Volume One: historical and cultural studies

Introduction

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Volume 1 begins with *David Courtwright's 2005* paper. Courtwright's discussion of historical shifts in the understanding of drug use and addiction – seeing different substances as linked or separate phenomenon at different periods of time – draws attention to the importance of the historical, geographical and cultural contexts of substance use. How people perceive and respond to the use of different mood altering drugs is immensely variable and has as much to do with political, social and economic factors as it has to do with the properties of the drug itself. This volume includes papers which illustrate changes in how drugs are used by people at different times and in different contexts, how some drugs come to be defined as unacceptable or addictive and how informal sanctions and more formal laws and regulations regarding the use of different substances have emerged and changed.

Alcohol and drug use across time and place

Let us consider first of all how alcohol and other drugs have been used across time and place. Anthropological and historical studies provide ample evidence of the many functions and meanings of substance use in different cultures. As *Levine 1978* tells us, 'Seventeenth-century and especially 18th-century America was notable for the amount of alcoholic beverages consumed, the universality of their use and the high esteem they were accorded. Liquor was food, medicine and social lubricant, and even such a Puritan divine as Cotton Mather called it the "good creature of God." It flowed freely at weddings, christenings and funerals, at the building of churches, the installation of pews and the ordination of ministers.' In an anthology on *constructive drinking,* Mary Douglas (1987) draws together a number of papers presenting the anthropological perspective on drinking and challenges many of the assumptions about alcohol use and 'problem' use found in other disciplines and current in present day thinking about alcohol. For instance, alcohol has played an important economic role in most societies, both in raising revenue for ruling authorities or in developing alternative economies: to take one example, in the Chiapas Highlands in Mexico, rum,

an essential part of local Indian culture, became a form of currency within a black market economy, releasing resources to excluded members of the population (Indians) and providing a degree of power through participation in economic activity (Crump 1987). Another chapter by Mars (1987) in the same anthology, highlights the symbolic meaning attached to two different drinking styles which are linked to being a member or non- member of longshore gangs in Newfoundland: insiders drink together in the taverns and there is an intricate relationship between status at work, drinking and degree of inclusion in the group; outsiders drink cheap alcohol in parking lots. The rituals of drinking delineate both the extent of inclusion in a gang and the boundaries between insiders and outsiders. (cf also Mandelbaum 1967 for many examples of the symbolic uses of alcohol in different cultures). Symbolising belonging is a key function of alcohol (and other drug) use.

Gusfield (1987) distinguishes between different types of ritual functions for alcohol. Mood-setting denotes the effects of drinking, such as relaxation and disinhibition which arise from a combination of the chemical effects of the substance and the social context and meaning bestowed on drinking. A second function is ‘passage’ where drinking marks a transition - from work to leisure or from the everyday to the festive, creating ‘time out’ from everyday life with its rules and obligations to a time of fun, relaxation, sociability or consolation (cf also e.g. Szmigin *et al*. 2008, Parker 2007). This is also akin to the ritual use of alcohol in rites of passage, for instance, from childhood to adulthood or from education into the world of work (*Beccaria and Sande, 2003*). The third ritual function of alcohol is sociability: drinking consolidates personal relationships and helps to define group solidarity, as with the longshoremen.

Getting drunk was (and is) frequently part of ‘normal’ behaviour in cultures where alcohol is consumed. But, whereas in contemporary societies drunkenness (or intoxication through other drug use) is generally seen as unacceptable and linked to problem behaviour and adverse consequences, *Room 2001*cites McAndrew and Edgerton’s classic study in making the point that drunken comportment is culturally constructed or determined rather than pharmacologically determined. In some cultures described by McAndrew and Edgerton drunkenness is associated with worsened behaviour – regarded as *time out*: in others it differs little from sober behaviour. The contention, despite subsequent criticisms, is supported by the work of

Levine 1978 and by studies in experimental psychology (cited in *Room 2001*). Room's concern is that despite the insight offered by McAndrew and Edgerton's work, it failed to explain clearly why there were differences between cultures, what features in a society are linked to particular patterns of drunken comportment, and whether the theory was applicable in contemporary complex societies. Room expands on the discussion through an examination of drunken comportment in *wet* and *dry* cultures, and by looking at the association of drunkenness with aggression and violence.

The paper by *Sulkunen 2002* gives an overview of cultural theories explaining alcohol and drug use and intoxication in modern societies and paying particular attention to the cultural underpinnings of young people's patterns of consumption. McAndrew and Edgerton's study flagged up not only the importance of social context on drug using behaviour but also that, even in an intoxicated state, *time out* is bounded by its own rules and norms , the '‘within limits clause'. This has relevance to current research, especially among sub groups of young people, where *binge drinking* has been shown to occur within well defined parameters, what Szmigin *et al*.(2008) and others have termed 'bounded hedonism', 'calculated hedonism' or 'rational hedonism'. Similar patterns of *controlled loss of control* have been noted among young drug users. In volume 2, we will look at theories of *normalisation* of drug use among young people which suggest that some drugs, used as part of everyday leisure activities, are managed and regulated by users.

Turning to drugs other than alcohol, we see that drugs which are now often illegal also had everyday uses at some points in time (cf *Musto, 1991*). The following examples serve as illustrations:

- Opium: Work by Berridge (1999) describes the common use of opiates in 19th. century England: opium and its derivative, laudanum, were used medicinally to control pain, to escape the miseries of daily life and for recreational purposes; in some areas it could be bought for a penny in the market place. (cf *Newman 1995* on the use of opium in China). Opium also had important economic functions both in trade between countries and in micro-economies within countries. Berridge and Mars (2004:749) summarise the political and economic drivers behind the opium wars in the 19th.century:

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    - ‘These two wars, waged by the British against the Chinese from 1839 to 1842 and from 1856 to 1858, represented the military pursuit of commercial imperialism. British trading policy, with the support of the Indian government, had permitted the East India Company a monopoly of trade with China that had ended in 1834. The Company cultivated and sold opium in India, and distributed it in China. Opposition from the Chinese Emperor to the influx of opium into his country led to his enforcing anti-opium laws, publicly confiscating and destroying a large quantity of imported opium. Britain seized this opportunity as provocation to fight for greater access to Chinese markets and pursue free trade, which it gained through the 1842 Treaty of Nanking. The second opium war was declared by the British on an even slimmer pretext, with involvement from France, Russia, and the United States, who gained further trade concessions from the resulting Treaty of Tientsin”.
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- In his discussion of the dynamics of the opium economy within Afghanistan, Goodhand (2003:192) suggests that ‘Micro-level (farm) opium production lies at the intersection of three economies of production:….. the “combat” economy, the “shadow” economy and the “coping” economy, each with their own dynamic and patterns of change’. He argues that each form of economy is linked to the political context within Afghanistan – the ‘combat’ economy helping to sustain struggles between warlords, the ‘shadow’ economy thriving on the margins of war or social disruption but benefitting actors with an interest in peace if peace means profit, and the ‘coping’ economy providing a means of survival among farmers. (cf also Macdonald 2007 for an account of the history of opium in Afghanistan). Bringing the historical account up to the present day, *McCoy’s 2000* paper illustrates the continuing global importance of the opium trade. McCoy offers a critique of drug policy which highlights the unwanted, and possibly unintended, consequences of international drug policy and drug controls. He argues that opium needs to be better understood as a commodity which is woven into the fabric of modern life. Indeed, he contends that, ‘the marriage of a prohibition policy and an increasingly

imperfect source-country suppression is playing a central role in raising global poppy production'.

- Ganja: Brought into Jamaica from India in the mid 19th century, ganja (the Hindi name for *cannabis sativa)*, became part of folk practices and part of the folk pharmacopoeia alongside herbs, bark and other plants (Chevannes 2004:68). Despite legal sanctions, the Caribbean islands became major producers of marijuana and in St. Vincent in particular, the ganja industry plays a significant role in the economy. According to Klein (2004), it accounts for a considerable proportion of St Vincent's GDP, is responsible for the employment of an important percentage of the workforce and a high ratio of households are dependent on marijuana income (Klein 2004: 226).
- Kava, a narcotic drink produced from the roots of a plant, is found in the South Pacific where it is integral to the initiation and sustaining of friendly relations:among its many uses, the roots are given as gifts at weddings and funerals; kava drinking is central to official ceremonies and in ceremonies to communicate between users and their ancestors; as with ganja, it continues to be an important cash crop (Lebot *et al*. 1992).
- Cocaine, a product of coca – traditionally used in Andean societies - formed the basis of many commonly consumed medicines, marketed, in 19th century United States (and in other countries) by an unregulated pharmaceutical industry (Spillane 1999). Between 1880 and 1930, cocaine became a large, legal industry in Peru where its manufacture began as a 'liberal hope – of a rejuvenating, innovative, outward-looking private sector drive.. 'turning Peru into the major exporter of raw coca and the leading producer of cocaine at that time (Gootenberg 1999:47).

Similar uses for mood altering drugs world wide have been recorded by other writers: the role of solvents in the lives of African street children (Cottrell-Boyce 2010); the use of khat in Western Uganda (Beckerleg, 2010); the use of ecstasy at raves in Egypt (Hussein, 2010). Sometimes, the substance is closely interwoven into the lives and traditions of a particular society: at other times, the drug is part of the culture of a specific group within society – as in the use of ecstasy in Egypt and solvents by street children or alcohol among skid row drinkers. Archard (1979) and Rubington (1958),

for example, chronicle the role of alcohol within groups of heavy drinkers, describing the rituals which develop around drinking – such as sharing the task of getting alcohol – and how drinking helps to structure daily life and build alternative networks. Substance use, as many of these studies illustrate, is also strongly influenced by context and situation. The classic study by *Robins et al. 1975* provides one example. The authors show how the context of being in a war situation in Vietnam increased drug use among participants, most of whom, on return to the United States, ceased use: addiction remission rates of 95 per cent were recorded for those who had been addicted in Vietnam, far higher than rates of remission among narcotics addicts treated in the United States.

Although we began by asserting the importance of social, political and economic influences over drug properties as determinants of the effects of, and responses to, different substances, it is also necessary to think about how the drugs used have changed over time. Consideration of traditional, and integrated, uses of substances needs to take account of differences between earlier societies and contemporary societies in the preparation of the substance and in the ways in which it is ingested. *Newman 1995* tells us that the Chinese smoker consumed chandul, a solution of poppy sap and water, which was found to have few if any harmful effects on the body. Nicholls (2009:6) records that in 16th century Britain, hops were generally not used in beer making and as a result the beverage was thicker, sweeter and weaker. *Musto 1991*also comments that until the 19th century cocaine and morphine were available only in coca leaves or poppy plants that were chewed, dissolved in alcoholic beverages or taken in some way that diluted the impact of the active agents. Wine – the ‘water of life’ – was often a safer drink than polluted water.

Restrictions on use

In some cultures, however, the use of specific substances was, and is, forbidden. Alcohol, for example, is forbidden in Islamic cultures (*Michalak and Trocki, 2006*). and this is reflected in figures for alcohol consumption which are lower in countries with a large Muslim population (e.g. Obote 2006). Mandelbaum (1965) provides many examples of restrictions on alcohol use, noting contrasting perspectives on alcohol in different cultures across time: for instance, while alcohol is essential and

‘blesses’ the lives of the Kofyar of Northern Nigeria, the Hopi and Pueblo Indian tribes of the American south west regarded it as destructive and banned its use from their settlements. Restrictions on use were not always universal. Notably, women, the young and slaves were often forbidden to consume alcohol or other substances and both formal and informal sanctions were applied to those groups. (for examples on gender and alcohol. cf Plant 1997; Obot and Room eds. 2005). While religion and perceptions of threat to the established order were seen as good reasons to restrict the use of substances, in other cases use of a particular substance was regarded as a privilege, reserved for social elites, the elders of a tribe or the shaman. Taking race and ethnicity as an example, Denise Herd (1991) recounts how, in 19th century America, restrictions were placed on black people’s freedom to use or trade in alcohol or to frequent taverns. These were incorporated into legal codes, and along with penalties imposed on whites who provided alcohol to black people or Indians, were intended to deter slave militancy and rebellion. Issues of race and ethnicity continue to be important in looking at drug use in contemporary societies. The paper in this volume on drug use amongst Black and minority ethnic communities in the European Union and Norway (*Fountain et al. 2004*) makes the point that, in some cultural groups, there is reluctance by the community to acknowledge drug use among their members, reluctance by professionals to investigate and respond appropriately to problem drug use and considerable stigma attached to divulging problem drug use. The authors highlight situational and cultural factors which make ethnic minority communities more vulnerable to drug use, including the association between drug use and social marginalisation.

Defining alcohol and drug use as problematic

So, although there are many examples of the functions and uses of mood altering drugs, and although, very often, drugs are well integrated into cultural and social life, there are also accounts of the ill effects which can be associated with substance use. These are not new and there are many descriptions of what we would now consider dependency or problem substance use in older cultures and societies. For example, Porter (1985) provides an account of perceptions of alcohol use in Georgian Britain which demonstrate knowledge of the harmful physical and mental effects of excessive consumption although, at that time, the ill effects had not been defined as alcoholism,

disease or dependence, concepts which emerged later in the 19th century and in the 20th century. Excessive drinking and drunkenness, as *Levine 1978* notes in the case of colonial America, was a fact of life – to be expected in a society where alcohol was consumed in great quantities and drunkenness was not seen as particularly problematic. Drunkenness was under the control of the drinker: if anything, it was seen as a moral weakness or a bad habit, and unacceptable alcohol related behaviour was the butt of preachers' sermons or subject to public whippings and the stocks. It was only in the 19th.century that notions of 'loss of control' over alcohol or being overwhelmed with the desire to drink began to appear. As *Levine 1978* and others note, the work of Benjamin Rush (1787) and Thomas Trotter (1806) synthesised thinking on the topic and produced the first clearly developed conception of alcohol addiction. In Rush's model, alcohol was the causal agent, the drunkard suffered from loss of control over his drinking, the condition was seen as a disease and abstinence was the only cure. A similar lack of concern with 'addiction' related to opiate use is recorded by *Berridge 1979* who also suggests that until the 19th century *addiction* was seen as the result of over-indulgence and bad habit rather than as an illness requiring medical care. However, medical interest and debate on addiction or *inebriety* as it was then called (to alcohol, opium and derivatives such as morphine) increased over the course of the 19th century. As *Berridge 1979* notes, these developments were taking place at a time when disease entities were being established in more directly physical conditions, such as typhoid, tuberculosis and cholera. But the alcohol and drug addiction disease model retained a strong moral and individualist emphasis, becoming linked to temperance ideology. By the late 19th century, as *Valverde 1997*tells us, alcoholism had come to be regarded as one of several 'diseases of the will', that is, it affected the *moral* faculties.

Conceptions of alcohol and drug use influence responses

The papers in this volume (notably, *Levine 1978, Berridge 1979, Valverde 1997 and Room 2001*) illustrate clearly that how people thought about alcohol and drugs influenced the kinds of informal and formal responses to consumption and to perceived unacceptable effects or behaviours related to drug use. Rush, for example,

greatly influenced temperance thinking and the Temperance movement, beginning in early 19th century America, quickly spread to the UK and other parts of Europe. Temperance, Berridge (2005) writes, 'was never a monolithic movement. The early meaning of temperance was simply that of anti-spirits; the first temperance supporters in the early nineteenth century were opposed to the drinking of spirits but not to that of beer'. Gradually the Temperance movement came to emphasise prohibition as their main objective although specifically how the ideas and objectives of the Temperance movement developed varied in relation to national contexts (*Levine 1978*; 1993). Researchers have differed in their conclusions as to the effectiveness of the movement in influencing policy or alcohol regulation. Tracing the impact of the Temperance movement in Britain, *Yeomans 2011* rejects earlier claims of inefficacy, arguing that temperance ideas had a significant, lasting impact on the legal, moral and heuristic frameworks which surround alcohol and continue to influence alcohol policy today. (cf also Levine 1993, for a discussion of temperance cultures and an analysis of differences between 'temperance cultures' and 'non-temperance' cultures; also Berridge, 2005). What most analysts of the Temperance movement agree on is that the movement was closely linked to class issues: it provided a means of upward mobility: it signified identification with 'respectability' and encouraged conformity to 'desirable' behaviours (discussed by Yeomans under 'moral regulation'):and it became a political tool, for instance, in religious and worker-landlord strife in Ireland (Bretherton 1991). Sournia, in his *History of Alcohol* (1990) emphasises the extent to which it was working-men's organizations and socialist guilds which promoted temperance in 19th century France and in central Europe:

The child of the Temperance movement – prohibition – is reviewed by *Burnham1968* who questions the view that prohibition can be dismissed as a 'social experiment' which bore little fruit. He argues for a reappraisal of the reform and progressive elements in the temperance movement, for a re-evaluation of the outcomes, and challenges the 'myth of failure'. Looking anew at the evidence, prohibition in the United States, Burnam asserts, was effective in cutting down drinking among the workers, which was one of its primary aims (again bringing in the social class dimension). This view is not shared by historians commenting on the global situation. Within the context of examining the cultural impact of the United States around the beginning of the 20th century, Tyrrell (1994) looks at the international spread of

prohibition after 1919, proclaiming it 'an ignominious failure'. Tracing the emergence and evolution of the 'World League against Alcoholism', Tyrell demonstrates the political impetus for attempts to replicate prohibition approaches abroad (especially in Europe because of its large wine and spirits industries): he sketches out the international networks which emerged around prohibition and the important interlocking activities of other organizations, such as the Women's Christian Temperance Union. However, Tyrell stresses that 'This was a case of collaboration rather than one-sided American penetration' – there were eager supporters in other countries. But from a high point in 1922, prohibition as an approach suffered resounding defeat in all countries: threats to important industry and business interests (and government revenues), international trade constraints, dislike of increasing American political and economic power, rival systems of government control over alcohol (such as in Sweden) and an unfavourable image of America portrayed in films were some of the reasons for the rejection of prohibition.

The 19thcentury also witnessed a second major response to changing perceptions around substance use - the rise of medical interest in inebriety. Defined as a 'disease of the will', inebriety became a candidate for medical intervention. Prestwich (1994) provides an account of the importance of the medicalisation of alcoholism in the expansion of psychiatric power in France where it was integrated into psychiatric theory of hereditary degeneracy, becoming an all-encompassing explanation for mental disorders and social problems. In this volume, *Valverde 1997*, *Berridge 1979* and *Levine 1978* trace the origins of medical involvement and treatment approaches in responding to alcohol and drug addiction in the 19thcentury. As Berridge notes, these approaches were not without controversy between doctors, some of whom, for instance, favoured the use of bromide, others advocated heart treatments or other kinds of treatment: rapid or gradual withdrawal was debated, and other drugs, such as cocaine or cannabis were also advanced as 'cures'. In the UK, the necessity for coercive treatment was vigorously debated but never implemented. *Valverde 1997* and *Levine 1978* detail some of the institutional arrangements for the treatment of inebriates which emerged in the 19th.century in the USA and the USA, highlighting the class and gender differences which pervaded provision for the inmates of the inebriate reformatories and asylums. These institutions described more fully elsewhere (e.g. McLaughlin 1991; Hunt *et al.*1989; MacLeod 1967) were never

successful and withered away in the early years of the 20th. century in the UK although in the United States, they continued post World War II..

Disease theory also underwent change over the course of the 20th century. It shifted from a disease theory which combined moral and medical dimensions – with its emphasis on individual volition - to a disease theory which retained the individual focus but couched the disease in physical and psychological terms (and later as a chronic relapsing condition), amenable to cure through medical or other professional intervention. However, considering the debates which attended changes in disease theory with respect to narcotic drugs, Berridge (1997) concludes that the moral emphasis of the disease theory was carried over into a new era of addiction as a social problem and a matter for social policy. The re-emergence of disease theory in the 1940s – heavily influenced by Alcoholics Anonymous and the Yale Center of Alcohol Studies (USA) is analysed by *Levine 1978* who draws attention to both the continuities and differences in 19th and 20th.century conceptualisation of the problem. (cf also: Keller 1976)

A third important trend discussed in the papers in this volume, is the growth of laws and regulations around alcohol and drug use. Again, the specifics of regulation were determined by national characteristics and the papers in this volume must be seen as illustrative of how different political systems responded to pressures to take action. *Fahrenkrug 1991*, for instance, considers the control of alcohol in Germany during the Third Reich. The imperatives of the modernisation process, at odds with traditional drinking culture and with alcohol abuse, sparked a raft of control instruments – fiscal policy, licensing – along with restrictions on advertising, control of public houses and interventions targeting public order, traffic safety and alcohol-related crime. Alcoholism became linked to racial degeneration and racial inferiority (as it was in other countries) and the worst offenders risked compulsory treatment, possibly in a concentration camp. 'Grave alcoholism' was allied with hereditary conditions, mental illnesses and physical deformities and at times treated by sterilisation. To take another example, the development of foreign policy on narcotics is the subject of *Kinder and Walker's 1986* paper. They describe how the United States anti-narcotic policy was promoted by Harry Anslinger in the belief that drug

control could only be achieved through international collaboration. However, the paper also illustrates the close relationship between the drive to secure international agreements (and restrictions) on drugs and America's broader foreign policy objectives, including national security concerns. *McCoy 2000*, on the other hand, suggests that 'imperfect coercion' as a means of controlling the international opium trade risks increasing production. There is, he contends, the need for a new paradigm which abandons the drug war rhetoric and adopts a medical metaphor of treatment and healing. (cf also Spillane and McAllister (2003) for a review of the intertwined evolution of national and international drug regulation and a discussion of the development of the international treaties, the stakeholders and circumstances influencing the course of drug regulation).

Conclusion

The papers in this volume focus on historical and cultural perspectives on alcohol and drug use. They illustrate the many variations in use and responses to use over time and place and provide a glimpse of the complex ways in which drugs are interwoven into social, political and economic life. The remaining five volumes will expand on this foundation. Subsequent volumes will show how theories, policies and interventions changed and burgeoned over the course of the 20th century, how new technologies, data gathering methods and research methods added to, or changed, existing understandings of the problem, and how different professions emerged as stakeholders in the alcohol and drugs field.

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