H.Padwa , *Social Poison. The Culture and Politics of Opiate Control In Britain and France,1821-1926* Baltimore, Johns Hopkins University Press,2012.

I once gave a lecture at a conference of European drug workers, and can remember the very different approaches of the British and the French contingents, the latter psychoanalytically oriented, the former focussed on harm reduction. The contrast between Britain and France historically is the subject of Howard Padwa's book. Why, in Britain in the 1920s, was it possible for addicts to obtain maintenance does of opiates (usually morphine) from their doctors, while in France, it was not? Both countries had not dissimilar systems of drug control . Yet the way in which the system operated was very different in France from the way it worked in the UK.

Padwa locates his argument and the explanation in the differing demographics of drug use in the two countries and different varieties of what he calls' anti narcotic citizenship'. Drug use was in decline in Britain, but rising in France. In Britain, fear centred on the possibility that opiate use could turn upstanding British citizens into indolent lazy individuals, like the Chinese and their opium smoking. But, so he argues, the report of the 1895 Royal Commission on Opium exculpated opium and quieted such fears. In France, similar fears abounded but did not subside. Instead ,the 1907 treason trial of Charles Benjamin Ullmo, a Jewish naval lieutenant who had tried to blackmail the Minister of the Navy by threatening to sell secrets to a foreign power, was revealed to have been the result of poor heredity, a manipulative woman and, most important, opium addiction.

The connection between drug use and the military animated French policy in this area. In 1908 , new regulations were issued which controlled every aspect of opium's passage in the country and confined its use to medical purposes, with availability only through a medical prescription. The decree was in force for eight years, until the war time restrictions on opiates. It did not stop opiate use among the military-who seem to have adopted the habit of opium smoking from colonial military service. But it made pharmacists wary of dealing in the drug and meant that most regulatory attention came to concentrate on the detection and prosecution of individuals who ran opium dens.

This more stringent attitude, already in operation before the First World War, intensified during the war .Drug sellers were no longer simply' ordinary delinquents'(p.128) but threats to the very existence of the state. Among those Frenchmen who were expelled from the war zone for antimilitary activity were specifically those targeted for dealing in drugs.

In 1916 the government passed a new law which strengthened existing regulations and broadened the range of offences which could be prosecuted. Such controls then expanded and were reinforced by the international establishment of a world wide drug control system after the war. If a Frenchman broke the new laws he could be stripped of the rights and privileges of French citizenship. The drug traffic flourished , increasingly the province of crime syndicates. France's failure to adopt the international import certificate system meant that ports such as Marseille became the centre of drug exportation with North America as a major focus, the forerunner of the post World War Two 'French connection.'

In France, judges , not doctors decided who could be treated and how. By the 1930s legal judgements had made it clear that opiates could be used to treat other illnesses but could not be used to maintain addiction. The 1916 law allowed medical prescription of opiates but increasingly this was legally circumscribed. By the outbreak of World War Two, French drug control was one of the most draconian in Europe. Padwa argues that ' anti narcotic nationalism' was more enduring in France than in Britain. Even much later, with the advent of HIV/AIDs in the 1980s, when drug control regimes adopted harm reduction tactics and methadone maintenance underwent a revival in the UK, the French treatment system remained abstinence focused .The report of the medically led Henrion commission in 1995 drew attention to a ' health and social catastrophe'(p.180) and led to a sudden change. In 1993, only 52 people in France received substitution treatment. By the early 21st century, this had rocketed to nearly 90,000, the largest number in Europe.

The French section of the book is the most original .The British story which forms the counterpart is much better known –war time controls stimulated by leakage of drugs and smuggling as well as drug

use in the armed forces , were followed by the 1920 Dangerous Drugs Act, and attempts by the justice ministry, the Home Office, to introduce a US style system of 'stamping out addiction' in the early 1920s.The 1926 report of the medical Rolleston committee formalised the pre existing system of medical prescription to addicts, so long as they conformed to medical norms. Extensive, although declining , self medication with opiates(chlorodyne and other patent medicines) did not form part of the committee's remit. This was a liberal medico- penal system which has been extensively researched already.

Although there were clear differences between French and British approaches .I am unconvinced by Padwa's explanation in terms of demographics and varieties of citizenship. We cannot be sure what those demographics actually were.The Rolleston case histories, which he uses to argue for declining use, were only of those addicts who came to the attention of doctors, and did not represent wider self medication in the community. The French case prompts some questions about similarities and differences which this text does not answer .The trajectory of drug control seems similar in some respects; focus on opium dens; war time regulation in 1916; concerns about the armed forces. Other aspects are different. Britain and France had different conceptions of drug taking as disease- inebriety in Britain, toxicomanie in France ,relating to different intellectual traditions, and the French war time legislation of 1916 seems, according to the text, to have remained in play in the 1920s rather than being replaced by new drugs legislation, as was the case in the UK. The French medical profession seems to have responded to drug use very differently to the British one, which was concerned to protect its professional autonomy. The force of the law was stronger in France. Padwa has passing references to French drug taking literary circles , Jean Cocteau and others, but the cross Channel transfer of drug sub cultures in the 1920s could also repay attention.

Most cross national comparisons in drug policy compare the UK and the US. This book breaks away from that familiar scenario and its comparison of France and Britain breaks new ground. It would

have been better to spend more time on the unfamiliar French drug policy history. The comparative frame is limited, but provides suggestive pointers for future work.

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