

History and the future of addiction

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In the UK at least, there has been a revival of the role of history in policy making in recent years. (Berridge, 2016). There are now many avenues through which history can be brought into the policy arena, ranging from specialist organisations such as History and Policy to evidence giving to Commons committees, and policy briefings for particular areas. In the substance use field, this is a long established tradition and the ‘ use of history’ has itself a history.

Using history to predict the future

But can history predict the future? This seems like a contradiction in terms and many historians would balk at crossing the dividing lines between past , present and future. It is possible and is even a function for which, so I argue, that history is particularly suited. Let me illustrate this with some initial examples.

Some years ago, the historian Tim Hickman and I were commissioned to write a position paper for a British government initiative, called Foresight . It was examining the future of psychoactive substances . (Berridge and Hickman 2007) .This historical analysis was not really integrated into the findings of the final report. Instead, the Henley Centre was commissioned to produce a range of scenarios for the future. I was then asked to propose a series of historical ‘stages’ which might have brought these scenarios about. But we had not been involved in the scenario development so thinking up how we might get there was a rather difficult and artificial exercise. The scenarios did not really fit what came out of the historical analysis

As time has passed this ‘forward look’ has become more of a regular historical function and has become, in some cases, a more sophisticated exercise. Just recently , my research on smoking policy and its history has been brought into a cross disciplinary study looking at the future of anti microbial

resistance(AMR) .The factors conditioning the policy response to smoking (and to climate change, the other historical example) were transferred across into the AMR field for discussion. How for example, might activism affect AMR as it has impelled the anti smoking cause: what technical changes might impact on AMR as e-cigarettes have on the tobacco field? A recent workshop took the case studies and issues derived from them as the key material for a multidisciplinary discussion , also involving civil servants including the then CMO Dame Sally Davies, and other policymakers, of future drivers of change in AMR policy. In this example of futurizing, the two historians were actively involved at all stages of the research, commenting on the proposals from the multidisciplinary team, stating where we disagreed or agreed with what they had drawn from our case studies. The researchers recognised that the history of a particular area is not a monolithic exercise. Historians vary in what they work on as evidence and differ in the conclusions they draw from it. This is nowhere more the case than in the field of smoking policy, where some researchers are using historical material to make an anti tobacco industry case, while others are concerned to link with theories of policy development and histories of public health. So I did not write the position paper on smoking but simply advised on historiography and commented on drafts. This enabled the non historical researchers to fully appreciate the material and arguments made round history and develop ideas for the future development of AMR.

Another example of this function for history, although not directly drug related, has come with COVID-19. In looking at the UK response, my colleagues and I were puzzled as to why local government public health had not been utilised in infection control, tracking and tracing, given the historic record in that area. We were ahead of the game. Only later did policy makers wake up to these possibilities and it could be argued that, at the national level, they have still not fully done so .(Berridge,2020)History has been used in the discussion of the response to COVID but it has tended to be the example of the 1918 flu pandemic as a ' parallel' or ' precursor' rather than more directly policy related historical comment.

So from these three initial examples we can draw several ‘lessons’ about the futurizing capacity of history . Firstly that ‘history’ is not a monolith and will not necessarily give a unified message about future action. Many historians would be averse to using it in this monolithic way. It has been used in this way in the recent past. ‘The lesson of history’ was, for example, much used during the AIDS epidemic . The historian Roy Porter wrote an editorial in the British Medical Journal , ‘History says No to the Policeman’s Response to AIDS’, which embodied, using history, the individual and human rights approach to HIV/AIDS. (Porter, 1986). But some historians I interviewed later were uncomfortable with this undoubtedly popular usage. They argued that history could also have been used to support a different line of action and that the history of public health showed punitive as well as libertarian responses.

The message of historical work is more subtle and diverse, with different schools of thought . History is not an hypothesis driven discipline but proceeds instead on the basis of the interaction between the historian and the evidence. It can open up options rather than stating which are the right ones to take. And the way in which history is used by those who wish to discuss the future is likewise diverse. History can be mobilised or silenced dependent on whether its implied message is acceptable to the media and to the line which policy makers want to take.

Possibilities for the drugs field

So how could we bring this forward looking historical perspective more fully into the drug field?

Here are some examples.

There is rather uninformed discussion about alternative systems of **regulation of drugs** in the media. The options range from forms of regulation; taxation systems; and sanctions/ prohibition. These are rarely discussed in depth and never with much by way of historical input. Never have I seen any journalist or policymaker draw upon the historical exemplar of the colonial systems of opium and cannabis regulation and how these operated. Yet there is substantial work in this area which could

be used to inform discussion of the dynamics of different systems and their change. (Mills and Barton, 2007) Again this is an area where historical work is diverse with different emphases within it. A recent history of opium's dramatic fall from favour as a taxation instrument in South East Asia places emphasis on the role of colonial bureaucracies rather than that of doctors or moral entrepreneurs.(Kim,2020)

Likewise, the **history of international drug control** and recent work in that area is not effectively integrated into debates about system change. More could be done to pull out the possible conjunction of factors which might contribute to change in the future. Looking at the past history one can see operative factors such as : the impact of war (it was World War 1 which brought international control to the fore and World War 2 which gave the US hegemony); power politics and agendas outside drug control; bureaucratic policy making; and industrial interests in particular those of the pharmaceutical industry . The role of non- European countries has also been a significant engine of change -colonial countries in the past ,Latin American in the present. It would be possible to develop scenarios drawing on these factors.

And if we are talking about regulation, how could the **histories of alcohol control regimes** be used in the discussion of cannabis regulation? Robin Room is among those who have discussed how the myriad of examples of regulation –the tax farms in India for drugs or the government and municipal alcohol monopolies like the Gothenburg system in Sweden , could be used as models. There have been state wholesale monopolies, state retail monopolies and the system of disinterested management which was an important part of the monopoly system. (Room,2019)

History cannot predict the future step by step but it could be used more effectively as a key discipline informing **discussion of future scenarios**, as it has done in the AMR research. History can be used to inform discussion of policy options but it does need to be segmented and analysed itself, taken to a higher plane of discussion. What conjunction of factors has led to change in the past and how might these operate in future? What are the potential future drivers of policy? In the AMR

project, issues such as the centrality of social change in alliance with policy change; the role of governance and who influences it; and governance at the global level- for example through Framework Conventions-have been among the issues transferred from the histories of tobacco and of climate change. These involved taking the historical case studies to a different plane and drawing out more general themes rather than those specific to the particular policy area.

SO-What about the future of addiction?

What does history tell us about the future of addiction? As Helen Keane rightly says, it has a history and significant work has been done by historians in that field. But that history has continued in the present and to the future.

Historians have been active critiquing the more recent brain science model of addiction-Tim Hickman compared it in an *Addiction* article to the Keeley cure quack theories of the last century . (Hickman,2018) I have argued that the substances are moving closer together into common frameworks and paradigms. (Berridge,2013) .Does that mean addiction too? There is certainly a move of the concept from drugs and alcohol into the tobacco/nicotine field. But we need to be aware of who supports these theories, where and why.

Networks of interests support particular theories for particular reasons. The historian Roy Porter long ago pointed out that theories of addiction/inebriety emerged and gained hegemony in the nineteenth century because of the powerful interests those theories served.(Porter ,1985) The same is true of the present and we cannot assess such diffusion without an awareness of it.

Addiction theories are expanding to new areas .The expansion of addiction theories to nicotine illustrates the power of different networks and these do not automatically mean a harm reduction response. Those networks are very different in the UK, where they have focussed on harm reduction responses with quite a long history; by comparison with Australia, where addiction ideas have been tied recently to parallels with heroin and a punitive response. In Australia ,a different history of

regulation and response to nicotine, together with public health networks, has brought addiction but with a different non harm reduction edge. We must be sensitive to the context , present and past, and to the operative networks.

So there is much for historians to do, working in conjunction with other disciplines and areas which are sympathetic. “Historical modelling” could be developed within the drugs field given the expansion in recent years of relevant research. This could examine how change has happened in the past, the operative factors and the impacts of different styles of regulation and policy, and then transfer some of that analysis to the present and future. Historical foresight is entirely possible and policy makers seemed to getting more of an appetite for it.

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