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## Prohibition<sup>1</sup>

### Artifact: Overview

Prohibition in the United States, a bold and controversial experiment, lasted from 1920 to 1933. Rooted in decades of activism by temperance advocates, Prohibition sought to eliminate alcohol from American life to curb societal ills such as crime, domestic abuse and poverty. The 18th Amendment to the Constitution was ratified in 1919. It was enforced through the Volstead Act and prohibited the manufacture, sale and transportation of intoxicating beverages. It marked the first time the government attempted to legislate personal behavior on such a sweeping scale.

The origins of Prohibition lay in the efforts of groups like the Women’s Christian Temperance Union (WCTU) and the Anti-Saloon League. These organizations, driven by moral and religious fervor, linked alcohol consumption to societal decay. Their campaigns resonated during rapid industrialization, urbanization and immigration when traditional values seemed threatened. Prohibition promised to restore order and virtue, but the reality unfolded quite differently.

Rather than eradicating alcohol, Prohibition created a thriving black market. Speakeasies, illicit bars often run by organized crime syndicates, flourished in cities across the country. Figures like Al Capone rose to prominence; their wealth and power were fueled by bootlegging. Law enforcement struggled to contain the illegal trade, and corruption spread as bribes flowed to police officers and politicians.

Culturally, Prohibition had a paradoxical effect: it glamorized drinking and rebellion. Jazz-age revelers embraced speakeasies as symbols of defiance, and cocktails became fashionable. Meanwhile, rural areas that initially supported Prohibition saw a rise in illegal moonshining. The law exposed deep divisions between urban and rural America—modernists versus traditionalists and ethnic and immigrant communities.

The unintended consequences of Prohibition gradually eroded public support. As the Great Depression gripped the nation, calls to repeal the 18th Amendment grew louder, driven by the need for jobs and tax revenue. In 1933, the 21st Amendment repealed Prohibition, making it the only constitutional amendment ever overturned.

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<sup>1</sup> Adapted from Prohibition a Film by Ken Burns and Lynn Novick

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## The War on Drugs<sup>2</sup>

### Artifact: Overview

The War on Drugs, a decades-long policy initiative in the United States, began during the 1970s and continues to shape the nation's criminal justice, healthcare and social landscapes. Championed by President Richard Nixon, who declared drug abuse “public enemy number one” in 1971, the campaign aimed to reduce illegal drug use and its associated harms. Over time, however, it evolved into a contentious and highly punitive approach that disproportionately affected underrepresented communities, while its effectiveness remains a matter of debate.

The origins of the War on Drugs stem from growing concerns about drug use during the countercultural movements of the 1960s and the social unrest of the era. Nixon’s administration framed drug control as a way to restore law and order, combining increased enforcement with initiatives like the Comprehensive Drug Abuse Prevention and Control Act of 1970. While early efforts included some public health measures, such as funding for treatment programs, the focus shifted heavily toward enforcement.

During the 1980s, under President Ronald Reagan, the War on Drugs intensified. Harsh sentencing laws, including mandatory minimums and the Anti-Drug Abuse Acts of 1986 and 1988, disproportionately impacted communities navigating poverty, urban communities and people of color. The disparity in sentencing between crack and powder cocaine resulted in more African American and Latino individuals being incarcerated.

The campaign’s militarization extended beyond the borders of the United States. The federal government funded anti-drug operations in Latin America, targeting cocaine and heroin production in countries like Colombia, Mexico and Bolivia. These efforts often destabilized local regions and contributed to violence without significantly reducing the supply of substances.

Domestically, the War on Drugs fueled a massive expansion of the prison-industrial complex. By the 1990s, the incarceration rate in the United States skyrocketed, driven by drug-related offenses. Communities affected by these policies faced enduring consequences, including breaking up families, reducing economic opportunities, and stigmatizing communities.

Critics argue that the War on Drugs failed to address the root causes of addiction and drug-related crime. Instead of reducing demand, it perpetuated cycles of poverty and incarceration.

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<sup>2</sup> Adapted from 30 Years of America’s Drug War, a Frontline Series

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## The Opioid Epidemic<sup>3</sup>

### Artifact: Understanding the Opioid Overdose Epidemic

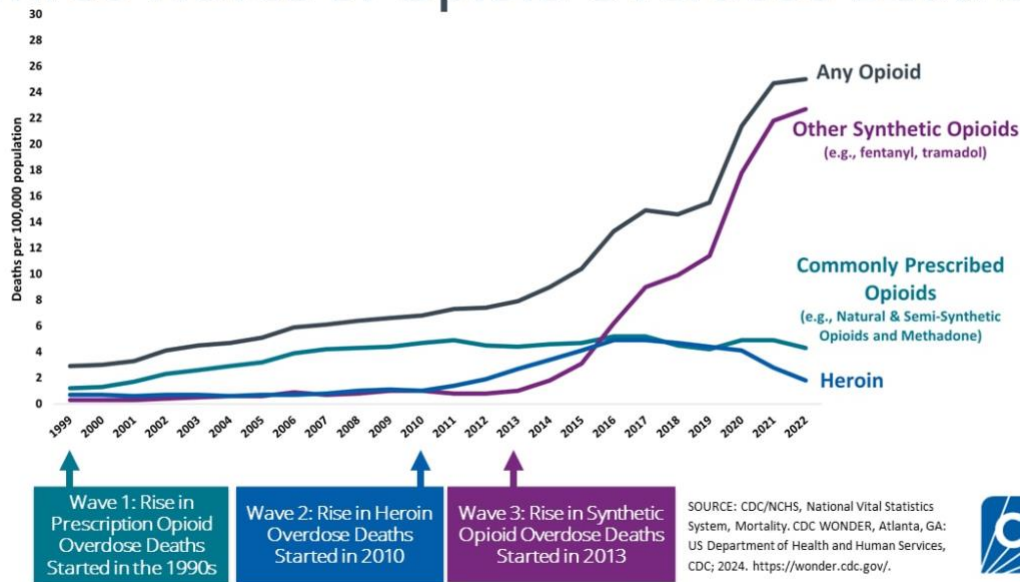
#### What to know

- The number of opioid-involved deaths has increased substantially since 1999.
- There have been three distinct waves of increases in opioid overdose deaths over the last 25 years, with each wave driven by different types of opioids.
- Increasing communities' overdose prevention, response support, capacity and education may help save lives.

#### Opioid overdose deaths remain high

- Nearly 108,000 people died from drug overdoses in 2022, and approximately 82,000 of those deaths involved opioids (about 76%).
- The number of people who died from an opioid overdose in 2022 was 10 times the number in 1999; however, opioid overdose death rates were relatively stable from 2021 to 2022.
- Death rates involving various types of opioids are changing differently.

## Three Waves of Opioid Overdose Deaths



<sup>3</sup> Adapted from CDC Understanding the Opioid Overdose Epidemic

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From 1999–2022, nearly 727,000 people died from an opioid overdose, including overdose deaths that involved prescription and illegal opioids.

**First wave**

The first wave began with increased prescribing of opioids in the 1990s. Overdose deaths involving prescription opioids (natural and semi-synthetic opioids and methadone) increased starting around 1999 but have declined in recent years.

**Second wave**

The second wave began in 2010, with rapid increases in overdose deaths involving heroin. However, in recent years, heroin overdose deaths have been declining.

**Third wave**

The third wave began in 2013, with substantial increases in overdose deaths involving synthetic opioids, particularly those involving illegally made fentanyl and fentanyl analogs (IMFs). IMFs have saturated the illegal drug supply. They are often found in powder form or pressed into counterfeit pills and can be mixed into other substances. More recently, non-opioid sedatives, such as xylazine, have been mixed into IMFs.

In the current landscape, many opioid overdose deaths involve other substances. In 2022, among a subset of jurisdictions, nearly 43% of drug overdose deaths involved both opioids and stimulants.

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## Just Say No<sup>4</sup>

### Artifact: Overview

First Lady Nancy Reagan launched Just Say No in the 1980s. It was part of the broader War on Drugs and became one of the most iconic public awareness initiatives in American history. The campaign aimed to educate children and teens about the dangers of drug use through simple, memorable messaging. While it successfully embedded itself into popular culture and raised awareness, the campaign's effectiveness in curbing drug use remains a subject of debate, as its limitations became increasingly apparent over time.

Just Say No emerged during a time of growing public concern over drug use, particularly in the wake of the crack cocaine epidemic. Nancy Reagan was highly visible, touring schools, speaking to young audiences and promoting drug abstinence. The message was underscored by partnerships with media outlets, schools and celebrities, resulting in anti-drug public service announcements, educational programs and merchandise like T-shirts and buttons emblazoned with the campaign's slogan.

The campaign succeeded in raising public awareness about drug use and its potential consequences, particularly among children and their parents. It brought drug prevention into the national conversation, encouraging schools and communities to adopt anti-drug programs. Just Say No became a cultural phenomenon. Its simple, catchy slogan resonated widely and was easy for young people to understand and remember. The campaign maintained a strong presence in popular culture by leveraging media and celebrity endorsements.

### What didn't work

**Oversimplification:** Critics argue that the Just Say No message was overly simplistic, reducing a complex issue like substance use to a matter of individual willpower. It failed to address underlying factors such as poverty, trauma, mental health issues and systemic inequalities that contribute to drug addiction.

**Limited impact on behavior:** Studies have shown that the campaign had minimal long-term impact on reducing drug use among teens. Programs like D.A.R.E. (Drug Abuse Resistance Education), which adopted the Just Say No ethos, were later found to have negligible or even counterproductive effects.

**Stigmatization:** By framing drug use as a moral failing, the campaign contributed to stigmatizing addiction, discouraging some individuals from seeking help. This punitive mindset aligned with

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<sup>4</sup> Adapted from 30 Years of America's Drug War, a Frontline Series



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the broader War on Drugs, which prioritized enforcement and incarceration over treatment and prevention.

**Neglecting social contexts:** The campaign’s messaging did not account for the societal and environmental factors that made certain communities more vulnerable to drug epidemics. Its focus on personal responsibility often overlooked systemic issues like racism, unemployment, lack of education and inadequate healthcare access.

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## Purdue Pharma and the Opioid Crisis<sup>5</sup>

### Artifact: Overview

Purdue Pharma, a private company owned by the Sacklers, played a central role in the opioid epidemic by developing, aggressively marketing and distributing OxyContin, a powerful and highly addictive painkiller. Purdue Pharma's business strategy prioritized profit over public health, leading to widespread opioid addiction, overdose deaths and a national crisis.

In 1996, Purdue Pharma launched OxyContin, a time-release opioid painkiller, which they claimed had a lower risk of addiction compared to other opioids. However, internal documents and later investigations revealed that the company was aware of its addictive potential early on.

Rather than sharing their knowledge about OxyContin's addictive potential, Purdue Pharma and the Sacklers prioritized expanding sales and protecting their profits through the following actions:

- Misleading doctors and patients by falsely claiming OxyContin had a low risk of addiction
- Targeting physicians who were known to overprescribe opioids
- Funding pro-opioid research and medical organizations to downplay addiction risks
- Providing financial incentives to doctors to encourage prescribing higher doses
- Approving aggressive marketing campaigns to fuel overprescription by their board members and executives
- Profiting billions from OxyContin sales while privately discussing concerns about addiction
- Shifting blame to patients and doctors when addiction rates soared
- Moving money offshore to protect their wealth as lawsuits mounted

In 2007, Purdue Pharma pleaded guilty to misleading doctors about OxyContin's risks, paying \$600 million in fines. In 2020, Purdue pleaded guilty again to criminal charges, and the Sacklers agreed to pay billions as part of a controversial bankruptcy settlement. Despite these penalties, no one has been criminally charged.

Purdue Pharma's actions contributed to hundreds of thousands of overdose deaths and a nationwide public health crisis. Their influence shaped the overprescription of opioids, leading to mass addiction and the later rise of heroin and fentanyl use. While Purdue Pharma is now defunct, the Sackler legacy symbolizes corporate greed and the devastating consequences of prioritizing profit over human lives.

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<sup>5</sup> Adapted from the House of Representative Committee on Oversight and Reform