A Canadian perspective on documentary film: *Drug Addict*

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**A B S T R A C T**

Background: In 1948 the first National Film Board (NFB) documentary in Canada about illegal drugs, trafficking, and addiction was produced. The documentary is titled *Drug Addict* and was directed by Robert Anderson. This paper provides a socio-historical context for the documentary *Drug Addict*. Viewing the film through the lens of Canadian history gives readers a better context to understand the claims and representations in the film about law enforcement, people who use illegal drugs and treatment.

Methods: To examine *Drug Addict*, a socio-historical analysis and case study were conducted. This project’s qualitative methodological framework is consistent with its critical theoretical perspective, drawing from Stuart Hall’s perspectives on visual and textual representation and cultural criminology.

Results: *Drug Addict* is a significant documentary because it provides insight into early foundational law enforcement discourses and practices about illegal drugs, addiction, and treatment, including obstacles to drug substitution and maintenance programs. It also highlights the emergence of psychiatry as a new knowledge producer in the area of drug treatment. The film also transmits ideas about the criminal nature of addicts and the need for punitive criminal justice control.

Conclusion: *Drug Addict* captures some past and contemporary tensions related to Canadian drug policy. The film also provides another lens to understand some of the foundational frameworks of Canadian drug policy such as the dominance of criminal justice, and its practices of knowledge production, the resistance espoused by institutions to diverse models of treatment such as drug maintenance programs, and the power of visual representation.

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 While conducting research for a study on fictional drug films, I became aware of the first National Film Board (NFB) documentary produced in Canada about illegal drugs, trafficking, and addiction. The documentary is titled *Drug Addict* and was directed by Robert Anderson. The National Film Board of Canada with the help of the Royal Canadian Mounted Police (RCMP) produced *Drug Addict* in 1948 for the Division of Narcotic Control and the Department of National Health and Welfare. This 34-minute black and white, “realist” voice-over documentary was created as an educational tool for law agents and medical professionals. *Drug Addict* was praised in Canada and won a Genie Award in 1949.

*Drug Addict* was not publicly viewed in the U.S. following its release. U.S. researchers Galliher, Keys, and Elsner (1998) claim that *Drug Addict* is a significant film because of its opposition to the U.S. Federal Bureau of Narcotic’s (FBN) policy at that time to demonize illegal drug users. To this end, FBN censored oppositional ideas, including films such as *Drug Addict*. The work by Galliher et al., however, does not examine the role of documentary nor drug policy in Canada in order to contextualize the film *Drug Addict*.

I agree with Galliher et al. that *Drug Addict* is a significant film; however, in this article my focus is quite different. I argue that *Drug Addict* is a significant documentary and worthy of further investigation because it provides insight into some early foundational discourses about illegal drugs, law enforcement, addiction, and treatment, including drug maintenance, that still resonate in Canada today. The documentary *Drug Addict* reveals how the RCMP and law agents in Canada in 1948 thought about people who used and/or sold illegal drugs and the associated ideas about managing and regulating these people. This paper provides a socio-historical context for the documentary *Drug Addict*. Viewing the film through the lens of Canadian history gives readers a better context to understand the claims and representations in the film. I also argue that law enforcement discourses have been constituted in part through documentary representation. To this end, this paper explores the medium of documentary to educate Canadians about social issues such as drug crime, addiction, and treatment options. By taking into account Canadian history and the cultural, political, legal, and social environment, we can better understand the narrative and visual representations in the documentary *Drug Addict*.

**Socio-historical context**

The origins of drug regulation in Canada have been explored by a number of researchers (see N. Boyd, 1984; S. Boyd, 2004; Carstairs, 2006; Giffen, Endicott, & Lambert, 1991). Canada enacted the Opium Act (the first federal drug legislation outside of alcohol...
prohibition for those labelled Status Indians under the Indian Act) in 1908 with little parliamentary debate or pharmacological evidence to support the regulation of this drug. The Opium Act was shaped by race, class, and gender fears (N. Boyd, 1984; S. Boyd, 2004). The legislation was aimed at regulating opium in smoking form, an activity linked to Chinese men, and not the elixirs and patent medicines that contained opiates or other drugs such as cocaine and cannabis commonly used by white settlers. Early legislation was enacted with the understanding that it would not be used against Anglo-Saxon Canadians (Solomon & Green, 1988). However, each subsequent drug law increased penalties, the list of criminalized drugs, police profiling, budgets, and powers.

Smoking and liquid forms of opium became less available following prohibition, and as an illegal market emerged, these substances were replaced by refined morphine and heroin and the use of the hypodermic needle. Whereas early law enforcement focused on Chinese Canadians, later regulation centred on white poor and working-class heroin, morphine, and cocaine users (Giffen et al., 1991, pp. 594, 596). Nevertheless, illegal drug use was confined to a very small portion of the Canadian population.

Another significant aspect of drug prohibition in Canada was the restriction on prescribing narcotics for drug maintenance purposes to anyone identified as an “addict.” This was unlike Britain, where doctors retained the right to prescribe narcotics for drug maintenance purposes, or the U.S., where narcotic clinics were initially established (see Acker, 2002; Brecher and the Editors of Consumer Reports, 1972; Campbell, 2007; Musto, 1987). In Canada, following prohibition, no public drug treatment provisions were set up for individuals who used or were addicted to newly criminalized drugs. In 1920 the Division of Narcotic Control was established and the RCMP became the enforcers of Canada’s new federal drug laws. The RCMP are a federal paramilitary policing force and following prohibition they pushed for harsher legislation to control Chinese Canadians and regulate newly criminalized drugs (Hewitt, 2006, pp. 59–60). Special narcotic prosecutors were set up to investigate and prosecute drug users, sellers, and errant doctors who were thought to be prescribing narcotics to criminals.

Scholars in Canada argue that law enforcement played a significant role in shaping drug treatment regimes and drug policy more generally (Carstairs, 2006; Debeck, Montaner, & Kerr, 2009; Giffen et al., 1991; Nolin & Kenny, 2003). Early on the Division Chief of Narcotic Control and the RCMP became the dominant players in perpetuating criminal addict discourse in Canada (Giffen et al., 1991). In 1929, Canadian Chief, Division of Narcotic Control, Colonel Sharmann (formerly of the Mounted Police and Canadian Army), advanced three categories of “addicts”: medical patients, respectable citizens such as doctors and nurses, and, those who where deemed criminals (Giffen et al., 1991, pp. 158–159). For those people labelled criminals, “addiction” was believed to be less important than their criminal tendencies. It was claimed by the Division that these individuals were criminals prior to using illegal drugs and would, therefore, remain a menace to society even if their addiction were “cured” through abstinence. Thus, harsh criminal sanctions were necessary and treatment was ineffective for criminal addicts. The RCMP and the Division insisted that criminal addicts were different and deserving of harsher punishment than other moral Canadians such as doctors or medical patients who found themselves addicted to criminalized drugs.

The Division created case files for “Addicts” and “Trafficbuckers” (from 1928 to the early 1970s). The Addict files were also categorized into two separate files: “Criminal users” and “Doctors” (see Carstairs, 2006). The individual Addict files contained mug shots, police reports, and extensive correspondence with doctors, prosecutors, and parole boards (Carstairs, 2006). The individuals involved were subject to intense surveillance by law enforcement and the RCMP/police could search without a warrant. Legal and social discrimination, long prison sentences, whipping, and deportation (of those who were foreign born) was the fate of most visible drug users in Canada, especially those who were poor or working class.

Although the medical profession contributed to knowledge about narcotic addiction in Canada following prohibition, law enforcement became the primary knowledge producers about newly criminalized drugs and the individuals who used, sold, and/or produced them. Until 1947, the RCMP were responsible for 80 percent of drug convictions under the Opium and Narcotic Drug Act in Canada (Josie, 1947, p. 62). The Division of Narcotic Control and the RCMP also shaped professional practice (i.e., medicine and social work). In the 1940s and early 1950s, psychiatry produced new knowledge about people addicted to criminalized drugs. However, rather than contest the dominance of law enforcement, historian Carolyn Acker notes that the criminal justice and psychiatry professions solidified new knowledge about criminalized drugs and people addicted to them, working hand-in-hand with one another to broaden the social control of those labelled criminal addicts (2002, p. 212). Although no unitary explanation emerged, following WWII psychiatric experts in Canada claimed addiction to narcotics stemmed from a psychopathic personality type, and abstinence was required in order to “cure” the “addict” (see the Canadian study by Stevenson, Lingley, Trasov, & Stansfield, 1956). Thus, in Canada people addicted to illegal drugs, at least those outside the category of “Doctor addicts,” were represented by psychiatry as doubly deviant: criminal and pathological. These perspectives were highlighted in the documentary Drug Addict.

In the year that Drug Addict was produced, 1948, there were only 286 drug convictions in Canada (Giffen et al., 1991, p. 599). Although drug arrests do not tell us how many people in Canada used criminalized drugs, as noted above, illegal drug use was not widespread at this time, although a small group of drug law offenders were well known to law enforcement. These were poor and working-class white people, mostly heroin and morphine users living in Montreal, Quebec, and Vancouver, British Columbia. Heroin users in B.C. were referred to as an “Addict colony” residing in the East End of Vancouver (Stevenson et al., 1956). The RCMP also depicted poor people who used or sold illegal drugs as a threat to the security and morality of the nation (Giffen et al., 1991; Grayson, 2008).

Under the direction of Colonel Sharmann, the Chief of the Division of Narcotic Control from 1927 to 1946, and K.C. Hosick from 1946 to 1959, Canada’s punitive drug policy solidified. In fact, legendary drug war advocate Harry J. Anslinger, the U.S. Commissioner of Narcotics from 1930 to 1962, publicly praised Colonel Sharmann for his law-and-order stance, abstinence ideology, and opposition to narcotic clinics and maintenance therapy for addicts (Anslinger & Tompkins, 1953, p. 206). Internationally, Canada was also an active participant in global efforts to initiate punitive domestic and global drug control systems (Giffen et al., 1991, p. 598).

Yet, the primacy of law-and-order and criminal addict discourse in Canada was challenged by other institutional players. From 1927 to the early 1930s, Canada’s Department of Health’s annual reports called for the setting up of treatment services. Although it was against the law, individual doctors continued to prescribe to people addicted to criminalized drugs (Giffen et al., 1991, pp. 361, 363). From the 1930s until his death in 1957, Ernest Winch, Co-operative Commonwealth Federation (CCF) member of B.C.’s provincial legislature, tirelessly argued that Canada should adopt what was referred to in North America as the “British System” (referred to doctors’ legal right in Britain to prescribe drugs such as heroin and morphine to people addicted to narcotics) (Giffen et al., 1991, p. 363; Steeves, 1977, pp. 142–145). In 1955, Winch argued before the Senate Special Committee on Narcotic Drug Traffic in Vancouver, B.C. for the establishment of “legalized medical clinics for the treatment of certified chronic drug addicts for the purpose of administering the minimum amount which will enable them
to carry on their means of livelihood and refrain from having to resort to underworld sources of drug supply" (Senate of Canada, 1955, p. 211). Winch also argued that publicly funded treatment and legal narcotic clinics should be made available because many people addicted to drugs are not criminals: “they have no criminal record prior to their addiction... imprisonment does not prevent, nor does it cure, drug addiction” (Ibid., p. 215). Other witnesses communicated similar messages to the Senate Committee (Senate of Canada, 1955). Winch also claimed that professional addicts had the resources to pay for private sanitariums, had easier access to drugs, and could pay others to obtain them if needed. Thus, he argued that the effects of Canadian drug laws were visited primarily on poor and working-class people who were profiled by the police.

Additionally, a comprehensive study, A Report on Drug Addiction in Canada, by the Ministry of National Health and Welfare in 1947, challenged official RCMP discourse about criminal addicts and drug policy (Josie, 1947, p. 39). The report highlights research that demonstrated that “law-breaking by addicts consists mainly of infractions of the narcotic laws” and the majority of convictions at that time were for possession (Ibid., p. 69).

Outside of Canada, other challenges to law enforcement perspectives on addiction were emerging including Alfred Lindesmith’s study, Opiate Addiction and the Law, which was published in the U.S. in 1947. Lindesmith forcefully critiqued Anslinger’s drug policies and argued that people addicted to narcotics were not psychopathic nor criminal, and most narcotic users used these drugs in order to feel normal and to ward off withdrawal symptoms. Lindesmith also criticized the medical profession for aligning itself with federal drug policy (Lindesmith, 1947).

Yet the Senate, the Division of Narcotic Control, and the RCMP were not persuaded by facts, advocates of drug reform, nor drug policy regimes that did not reflect the primacy of law enforcement. Rather, deeply entrenched ideas about criminal addicts and the efficiency of punishment shaped early Canadian drug policy and approaches to drug treatment. The RCMP further formalized their stance on the criminal addict in their annual report in 1946 (Boyd, 2004, 2008; Carstairs, 2006; Giffen et al., 1991; Stevenson et al., 1956). Compulsory abstinence based treatment, preferably in a prison cell, was their only concession. As I will discuss below, in the documentary Drug Addict, some of these contradictory notions about the nature of addiction and the addict were represented.

Theorizing documentary film

Since the advent of film in the late 1800s, knowledge has often been transmitted through this medium rather than the written word or radio. From the early 1920s, British and later U.S. governments and businesses recognized the “powers of propaganda and persuasion” of documentary film, and invested in film production (Druick, 2007, p. 33). Early on, Canadian “cinema was conceived as a documentary medium” rather than a “fictional” film industry for entertainment (Hogarth, 2002, p. 23). Thus, in 1939, Canada established the state-sponsored National Film Board (NFB) to promote the production of documentaries. Other researchers have examined the emergence of the National Film Board and cinema in Canada and analyzed specific topics (although, not criminalized drugs or drug policy) featured in documentary films (Druick, 2007; Gittings, 2002; Hogarth, 2002; Melnyk, 2004; Morris, 1978).

At its inception, one of the primary goals of the NFB was to educate Canadians about themselves, and citizen training and national unity were key themes of early documentary/educational films (Druick, 2007). In Canada, documentary films produced by the NFB and other filmmakers provided a “realist visual” medium to communicate about emerging social problems. New knowledge and practice were relayed through film to professionals and the general public, including knowledge communicated by law enforcement about newly criminalized drugs and the people who used and/or sold them.

Documentary films differ significantly from fictive film and print media. Druick (2007, p. 8) argues that NFB documentaries have a “complex relationship between cultural policy” and social science. Documentary films reflect “ways of knowing” by professional groups and help to “predict,” “manage,” and regulate specific populations (Ibid., p. 5), such as people who use criminalized drugs and drug traffickers. The realist and visual format of documentaries captures observations, ideological assumptions, ways of knowing, practices, and new directions by law enforcement and criminal justice. Documentary films were and continue to be a significant medium communicating new knowledge about drug policy and practice in Canada.

Although documentary studies inform this paper, this case study of Drug Addict draws from critical sociology, cultural criminology, feminist studies, and cultural studies. Stuart Hall has long been interested in the politics of representation and crime, racialized discourse, the ideological significance of visual images, and the interdependency of narrative and image in popular culture (Hall, 1981, 2009). Hall argues that there are historical moments where certain discourses are produced that alter our understanding of topics (Hall, 2009). Thus, what we think we know about illegal drugs, crime, and addiction in a specific era has a bearing on how we regulate and manage these issues and the people involved.

In this paper, Hall’s insights are supplemented by the work of cultural criminologists. Cultural criminology is a critical theoretical framework whose central focus is the domain of law, justice, and crime. It is “a mode of analysis that embodies sensitivities to image, meaning, and representation” and the proliferation of media depictions of crime and deviance (Ferrell & Wesbdale, 1999, p. 3; Hayward & Young, 2004, p. 259). Cultural criminology questions the dominance and expansion of criminal justice policies and practices. These perspectives provide a lens to understand the historical, social, cultural, and political factors that shape documentary film representations of illegal drugs, trafficking, addiction, and crime in Drug Addict.

Although a small number of researchers have also begun to examine fictional films about illegal drugs, trafficking, addiction, and/or criminality/crime (Boyd, 2008; Shapiro, 2003; Starks, 1982; Stevenson, 2000), documentary films are not analyzed in depth in these studies. Thus examining Drug Addict more closely will contribute to a new field of inquiry.

In order to examine the narrative and visual images in Drug Addict, an analysis of the documentary was conducted (Bacchi, 2009; Hall, 2009; Hesse-Biber & Leavy, 2011). This project’s qualitative methodological framework is consistent with its critical theoretical perspective. A case study was conducted drawing from Hall’s perspectives on visual and textual representation and cultural criminology and Druick’s observation that there is a “close connection between social policy and documentary narrative” (Druick, 2007, p. 26). Bacchi notes that implicit representations of problems lead to specific courses of action. In relation to analyzing documentary, questions introduced by Bacchi (2009, p. 2) were applied: (1) What is the problem represented to be? (2) “What assumptions underlie this representation of the ‘problem’? (3) How has this representation of the ‘problem’ come about? (4) “What is left unproblematic in this problem representation? What are the silences? Can the problem be thought of differently?” In keeping with an analysis of visual media, my analysis attended to image, meaning, and representations of deviance, crime, and control. Thus, discourses related to criminal justice, illegal drug users, drug trafficking, addiction, and treatment were coded and analyzed with attention to representations of race, class, and gender.

Drug Addict – trafficking

Drug Addict is largely a voice-over dramatization, using “real” people who used illegal drugs to enact scenes set in Montreal, Quebec. Similar to early U.S. legally filmed drug films like Reefer Madness (1936), Drug Addict begins with a postscript, a popular film format at that time to lend authority to both fictive and documentary film. Drug Addict’s postscript states that “this is a film about drug addiction in Canada... Many actual addicts who appear in the film gave valuable assistance.” An authoritative male narrator then explains that the “conditions it portrays are typical of most of the larger cities” in Canada. All of the scenes in Drug Addict are scripted reenactments of events.

The film opens with dramatic music. The narrator explains that the Commission of Narcotic Drugs of the United Nations regulates which nations can grow opium legally. The opening scene depicts poppy fields and Asian-looking farmers splitting opium pods, reminding viewers that these are foreign lands upon which illegal drugs produced by foreign others are then smuggled into Canada. The next scene depicts men in a rowboat in the night picking up a bag from a larger vessel. The rowboat comes to shore and an Asian man carrying the bag hops out on land. The narrator states that the profits are immense for drug smuggling. The narrator claims that a “pound of opium can be bought in Bombay” and by the time it reaches the streets of Canada it is worth “$15,000” and drugs are a “commodity of organized crime.” The hierarchy of the trade is discussed and shown visually by depicting farmers, smugglers, high-level traffickers, chemists, and street peddlers. The illegal drug trade is depicted as the domain of criminal men. Although the narrator states that all peoples participate in the drug trade, visually this is not so in the first section of the film. After the film opens in foreign lands, Asian men are depicted smuggling opium into Canada and then the next scene shows an Asian man giving both refined and crude opium to another Asian man. The second man is shown laying down smoking opium from a long pipe with his drug paraphernalia in front of him. This scene activates old tropes about racialized men running the illegal opium drug trade and opium dens, and enslaving innocent people to a life of addiction and crime (Boyd, 2008).

Following the opening scenes, the film centres on white male traffickers and street peddlers and white working-class and poor users in Montreal. The narrator explains that most opium dens are closed in Canada now and most addicts now inject narcotics. He notes that addicts on the street (in contrast to “Doctor addicts”) steal and are involved in a life of crime and that most of their life is spent in prison. Numerous scenes of street dealing, passing cash for drugs, and petty crime such as stealing from a store are depicted. The film also reinforces criminal justice dominance in the field of drug policy and control. The film includes numerous scenes of law enforcement, undercover police, and training squads of the RCMP going about their work by rounding up traffickers and street peddlers, as well as people who use criminalized drugs. The narrator emphasizes the importance of law enforcement work in Canada and “enforcement bodies throughout the world” to stem the trade in illegal drugs and to control the people who use these drugs.

The misuse of drugs and the illegal drug trade is described by the narrator of Drug Addict as a “stain on the body politic,” and the need for global and national criminal justice control is stressed. Nowhere does the narration acknowledge that the illegal drug trade is a consequence of criminalization and drug prohibition. The narrator does slightly acknowledge the failures of prohibition by noting that “complete control of illicit drugs is impossible” as there are “thousands of hiding places.” The narrator then refers to illegal drug use and states, “this is the practice that society has condemned as a contagious and evil thing.” Near the end of the film, we see “uncrupulous drug chemists” and a drug lab that produces illegal synthetic drugs; the narrator expresses that this is “a new challenge to RCMP” as one factory could “flood the whole world with these toxic substances.” At the end of the film the key role of law enforcement is reinforced as we see agents conducting a drug raid and the narrator concludes; “Law enforcement and control always [have] a dominant role in drug regulation.”

Drug users and addiction

The documentary moves from depictions of drug smuggling and trafficking to addiction and people who use criminalized drugs. In the film, the narrator notes that drugs have medicinal benefits and all people are vulnerable to addiction to drugs. Examples include doctors who have easy access to drugs and “criminal addicts,” such as an older white male heroin user who is shown preparing heroin that he then injects. The narrator notes that the heroin user has been using drugs for 29 years. The narrator claims that the “solution to addiction to drugs is found only in curing the addict.” However, he notes that there are “no proper facilities in Canada for the cure of addiction” and jail does not necessarily solve the problem for first-time offenders. The street and domestic scenes of criminalized drug users in the documentary now focus on white users and peddlers. These people are depicted as looking healthy and conventionally attired; almost all the men wear suits and overcoats and all the women wear dresses. Yet, the film reaffirms discourse about the criminal nature of these “addicts.” Although the narrator says that it is “very seldom that” a narcotic “addict [would] commit a crime of violence,” he nevertheless notes, “they steal to get the money” to feed their addiction and they have “long records” of criminal offences and spend half their life in prison. Several scenes of people buying drugs from street peddlers are shown.

Unlike the men, women in the film who use illegal drugs are portrayed as immoral street workers who support their own and their boyfriends’ drug habits. However, women represented in the film are quite secondary to the male characters; we only see women in relation to men (with their boyfriends and street peddlers) and the documentary does not focus on them. Reflecting the era, there are no women experts in the film nor RCMP or police officers. However, the small scenes of women portrayed as illegal narcotic users are revealing because of their moral tone. At the time that the film was produced, women who used heroin or cocaine were perceived as especially “sexually immoral” and deviant (see Boyd, 2004, 2008; Campbell, 2000; Stevenson et al., 1956, p. 96).

An explicit scene (for the times) is shown of a white male heroin user preparing and then injecting the drug into a vein in his arm. The narrator states that the “addict must have it several times a day, it is a habit he must satisfy, he has no choice.” In one scene, the door to the Mental Health Division is shown. Inside sits a doctor who speaks directly to the camera telling the viewer that “some addicts want treatment” and others want to go on using narcotics. The scene shifts to an older white man, who also speaks directly to the camera. He says, “If I could procure them [drugs] at a clinic at cost price for a dollar and a half a week instead of paying $150 to $200 a week, I could get a job and avoid dodging the police and spending half my life in jail.” The camera cuts back to the doctor who quickly discounts the elderly man’s opinion by stating [maintenance] “clinics spread addiction which is dangerously contagious.” The doctor then notes that instead of feeding their “appetite for drugs,” new psychiatric knowledge offers more promise because this body of knowledge can address the fact that “addicts” suffer from a “weakness in personality that can be corrected” and the “solution to addiction to drugs is curing the addict.” The narrator of the film states that “curing the addict” is almost impossible without professional help and that help could be easily provided through the introduction of compulsory treatment in prisons. The narrator then
notes that there are no such facilities in Canada and he suggests that new prison wards for compulsory treatment be set up to cure the addict in the future. Thus, the film’s narrative firmly rejects narcotic clinics or drug maintenance programs in Canada and the narrator underscores this point by explaining that it is an “offence to supply habitual users drugs.” The film also promotes emerging discourses about the role that contagion plays in promoting addiction. The narrator states that it is an “accepted fact that much of addiction begins with contact and association with addicts.” Not surprisingly for the times, rather then examining the social and cultural roots of addiction, addiction is represented in the film as “contagious,” and addicts as criminal and pathological.1

In another scene, young and old men are depicted in prison. One young white man is shown hearing about heroin from older prisoners while incarcerated. The narrator explains that once he is released from prison he is labelled a convict and he will thus eventually turn to the friendships he made in prison. The narrator explains that it is an “accepted fact that much of addiction begins with contact and association with addicts.” Thus, for young people, the “seeds are sown” in prison. Later the young man (all the characters are nameless) is depicted trying heroin with a group of older users. We then see a series of scenes depicting his quick spiral into addiction and crime, such as stealing, to support his habit. He is shown lying in bed; his new girlfriend who is also an “addict” is in a separate bed next to his. The young man looks contemplative. The narrator makes clear that he is debating whether to use or not, to stop or continue the downward spiral of addiction and crime. The narrator explains that the young man knows all too well what his fate will be if he does not stop, and the camera captures the young man looking over at the sleeping woman in the other bed and the camera rests on her sleeping body. In the film, she embodies both his temptation and his downfall.

The film’s sympathy towards young white men newly introduced to a life of crime and addiction is noteworthy. Although a 1947 Department of National Health and Welfare Report on Drug Addiction in Canada challenges RCMP assertions about a wave of youth narcotic use, it does appear that from 1949 on more people in their twenties were convicted than before. However, claims about the number of young users seem to be greatly exaggerated (Josie, 1947, pp. 19–20, 68). The narrative in Drug Addict can show understanding and even sympathy about the fate of young white male bodies. In contrast, previous media products (such as newspapers and fictive film) that featured the racialized body carried no such concern. In fact it was racialized residents and citizens of Canada who were the impetus for, and suffered the brunt of, early drug legislation in Canada (Boyd, 2008). Any sympathy for the fate of female bodies is similarly absent. The film uses young white male bodies to generate sympathy but to focus this sympathy in such a way that it can be used to advance law-and-order initiatives.

Throughout Drug Addict the problem of addiction is repeatedly represented, as are solutions and actions based on the film’s diagnosis of the problem (see Bacchi, 2009). Near the end of the film, the narrator introduces psychiatry as a profession that can work with criminal justice to provide treatment for some young white men—those new to the world of heroin—in secure psychiatric units in prisons. The narrator argues that in secure psychiatric units, young “addicts” would be separate from long-term criminal addicts in the general prison population. The film’s narrator again strongly opposes all forms of drug maintenance treatment for people addicted to narcotics and reasserts the claim that drug maintenance “clinics spread addiction.”

Following Drug Addict

As we know today, law enforcement and control remain the dominant instruments of drug prohibition in Canada. Law enforcement, especially the RCMP, has prevailed as a dominant knowledge producer and enforcer of drug policy in Canada, especially prior to the 1960s. Yet, Drug Addict does represent a slant crack in the dominance of law enforcement with the introduction of psychiatry for people addicted to narcotics and the acknowledgement that treatment might benefit some people, especially young white men new to heroin use. However, following the immediate release of the documentary Drug Addict, Canadian federal drug policy became harsher. Nevertheless, opposition to the dominance of criminal justice approaches grew in Canada, especially on the west coast. Although there were already some individuals opposed to Canada’s drug policy, the first drug treatment movement emerged in Vancouver, B.C. in the late 1940s and early 1950s. The Community Chest and Council of Greater Vancouver’s Special Committee on Narcotics was established. Committee chair Dr. Ranta released the Ranta Report of 1952 stating that narcotic addiction was a health rather than a criminal justice matter (Ibid.). The committee recommended that provincial narcotic clinics (providing legal drug maintenance) be set up in Canada (Ibid.). At that time the recommendations were ignored by both the RCMP and the federal government (Boyd, MacPherson, & Osborn, 2009). The Ranta Report also argued that narcotic addiction is a “medical problem with definite psychiatric implications” (Stevenson et al., 1956, Appendix A), and this belief is expressed in the documentary Drug Addict. This approach was echoed in both Canada and the U.S., as psychiatrists claimed that addiction to criminalized drugs was a psychiatric disorder as well as a criminal activity (Acker, 2002; Stevenson et al., 1956).

In 1954, following the release of Drug Addict, law enforcement successfully called for more punitive drug laws and amendments to the Canadian Opium and Narkotic Drug Act. A new offence of “possession for the purpose of trafficking” was introduced and the Act further pushed the “burden of proof” of innocence to the accused (however, I am not claiming that these events stemmed from the film). In addition, the Senate Special Committee on Narcotic Drug Traffic was established in 1955. The proceedings of the federal Senate committee commented on drug trafficking around Vancouver, B.C., and suggested it was a problem of both “alarming and increasing proportions affecting the youth of our country” (Senate of Canada, 1955, p. 8). The Senate proceedings mostly focused on heroin and cocaine trafficking and made repeated references to criminals and addicts. The committee noted that of the prisoners they consulted at Oakalla Prison Farm in B.C., “without exception they all advocated the legalization of drugs” (Ibid., p. 344). In fact, in a more in-depth study at Oakalla from 1953 to 1956, the majority of “addicts” interviewed stated that they would “like to continue to use narcotics, if legally available” (Stevenson et al., 1956, p. 154). Some of the prisoners who met with the Senate committee were quite “bitter” about the way they were treated in comparison to “medical and professional” addicts in Canada. The prisoners told the Senate committee that the medical and professional addicts were treated differently because they had “sufficient money with which to support their habits” (Senate of Canada, 1955, p. 344).

The Senate committee did not act on the recommendations and grievances expressed by witnesses calling for drug maintenance programs, including prisoners at Oakalla. Similar to the response given to the elderly drug user depicted in Drug Addict, the prisoners’ insights and recommendations for drug maintenance and narcotic clinic programs were ignored. Instead the Senate proceedings solidified Canada’s federal response to criminalized drugs in the 1950s by advocating, once again, heavy penalties and increased

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1 The film also reaffirms discourse about the violent and delusory nature of cocaine users. The narrator states that cocaine is associated with crime and “violent courage” that is drug induced.
enforcement. Although the Senate rejected setting up narcotic clinics, it did recommend that the provinces provide some treatment, but only in the form of abstinence-based programs.

Meanwhile the B.C. Oakalla Research Project was completed in 1956. The final report of this project is now known as the Stevenson Report. Stevenson, a professor of psychiatry, had already testified to the earlier Senate committee prior to the release of the final Report. Stevenson strongly recommended to the Senate that drug maintenance programs not be established in Canada and he provided misleading information about the “British System” in the U.K. and the early clinics in the U.S. (see Stevenson et al., 1956, Appendix I). Stevenson was to become a very vocal and influential opponent of the drug treatment movement in B.C. as well as the recommendations outlined in the Ranta Report for the establishment of narcotic clinics. Stevenson argued that drug addiction is part of a “general personality disorder” and “anti-social tendencies”; thus, he argued that providing narcotic clinics and drug maintenance would not change addicts into mature law-abiding citizens (Stevenson, in Stevenson et al., 1956, Appendix H). Rather, Stevenson recommended psychiatric treatment and abstinence from drugs (Ibid.). Still, efforts for change were brewing in Canada, especially in the province of B.C. Narcotic Addiction Foundation of British Columbia (NAFBC) was established in 1955 and by 1958 had set up a small 4-bed residential facility for men addicted to narcotics. By 1959, despite opposition to the use of methadone by the Senate committee, the NAFBC began to prescribe methadone to ease withdrawal for some patients (NAFBC, 1967, p. 2). This was made possible because some of the restrictions on physicians were finally lifted in the Narcotic Control Act of 1957 and 1961, allowing physicians to begin to provide some alternative care and treatments (NAFBC, 1967).

Law enforcement officials had continued to push for new and harsher legislation, resulting in the Narcotic Control Act of 1961. These legislative changes gave Canada the distinction of enacting some of the harshest drug laws of any western nation (Narcotic Control Act, S.C. 1961, c.35). Drug substitution programs were again firmly rejected by law enforcement officials (Giffen et al., 1991, p. 389). In fact, under the new law anyone convicted of a drug offence could be sentenced to an “indefinite period” in prison to undergo treatment, including up to 10 years for first-time offenders (Carstairs, 2006, p. 156), and the first compulsory prison drug treatment ward was set up at Matsqui Institution in B.C. in 1966, with an emphasis on psychiatric treatment (Williams, 1966b, p. 5).

In the same year that Canada enacted the Narcotic Control Act of 1961, it also signed the International Single Convention on Narcotic Drugs. The goal of the international treaty was to eliminate illegal production and non-medical use of cannabis, cocaine, opioids, and later synthetic pharmaceutical drugs (Room & Reuter, 2012). Yet, these goals have still not been realized in Canada or globally. In fact, contemporary researchers argue that international drug conventions have not decreased the drug trade, which is now global. Nor have they reduced addiction or drug use rates (see Room & Reuter, 2012). Room and Reuter note that drug prohibition and international conventions have “worsened the human health and wellbeing of drug users by increasing the number of imprisoned drug users, discouraging effective counter measures to the spread of HIV and HCV by injecting drug users, and creating an environment characterized by discrimination and punishment conducive to the violation of drug users’ human rights” (2012, p. 84).

In the late 1960s, Canada and many other western nations saw a dramatic increase in drug use, especially cannabis use by white middle-class youth, and debates about the role of drugs and their control expanded to include new claimsmakers (Martel, 2006). Though these debates and their accompanying legislative and policy shifts are outside the domain of this article, it should be noted that they affected the course of Canadian drug policy.

One of Canada’s responses to public debates about increased use of cannabis and other criminalized drugs was the creation of the Canadian Commission of Inquiry into the Non-Medical Use of Drugs (also known as the Le Dain Commission) in 1969 (Commission of Inquiry into the Non-Medical Use of Drugs, 1973). The Commission’s role was to examine the phenomenon of illegal drugs and make recommendations for domestic and international policy and legislative changes. The Commission was critical of law enforcement and recommended that the federal government should help support provincial treatment programs and methadone maintenance programs. Some of these recommendations have been realized in Canada. Examples are the expansion of drug treatment services and the establishment of methadone maintenance programs, now publicly funded, although not universally available throughout Canada (Carter & MacPherson, 2013; Luce & Strike, 2011).

**Representation**

*Drug Addict* exemplifies the unchecked ways in which professionals in Canada could make assumptions about the nature of addiction and “addicts” with little public challenge. Even today discussions about the appropriate ways to spend public monies to address substance use issues take place mostly behind closed doors without the input of the people most affected by these policies. Stuart Hall argues that stereotyping occurs when there are extreme “inequalities of power” (2009, p. 258). He makes clear how power is represented in not only economic or coercive restraint, but by representational practices and stereotyping that are key elements in the “exercise of symbolic violence” commonly expressed in cultural products such as film and other media products (Ibid., p. 258). These practices and stereotyping reduce illegal drug use to a limited set of representational tropes, and thus shape how governments and other institutions regulate and control the lives of their citizens. If we understand that the problem of drug use can be found in the personalities and criminal nature of people who use criminalized drugs, these understandings are then reflected in policy. As the NFB’s first documentary on illegal drugs, *Drug Addict* can be understood to contribute to symbolic violence by reiterating old law-and-order discourse, rejecting drug maintenance, and introducing new discourses about criminal and pathological people addicted to or selling criminalized drugs. Although we are told that “actual addicts” are acting in scenes in *Drug Addict*, their voice is absent. The lone “addict” depicted in the film who speaks directly into the camera about his experience and the necessity of narcotic clinics is part of a scripted dialogue inserted in the film by the director so that the “expert doctor” can swiftly dismiss such allusions.

Examining reports and research produced in the few years before and after the film’s production, we can see that people who used criminalized drugs and were incarcerated in Canada at this time had strong opinions and made recommendations to researchers and government officials when they could. They stated that they were discriminated against and that legal narcotic clinics should be set up. Yet these recommendations were rejected. This dismissal gives us some insight into the incredible marginalization and legal and social discrimination that poor and working-class people who used criminalized drugs in Canada experienced. From a contemporary vantage point, the dissenting voices of people who used criminalized drugs stand out in reports and research produced in the same era. Of course, it is difficult to know with certainty what viewers thought about *Drug Addict* when it was released and whether they sympathized with the lone man recommending narcotic clinics. However, given the fact that the film won a Genie Award in 1949, its sympathy and recommendations towards young white people addicted to illegal drugs must have resonated with
some audiences. In addition, the drug treatment movement that emerged in British Columbia in the late 1940s and early 1950s was precipitated by the questioning of official drug policy.

Documentary film and drug policy

By more closely examining the social, legal, and cultural factors that shaped drug policy in Canada from the advent of drug prohibition to the early 1960s, we can better understand the narrative and visual discourses present in Drug Addict. The way in which this film identified the problem of drugs and then offered solutions that drew on a hybrid of law enforcement and medical approaches reflects some of the ways that illegal drug use is still viewed in Canada. These discourses also present significant barriers to drug law and policy reform. Acker notes that in order for drug substitution or maintenance programs to take hold, “the idea that addicts’ character flaws would prevent them from improving under a maintenance regimen had to be overturned” (2002, p. 215). This claim holds true in Canada in relation to those people labelled criminal addicts. In Canada, slight shifts in discourse and practice led to the expansion of publicly funded drug treatment programs outside of prison in the late 1960s and early 1970s as new discourses about addiction and treatment emerged. However, negative discourses about the criminal and pathological nature of people who use criminalized drugs (especially heroin and cocaine), producers, and sellers continue today. Their difference and otherness from moral citizens has been marked (Hall, 2009, p. 230). Many of the ideas about the nature of the so-called criminal and pathological “addict” that were apparent in Drug Addict still underscore contemporary opposition to drug maintenance and harm reduction programs.

Today, the state along with a wide range of professions including medicine, psychiatry, and social work, together with non-professionals like Narcotics Anonymous and drug users themselves, all create discourses about illegal drugs, drug users, drug trafficking, addiction, and crime. They also provide a wide range of services, including harm reduction services throughout Canada. However, since 2006 and the election of the Conservative Prime Minister Stephen Harper, federal drug policy has been reconfigured to a law-and-order mandate that more strongly adheres to the notion of the “criminal addict.” Harm reduction initiatives have been rejected and in 2007 responsibility for the management of the National Drug Strategy was moved from Health Canada to the Justice Department and renamed the National Anti-Drug Strategy. In March 2012, the Conservative government also reinforced Canada’s long-standing punitive approach to drugs by enacting the Safe Streets and Communities Act, which amends the Canadian Controlled Drugs and Substances Act by introducing mandatory minimum sentences for a number of drug offences. The Federal National Anti-Drug Strategy budget for 2012–2017 also reflects the government’s priorities. Health Canada’s budget for community initiatives and drug treatment has decreased. In contrast, the budget for the RCMP Drug Enforcement Program and criminal prosecution services increased substantially (Department of Justice Canada, 2012). The government also chooses to ignore the positive findings of the NAOMI clinical trial in Canada and other international studies that demonstrate the efficacy of heroin-assisted therapy and safe injection sites. In fact, Canada is the only country that did not continue to provide heroin-assisted therapy (HAT) to its patients following its first clinical trial even though the study demonstrated that HAT improved physical and psychological health (Boyd & NAOMI Patients Association, 2013; NAOMI Study Team, 2008). These attitudes and policies ensure that the establishment of permanent narcotic clinics, so keenly supported (even if scripted) by the lone man speaking directly to the camera in Drug Addict, remains unrealized in Canada. Despite the present federal government’s antipathy towards harm reduction and people who use criminalized drugs, drug reform efforts remain strong in Canada and these efforts are part of a larger global drug reform movement (e.g., Boyd & NAOMI Patients Association, 2013; Boyd et al., 2009; Carter & MacPherson, 2013; Oascella & CDPC, 2012; The Vienna Declaration, 2010; Global Commission on Drug Policy, 2011).

Not all documentary films such as Drug Addict are state-sponsored or institutionally based. Documentary films also provide a social space to resist stereotypical references and to provide alternative discourse and practice. In other words, I argue that documentary film representations are potentially unstable in the meanings they convey about illegal drugs and the people who use them (Boyd, 2011, p. 60). Thus, they have the potential to introduce new discourse, interrogating and contesting dominant representations, and/or to reiterate old tropes, such as the primacy of criminal justice control.

In this paper, I conclude that since its inception, Canada’s drug policy and practice has been accompanied by symbolic violence; this is commonly expressed in cultural products such as documentary films (and other mediums such as fictive film and print media) (Boyd, 2008; Boyd & Carter, 2010, 2011). Films can reproduce stereotypical references that work to reiterate social hierarchies and drug prohibition, contributing to a “regime of representation” through which “difference” is represented at any one historical moment (Hall, 2009, p. 232). State sponsored films such as Drug Addict provide a way to understand the problem of illegal drugs and by extension those groups of people deemed to threaten the security and morality of the nation. The documentary also introduces its audience to a “way of knowing” by professional groups, primarily law agents and to a lesser degree psychiatry (see Druck, 2007). The film then offers solutions to the problem by these same professionals (see Bacchi, 2009). One of the key messages in Drug Addict is to ensure that the audience understands that the central “problem” is the drug user, not the laws and policies that prohibit drugs.

The scenes in Drug Addict help to cement ideas and images about the nature of people who use, produce, and sell drugs, and the nature of crime and addiction. Viewers are introduced to law enforcement and psychiatric discourses about the criminal and pathological nature of people addicted to criminalized drugs, and the film advocates prison and mandatory psychiatric treatment as solutions to these problems. Drug Addict brings to light entrenched institutional discourses and practices about people who use criminalized drugs, along with stereotypes and myths – symbolic violence – that can easily reactivated. We see this with the current Conservative federal party and their penchant for punishment and prison as a solution and their vilification of illegal drug users and harm reduction services. The film also provides another lens to understand some of the foundational frameworks of Canadian drug policy such as the dominance of criminal justice, knowledge production and practice, resistance to diverse models of treatment, and the power of representation.

Conflict of interest

There is no conflict of interest.

References


