

In this interview, Pfeil editor Anja Dietmann and historian Jakob Tanner discuss what exactly it means to be high, and explore how the use of drugs has changed over time. Additionally, they discuss legalization, prohibition, and the classification of intoxicants and psychedelics, as well as the motives for their consumption in a modern society.

AD Thank you so much for taking the time to conduct this interview with us. Could you introduce yourself to our readers?

JT I am a historian and a professor at the University of Zurich. I have been an emeritus since 2015 and still see myself as an expert on societal change who does not take things for granted but strives to historicize them. I have been studying Switzerland's entanglements with National Socialism since my undergraduate days and wrote a dissertation on the topic. Between 1996 and 2001, I was a member of the Independent Commission of Experts Switzerland-Second World War, which had published two dozen studies on various aspects of this challenging subject. To this day, I continue to do research in this field. My interest in drug history stems from three sources. First, the manufacturing of heroin, morphine, cocaine, and other alkaloids was highly important to the Basel pharmaceutical industry in the decades after 1900 and thus part of Swiss economic and corporate history. Second, the use of drugs is closely intertwined with the norms of society and everyday practices, with people's self-images, modes of appropriation, and forms of subjectivation. I published widely on the history of food and eating habits and have considered drugs as an integral part of these practices. In addition, there is a panoply of mind-altering substances. Their use reveals that social norms are behavioral expectations and that drug-induced deviations are often reacted to in negative, repressive, exclusionary and disproportionate ways. Third, drugs can be analyzed from the perspective of the history of the body, medicine, psychiatry, and scientific research, which opens a wide range of questions. Thus, I always choose a multi-faceted approach that attempts to blend different dimensions of what drugs can be and have been. My personal experiences in drug use are rather poor. So, I do not write from an individual concern, but I work as professional historians do, using a large number of historical sources from a variety of archives that reveal how drugs were produced, distributed, consumed, socially constructed, culturally evaluated, idolized, and demonized. It has always been crucial for me to communicate my research findings to the wider public and intervene in the debates about drug policy, thereby expressing a forthright criticism of the failed drug-prohibition regimes of the long 20<sup>th</sup> century.

AD The term *drug* can refer to both medicine, and at the same time, to intoxicants. Can you tell us more about their historical connection and diversion? For instance, I'm thinking of the shift from heroin and opium as readily available narcotics in every pharmacy—to illegal drugs. Or what we are seeing today with the progressive decriminalisation of cannabis, that started with its legalization for medical purposes.

JT The Greek word *narcotic* means both cure and poison. Paracelsus, a 16<sup>th</sup> century scholar, came up with the view that toxicity depends on the dose. As long as remedies were taken from the natural environment, people depended on the rich traditions and knowledge of the healing capacities of plants and organisms. Opium was considered "God's own medicine" and was indispensable as a painkiller and a remedy against diarrhea. In 1805, a German pharmacist crystallized for the first time an alkaloid from raw opium, which he named morphine—after the Greek god of sleep. The industrialization of the production

of derivative drugs began in the 1830s. An increasing number of alkaloids were discovered, and in 1859 cocaine, the active ingredient of coca leaves, was successfully extracted in a pure form. In 1898, the German pharmaceutical company Bayer launched Heroin and Aspirin at the same time, in accordance with their motto, "We always have something new!"

Most of these novelties required a doctor's prescription, but this was easy to obtain, so sales of these drugs grew strongly. Bayer long ignored early warnings that heroin—a morphine derivative—was highly addictive. The International Opium Conventions of 1912 banned these substances. However, many countries took their time ratifying this treaty, i.e., implementing it on their territory. In 1925, cannabis was also added to the list of internationally banned substances. After 1933, a massive campaign was waged in the U.S. against marijuana, which was portrayed as *killer weed* and *devil's stuff*. The reasons for and effects of this prohibition policy are complex. What is consistently striking is that banning drugs has always stigmatized and discriminated certain groups of users at the bottom of the social pyramid that did not wield much power. In the U.S., since the late 19<sup>th</sup> century the suppression of smoked opium has been directed against Chinese migrant workers who were seen as cheap labor market competitors and fought as a "yellow peril." Bans on magic mushrooms (psilocybin) and cacti (peyote/mescaline) were directed against indigenous people. The campaign against cannabis increased the vulnerability of Afro-Americans and Hispanic populations, and so on. With the decriminalization of drugs, this pressure can be mitigated which in turn allows for a rational discussion about the benefits, hazards, and threats of certain drugs. It is obvious that cannabis and psilocybin have untapped medical healing potentials that have been rendered invisible by repressive policies.

AD According to your expertise, how would you define *high*?

JT *High* is the ultimate kick, an irresistible thrill. In first person documents we find many descriptions of hovering over everything that can bother, distress, and trouble you, giving the consumers of drugs an exhilarating overview. High has an illusionary capacity: it seems to unlock your best qualities and makes all the shadows and imperfections of life disappear. Psychedelia (especially LSD) can open the "doors of perception" (Aldous Huxley) in a liberating way. But anyone who throws in opiates or cocaine must know that the high-flying rush is followed by the depressing *café*. The problem is that as long as one is flying high in an "artificial paradise" (Baudelaire) one completely forgets that there is always a hard landing ahead that shatters the beautiful sensation. But the history of drugs is hardly understood without an adequate insight in the power of the *craving*.

In his seminal text *Civilization and Its Discontents*, Sigmund Freud wrote (nearly a century ago in 1928): "The service rendered by intoxicating drugs in the struggle for happiness and in keeping misery at bay is so highly prized as a benefit that individuals and peoples alike have given them an established place in the economics of their libido." Drugs are not only "drowner of cares allowing an 'immediate yield of pleasure,'" but they offer "a greatly desired degree of independence from the external world." "Independence" means, in a certain sense,

the suspension of the law of gravity, the capability to elevate oneself above all things. This is the meaning of *high*. It is also important to realize that *high* is by definition a relative and transitory state, an intermediate stage in a dynamic up-down fluctuation. In the realm of drugs, its frequency cannot be kept stable, because the substances applied have the disastrous tendency to lose their effect with continued use, so that more and more has to be taken in a shorter and shorter interval to achieve the desired state. This so-called “tolerance increase” of drugs drives people into a vicious circle. Many authors, Freud among them, have warned against the illusory relief and flight of fancy provided by drugs. There is no coincidence that Aldous Huxley titled his famous 1956 drug essay “Heaven and Hell.”

As a historian, I am interested moreover in a much broader definition of *high*. There is a new interest in the high-low dimension in general. Attention is focused on social injustice, on the income-wealth gap that allows those *up there* to live a good life at the expense of those *down there*. A history of vertical entanglements is also what the concept of the Anthropocene is striving for. The inscription of humanity into the geology of the planet runs through the material transformation of the earth’s surface, through an ever-increasing interaction of deep and high, of underground and skyscrapers. The modern way of life is inconceivable without the elevator. Drugs are, in a sense, a *lift* that transports people’s mood from the bottom to the top via chemical agents. New drugs also have a connection with stock markets. For example, the current psilocybin-hype and the so-called shroom-boom promise new antidepressants with enormous sales potential. As a result, the stock prices of spin-offs in this field are going through the roof, and the deep *gold digging* of drug discovery has high flying stock prices as its correlate. *High* (in relation to *Low*) seems to me to be a very powerful analytical category whose explanatory power is far from exhausted.

AD In your article “Rauschgiftgefahr und Revolutionstrauma” you write: “Drugs are dangerous for us when we cannot integrate them into our own society, into the mass culture of a performance- and consumption-oriented industrial society.” Could you elaborate more on that?

JT The war years of 1914-1918 saw a sharp increase in the use of opiates and alkaloids, and the 1919 Treaty of Versailles extended the international prohibition regime to many more countries that had lost the war, including Germany. Since Switzerland had stayed neutral, it did not have to sign the peace treaty, but came under pressure from the USA and the League of Nations. Since the major Swiss pharmaceutical companies were among the world’s important producers of morphine, heroin, and cocaine, there was fierce opposition to the curtailment of this lucrative business through a prohibitive legislation. Nevertheless, Switzerland eventually had to capitulate. In 1925, a narcotics law meeting the requirement of the International Opium Convention came into force. In terms of domestic policy, this law became conceivable because the mental shock of the general strike of 1918 had triggered a penchant for normality, which was expressed in a strong aversion to intoxicants. The social conflicts of the time turned mind-altering substances into crystallizing nuclei for anxieties. The result was a broad cross-class anti-drug-consensus. The conservatives fought for the preservation of morality, the liberal bourgeoisie wanted to secure the industrial efficiency of the working class, the social democrats and the communists (who were hostile to each other) saw in the narcotics insidious agents clouding class consciousness—and in the end everyone voted for a ban which was no longer primarily directed against the industry, but targeted drug users, who were portrayed as a danger to the normal working of society. The role model for such an economically successful society

was the USA, where the battle cry “back to normality” dominated in the early 1920s. Switzerland was in the grips of an efficiency craze. Rationalization and Taylorism were celebrated as the “new industrial religion” and America became the great paragon. In her inspiring study “Visions of Modernity,” Mary Nolan pointed out that “Americanization” operated metaphorically: it was a colorful language that allowed old social problems to be reformulated in ways that now seemed solvable. The new drug discourse that became widely accepted fit well into in this regime. Drugs became synonymous with dysfunctionality. They stood for the disruption of an aspired productive social order that relied on a Fordist coupling of mass production and mass consumption, mediated by the nuclear family, which generates consumer demand and provides the labor supply.

AD Even though eventually drugs became synonymous with dysfunctionality, they still kept a prominent role in medical, behavioral, and psychological studies in the hope they could be exploited for targeted purposes. For instance, as you wrote in your text “Doors of Perception versus Mind Control,” there were attempts by the USA military and the CIA to functionally re-educate people through the consumption of drugs. Can you tell us more about mind control projects, and the dichotomy between functionality and dysfunctionality with drugs? And are there other examples of the military’s use of intoxicants?

JT You are right, drugs always have a variety of uses and meanings, and any attempt to fade out this diversity and inherent contradictions leads down a bogus path. It is quite simply the case that in 1923/24 there was a broad consensus in the political decision-making process in Switzerland, the common denominator of which was the view that drugs were dysfunctional for the *modus operandi* of a modern industrial society. The term Roaring Twenties, however, shows that this decade was also perceived as very *wild*. Female artists such as Josephine Baker stood for a breakout from convention; their dance-variétés certainly conveyed a sense of being high. This cultural exuberance, this overflowing mood, was also evident during the years of alcohol prohibition in the USA (between 1919 and 1933). It is impressively described in the 1925 novel *The Great Gatsby*. Here, F. Scott Fitzgerald renders in compelling images and scenes the decadence, debauchery, high-flying idealism, and crashing dangers of a period marked by a stock market boom, illegal drug-parties, mafia-criminality, jazz, and flappers.

With regard to the issue of the military use of drugs, a look back in time makes it clear that the deployment of drugs as *weapons* must be viewed from a dual perspective: on the one hand, an opponent is paralyzed by such agents and made incapable of fighting or willing to surrender. On the other hand, by using drugs, one’s own soldiers are transformed into merciless *combat machines* that ignore risks and maximize their performance on the battlefield. A few examples of the former (all of which are well-rounded, often mythical narratives): alcohol was used as a weapon of war in the ancient world. Whoever could get the enemy drunk had a better chance of victory in a battle. As far as the early modern period (from the 15<sup>th</sup> to the 18<sup>th</sup> centuries) is concerned, the Italian historian Piero Camporesi, in his study *Il pane selvaggio* (*The Bread of Dreams*), has maintained that in feudalistic societies the rebellious crowds were confused and held down by mass contamination. Particularly in times of famine, often due to prolonged rainy seasons, grain fields were infested with ergot fungus. This poisoned staple food was not thrown away but eaten because of the general hardship, so that the working classes of the population fell into a terrible state of immiseration. Camporesi’s thesis is controversial—but his observation points to the fact that drugs have also been used to stabilize social hierarchies. Two examples of the latter:

in the 12<sup>th</sup> century, the Ismaili followers of the “Old Man of the Mountain” were known as assassins. Doped by cannabinol, they death-defyingly ambushed Christian crusaders during the Third Crusade. As terror zombies, they tried to spread fear and horror to prevent the conquest of Jerusalem. A modern version of this story—which took place under completely different circumstances—occurred in the 20<sup>th</sup> century during the Nazi era, when the metamphetamine Pervitin (known today as crystal meth) was used by the German Wehrmacht as a wonder weapon in the Blitzkrieg. By the end of the war, a total of 35 million of these psychic boosters, also known as Panzerschokolade, Hermann-Göring-Pills, or Stuka-Tablets, had been popped; many narratives surround bright-eyed pilots who fought daredevil battles in the skies even after days without sleep.

During the Cold War, the idea of mind control became a salient feature in the discourse about psychological warfare. As the film *The Manchurian Candidate* (1962) illustrates, drugs were not always involved. However, there were efforts to use psychotropic substances such as LSD as a combat agent. This was the case with the CIA-funded U.S. project MKULTRA, which ran in the 1950s and ‘60s and was shut down in 1973. Experiments with LSD were intended to show whether this drug could be applied to extract existing knowledge from humans or whether it could be helpful to break resistance. One idea was to use LSD in drinking water reservoirs or in the diets of political opponents. To what extent such plans have actually been tested is still unclear; what is proven is that test subjects have been administered LSD without their consent. Since the 1960s, drug consumption has also been seen as a vehicle for subversive warfare. Thus, the hippie and flower power movement with its slogan “Turn on, tune in, drop out” appeared as an alarming self-undermining of the youth in Western societies. It was feared that the Ostblock, as a drug supplier, was trying to weaken the foundations of the capitalist societies while itself forbidding drug use within its own ranks. These fictional scenarios reflect an ambivalent view of drugs: they fascinate not only dropouts and emancipatory movements, but also military planners and army strategists. From a military perspective, they can be weaponized and are at the same time a sneaky medium of submission; in the opposite view, they are a vehicle of liberation and self-enhancement.

AD What is the connection between legalisation, prohibition, and the consumption of drugs?

JT Legal frameworks have a massive impact on the use of drugs. They affect prices and power relations in these markets. For example, during alcohol prohibition in the U.S. (1919-1933), consumption of the incriminated beverages was cut in half, but the socio-medical and security consequences of this policy were devastating. This led to many more deaths than before, whether from poisoned drinks, gang warfare, or police violence. Loyalty to the rule of law and civil conduct within democratic society visibly deteriorated. The main winners of Prohibition were illegal producers and ruthless distribution syndicates, which corrupted the police and created a climate of violence throughout the country. The results of this policy were disastrous. Such conditions can be found in all illicit drug markets, and the “war on drugs” proclaimed by U.S. President Richard Nixon in the early 1970s made the situation even worse. Repression against narcotic substances was significantly racially biased and led to a steep increase in the African-American prison inmates. The effects of this policy marked by repression continue to have a very negative impact in the 21st century. According to new UN drug reports, about half a million people die each year as a result of drug use, and the number is rising. The reason for this is the increased potency or overdose of illegal narcotics, a lack of quality control, and a strong expansion of supply on these markets, which have also shifted heavily to the internet (digital delivery platforms).

Obviously, there are no official sales figures, but according to the UN, the turnover in the global drug business is between 300 and 400 billion USA dollars per year. The profit margins are dazzling; one is tempted to say that the desire to get high among consumers is leading to a long-term high in profits. With prohibition, the zones of illegality are growing, and organized crime is flourishing. In rural production areas and along transit routes, clashes between drug cartels are fought with brutal ferocity, and they also target small producers and civilians. Local farmer families are forced into collaboration with the drug mafia by giving them the alternative of plata o plomo (money coins or lead bullets), where the financial sums offered are exploitatively low. In Colombia and Mexico, the war against the drug cartels has resulted in hundreds of thousands of deaths and injuries since 2006. Victims are not just rival gangs, but people who can barely fight back. In some regions of the world, including Afghanistan, opium sales are used for funding terrorism.

There are studies that show that in these illegal markets, there is an asymmetric power distribution, with two poles that are almost powerless and an extremely powerful in-between. The added value-chain starts with small peasant producers at one end whose fortunes depend largely on the processing organizations. At the other end, it terminates with the drug-addicted, dependent consumers, who are pushed into procurement crime. In the middle segment, technologically well-equipped criminal organizations with state-of-the-art transportation and communications systems are able to establish a highly profitable business model whose governance is based on violence and exploitation. The organized crime enrolls in a permanent competition with the police and customs authorities. The Swiss psychiatrist Hans Kind came to the sobering conclusion that—as he put it—“organized crime and the police pursue the same interests, albeit from opposite motives.” The common interest is a shortage of supply. The organized crime is in permanent competition with the police and customs authorities. By deterring and seizing illegal drugs, law enforcers want to curb drug use; criminals know that these repressive measures drive up prices. In the meanwhile, however, analysts of the drug scenes point out that the demand in the urban metropolises comes from user groups that are financially very well off and that have sufficient information about the quality of the substances.

A recent article in the Neue Zürcher Zeitung, published on February 10, 2023, states that cocaine consumers cannot ignore their responsibility: “Many of them belong to a progressive elite that pretends to understand social and ecological problems, but at the same time uses the white powder as a party drug. It’s high time that consumers also become aware of what they are financing by buying the drug and how much suffering they are causing.” As thoughtful as this appeal to personal responsibility is, it should not distract from the fact that the problem is not individual but structural. It is hardly possible to achieve any fundamental change in drug policy with “just say no” slogans. The real issue is the global prohibition regime as a whole, with its counterproductive effects. It is therefore necessary to focus on a political level and on international governance. Transnationally, we should move away from an approach that has now caused a great deal of harm for a whole century without solving any problems.

AD Portugal decriminalised drugs in 2001. Instead of prohibition, the state focuses more on prevention and therapy, which has led to a decrease in drug use. What do you think of this model? Could it be adopted in other countries?

JT The sole conclusion that can be drawn from my analysis of the global prohibition regime is that the model being tried out in Portugal also has a future in other countries. In Germany, for instance, the red-green-yellow traffic light coalition\* is interested in the Portuguese experience. Such approaches,



which focus on harm reduction, social support, and medical and psychological assistance, are currently being experimented with in several countries. In particular, the use, possession, cultivation, and sale of cannabis has been decriminalized, up to and including full legalization. Cannabis is also being released for medical purposes in various places.

Since 2008, Switzerland has been testing a so-called “four-pillar drug policy” that combines prevention, therapy, harm reduction, and repression. Syringe distribution, methadone substitution programs, and heroin prescription for addicts are available under this scheme. Under the impression of a rising number of drug deaths, the Canadian province of British Columbia has recently launched a pilot project which declares the possession of drugs up to 2.5 grams to be exempt from criminal prosecution. This is intended to provide relief for drug addicts, who are often under stress, and to allow for quality control of the substances being consumed. In many cities, facilities for drug testing at parties and festivals are allocated. Such measures have helped prevent many deaths, particularly among young people.

In this debate about legalizing, liberalizing, or decriminalizing a wide gamut of drugs, it is important to avoid a pitfall. Opponents of such steps often argue that drugs are dangerous after all and that critics of repression trivialize these dangers. This line of argument is completely misleading. As a matter of course, drugs cause problems of various kinds. They lead to addiction, some of them are physiologically disastrous, others destroy peoples’ personalities. I myself remember the depressing news of the death of world-famous icons of pop music around 1970, when Jimi Hendrix, Janis Joplin, and Jim Morrison died one after the other. However, it is inconsistent to deduce from this awareness of the problems of drugs that they should be fought primarily with police repression and military methods. It is precisely these approaches that increase many of the negative aspects of drug use, and what we call the “drug problem” is primarily caused by an ideologically motivated policy of prohibition in the signum of “law & order.” There are many drug-dependent individuals who know about the elusive quality of the drug-generated *high*. Yet most if not all of them do not want to be harassed and arrested by the police. They demand help, not intimidation. Decriminalizing drugs is therefore not an austerity program. Drug liberalization in the neoliberal vein will not work; such an approach produces positive results only if it is accompanied by a broad range of support services financed by communities and the state. The case of Portugal shows just that. Here, parallel to the dismantling of repression, counseling, therapy, and substi-

tution programs as well as medical treatment have been made available. Knowledge transfer in schools, education in recreational facilities or at mass events, and laboratories that check quality on the spot are important prerequisites for a policy aiming at protecting consumers and keeping the door open for addicts to find a way back in a life beyond drug dependency.

AD Thank you for your precious answers. What would you like to conclude with?

JT I would like to emphasize again that the desire to be *high* and the yearning for *artificial paradises*—in their most varied forms—are powerful motives for the use of drugs in modern societies. High and low go inextricably together. So does the will to break free and the experience of constraint. There are many power techniques of staying socially *on top*; the realm of drugs, however, has an inherent risk of dropping off. The recipe for staying high is called “more of the same”—and this mode of amplification inevitably runs up against limits. Paradoxically, the prohibition regime that dominates today’s global drug policy also seems to be committed to precisely this principle. When repression is not enough to make the evil being fought disappear, the policymakers call for even more police forces, which in turn only makes matters worse. In many areas of the world where drugs are produced, transferred, and consumed, this “more of the same” attitude has unleashed a depressing spiral of violence.

These experiences of violence are significantly asymmetrical, because they are targeted mainly downward, against those strata of the population and groups of people who can be described in the social hierarchy as *low*. This condition has been described in historiography with the concept of intersectionality. This explanatory model assumes a system of overlapping inequalities and attempts to understand how the simultaneous experience of socio-cultural categories (gender, race, social status, financial posture, sexual orientation) interact. It is well known that disparate forms of discrimination and deprivations related to such categories are self-reinforcing and accumulate regularly into systems of oppression and domination. In this light, today’s drug policies undermine the equality premise of a democratic society. The alternative would be a more relaxed and creative approach to drugs. It will never be possible to suppress the desire for relief, for being high and having a psychedelic experience, just as the negative effects of continued drug use cannot be eradicated. These are contradictory phenomena that a democratic way of life must tolerate. Drugs are an expression of modern insecurity, and the claim that one can simply eliminate *the problem* and thus generate order and security has always been fallacious.