Essay Review

History and Twentieth-Century Drug Policy: Telling True Stories?

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Griffith Edwards (ed.), *Addiction: evolution of a specialist field*, Blackwell Science, 2002, pp. viii, 400, £27.50 (paperback 0-632-05976-1).

David F Musto and **Pamela Korsmeyer**, *The quest for drug control: politics and federal policy in a period of increasing substance abuse, 1963–1981*, New Haven and London, Yale University Press, 2002, pp. xxiv, 312, £27.00 (hardback 0-300-09036-6).

H B Spear, *Heroin addiction care and control: the British system 1916–1984*, ed. Joy Mott, London, Drugscope, 2002, pp. xiii, 362, £35.00 (paperback 1-904319-04-1).

Do a search on "drugs" and "history" and you would be rewarded by many titles. But many tread an all too familiar path. The assassins and cannabis, Homer and nepenthe, the opiates in Shakespeare, lead through to the nineteenth century, literary and popular use, opium smoking and beyond. Published new primary research has been short in supply and texts often recycle familiar work and quotations. But there are signs of change. A crop of recent books on international drug policy showed the benefits of an expansion of research in that area.[1] David Courtwright's *Forces of habit* has provided an excellent analytical oversight of the rise and fall of drugs in history.[2] But the more recent history of national UK or US drug use and control have been relatively neglected, or considered as part of other topics, for example the advent of HIV/AIDS in the 1980s.[3] Research based accounts like the short paper by Carol Smart on British drug policy from the 1930s to the 1960s, published nearly twenty years ago, remain rare.[4]

The changes in drug policies in the period since the Second World War and in particular the 1960s and 1970s were significant and continue to excite debate in today's fluid situation. This review assesses three recent publications which throw light on that period, in very different ways. Musto and Korsmeyer cover the changes in US drug policy since the Johnson era in the 1960s up to the end of the Carter presidency in the 1970s. The collection of interviews edited by Griffith Edwards singles out some of the scientists, researchers and clinicians who collectively have

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[1] Virginia Berridge, 'Illicit drugs and internationalism: the forgotten dimension', *Med. Hist.*, 2001, **45** (2): 282–8; William McAllister, *Drug diplomacy in the twentieth century*, London, Routledge, 2000.

[2] David Courtwright, *Forces of habit: drugs and the making of the modern world*, Cambridge, MA, Harvard University Press, 2001.

[3] Virginia Berridge, *AIDS in the UK: the making of policy, 1981–1994*, Oxford University Press, 1996.

[4] Carol Smart, 'Social policy and drug addiction: a critical study of policy development', *Br. J. Addiction*, 1984, **79** (1): 31–9.

formed the "alcohol, drug and smoking field" over the past fifty years. The part history text/part autobiography by Bing Spear covers the changes in British drug policy that paralleled those in the US, although his frame starts earlier, in 1916, and finishes in the 1980s. These are the research-based texts which are lacking in the field.

Musto and Korsmeyer's book builds on the more general overview of US drug policy with which David Musto's name has been associated since the 1970s.[5] The new book looks at the sixties and seventies in greater depth. Korsmeyer has mined primary sources in presidential archives, the Library of Congress and elsewhere, while Musto's connections in the drug field have ensured access to the papers of key players like Nixon's former drug czar, the psychiatrist Jerry Jaffe, and Carter's adviser on drugs, Peter Bourne. The period they cover was an exciting one for US drug policy. The era of prohibition set in motion by the Harrison Narcotics Act of 1914, and which lasted into the early 1960s, fell apart under the pressures of crime and civil disobedience; the war in Vietnam; and increasing consumption of illicit substances. The old warhorses of prohibition, in particular Harry Anslinger, the commissioner of the Federal Bureau of Narcotics since the 1930s, disappeared from the scene. The Johnson administration began a three part approach to the drug problem which was later carried through in the administration of Richard Nixon, Johnson's Republican successor. Nixon's attack on drugs involved a stress on the close connection between drugs and crime (a connection which remains controversial). Foreign policy was a key component—relations with Mexico and with Turkey were affected by policies of border containment (Operation Intercept) and of crop substitution. Close connections between local law enforcement and the federal fight were established through the Office of Drug Abuse Law Enforcement. A White House based Special Action Office on Drug Abuse Prevention (SAODAP) under Jaffe's medical leadership, saw addicts able to obtain maintenance prescribing from government sponsored clinics for the first time since the 1920s. The drug on offer was oral methadone, a synthetic narcotic developed in Germany in the 1930s. None of this effort was an unmitigated success and in particular fell foul of tensions within government between different agencies. But some of the Nixon era organizations survive even in the early 2000s, albeit in different form.

Gerald Ford's period as president (1974–77), bedevilled by cost-cutting, introduced a more moderate tone. The word "minimize" rather than eradicate appeared in official policy documents, in particular in the White Paper on Drug Abuse, well received by a population cynical about the imminence of victory in the war on drugs. This attitude developed further in Carter's presidency, which, the authors note, marked the high point of the American public's relative acceptance of some degree of recreational drug use. The mistake made by Carter, and by Dr Peter Bourne, his influential drugs adviser, was in assuming that public mood was a fixed point. Drug use, and its public acceptability, were both fluid. Bourne's careless prescription for one of his staffers, and allegations that he had used cocaine at a party for NORML (National Organisation for Reform of the Marijuana Laws) led to his downfall. The Parents' Movement was in the ascendant while the heroin trade, from Iran, Pakistan and Afghanistan, began to expand. The heady days of the 1970s consensus were over.

This book covers important events, although its tone is hardly exciting. The illustrations of "men in suits" discussing drugs in committee meetings that pepper the pages seem also to have affected the writing style. (Although a photo of Keith Stroup of NORML bears an uncanny resemblance to Austin Powers.) There are thickets of detail on US policy manoeuvring which, for a non-American readership, are difficult to master. A summing up or concluding chapter or overall bibliography and listing of the primary sources used would have been helpful. The book has a rather unfinished air. A novel addition is a CD of the documents used to write the text, inserted in the back cover. This is valuable, but also adds to the sense of

[5] David Musto, *The American disease: origins of narcotic control*, expanded ed., New York, Oxford University Press, 1987.

"develop your own analysis". The tone is circumspect and analytical themes are few. Those that are extractable from the text are sensible and founded on long experience of the US drug policy scene. Musto comments that lack of long term perspectives in politics has consistently hindered balanced perspectives on what policy can produce. He considers that drug use ebbs and flows in cycles on which policy has little impact. For this assessment at least, an historical perspective is essential.

Edwards' edited collection has one unifying idea—the post-Second World War evolution of a separate "field" of addiction specialists. It also provides, through its interview format, some of the raw material for other studies in drug, alcohol and smoking history. It is the second book to be published from the series of *Addiction* interviews which the journal has featured for many years. The current collection has scientists from the USA and Canada. There are politicians and practitioner policy-makers from Australia; pioneers from the smoking field like Richard Doll and Charles Fletcher and the less well known Ove Ferno, the originator of nicotine replacement therapy. There are British drugs researchers; policy makers in the US; scientists in post-war Europe; community activists in the US, and researchers and policy-makers from Scandinavia. Each section finishes with a brief page or two overview from an expert in the field. With such a cornucopia it is impossible to do justice to every interview. Some overlap with Musto's study, for example an interview with Jaffe, and also one with Vincent Dole, the pioneer of methadone maintenance therapy in New York in the 1960s, although Musto's book appears not to have used this resource.

Can any general conclusions be drawn about the growth of the "field"? Interviewees from the 1950s talk of how small even the alcohol field was at that stage and how much it had grown by the time they left it. Everyone knew everyone, but later it was impossible to do that. The influx of refugees from Europe to America was a strong influence. Few, however, had the experiences of Charles Lieber, an expert on the biological aspects of alcohol abuse, who describes war-time displacement in Europe, beset by all the warring armies; this makes his later eminence all the more laudable. In the US, the Federal narcotics "farm" at Lexington, Kentucky, which provided both incarceration and treatment, was a formative influence for many researchers. International networks were important. Scientific meetings brought researchers together, as did the newly established WHO, and collaborative publication like the famous alcohol Purple Book of the 1970s forged a strong esprit de corps.[6] Researchers from the Canadian Addiction Research Foundation, the powerhouse of research, treatment and prevention in that country since the 1940s, speak of the changes in research policy which have seen funded research give way to time limited grants, from "blue skies research" to direct policy and practice relevance. The Australians tell of policy battles, of more recent attempts to liberalize drug policy or of the failed attempt to institute a trial of heroin prescribing. The Scandinavians offer a window into a very different situation for research, with funding coming from the state alcohol monopoly—even for sociology. They outline the strong interest in Scandinavian co-operation, in research on policy, and a cadre of drug researchers who also maintain reputations in their general disciplinary fields.

There are vignettes which stand out. Here is Reg Smart of the Addiction Research Foundation speaking of E M Jellinek, the author of the seminal *The disease concept of alcoholism*: "Jellinek, as I remember him, was a short, sort of stooped-over, overweight man, with little hair left. Not at all a romantic figure, but he had married several times and he spoke often about his relationship with a Spanish ballet dancer, as well as his other romantic affairs. I remember him as a great rapporteur and teller of jokes.

"He was older when I met him and he had a hearing aid. If a meeting became boring he would turn the hearing aid off and go to sleep. Several

[6] K Bruun, M Lumio, K Makela, L Pan, R Popham, R Room, S Schmidt, O Skog, P Sulkunnen, and E Osterberg, *Alcohol control policies in public health perspective*, Helsinki, Finnish Foundation for Alcohol Studies, WHO Regional office for Europe, Addiction Research Foundation of Ontario, 1975.

times I saw people awaken him and ask him to summarize the discussion. Usually these summaries were very good" (p. 109).

The three interviews with characters of importance in the history of post-war British drug policy were of interest from my perspective. These are with Joy Mott, a drugs researcher at the Home Office, Thomas Bewley, formerly consultant to the Ministry of Health on drugs and a key force in British drug policy changes in the 1960s; and Raj Rathod, a psychiatrist working in Crawley New Town, who published some of the earliest epidemiological research on the spread of the new heroin epidemic outside London in the 1960s. Bewley's interview carries a humorous flavour of the man.

"Tooting Bec was the most central mental hospital which accepted patients from anywhere in London. In the 1960s I used to admit alcoholics of no fixed abode and we had an alcoholism programme. One of my registrars described it as patients coming in for their 1000 gallon check up ... A small number of heroin addicts were also admitted as no one else wanted to have much to do with them at that time. When I first wrote to the *Lancet* I think I had seen about 20. I don't think anyone else in the country had seen more than two then. This was how I became an 'expert' " (p. 247).

Bewley went on to become influential in drug policy and a President of the Royal College of Psychiatrists; Rathod, by contrast, was a pioneer who remained a relative outsider.

This is a rich collection. Some interviews are clearly better than others and some interviewers more talented at extracting the telling phrase or anecdote. One encounter with the Australian premier, Bob Hawke, is a lesson in how not to do it, with closed statements rather than open ended questions, eliciting predictably terse responses from the politician. The text tells us little about how the interviews were conducted or when, and about how they have been edited. They were intended for publication, with the constraints on speaking freely which that implies. The interviewers are key players or researchers in the field, several of whom have not uncomplicated relationships with their interviewees. Such constraints on source production should be borne in mind. My own interviews with one or two of these "players", not for publication, have produced different perspectives. As one of the commentaries sighs, we all know that they could have told us so much more. Nevertheless, this collection is of value and the editor to be credited for his foresight in gathering the interviews together.

The first volume of *Addiction* interviews contained one with the former Home Office Chief Drugs Inspector, Bing Spear. Spear died in 1995 but his history of British drug policy from 1916 to 1984 has been edited and brought to fruition by Joy Mott, the former Home Office researcher who is herself the subject of an *Addiction* interview. Here people who are the raw material of history are both writing and editing it, although in a different way to the interview format in the Edwards book. Spear has long been a legendary figure to liberalizers in the drug policy field. Tales of how he knew every addict personally on the London drug "scene" of the 1960s, and would take his night time walks down to Piccadilly Circus to visit the all night chemists supplying addicts have been told and retold. His lustre among liberalizers derives from his criticisms of the turn which drug policy took after the changes of the 1960s. Spear considered that the changes in prescribing policy and the management of drug addiction that marked the implementation of the 1965 report of the second Brain committee amplified rather than reduced the problem. Specifically he argued that policy was driven by the interests of a small group of psychiatrists who, until then, had had little interest in drugs, but who established a treatment orthodoxy that had disastrous results. Prescribing was taken away from experienced general practitioners and located in hospital-based drug dependence units. Here psychiatrists imposed policies of no prescribing, or of prescribing only oral methadone (the synthetic narcotic also being used in the US at this time). The result, he argued, was the growth of a black market. Addict numbers expanded as addicts turned away from the clinics in search of a less restrictive prescribing regime. His hostility was directed in particular at Dr Philip Connell, consultant at

the Maudsley and adviser on drugs to the Department of Health. Spear's views have recently been taken up and advanced with some success by those who want reinstatement of heroin prescribing regimes.

Spear had already produced a detailed paper on the evolution of the drug "problem" in the 1950s and 1960s which has been widely used by analysts of that period.[7] In the book he takes that style of writing further, using mainly Home Office papers, and articles in the medical press from the time, as well as the review and reminiscence which has been published by others in the field over the last thirty years. Spear tells us how British drug policy evolved towards the "disaster" of the post Brain 2 period after 1965. Advice from the drugs inspectorate to the first Brain committee in the early 1960s was ignored and the committee produced a sanguine view of the rapidly deteriorating situation. The inspectorate's further warnings triggered the appointment of the second Brain committee, but the implementation of its conclusions was disastrous. The Ministry of Health delayed in setting up the promised treatment centres, obtaining its advice from "persons experienced in the treatment of addiction", the psychiatrists whom Spear obviously regarded with contempt. The Ministry, he argues, lost control of the situation to a clinical clique who excluded general practitioners and others experienced in the treatment of addiction. Changes in prescribing practice were carried through without liaising with the street agencies who knew the grass roots situation. At Bewley's clinic the change to time limited oral methadone prescribing was announced simply through a notice posted on the door. The subsequent medical attack on private prescribing in the 1980s arose out of the desire to impose clinical orthodoxy, which the private sector did not accept.

This is a well known critique in the drugs field, which is here presented with some vigour and in detail. It is written as an historical analysis, but is a hybrid, a semi autobiographical account written by an important player in drug policy in the sixties with the intention of arguing the Home Office view and that of the inspectorate. It is valuable, but also frustrating. Time and again, I longed for Spear to break out of his report writing style and tell us what went on, with some direct "feeling." He gives some tantalizing leads, but goes no further. Why were the junior inspectors "betrayed" by Home Office administrative officials and the Chief Inspector at the time of the first Brain Report (p. 104)? Having helped initiate the second committee, what was his view of the report? He had argued for compulsory notification, not in itself a liberal policy—did the inspectorate's pressure for the second committee rebound on them? What was going on in the inspectorate during the period of delay between 1965 to 1968? The sections in which Spear gives a personal view are valuable. But an opportunity to explore his personal involvement in depth and the history and role of the inspectorate has been lost. The text has been heavily reduced for publication (it was originally much longer) but we have no editorial note on how this has been accomplished. Maybe Ms Mott might consider David Musto's CD idea for the unpublished material; this is itself an historical source.

Alongside clinicians, women academics such as myself and Carol Smart were clearly particular irritants for Spear. The first chapter of his book, which deals with the period during and after the First World War, is framed as an attack on my own analysis of drug policy. This is the period of flux between 1916 and 1926, when clinicians and the Home Office negotiated the balance that was to operate in drug policy in the light of the requirements of international drug control. Was policy to be primarily penal in orientation, as in the US, or were medical men to be allowed to prescribe? These tensions established the medico-legal alliance which was to characterize drug policy for so long. I found this chapter, the vehemence and bias of its attack on myself, puzzling, in particular since our relations when Spear was alive had been cordial; he had never voiced these criticisms to

[7] H B Spear, 'The growth of heroin addiction in the United Kingdom', *Br. J. Addiction*, 1969, **64**: 245–55.

my face. I related it to the general agenda of the book, which is to defend Spear's view of the Home Office and to criticize "psychiatric imperialism" in drug policy. Spear considered that my interpretation of the 1920s cast aspersions on the role of the Home Office and of Malcolm Delevingne, the civil servant who later became one of the "grand old men" of international drug control. He saw my analysis as making the medical profession the "heroes" and Delevingne the "villain". This is not the case, and I do not write history in the "heroes and villains" mode. The point I make is that the objectives of the Home Office changed over time. Delevingne came to realize that the role of the medical profession in the treatment of addiction had to be recognized. What resulted was a medico-penal alliance within which the balance of power could change to one side or the other. This balance operates in 2003 as much as in 1926. Like Spear, I concluded that Delevingne rather than Rolleston was the major architect of British drug policy. It is a pity that Spear's editor did not check my writing on this topic where this analysis is made plain.[8]

In order to develop his attack, Spear disputes my interpretation of the evidence. Pages are occupied with detailed textual criticism. In a review of this nature it would be tedious for the readership to redispute everything in return, although I would be happy to do this given the space. Let me focus on a particular example. I argue that the medical and pharmaceutical professions as well as the vets were outraged by the Home Office's issue of regulations under the Dangerous Drugs Act in the 1920s. Spear writes that I over-emphasize this. The medical profession, he argues, should not have been bothered by a few requirements for clinical record keeping or by the circulation of a black list of doctors prescribing to addicts. But this is ahistorical; the evidence which he produces shows that they were. The aim of historical writing is to attain critical distance, not to comment from an interested perspective, as Spear does here. He writes as the Home Office inspector. By the 1960s and 1970s, his own period of key influence, the professions were relatively used to the requirements of control. In the 1920s, these were new systems which seemed to undermine professional freedom as well as being excessively bureaucratic. Spear's comments on the role of the Ministry of Health (p. 9) show that he is unaware of its history, that the Ministry was only recently established in the early 1920s. It did indeed have to win a position of influence in drug policy in contrast to the longer Home Office track record.

There is a further aspect to Spear's attack. At several points, he uses words selectively which appear to represent my views. He refers (p. 32) to a Home Office "defeat" as if this is my analysis and in order to criticize this interpretation of policy. The actual words I use present a different analysis. "In reality the outcome was more complex than a straightforward defeat for the Home Office. It was recognition that narcotic policy could not simply remain a matter of increasing state and police regulation, as had been the case since 1916. It was henceforward to be based on some form of partnership between the professional ideology of doctors and the aims of policy as seen from the Home Office."[9] Spear's stance raises issues of source/historian relationships which are also of interest methodologically to those of us who work in the contemporary history field. The general topic is worth a fuller piece.

These books give a sense of the richness which awaits in the study of science and policy in the drugs, smoking and alcohol field in the last fifty years. Musto and Spear invite comparison between events in the US and those in the UK in those years as policy on both sides of the Atlantic moved closer together, aided by travel and interaction between key players. There are some striking similarities, despite the oft drawn contrast between the "liberalism" of British

[8] Virginia Berridge, ' "Stamping out addiction": the work of the Rolleston Committee, 1924–1926', in G E Berrios and H Freeman (eds), *150 years of British psychiatry, 1841–1991, Vol. II: The aftermath*, London, Athlone Press, 1996.

[9] Virginia Berridge, 'Drugs and social policy: the establishment of drug control in Britain 1900–1930', *Br. J. Addiction*, 1984, **79** (1): 17–29.

policy and the American "war on drugs". The role of doctor advisers—Connell and others in the UK, Bourne and Jaffe in the US, is one parallel. The Federal location of drug policy in the States contrasts, however, with the departmental interests and empires which have characterized British drug policy. The role of the inspectorate in the UK also needs to be set within the context of inspectorial regimes in general. The books also raise questions of sources, methodology and interpretation. We can reinterpret the US policy history using Musto's document CD; Edwards' interviews await analysis; and Bing Spear's book provides source material for further study. Historical analysis does not deal in "true stories" or in "heroes and villains"; but these texts provide rich material for the considered national and cross national analysis which recent drug policy still needs.

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