Book

The age of addiction

It used to be considered daring for addiction researchers to bring illicit drugs and alcohol together—the banned substances talked of in the same breath as the one which many societies saw as acceptable. That hesitancy is long gone, undermined in part by David Courtwright's 2001 book *Forces of Habit: Drugs and the Making of the Modern World*, which covered the global histories of both sets of substances along with caffeine and a nod towards licit drugs. Out in the non-historical world, researchers and commentators began to question the nature of the boundaries between substances and how they had been constructed, with some licit, others prohibited. And in recent years, some of those boundaries have shifted again in some countries: coca and its acceptability in Bolivia, for example, or the legalisation of cannabis in various ways in certain US states, Canada, and some other countries.

Historians were also trying to understand how the separation of substances had come about. They started to look at a wider range of substances and activities that sought pleasure and the alteration of consciousness. A pioneer in the field was the American historian John Burnham with his book *Bad Habits: Drinking, Smoking, Taking Drugs, Gambling, Sexual Misbehavior, and Swearing in American History*, published in 1993. Burnham argued that vices which respectable people had once associated with the male underworld, and which Victorian and progressive reformers had marginalised, came back into the mainstream after the repeal of Prohibition in the USA. Burnham's comparison was country specific. Now Courtwright has cast the net even wider. In his new book *The Age of Addiction: How Bad Habits Became Big Business*, he looks globally at how the quest for pleasure has brought an ever expanding range of activities into view. The book covers opioids, processed foods, social media pathways, gambling, other drugs, alcohol, smoking, and sex. The unifying ideas of the book are addiction, of course, and something Courtwright calls "limbic capitalism". Addiction, a social as well as biological process, is an indispensable profit centre for a range of global businesses. More than that, Courtwright argues, global industries, working with amenable governments and criminal organisations, aim to encourage overconsumption and addiction. They do this with products that "target the limbic system, the part of the brain responsible for feeling and for quick reaction as distinct from dispassionate thinking". Genetic variations, Courtwright argues, and life circumstances make some people more susceptible to addiction than others. This is a process of accelerating change over a long period of time. Civilisation incubated the technologies that quickened the global quest for pleasure, most recently through the explosion of digital communication.

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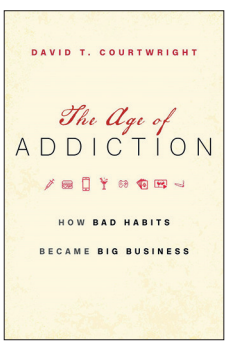
What lies behind it all is that familiar public health bogeyman of industry. Whether it's the two companies discussed in the book—Diageo pushing alcohol or the Sacklers' firm Purdue Pharma fuelling the opioid crisis—the enemy is clear: it's big business on a global scale reconfiguring our brains.

Can we do anything about it? Courtwright thinks we can. In an interactive question and answer final section of the book called "Against Excess", he sets out an agenda that could unite both right and left of the political spectrum. The agenda strikes a familiar note to this British public health historian. It's the well known trio of advertising controls, higher taxes, and education.

So the message of the book is clear and it is written with a wealth of different national examples in Courtwright's trademark readable style. Yet I found that it raised some questions for me about the argument. The first question is about Courtwright's unwavering faith in the neuroscience approach. The hero of recent history in this book is Nora Volkow, Director of the National Institute on Drug Abuse (NIDA) at the US National Institutes of Health and a leading addiction neuroscientist. Volkow, together with Alan Leshner, Director of NIDA from 1994 to 2001, both of whom are singled out in the book, issued a call to arms for the brain disease model of addiction. In the late 1990s came Leshner's rallying call, "Addiction is a brain disease and it matters". Neuroscience approaches are common in many countries, but the rise of that approach has been of particular importance in the USA. Importantly, it gave legitimacy to a disease model of addiction and it could be argued that addiction was treatable. In the UK, by contrast, HIV/AIDS had redefined drug use as a public health issue and there was a long history of disease views of addiction and an established treatment system. Neuroscience didn't have quite the same purchase as a facilitator of the argument for treatment.

Historians have questioned the uncritical acceptance of the neuroscience model both in general and specifically by Courtwright. The historian's usual mindset is to ask why particular ideas achieve salience at particular points in time and in specific contexts, and not just to accept them wholesale. Historian Jim Mills, for example, wrote of an earlier articulation by Courtwright of



The Age of Addiction: How Bad Habits Became Big Business
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the ideas in this book "the tone of the argument seems to implicitly accept that this knowledge is 'true' and it fails to explore the forces which have… driven science in this direction. Many factors suggest themselves, amongst which are the financial commitment to the ' war on drugs' of the United States, the consolidation and expansion of pharmaceutical corporations eager to open new markets in 'limbic capitalism' or the morality of the post-AIDS generation of the 1980s which was forced to reassess its pleasures within the calculus of cost to health." Historian Tim Hickman has likewise been critical of the dominance of brain science as a form of explanation for addiction, drawing parallels between current neuroscience and the brain theories that animated the patent medicine salesman Leslie Keeley with his "Keeley cure" in the 1890s. Moving beyond the historical critique, Courtwright to some extent seems to advance ideas that have some parallels with the concept of the "configured user"—the notion of the way in which the brain adapted to new technologies, configured itself differently in response to them, which was common in science and technology studies to explain their appeal.

The second question relates to structures and cross-national differences. *The Age of Addiction* is to some extent unappreciative of the differences in national institutions and in regulations that drive divergent policy responses. Diageo, mentioned in the book, is a global alcohol brand, but it has to operate in different regulatory environments—for example, it would comply with minimum unit pricing in Scotland. The Sacklers and their company, also discussed in the book, are blamed for initiating the opioid crisis in the USA, charitable opportunities are withdrawn, and law suits launched. But there is less discussion in the book of the US healthcare system. Insurance companies trying to limit costs had promoted pain medication over physical therapy and the absence of addiction treatment services facilitated a transition to heroin once pain medication was withdrawn. Direct-to-consumer advertising is less stringently regulated in the USA than in the UK, where it cannot happen, although online sales are increasing. The industry does not operate in isolation and different national histories of regulation and of public health mean a lot—as the contrast between the USA and the UK indicates.

The role of government in regulation and public health in evidence-based treatment, prevention, and harm reduction and the history of how those responses have evolved and how they differ are important. This context, I would argue, could have been given more weight in the analysis in this book, which tends to be US centric in its perspective despite the wealth of cross-national examples.

And, finally, the third question. How new is the public health part of this agenda outside the USA? And what do we mean by public health? Courtwright's solution is a traditional public health one of advertising controls, taxation, and education—with prohibition, he argues, as the ideal but probably unachievable backstop. This agenda has largely been the model for public health in the UK and at the international level—for example, through WHO declarations on smoking and alcohol since the 1970s. It has operated with some success for tobacco control with a substantial decline in smoking over time, and it is beginning to impact on alcohol and on sugar. This approach has not been the case in the USA, which has relied on controls through the law courts with weaker federal structures. Regulation of advertising falls foul of US commitment to freedom of speech. Courtwright's agenda may be radical for the USA, but it has been mainstream in public health in the UK and at the international level.

And maybe times are changing. There is curiously little in the book about the legalisation of cannabis in which some US states have been pioneers, and where further industrial interests are now emergent. The current debate in these contexts is about how commercial companies are to be regulated and how cannabis is to be marketed. Legalising cannabis in the USA has created an industry with a direct interest in promoting regular cannabis use. Cannabis potency is largely unregulated and prices have fallen steeply. Here is an example of the rise and fall of addictions and industries as cannabis, vaping, and the Shisha pipe to some extent supplant tobacco smoking. Nor is there much about harm reduction in the book, which failed to develop as a national policy in the USA for drugs and HIV in the 1980s. One battleground now is over nicotine, where Courtwright cites national bans on e-cigarettes and vaping in 30 different countries with approval. Here, the British response of harm reduction through the use of nicotine is in stark contrast to the current US reaction to the vaping epidemic. US vaping problems and current concerns about lung injuries and the spread of vaping among young people again stem partly from less regulation by comparison with the UK, with tetrahydrocannabinol and vitamin E contaminating the substances vaped. Britain—subject to both EU and national regulations with a lower allowable nicotine level in consumer products and restrictions on advertising—differs from the US situation.

The Age of Addiction is an engagingly written book with a clear message. In essence, Courtwright calls for a return to the anti-vice activism that operated more than a century ago, the history of which the book covers. Only this time it is public health, rooted in neuroscience, that Courtwright sees as taking on the battle. This is a call with its main resonance in the USA. Whether it becomes a universal public health message remains to be seen.

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Further reading

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