u>Russia</u>. Clerical opposition mounts to smoking and other Western European influences, but gradually legal restraints are lifted. Finally, Tsar Peter the Great (1684-1725) adopts smoking, lifts all bans, and establishes a trade monopoly with the English (1698), much to the disapproval of the church.

1700-1725

ALCOHOL

America. Concern over drunkenness begins to increase as the use of distilled spirits (rum and whiskey) rises and supplants the traditional use of beers and hard ciders. Liquor licenses are awarded with greater frequency and more taverns appear. Drinking becomes primarily a male pastime spent away from the home. Still, such concerns were infrequently expressed and usually were limited to the wealthy and powerful; most colonials viewed drunkenness as a natural, and essentially harmless, consequence of drinking.

<u>England</u>. Home distillation is encouraged by high import duties and other legislation. Defoe praises the "honest drunken fellow" as the archetypal Englishman. While hard drinking is still extensive among the upper classes, it begins to decline, never to be as general as in Elizabethan times. In part this is because of the spread of coffee use.

COFFEE

<u>England</u>. Coffee begins to have a perceptible influence in diminishing drunkenness among the upper classes: Londoners consume more coffee than any other city in the world.

France. The court of Louis XV develops a passion for coffee.

Prussia. The first coffee house is permitted in Berlin (1721).

OPIATES

<u>China</u>. The smoking of tobacco-opium mixtures and later of opium alone spreads from the East Indies to Formosa, Fukien and the South China coast. Only now does China begin to develop a problem with the recreational use of opium.

<u>India</u>. The Moghul empire and the state opium monopoly begin to collapse. A brief period of opium smoking among the upper classes follows, but the practice soon falls into disrepute Unlike in China, opium smoking never becomes prominent.

TOBACCO

<u>General</u>. Opposition in Western Europe declines as all classes now smoke. Spreading from France, snuff-taking becomes fashionable among the nobility and clergy.

<u>China</u>. Tobacco cultivation and snuffing among the aristocracy is firmly established.

England. Snuff is introduced by courtiers returning from France.

<u>France</u>. Snuffing supplants smoking among the upper classes.

Papacy. The papal bulls against clerical tobacco use are repealed (1725).

1725-1750

ALCOHOL

<u>America</u>. Cotton Mather writes *Seasonable Advice Concerning Taverns* (1726). Prohibition of spirits is attempted in Georgia, but fails (the Oglethorpe Experiment, 1733-1742). In the general rules of the Methodist church, John Wesley includes a prohibition against drunkenness and the buying, selling, or drinking of spirits (1743).

England. Gin drinking reaches epidemic proportions among the London poor. Crime and the death rate also rise, causing considerable consternation among the middle and upper classes Parliament passes the first Gin Act (1729), whose high duties result in the production of bad, bootlegged gin, prompting widespread protests. Laws are liberalized and drunkenness increases even further (1733). The degeneration of the London poor is placed on gin, and a heated debate over prohibition occurs (1736). The second Gin Act establishing a prohibitory tax provokes even greater protests (1736) and the act is replaced by a licensing system (1743). Further liberalization allowing for freer sales causes another increase in consumption (1747).

COFFEE

<u>General</u>. Bach writes the Coffee Cantata (1732) inspired by protests in France and Germany over coffee restrictions.

<u>England</u>. The vogue of coffee houses peaks. As an outgrowth of the conquest of India, tea becomes a commodity of the British Empire and its use begins to be encouraged over that of coffee. The importation of cheaper green tea leads to a steady increase in tea drinking among all classes throughout the 18th century.

<u>Prussia</u>. Coffee use spreads from the court to the upper bourgeoisie.

OPIATES

<u>China</u>. The emperor prohibits sales of opium and operation of smoking houses (1729); the problem remains localized.

1750-1775

ALCOHOL

America. The popularity of spirits among all classes continues to increase. John Wesley calls for prohibitions against all distilling (1773), perhaps marking the institutional beginnings of the abstinence movement.

England. Middle class concerns peak. Fielding's *An Inquiry into the Causes of the Late Increase of Robbers* denounces the evils of gin, "the grand destroyer" (1751). A new Gin Act (1751) attempts to return to the 1743 legislation, strengthening retail controls and aiming to license sales rather than restrict them. Drunkenness begins to decline, with coffee and tea often taking the place of alcoholic beverages.

COFFEE

America. As an outgrowth of heavy tea taxes and the Boston Tea Party (1773), abstinence from tea is equated with the quest for liberty. The colonial tradition of tea drinking permanently declines and coffee consumption increases. Dr. Benjamin Rush writes numerous papers on the ravages caused by tea drinking, although after the revolutionary war he promotes tea as an alternative to alcohol.

England. Coffee use begins to decline; tea use continues to increase.

<u>Prussia</u>. In order to pay his war debts, King Frederick the Great attempts to establish coffee, tea, and tobacco monopolies (1763), regarding the substances as luxuries fit for high taxation. He later tries to restrict coffee use to the court when he discovers it detracts from beer consumption and his revenues from it (1770's). A prohibitive tax is established.

OPIATES

England. Dr. John Jones declares that properly used, opium would cure, not merely alleviate, symptoms of many disorders (*The Mysteries of Opium Reveal'd*, 1770). His unbounded enthusiasm goes beyond even Sydenham's. Dover's Powder is introduced and becomes one of the most widely used opium preparations for the next 150 years.

<u>India</u>. The British East India Company begins to expand its influence throughout India. It assumes control of the opium growing districts of Bengal and Bihar and establishes a limited monopoly over the trade (1757), attempting to popularize its use to increase revenues. The British government passes a regulatory act which leaves the company free to carry on its trading activities but places all British subjects in India under parliamentary control and a single governor-general (1773). The first governor, Warren Hastings, attempts to bring the opium trade under more government control, limiting opium cultivation and production (1773).

TOBACCO

<u>Prussia</u>. King Frederick, a francophile, spreads the snuff fashion and establishes a tobacco monopoly.

1775-1800

ALCOHOL

America. By the Revolution, Americans, for the most part, still show little concern over drunkenness, and spiritous liquors have become of the greatest factors in colonial commerce. The first serious and effective efforts to regulate liquor consumption, particularly within the army, does occur during the war. Following it, social conditions weaken traditional controls over drunkenness and consumption increases even further. The early temperance movement develops among New England Federalists; the most prominent spokesperson is Benjamin Rush, author of *Inquiry into the Effects of Ardent Spirits on the Human Mind and Body* (1785), who is one of the first to challenge popular beliefs in the health benefit of spirits. He recommends for temperance and health the use of fermented alcoholic beverages rather than spirits. This early movement relies on the technique of persuasion to bring about such temperance. Congressional attempts to impose a tax on distilled spirits result in the Whiskey Rebellion (1794).

COFFEE

<u>Prussia</u>. Frederick the Great issues a *Coffee Manifesto* asserting that all citizens must drink beer instead of coffee. As coffee smuggling and use continues, he creates an unsuccessful coffee monopoly, forbidding coffee roasting except in royal establishments (1781). The use of coffee substitutes such as chicory appears. In 1787, his successor lowers the tax and ends these restrictions.

OPIATES

<u>China</u>. British opium traders from India establish depots at Canton and Macao and the commercial importance of opium in the British trade balance begins to increase. As opium smoking spreads, imperial edicts prohibit importation, consumption, and sale (1780, 1796, 1800). Opium smoking reaches Peking (1790).

TOBACCO

<u>France</u>. The French-American tobacco trade is developed and helps finance the American Revolution. The French Revolution repeals the hated tobacco monopoly but it is reinstated by Napoleon, who desires the revenues it generates.

ALCOHOL

Finland. The ending of restrictions against home manufacturing results in increased consumption.

<u>Sweden</u>. The ending of the crown alcohol monopoly and its restrictions on production and sales results in increased consumption.

<u>United States</u>. Between 1790 and 1830, Americans seem to go on an alcoholic binge; the per capita consumption of distilled spirits rises dramatically as migration and social dislocation further dislodge traditional controls. The New England Federalist elite begins to worry about the spread of religious irreverence, democracy, and drunkenness; religious revivalism encourages general temperance activities.

OPIATES

General. Morphine is isolated (1803).

<u>Britain</u>. De Quincey's *Confessions of an English Opium Eater* (1822) focuses attention on opium addiction as never before. Throughout the 19th century, opium is utilized and prescribed by doctors as a therapeutic agent; laudanum, patent medicines, and other opium-bearing preparations are freely available without prescriptions and are cheaper than alcohol. Use increases, particularly among the working classes. This increase briefly encourages domestic opium cultivation.

<u>China</u>. Punishments are increased and an antiopium trade offensive begins, but the flow of smuggled opium remains uncontrollable.

<u>India</u>. The British emerge as the controlling power in India. The Bengal Resolution (1813) inaugurates a policy of restricting the habit of opium-eating by obtaining the "maximum revenue from the minimum consumption." The British government declares it will countenance only to the narrowest extent a habit which it finds impossible to irradicate.

1825-1850

ALCOHOL

<u>Finland</u>. The earliest signs of a temperance movement appear.

Sweden. Drunkenness increases uncontrollably.

<u>United States</u>. The temperance movement undergoes a period of major flux and transition. Demands increase for voluntary total abstinence from all intoxicants, not just temperance in the use of spirits. Lymon Beecher writes *Six Sermons on Intemperance* (1825) and the American Society for the Promotion of Temperance (1826) is founded. The first national temperance convention is held (1833) and the Washington Temperance Society is founded (1840). The temperance movement begins to expand and attract the middle classes and a decline in aristocratic leadership occurs. The movement still primarily aims for a voluntary reform in manner and morals through persuasion and education, but more attention begins to be placed on coercive legislation.

OPIATES

Britain. Opium use is endemic among Fenish peoples, who both tolerate and successfully control

use by informal social mechanisms. Concerns grow over increasing use, particularly in the sedation of infants. By 1840, it is apparent that opium use is increasing, but opinions differ as to how harmful this is. On the whole the dangers of use are downplayed, few parallels are seen with the Chinese situation, and existing concerns are not as extensive as those over alcohol abuse.

<u>China</u>. Court officials suggest prohibition be dropped as ineffective, but the emperor rejects this (1833, 1836). Facing competition from other opium producers, the British step up their efforts to increase their exports to China (1821-1830). Unhappy with the lack of growth in the China market in general, the British government takes over control of the China trade from the East India Company (1833). The Chinese vigorously enforce the antiopium policy by ordering the executions of all smokers and dealers. The first war with the British occurs (1839-1842), China is defeated and Chinese trade restrictions are removed. The opium trade doubles in 10 years (1842-1852).

<u>United States</u>. The first statute taxing opium imports is passed.

TOBACCO

<u>Italy</u>. A "tobacco war" is waged in 1848 modeled on the Boston Tea Party in protest against Austrian overlordship and the Austrian control of the tobacco monopoly.

<u>Prussia</u>. Berliners protest tobacco smoking restrictions; smoking bans are lifted during several cholera epidemics because of the belief that smoking is preventative. Finally, as an outgrowth of the 1848 revolution, all bans are removed.

<u>United States</u>. An antitobacco crusade is launched in conjunction with early temperance agitation.

1850-1875

ALCOHOL

<u>Finland</u>. Home spirits manufacturing and rural sales are prohibited; limits are placed on urban sales (1865).

<u>Sweden</u>. Local regulation of liquor sales and consumption begins (1850), followed by national action (1855). The city of Gothenburg establishes a licensing company to operate public houses (the Gothenburg system), aiming to eliminate private financial interests and devote profits to public purposes (1865). The System is soon adopted by other cities.

<u>United States</u>. The temperance movement undergoes internal conflict between reform philosophies; prohibition campaigns occurring in practically every state mark the transition from a reliance on persuasion and voluntary action to legal enforcement. Maine passes the first state prohibition law (1851), followed by 13 other states. By 1865 this first wave of prohibition laws ends in failure. Following the Civil War, the national Prohibition Party (1869) and the Women's Christian Temperance Union (1874) are founded.

CANNABIS

<u>Jamaica</u>. Indentured laborers from India arrive, bringing with them the multi-purpose use of cannabis, or ganja.

<u>United States</u>. Despite ready availability and general use in medical practice for a wide range of conditions, cannabis is little used for intoxicating purposes.

COCAINE

General. The chief alkaloid of coca is isolated and called cocaine (1859/60). Dr. Pablo Mantegazzo publishes an essay praising coca's ability to lessen fatigue, stimulate strength, elevate spirits, and enhance sexual potency and desire (1859). Vin Mariani, a wine mixed with coca, is introduced and becomes a major success; Pope Leo XIII gives a gold medal to its developer as a benefactor of mankind (1863-1865).

ETHER

<u>General</u>. Introduced in the early 18th century as a medicine and solvent, ether is not widely used recreationally until the 19th century. By the 1840's, when its anesthetic properties are discovered, ether frolics produced either by inhalation or by drinking a drops of ether in water are already common among the upper classes (mostly youths) of Europe and America.

<u>Ireland</u>. Ether is introduced into N. Ireland as a preventive and folk remedy (1840); recreational drinking spreads in the Ulster counties of Londonderry and Tyrone, possibly begun by the example of a physician in Draperstown. Poverty, temperance crusades, and high alcohol taxes (1855) encourage its use as a cheap, readily available alcohol substitute, especially by lower class Catholics. Priests begin attempts to suppress ether drinking by cursing it as a sin (1869).

OPIATES

General. Although in mid-century the role of opium in medical practice is still unchallenged, following 1850 several events begin to alter the traditional picture of opiate dependence in Britain and the U.S., and discussions of opium become more critical. These events include: (I) the introduction of morphine; (2) the development of the hypodermic needle (1853) which makes possible the direct injection of drugs into the body; (3) increased advertising, overprescription, mass production, and use of opium-bearing patent medicines; (4) the introduction of opium smoking; (5) increasing concerns over cocaine use; (6) greater advances in precise identification and analysis of drug effects and an increasing understanding of the phenomenon of habituation; (7) the prevailing spirit of moral reform as exemplified by the temperance and Progressive movements in the U.S.; (8) America's direct involvement with the opium problem in the Philippines; (9) the discovery of newer, less dangerous pain killers and anesthetics; (10) attention generated by the debate over opium trade and confessions such as De Quincey's.

<u>China</u>. The second Anglo-Chinese war occurs (the Arrow War, 1856-1860); the British win and the Treaty of Tientsin is signed, legalizing opium.

<u>India</u>. As a result of a dangerous rebellion, the British government finally dissolves the British East India company and the Moghul Empire and begins to rule India directly (1858). Having already taken over the opium trade (1833), the government inaugurates a period of "mad expansion" of opium cultivation in order to increase revenues. Opium revenues are now the single largest source of revenues outside of land and salt.

<u>Britain</u>. Increasingly proposals are made to abolish the opium trade. The medical profession still disagrees over the extent of damage caused by opium. Commercial opium becomes more freely and cheaply available due to lower import duties; opium is now cheaper than alcoholic beverages.

The Pharmacy Act of 1868, one of the first laws restricting the sale of opiates, dictates that opiates can only be sold by registered chemists or druggists, but patent medicines are specifically excluded.

<u>United States</u>. Immigrant Chinese laborers bring the habit of opium smoking to the U.S. Following the Civil War, use of opiates becomes widespread. Expanded advertising creates an unregulated patent medicine craze.

TOBACCO

<u>United States</u>. Cigarettes are brought home by American tourists from Europe; use spreads during the Civil War and the first federal excise tax is imposed. Following the war, the tobacco industry expands rapidly.

1875-1900

ALCOHOL

<u>Finland</u>. Drunkenness becomes a major problem among unskilled urban laborers and a prohibition movement develops (1884). All beverages containing over 22% alcohol are regulated; all rural sales are banned (1885). The Gothenburg system is established in the cities.

Sweden. Cities continue to adopt the Gothenburg System.

<u>United States</u>. Prohibitionists broaden their attack; they step up their campaign from state and local legislation to the national level; tighter organization and more coercive tactics are employed. The first prohibition amendment to the Constitution is introduced into Congress (1876) and a second wave of state prohibition laws occurs (1880-1904). The Prohibition Party's efforts at partisan politics fails and in its place the Anti-Saloon League takes over leadership of the movement (1893). The movement's appeal spreads among middle class, nativist Protestants threatened by changes rooted in industrialization, urbanization, and massive immigration, and who seek to uphold their position and the values of industry, frugality, sobriety, and religiosity.

CANNABIS

<u>General</u>. The Report of the Indian Hemp Drugs Commission concludes that in regard to physical effects, "the moderate use of hemp drugs is practically attended by no evil results at all."

<u>Jamaica</u>. The first official mention of ganja smoking appears, as chronic use spreads among lower class males.

COCAINE

General. Sigmund Freud describes and praises the effects of cocaine as a "magical drug," and suggests medical uses for it such as anesthesia (1884-1887). Other physicians concur, but Freud is also attacked for releasing "the third scourge of mankind"; cocaine is denounced as an addictive drug worse than morphine. Carl Koller demonstrates its usefulness in medical practice as an anesthetic in eye surgery (1884).

<u>United States</u>. Cocaine becomes widely used for a variety of medical problems and is regularly included in numerous tonics and stimulant drinks, such as Coca-Cola (1892). Lavishly praised by

physicians and widely advertised by the patent medicine industry, use grows rapidly. Cocaine appears to be the ideal stimulant for industrious Americans, but by 1890 warnings begin to appear about the dangers of indiscriminate sale and use. Recreational use spreads into the lower classes and medical opinion becomes more cautious. State and local regulations begin to appear.

ETHER

General. Ether drinkers become more numerous and diverse as ether becomes more available and cheaper, and temperance campaigns and fiscal policies make alcohol less desirable, less available, and costlier. By the 1890's, the use of ether as an intoxicant by sophisticate upper classes has declined, possibly in part because of a rise in the availability and popularity of morphine which is pleasanter to use and leaves no tell-tale smell. Use continues to grow among lower classes and peasant communities of Prussia, Hungary, Austria, Russia, Norway, France, and Great Britain. As in Ireland, heavy alcohol taxes may have contributed to this phenomenon.

Ireland. Local priests continue to attack spreading use; alcohol becomes even less available. It is estimated that 1/8th of the population of Londonderry and Tyrone counties use ether by 1890. The spread of ether into other counties is driven back by the church and the law before it can take root; also a richer peasantry finds the drug less appealing and abandons use after limited experimentation. Ether is scheduled under the British Poisons Act of 1870, limiting its sale to qualified pharmacists. All imports are banned (most ether is imported from England and Scotland); within months imports are reduced by 80%, with apparently little illicit home manufacturing occurring.

OPIATES

<u>General</u>. First warnings against morphine appear. Heroin is synthesized and is recommended as a more effective medicine, and less dangerous and addicting, than morphine (1874).

<u>Britain</u>. Various religious and moral reformers begin a crusade over the "evil" opium trade with China, led by the Anglo Oriental Society for the Suppression of the Opium Trade and by Joshua Rowntree. Agitation reaches its height in 1889-1893. The Pharmacy Act of 1868 is extended to patent medicines and use begins to decline.

India. Under pressure from British antiopiumists, the British Government of India appoint. a royal commission (1893-1895) to inquire into the prevalence of opium use in India. The commission reports that oral use is common and would be impossible to prohibit, but is generally moderate, with little excess, and primarily medical or quasi-medical in purpose. Opium smoking is still "comparatively rare and novel." The commission concludes that opium is more like the West's alcohol than a substance to be feared; its antiprohibition stand becomes official government policy

<u>United States</u>. The patent medicine craze peaks (1870-1880). Between the Civil War and World War I opiate use appears widespread and uncontrollable. Two patterns of use become apparent. In one, typical users are white, middle class, middle aged, and mostly women, with use being therapeutic and legal in origin. Local regulations begin to appear, but concern is only moderate. Little moral stigma is attached to such use. The second pattern is opium smoking among the Chinese, which is linked to crime and highly stigmatized, resulting in the ban on smoking opium imports (1887). In the 1890's the first state antimorphine laws appear. By 1896 opium imports have peaked and are subsiding.

TOBACCO

<u>United States</u>. The cigarette industry undertakes a major advertising campaign and forms a cartel. Sales increase rapidly, prompting growing opposition, led by the WCTU.

1900-1925

ALCOHOL

<u>Finland</u>. Prohibition is enacted (1917), but quickly fails as illicit distribution overly burdens police and smuggling becomes widespread (1919-1920).

<u>Sweden</u>. The Gothenburg system is made obligatory in cities (1905) but soon there begins criticism of the system's loopholes and its failure to limit temperance. Many local authorities become financially dependent on the system's profits and therefore encourage sales. A prohibition movement develops (1909), and the system is finally replaced by the Bratt system of monopoly sales rationing based on the use of a pass book (1917).

<u>United States</u>. The Anti-Saloon League grows in strength, concentrating on the election of 'drys' to Congress; a third wave of state prohibition legislation occurs (1907-1917). Most within the temperance movement abandon broad reformist concerns to focus solely on the issue of alcohol prohibition. World War I assists in increasing the call for reform, and in January 1919 the 18th Amendment is ratified, establishing national Prohibition one year later. The possession of alcohol for personal use is still permitted; enforcement authorizations are kept minimal and left to the states. At first, consumption declines.

CANNABIS

<u>Jamaica</u>. Concern grows among the white land-owning population over ganja smoking among poor native laborers and its demoralizing, criminogenic influence. The Dangerous Drugs Law of 1924 increases penalties for use of opium or ganja.

<u>United States</u>. Marihuana smoking appears among Mexican laborers in towns along the Mexican border, and spreads along the Gulf Coast. Between 1914-1931, 29 states, most west of the Mississippi, prohibit its nonmedical use. In 1915, the U.S. prohibits its import for nonmedical purposes. Still there is only limited national concern.

COCAINE

<u>General</u>. Mortimer publishes Peru: History of Coca (1901), summing up the favorable medical opinion of the day.

<u>Britain</u>. Concerns over the supplying of cocaine to soldiers by prostitutes contribute to the passage of the Defense of the Realm Act (1916).

<u>United States</u>. Fears increase over unregulated sales and use; a dramatic rise in coca imports occurs. Under pressure, Coca-Cola manufacturers remove cocaine from their product in 1903. In 1906, the Pure Food and Drug Act effectively eliminates cocaine and opium from all patent medicines and soft drinks by requiring accurate labeling, marking the end of free and easy use. Use is increasingly identified with' blacks, the poor, and criminals. By 1914, such fears over cocaine use, particularly by blacks, prompt 46 state regulatory laws to be passed, whereas only 29 states have laws against opiates. In 1914, the Harrison Act treats cocaine as more dangerous than opium, classifying it incorrectly as a narcotic. Cocaine subsequently goes underground, primarily used by bohemians and musicians, and in urban ghettos.

COFFEE

<u>United States</u>. Dr. T.D. Crothers, reflecting the considerable medical opposition to coffee use, classifies coffee addiction with morphinism and alcoholism (*Morphinism and Narcomanias from other Drugs*, 1902). A prominent British medical textbook (*A System of Medicine*, ed. Allbutt and Rolleston, 1909), similarly attacks all caffeine drinks, while finding opium as used in many oriental countries "a reasonable aid in the work of life."

ETHER

<u>Ireland</u>. Localized use continues, as ether is still freely available from pharmacists. Some clandestine trade also develops. The Intoxicating Liquor Act of 1923 increases restrictions on sales and makes ether drinking a, offense. Use seems little affected. In 1927, further restrictions permit registered sales only to doctors, afterwards both sales and use decline. This decline may have been assisted by cheaper and more alcohol and by a rise in incomes.

<u>United States</u>. During Prohibition, nonalcoholic "near beer' and soft drinks are frequently spiked with ether.

OPIATES

<u>General</u>. Antiopium sentiments peak. The opium problem is discussed at a series of international commissions, beginning in Shanghai (1909) and the Hague (1911-1912).

Britain. Facing stiff domestic and international opposition, the government decides to enD the opium trade with China (1906), which finally concludes in 1917. The Pharmacy Act of 1908 places opium on the Schedule of Poisons and in 1916 the Defense of the Realm Act, put into effect primarily to curb military and domestic use of cocaine, also extends controls over opium. The Dangerous Drug Act of 1920 attempts to implement the 1912 Hague Convention and restricts opiate distribution to medical channels, at the same time affirming the doctor's right to possess and supply controlled drugs while providing medical care. In 1924, the Rolleston Committee emphasizes that nontherapeutic opiate use is not a serious threat, and after assessing the U.S. situation after the Harrison Act again affirms the legal right of physicians to prescribe opiates.

<u>China</u>. The dowager empress enforces strict opiate regulation and in agreement with the British ends the opium trade by 1917.

<u>India</u>. Criticism of use mounts. The All-India Congress Committee and Mohandes Ghandi pass a resolution that the British opium policy is contrary to the moral welfare of the Indian people (1924).

<u>United States</u>. Opiate addiction becomes increasingly identified with the underworld and organized crime. Fears over widespread use continue but there is also general confidence that addiction is curable. U.S. acquisition of Philippines (1898) and its central role in calling for the Shanghai Opium Conference (1909) focuses attention on the lack of opiate legislation in the U.S. In 1906 the Pure Food and Drug Act requires accurate listing on labels of all drugs used in over-the-counter preparations, producing a sharp decline in their use. In 1909, import of all opium for smoking or nonmedical use is banned; by 1914, 27 state and city laws prohibit smoking opium. Also in 1914, Congress passes the Harrison Act. Ostensibly a tax measure designed to

control the marketing of opium, it requires all persons authorized to handle or manufacture narcotic drugs to register, pay a fee, and keep a record of the drugs in their possession. The act does not prohibit the supply of opiates to users by registered physicians "in the course of their professional practice." Subsequent Supreme Court decisions and government enforcement policies restrict the right of doctors to prescribe opiates. As early as 1919, a rise in heroin use is reported among urban male youths, prompting a ban of its manufacture and import (1924). By the end of this period, the fear of the "dope fiend" is firmly established.

TOBACCO

<u>United States</u>. Fourteen states ban cigarettes, others pass strict use regulations. Taxes increase and the tobacco cartel is broken up by the government. Use momentarily declines, but then the first modern or mild cigarette (Camels) is introduced and new advertising campaigns begin. Public acceptance grows, particularly among women. By 1927, tobacco prohibitions have been rescinded in all states, replaced by taxation.

1925-1950

ALCOHOL

<u>Finland</u>. Prohibition is repealed by referendum (1932); and a State Alcohol Monopoly is established to manage the production, distribution, and sale of alcoholic beverages through passbooks and buyer surveillance. Price controls attempt to encourage use of "mild" beers and wine over spirits. Retail sales are still banned in rural areas.

<u>Sweden</u>. Use declines and prohibition is voted down (1922), but the Bratt system begins to be criticized for high operating costs and for permitting too much consumption (1938).

<u>United States</u>. By 1925, a widespread illicit liquor trade is well established; speakeasies appear and consumption increases, particularly among women. The Wickersham Commission (1931) acknowledges widespread flouting of prohibition and lack of adequate enforcement machinery and funds. Increased enforcement and penalties have little effect; the Depression further strengthens repeal sentiment. In 1932, both the Democratic and Republic Conventions oppose prohibition, which is finally repealed in 1933.

CANNABIS

<u>Jamaica</u>. Depression, the rise of Rastafarianism, and racial fears increase concern over use. In 1941, penalties are increased for possession, sales, and cultivation; mandatory imprisonment is decreed for the first time. Following World War 11, use becomes a major topic of police and public concern; penalties for possession and use are again increased.

<u>United States</u>. The Panama Canal Zone Report (1925, reaffirmed 1933) concludes there is no evidence that cannabis is habit forming or that it has any "appreciably deleterious influence" on users and recommends that no action be taken to prohibit its use by American soldiers in the Zone. But reports associating horrible crimes, marihuana, and Mexicans, continue to circulate and are given credence by a 1929 Surgeon General's Report. During the Depression, racial antagonisms and concern over marihuana- related crime increase the calls for federal marihuana legislation in the Southwest. After at first downplaying the menace and resisting this pressure, the FBN begins to emphasize the need for adoption of the Uniform State Narcotic Drug Act to control marihuana, "the worst evil of all," inaugurating a period of focused attention on the

marihuana-crime thesis (1933). In 1937, the Marihuana Tax Act is passed establishing a prohibitive tax and regulatory procedures. In 1944, the La Guardia Report stresses the relative triviality of marihuana's effects.

COFFEE

<u>United States</u>. During Prohibition coffee consumption reaches new heights.

OPIATES

<u>Britain</u>. The Rolleston Act (1926) gives doctors the right to prescribe narcotics on their own judgment; the act becomes the primary basis of narcotics legislation until 1967. The use of opium and cocaine declines; very little press or parliamentary interest in drug use occurs; few cases of nonmedical addiction are known.

<u>India</u>. The period 1920-1940 shows the greatest decline in use. As the Indian National Congress comes to power in some provinces, it begins to prohibit local use. The British government asserts its desire to stop nonmedical use in the future, and prohibits opium smoking (1946). In 1947, India achieves independence; the government inaugurates a policy to totally prohibit all opium production except for medical and scientific use within 10 years.

<u>United States</u>. Whereas during Prohibition the possession of alcohol for personal use is never made illegal, during the same period criminal sanctions are effectively extended against all users of "narcotics." The view grows that whereas alcohol can be used safely and in moderation, narcotic use inevitably results in dependence, insanity, death, and a criminal, immoral lifestyle. Public opinion abandons the l9th century view of opiate dependency as simply a misfortune as fear of the "dope fiend" spreads. Changes occur in the drug of choice and user demography. A cohesive drug subculture emerges, the typical member being a younger, urban, male heroin user, who uses the drug for pleasure and obtain it illicitly.

STIMULANTS

General. The effectiveness of amphetamine (first synthesized in 1887) in raising blood pressure, enlarging nasal and bronchial passages, and stimulating the central nervous system first becomes apparent. It is widely employed during World War II to help increase efficiency in industries and in the military. Following the war, use spreads as it is readily available and widely marketed as a safe euphoriant, mental energizer, and cure-all for such problems as depression, fatigue, and weight reduction. The hazards of use only become apparent later.

<u>Japan</u>. Widespread oral use of methamphetamine occurs as vast military stocks of the drug are released on the market following World War II and the drug is advertised as a safe panacea. Use is assisted by the spiritual collapse of the people, social and economic dislocation, poverty, and the undermining of traditional authority structures and values. In 1949, use is restricted to cases under a doctor's prescription; an illicit market develops and intravenous use begins to spread among bohemians, novelists, artists, and entertainers.

Sweden. In 1938, amphetamines are placed on the market and widely advertised as pep pills In 1939, they are made available through prescription only as therapeutic use becomes wide spread; but little recreational abuse is apparent. Concern over therapeutic use grows, ant further restrictions are established under the Swedish Narcotic Act (1944). In the late 1940's, there develops a black market and a bohemian drug subculture which practices nonmedical oral use.

TOBACCO

<u>United States</u>. Both taxation and use continue to increase; early health warnings appear.

1950-1975

ALCOHOL

<u>Finland</u>. Following the repeal of prohibition, the temperance movement remains strong, with government support. The abolition of prohibition in rural areas and the lifting of beer restrictions produces an increase in consumption (1969).

<u>Sweden</u>. As criticism mounts, the Bratt system is abolished (1955); liberalization is followed by increased consumption, which is finally decreased by higher price controls (1958).

CANNABIS

<u>Jamaica</u>. Jamaica gains independence (1961) and penalties are increased for growing, selling and dealing in ganja in 1961, 1964, 1972, and 1974, with little effect.

OPIATES

Britain. The first Brain Committee reviews and reaffirms the Rolleston findings (1958-1960), but following this report, nonmedical heroin use begins to become more apparent among young, urban males. In 1965, the second Brain Committee recommends increased control including a system of addict notification, the establishment of special treatment centers which would seek to rehabilitate and not just maintain drug users, and the restriction of heroin supplies to the centers. These recommendations are put into effect with the Dangerous Drug Act of 1968.

<u>India</u>. Control of cultivation and manufacturing passes to the new government. Through the use of licenses the area under cultivation is reduced about 25~ and the number of cultivators by 60%. Cash incentives to cultivators help reduce diversions into an illicit market and the production process is strictly regulated. In 1959, sale and use is totally prohibited, except for medical purposes. Between 1963-1970 use declines markedly.

STIMULANTS

Japan. Intravenous use spreads, principally among economically marginal and delinquent youths. The Awakening Drug Control Law (1951) is passed. Widespread oral and intravenous use continues among urban populations, peaking in 1954, when heroin use also begins to increase. The Awakening Drug Law and police and educational efforts are strengthened (1955) and amphetamine use begins to decline. However, use of heroin and hypnotics increases during the 1960's.

Sweden. Oral abuse spreads from bohemian circles to maladjusted and criminal urban youths, and intravenous abuse becomes endemic (1950-1954). Tighter restrictions cause a shift to use of Preludin and Ritalin, mostly by injection. These drugs are also placed on the National Narcotics List. The Narcotic Drug Act (1962) increases imprisonment penalties and police activities, and the number of prescription violations declines. Criticism of the restrictive drug policy results in a liberalized prescription policy (1965-1967), during which large supplies of amphetamine become available due to the excessive prescriptions of a few physicians and the epidemic peaks.

Restrictions are reimposed (1967) and then made even more strict (1969). Use continues, but stabilizes.

TOBACCO

<u>United States</u>. The Surgeon General's Report (1964) causes a momentary decline in use, but despite health warnings and advertising bans, use begins to increase again in the 1970's.

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