

Editorial

QUEEN VICTORIA'S CANNABIS USE: OR, HOW HISTORY DOES AND DOES NOT GET USED IN DRUG POLICY MAKING

History is at an all time high as a popular public subject in the UK. Family history appeals to the expanding cohorts of the early retired; the series *The History of Britain* commanded large television audiences. Much popular programming relies on history for its staple diet. Historians too have dropped their earlier distaste for media history. Nowadays they are more willing to appear in docudramas, to speak animatedly in front of medieval cathedrals, or tell us all about the history of water, or the patient, on Radio Four. They have realised that it is in their interests to do so.

These activities see history engaging with the public, advancing understanding and adding to the richness of public experience. My view is that there is also a different, though related, role for history which needs more thought. This is the use of history as a tool of policy analysis, as a way of directly feeding into policy discussions. This is particularly so where drug policy is concerned. Here, I will reflect on where history has and has not come into some recent drug policy making – and what that tells us about the relationship between the two.

The current use of history in health policy making in general in the UK is problematic. At a recent seminar I attended, a senior Department of Health civil servant told us 'I found when I joined the department that history began in 1997' (the date the Labour government was elected). He was immediately taken to task by a senior health policy analyst, who commented that an awareness of some of the events in the health and social care arena in the 1970s, when Labour was last in power, might have saved this government from making very similar assumptions and mistakes.

But how has history been used, or not used, in the making of drug policy? If we go back to the formation of US drug policy in the 1960s and 70s, history did come into the debates. Researchers aiming at the reform of prohibitionist policy in the States used their interpretation of the history of drug policy in the UK in the 1920s to make an argument for a more liberal, not a punitive approach. American researchers who opposed the penal direction of US drug policy and the 'war on drugs' looked at Britain's apparent lack of a problem. They drew attention to the way in which, in their view, the medical profession and medical ways of dealing with addicts had won a victory over penal policies emanating from the Home Office in the 1920s. Doctors using maintenance policies had led, so it was argued, to the lack of a British problem; and similar policies should be instituted in the States, with similar outcomes.

Those arguments had their impact, although not without dispute.¹ But a few years later, the rise in heroin addiction in the UK made the apparently beneficial effects of the UK system of maintenance more controversial.

In more recent times, a different sort of history has emerged in the discussion of cannabis use in the UK and the moves towards greater liberalisation. Here we have had the strange saga of Queen Victoria's cannabis use. This 'historical fact' emerged sometime in the late 1990s as part of the rehabilitation of the medical use of cannabis, first officially promoted in the UK in the report of the House of Lords Science and Technology committee in 1998.² This was an international debate. In many countries, especially the US and the UK, arguments for the medical utility of cannabis have been a route for a possibly more liberal legal status for the drug. Opponents of cannabis restriction have argued that it is a preparation with benign medical uses, for example for MS and HIV/AIDS. Media articles on medicalising cannabis used a supposed history of cannabis. When Prince Charles asked an MS sufferer if she had tried cannabis, the *Guardian* commented, 'Prince Charles is not the first member of the royal family to support use of cannabis as a medicine. Queen Victoria is said to have used it to ease period pains.'³ This 'fact' took on a life of its own, appearing three times in the *Guardian* alone in 1999, nine in 2000.⁴ The connection with Queen Victoria made the requisite contemporary point. It seemed to argue that 'the Victorians', that respectable crew, used cannabis with no problems – so why not us, too?

But in other recent policy discussions, history is notable by its absence. The recent UK Home Affairs committee report on British drug policy makes no mention of historical forebears.⁵ Yet two of its key recommendations – for a trial of injecting rooms and for a more widespread use of heroin prescribing – have direct historical precedents. Heroin prescribing was the norm until the 1960s; and injecting rooms made their appearance in some of the early Drug Dependence Units. Yet the report justifies these proposals by reference to recent European initiatives and the history is not mentioned. It uses the term 'British system' to mean Home Office licensing, not the general prescribing which operated until the late 1960s. The report is largely history free.

What do these examples tell us about the role of history in drug policy? Firstly, they tell us that having a marketable 'fact' or accessible interpretation is central. Queen Victoria used cannabis – everyone can remember that. Prescribing to addicts prevented a black market and criminalisation of drugs in the UK, so it could be applied to the US. But from the historians' perspective, there are a few problems here. For a start, there's the issue of historical interpretation and the evidence. British 'liberal' drug policy, so some analysts would argue, did not prevent a black market; there was no black market and no drug problem and so medical maintenance had no

¹For a survey of this use of history in policy making, see V. Berridge AIDS, drugs and history. In: R. Porter and M. Teich, *Drugs and Narcotics in History* (Cambridge, 1995), 187–198.

²House of Lords, Science and Technology Committee, *Cannabis: The Scientific and Medical Evidence*, Ninth Report (London, 1998). See also House of Lords, Science and Technology Committee, *Therapeutic Uses of Cannabis*, Second Report (London, 2001).

³A. Gentleman, 'Ever tried cannabis? Prince asks MS sufferer.' *Guardian*, 24 December 1998.

⁴This was sometimes for use in childbirth and sometimes for period pains. One drugs report had her using cannabis for period pains in 1890, occasioning ribald comment in a reader's letter. Was this, he asked, the late Victorian period?

⁵House of Commons. Home Affairs Committee. *The Government's Drugs Policy: Is It Working?* Third Report of Session 2001–2, Vol. I (London, 2002).

opponents. Cause and effect have been confused. And there is no evidence that Queen Victoria herself used cannabis. What the journalists have confused is the use of cannabis in the nineteenth century in a very limited way for dysmenorrhoea, a use advocated by Dr. Russell Reynolds, who was Queen Victoria's physician. Cannabis itself was recognised in the nineteenth century as a drug of variable effect and limited utility in European medicine. Those who did advocate its use, as for example in the treatment of insanity, were really out of the ordinary. The Victorians as a society didn't use cannabis.⁶

The Home Affairs committee report provides the clue to the relationship between history and policy. Here the historical dog didn't bark – because policy directions didn't justify it doing so. Better justify learning from 'best practice' in Europe now rather than reintroduce a policy or practice tried thirty years ago, and long before that too. History here might not give such a straightforward message.

Science policy analysts long ago recognised that the relationship between science (research) and policy is complex and reciprocal. Likewise the relationship between history and policy; historical analysis or 'facts' tend to emerge out of the needs of policy agendas rather than in any rational relationship. Historians have in any field, let alone drugs, rarely been in control of the policy uses to which their historical analysis is put. Yet, for all that, policy making in drugs is badly in need of some historical context. History is a potentially powerful tool of analysis, not just a cynical way of saying there is nothing new under the sun. An historical evaluation of heroin maintenance in the UK, or the operation of injecting rooms in the 60s and 70s is evidence which is as valid as the latest Dutch or Swiss trials. We need historians to rescue policy making from the saga of Queen Victoria's cannabis use.

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⁶I discuss the nineteenth century uses of cannabis in England, including Russell Reynolds' recommendation, in my *Opium and the People. Opiate Use in Nineteenth Century England*, first published, with Griffith Edwards in 1981. Could the 1998 reports be a 'Chinese whispers' reinterpretation perhaps via the House of Lords report?

