

Jordan Goodman, Paul E Lovejoy and Andrew Sherratt (eds), *Consuming habits: drugs in history and anthropology*, London and New York, Routledge, 1995, pp. xii, 244, £35.00 (0-415-09039-3).

A persistent feature of human cultures is the use of substances that alter mental states, which are incorporated into rituals, social life, and patterns of trade. These substances have occupied a somewhat awkward position at the edge of various disciplines, such as medical history and anthropology, despite their evident importance. Their use has attracted considerably less scholarly attention than food consumption, for example.

This book contains ten essays by anthropologists and historians, discussing the social context of psychoactive substances. The subtitle is somewhat misleading as several of the authors take issue with the medico-legal implications of the term "drugs" and most of the substances discussed are not currently prohibited. Apart from articles on cocaine in the United States and the Japanese narcotics trade, the authors focus on legally consumed substances such as alcohol and tobacco, tea and coffee, kola and betel, in periods ranging from prehistory to the present.

Most psychoactive substances have very ancient origins. Problems often arise when they are taken from their traditional setting and introduced to a new one. The demoralized native Americans were further undermined by "firewater". The introduction of smoking opium was associated with despised Chinese migrants. Moreover, social change can stigmatize a previously accepted substance. The desert warriors of Islam condemned the consumption of alcohol in the fertile valleys of Mesopotamia and Persia. The concept of "passive smoking", providing a victim group, has transformed the modern campaign against tobacco.

The commercial transmission of psychoactive substances is not a new phenomenon, although the trade of the multinational tobacco companies and the Colombian cocaine cartels are enterprises on an unusually large scale. Opium, cannabis and alcohol were

all introduced into prehistoric Europe, and wine became a major component of Mediterranean trade. In the seventeenth century, the wealth of London and Amsterdam was founded in part on the Atlantic tobacco trade. The decline of the British opium trade provided a commercial opportunity for Japanese entrepreneurs. Kola and betel have extended into areas where they are not produced, as items of sociable exchange and conspicuous consumption. The use of Virginia tobacco and Scotch whisky are worldwide markers of elite sophistication despite waning popularity in their home cultures. Several of the essays address trade, taxation and control, although there is still a great deal of scope for combining cross-cultural and economic analyses of these issues.

Moral condemnation of such substances is almost as ancient and widespread as their use. Campaigners against particular substances, whether their rhetoric is based on religion or science, tend to ignore the universality of the human search for psychoactive substances. The stigmatized item is depicted as alien, immoral or dangerous. More acceptable psychoactive substances are defined as belonging to a different category of objects, such as food or medicine. Indeed, the strategic use of the substance in question may be ignored altogether, leading to a mismatch between the rhetoric of campaigners and the motives of the target group, so that the campaign turns into little more than a social labelling process. Attacks on substances are generally intended as attacks on the social mores or religious rituals of the user group. The Jesuits in Canada regarded abstinence from tobacco as the most heroic evidence of religious conversion (p. 71).

There are inevitably gaps in this collection, although many can be filled by reference to the notes and bibliography. It would have been interesting to see some discussion of the relationship between the psychopharmacology of substances and the cultural construction of their use, which is often surprisingly malleable. Relatively little attention is given to some interesting topics, such as why some substances are not appropriated by other

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cultures, some spread gradually, and a few have been almost completely expropriated by Europeans.

The great virtue of this book is that both mundane and exotic substances are discussed without ethnocentricity or moral posturing. The combination of detailed context and wide scope should prove thought-provoking to historians, anthropologists, and even medico-moral campaigners, suggesting connections and comparisons across time and space. It is by the exploration of differences and similarities, between the Amerindian use of coca and the English use of tea, for example, that both can be better understood.

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Ann Oakley and A Susan Williams (eds), *The politics of the welfare state*, London, UCL Press, 1994, pp. viii, 232, illus., £35.00 (hardback 1-85728-205-1), £12.95 (paperback 1-85728-206-X).

This volume originated as a series of seminars held at the Social Science Research Unit of the Institute of Education of the University of London, described by Ann Oakley in her introduction as engaging in “policy-relevant work in the fields of health, education, and welfare”. The seminars were intended to “promote an open debate of some of the key issues” confronting the staff of the unit in this work. The nine papers address a number of topics concerning the welfare state as it has evolved in Britain, both historical and more recent, in the light of current changes within the system.

The first three papers look at the roots of both the welfare state itself and its current predicament. Sheila Rowbotham analyses the ideas about “welfare” which arose in the late nineteenth century and associated debates over the role of the state. After a rather startling chronological leap, the story is taken up by Rodney Lowe in ‘The rise and fall of the classic welfare state in Britain, 1945–76’.

Lowe suggests that, despite its considerable achievements, managerial and political problems present from its inception, if they did not actually undermine it, left the welfare state very vulnerable to determined attack. Charles Webster debunks the popular notion of a golden age of consensus in which the welfare state was detached from the petty machinations of party politics.

These papers establish a background of roads not taken, opportunities lost, dragons-teeth of discord planted, for the studies of various aspects of the present functioning of the embattled welfare state. Although local opinions are sought, as we see in Jennie Popay and Gareth Williams’s chapter, this consumer-orientated approach seems more akin to marketing or public relations than to the kind of democratic, community-driven, local initiative described by Rowbotham, and does not necessarily adequately represent lay perceptions about health needs. Chris Ham, Frank Honigsbaum and David Thompson in their study of ‘Priority setting for health gain’ make the point that results produced by going out and “consulting” the public are contingent upon both the topics upon which questions are asked and their actual wording.

Nick Black and Elizabeth Thompson look at the problems in instituting effective medical audit practices and their relationship to the more general working environment. In a context of reduced resources doctors, cynical about the real role of audit, may focus on administrative rather than clinical issues. Jane Lewis’s essay considers ‘Choice, needs and enabling: the new community care’ and indicates some of the unanalysed assumptions, and confusions of definition, which lie at the root of this controversial concept, and the problems which arise in its implementation.

Similar issues to those which are discussed in relation to health and welfare appear in ‘Making sense of the new politics of education’ by Geoff Whitty, Sharon Gewirtz and Tony Edwards, for example the potentially liberatory challenges of a plurality of interests which cannot be defined along traditional class lines. That new solutions may simply