HISTORY

History of Now

A Speedy History of America's Addiction to Amphetamine

In a startling parallel to today's opioid crisis, the drugs were liberally—and legally—prescribed despite little information on safety



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The bottle of multivitamins at left were typical of the ways Americans became addicted to amphetamines. AP Photo/Al Grillo



Susanna McBee walked into the office of a doctor she'd never met before, submitted \otimes to a three-minute physical, and walked out v pills. Then she went to another—and anothe

she was prescribed diet pills containing the pher by doctors before she'd even spoken a way journalist was about to blow the lid off of An

Today, amphetamine and its derivatives, like phentermine and ephedrine, are tightly controlled substances. In McBee's day, they were business as usual. She is credited with helping expose the magnitude of the United States' amphetamine use—

normalized during war, fueled by weight worries, and prescribed with almost reckless abandon until the 1970s.



McBee wrote her piece decades before the opioid epidemic that is now ravaging communities in the United States. But the rampant drug use she helped expose shares some chilling similarities with today's crisis. Like opioids, amphetamine was touted as a groundbreaking discovery, then pushed by drug companies on doctors with relentless marketing until it was considered an everyday remedy. And like opioids, amphetamine was a hard habit for the nation to kick.

Doctoral student Lazar Edeleanu, a Romanian chemist, was the first to synthesize amphetamine in 1887, but Edealanu was more interested in oil than stimulants, and he abandoned his research, eventually discontinuous crude oil. It took another 40 years for scienti

It turns out that amphetamine is a pretty eff nasal passages and lungs clear up. So in 193

they discovered its potent physical effects.

inhaler they called Benzedrine. Unlike a modern asthma inhaler, Benzedrine inhalers didn't rely on pressurized canisters filled with medication. Rather, they contained a cotton strip soaked in amphetamine oil.

You didn't need a prescription to get a Benzedrine inhaler, and some patients soon realized that they prized the inhaler's stimulant effects more than a clear nose. They started prying open the inhaler, taking out the cotton, and either eating or injecting the drug.

Meanwhile, scientists started studying amphetamine's stimulant effects. By the mid 1930s, newly available Benzendrine salts were put in pills and prescribed for sleep disorders, depression and weight loss. As America geared up for war, the pills showed promise as a weapon, too.

Just days after the United States entered World War II, Northwestern University physiologist Andrew Ivy submitted a proposal that suggested the Office of Science Research and Development, a federal agency that conducted military medical research, test Benzedrine against other wakefulness aids. "In the the panicked months after the shock of Pearl Harbor," explained health and labor historian Alan Derickson in the *Journal of Social History*, "there was both a great willingness to grasp at quick fixes and the resources available to pursue all options."

Ivy immediately began testing Benzedrine tablets against methamphetamine—an amphetamine derivative rumored to have fueled the German *Blitz* against Britain—and caffeine. At first, Ivy's tests showed that Benzedrine didn't produce better results than either of them. Over time, though, he became more and more convinced that it \otimes

was worth prescribing, despite test results the evidence of its effects on judgment.

It's not clear how Ivy went from skeptic to Be military had placed a large order for the pills but not convicted, in connection with boostickrebiozen.)

Soon, Benzedrine could be found on the battlefield. Hundreds of thousands of packets of 5mg pills were issued to soldiers by field medics, and airmen were allotted

two Benzedrine inhalers per combat year.

The U.S. wasn't the only country that researched or used stimulants during World War II. Meth—marketed to Germans as the "alertness aid" Pervitin and in other countries under other names—was the drug of choice for German soldiers and helped Japanese Kamikaze airmen prepare to carry out their suicide missions. The British military studied and used Benzedrine, too, and stimulants became as normal in battle as flak helmets and canteens.

Despite warnings from American top brass to use amphetamines with caution, the drugs gained immediate popularity—and the same top brass that issued official guidelines looked the other way when their recommendations were ignored.

There was good reason for both enlisted men and their officers to like Benzedrine on the battlefield. It was hard to sleep while under, say, artillery fire, and soldiers often had to shelter in inclement conditions. As the war progressed, more and more military members accrued a significant sleep debt. Benzedrine kept them awake, alert and ready to fight during battle, even without the luxury of a good night's sleep.

It also changed the way men fought. Under the influence, soldiers who might have otherwise exhibited signs of fear or anxiety in the face of their military duties seemed confident, purposeful. "It altered people's behavior in combat," says Nicolas

Rasmussen, a history professor at the University of New Cauthor of On Speed: From Benzedrine to Adprescribing amphetamine, he says, by citing battlefield, the drugs were used to boost tro

"[The pills] were being issued for their mood everybody in the military as if [they were] just

The drugs were also used to keep people in combat longer, and the expediencies of war rationalized amphetamine as a worthy weapon against "combat fatigue," the 1940s euphemism for what is now known as PTSD.

By the end of war, estimates Rasmussen, up to 16 million Americans had been exposed to Benzedrine pills. This helped normalize amphetamine use—and when the war was over, civilian use skyrocketed.

This time, though, it wasn't soldiers who took amphetamines. It was their wives.

Researchers had known for decades that amphetamines suppress appetite, but specific formulations for weight loss only took off after World War II. Smith, Kline & French, the same company that produced Benzedrine, started planning for this shift early. As soon as the war ended, they hired Charles Ivy—the same man who helped introduce Benzendrine to the armed forces—to conduct a study on amphetamine toxicity. Unsurprisingly, he concluded that amphetamine was safe for weight loss. SKF went on to diversify its amphetamine business, peddling the drugs for both weight loss and depression for decades.

It had competition: drugs like Clarkotabs, which combined amphetamine salts with thyroid and other compounds. Promising "proven formulae for pleasingly uniform reduction in weight," these diet pills came in multiple colors, and their eye-catching looks became the basis of an entire prescription drug industry.

So-called "rainbow diet pills," prescribed almost at random in special walk-in clinics, gave patients amphetamines—and the illusion of personalized medicine. Patients in search of weight loss would receive a short compounding pharmacy, usually o doctor. They'd then be given a rainbow of pil "What they were really doing was selling stin to counteract the side effects of the stimular professor of medicine at Harvard Medical Sc

supplements. "People were coming out with complicated scripts, but it was just a pitch."

Patients didn't realize that, but doctors did. For decades, diet pill companies marketed their wares directly to doctors—and told them that by prescribing a rainbow of pills, they could sell the illusion of personalization. "You should have more than one color of every medication," said one brochure, warning doctors never to prescribe the same combination twice. "That's a little psychology and is well worth it."

The rainbow was seductive, but it wasn't necessarily safe. Amphetamine was combined with drugs like barbiturates. High doses and untested combinations were common. And though the medical establishment looked down on the fly-by-night clinics, the FDA was loath to regulate them because of the logistical challenge of taking down the thousands of clinics that dotted the United States by the 1960s.

By that point, amphetamines' dangers—dependence, elevated blood pressure, and stimulant-induced psychosis—were increasingly known. In 1959, the FDA cracked down on Benzedrine inhalers, making them available by prescription only. But use of amphetamine pills was encouraged by a culture that recommended them for a variety of physical and mental ills. "They were seen as a great option," says Cohen. "Doctors promoted it without thinking about the potential long-term consequences."

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One of those consequences was increased recreational use. The surging counterculture—and their drugs—made ma most part, those drugs were their drugs of c Americans—at least 9.7 million—used presc million were addicted.

It took the deaths of several young white wo and a series of congressional hearings to wake the United States up to the magnitude of its legal speed epidemic. In 1970, with the passage of the Controlled Substances Act, amphetamine became a Schedule III drug; a year later, it was classified as a

Schedule II drug, or one "with a high potential for abuse, with use potentially leading to severe psychological or physical dependence." Today, opioids like Vicodin and fentanyl—part of a modern epidemic of legally prescribed drugs—share Schedule II status with amphetamine.

Cohen sees parallels between the epidemics. "Between pharma and doctors and our culture, we started giving out opiates for years, and now we have this massive problem," he says. Opioids are deadlier than amphetamine—but the way they became America's new addiction rings all too familiar.

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