

WHY ALCOHOL IS LEGAL AND OTHER DRUGS ARE NOT

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Current licensing legislation means that alcohol is subject to a whole set of legal controls, so why can you buy a drink in a pub yet need a doctor's prescription for an opiate? At different times in history and in different societies, the legal and regulatory control of drugs has varied. Both laudanum and beer were available over the counter in the first half of the nineteenth century. Now the opiates and alcohol are the subject of different systems of control and their cultural positioning differs radically.

What has led to these changes? Are they simply the rational result of the relative harmfulness of the substances? Or has a wider range of factors been at work?

This presentation outlines seven key issues which have helped determine these historical changes and looks at how a better understanding of them can be applied to present day strategies.

The issues are:

- Cultural positioning and 'tipping points'
- Activism and social movements
- Building alliances – the role of medicine
- Technology and markets
- Vested interests
- Internationalism
- The role of science and the state

The paper finishes with a discussion of moderation, harm reduction and convergence of substance use policies, with some options and models drawn from the historical discussion.

THE ROLE OF CULTURE

- Some drugs have become less culturally acceptable over time, while others have become more so.
- In 18th Century society drinking culture was endemic and alcohol was built into the fabric of social life. It played a part in nearly every public and private ceremony. The *Gentleman's Magazine* recorded 87 idioms for drunkenness ranging from the genteel 'sipping the spirit of Adonis' down to the vulgar 'stripping me naked'.
- Opiates were similarly accepted and there was no differentiation made between their medical and non-medical uses. In England you could buy opiates over the counter until the 1860s, in the same way as alcohol. Laudanum (opium dissolved in alcohol) was used as a semi-medical / semi-recreational pick up. It was accepted that many people of all classes took opium as a matter of course: Gladstone and Queen Victoria were among them.
- Over the next 150 years opiates became less culturally acceptable, whereas alcohol became, if anything, more popular.

ACTIVISM AND SOCIAL MOVEMENTS

- The construction of anti-substance sentiment and the role of activist movements and organisations have been instrumental in policy formulation.
- Temperance is the great exemplar of anti-substance activism for alcohol. Temperance meant different things at different times. It originally meant the notion of moderate living rather than total abstinence from spirits.
- Temperance was a mass movement with a clear political agenda. It was initiated by the middle classes with a focus on spirits but later became a working class movement after the failure of wider political reform through the Chartist movement.
- By the end of the 19th century, the temperance movement had shifted from the elimination of all drink to the reduction of licences; and to a focus on temperance education as part of social hygiene.
- The anti-opium movement was an allied, but never such a strong force in the British context. The issue of concern in the UK was the Indo Chinese opium trade rather than problems associated with home consumption.
- So why did opium end up more restricted than alcohol?

THE ROLE OF MEDICINE

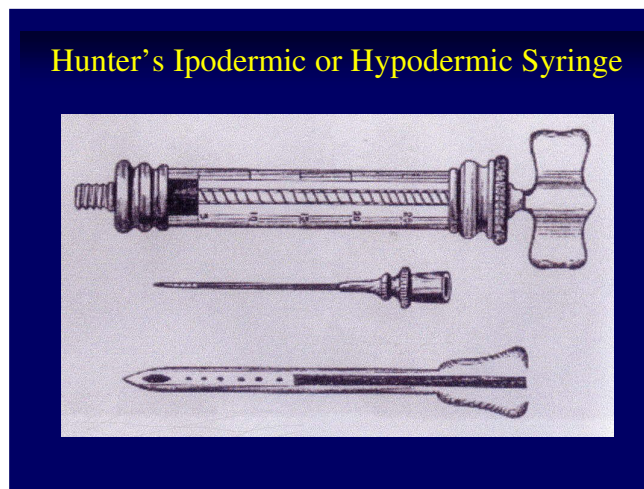
- Activism is a matter of alliances and in these alliances medicine has been important.
- Until the mid 19th century, the medical profession had a strong belief that drink was good for you and many medical preparations contained alcohol. Pharmacists often held alcohol licences and drink was regularly prescribed, as shown by hospital and infirmary records.
- A medical opinion hostile to alcohol began to emerge - dating back at least to 1804 when Thomas Trotter published his *Essay, Medical, Philosophical and Chemical on Drunkenness*. Trotter called the habit of drunkenness a disease, to be managed by the discerning physician.
- At the end of the century these beliefs coalesced into the scientific specialism of inebriety, later addiction. Many of the doctors involved were both medical professionals and temperance supporters.
- Opiate use was not considered harmful because moderate users could maintain good health and continue working. However, the moderate use of opium eventually

disappeared into the medical concept of 'maintenance,' while the moderate use of alcohol, part medical, and part social, retained greater legitimacy.

- The development of a medical model for the opiates, reinforced with the introduction of the hypodermic syringe, made its recreational use less culturally acceptable. Addiction and medical only utility became firmly established for the opiates, while a more blurred picture remained for alcohol.

THE ROLE OF TECHNOLOGY

- Technology had a differential impact on these substances in the 19th and early 20th centuries.
- For the opiates the advent of the alkaloids (morphine and codeine) in the early 19th century and of the hypodermic syringe in the 1840s lead initially to the development of a more medicalised model, and restricted use by the mass market.



- For alcohol, as with smoking tobacco and the advent of the cigarette, technological change meant an amplification of the mass market and the ability to produce and market a standardised product.

THE ROLE OF VESTED INTERESTS

- Alcohol taxes were crucial in both core and peripheral regions of the modern world. They were the bedrock of western finance and also supported many colonial governments in Africa and Asia.
- The alcohol industry had a size and fiscal importance in western nations that dominated the world's economic and diplomatic affairs. The French alcohol industry affected the livelihoods of 5 million people in the early 20th century, or roughly 13% of the French population.
- Industrial interests were allied with political interests from the early 20th century onwards.
- Here we can draw a contrast with the opiates. By the end of the 19th century, the pharmaceutical industry was becoming established but the general production and trade in opium and coca products was still small in comparison to the alcohol industry.
- Alcohol could be sold and produced internally by the industrial nations, unlike coca and opium, which could not. Poor nations and colonies in South East Asia grew most of the opium. Peru and Java accounted for most of the coca.

- A handful of industrial nations manufactured morphine and cocaine. Germany was the world's major producer of cocaine, and Britain the main manufacturer of morphine. Just before World War 1, both countries resisted international regulation of these substances, but they worked through the Board of Trade rather than any political alliance.
- The producer and industrial interests for drugs were in general more limited, both geographically and in terms of power bases, than those for alcohol.

THE ROLE OF INTERNATIONALISM

- Internationalism was, and remains, a key feature of anti-substance alliances but there are crucial historical differences between drugs and alcohol in this area.
- In 1878, the first international alcoholism congress was held in Paris. In 1906, the first international association was set up and located in Lausanne where, as the ICAA, it still sits.
- The closest approximation to an international effort was the regional control system set up through the antislavery provisions of the General Brussels Act of 1889-90, but alcohol was never a serious candidate for overall international regulation.
- American efforts, prompted both by missionary concerns and strategic imperatives, helped to transmute a draft regional system, set up by the Shanghai Opium Commission in the early 1900s, into a nascent worldwide drug control system before WW1.
- Since the 1920s there has existed a worldwide control system for the opiates, which has dominated and helped to determine systems of domestic regulation.
- Germany and Britain resisted regulation but the post war settlement saw these export controls included in the peace settlement under the supervision of the League of Nations.
- The trade control system changed after WW2, under American influence, into a strongly prohibitory regime whose impact continues to be felt in illicit trade and domestic drug control legislation.

THE ROLE OF THE STATE

- The state has had different interests in both sets of substances, through licensing and taxation for alcohol, and through medical and penal forms of control for other drugs.
- The late 19th century moves for compulsory institutional confinement and treatment of the inebriate aimed to substitute a medical for a penal view of alcohol misuse.
- Different forms of control deserve evaluation. Greater restriction is not always a failure. State restriction has been shown to be effective for alcohol, e.g. during WW1 alcohol was restricted, due to its association with industrial inefficiency. The work of the Central Control Board produced significant decreases in prosecution for drunkenness offences and in cirrhosis of the liver.
- The impact of increased regulation was further demonstrated in America under Prohibition in the 1920s. In its early years this experiment was successful in changing patterns of working class drinking and had widespread popular support.
- The post war years saw a different, medical system put in place for opiates. The Rolleston Report of 1926 legitimised a medical system of control-maintenance prescribing for the opiates, replacing the former OTC system of regulation, which had some parallels with the licensing system for alcohol.

WHAT CAN WE LEARN FROM HISTORY?

CULTURE AND 'TIPPING POINTS'

- Cultural 'tipping points' (how something 'smart' can become 'unsmart' or the other way round) are important and cultural change can be achieved. For instance, spitting in public moved from being acceptable to unacceptable.
- The cultural positioning of smoking tobacco has changed significantly since WW2.
- Cultural tipping is likely to be a difficult process for alcohol as demonstrated by the failure of the Russian anti-drinking campaign. There is no sign of alcohol becoming a 'loser's drug,' like tobacco or the opiates. If anything, 'skid row' behaviour is now glamorised.
- The history of drink driving offers a model of cultural change in the alcohol field. It indicates the potential for positive change and is a success story for public health activism allied with science.

THE ROLE OF ALLIANCES AND OF ACTIVISM

- Renewed concern about drinking has fuelled a 'new temperance movement' since the 1970s but there is little similarity with the 19th century mass political movements.
- The 20th and 21st century activist model is media focussed, e.g. ASH for tobacco in the 1970s was the first exemplar of the new style of public health activism.
- The unit drinking strategy and drink driving awareness may be the greatest successes of the alcohol-related public health campaigns.

INTERNATIONALISM

- A strong international dimension has been introduced by the World Health Organisation.
- Scientific theories have been important at the international level and public health concepts have been disseminated in preference to formal international controls.
- The most recent international dimension of significance is the impact of international trading treaties which prevent, rather than promote, greater alcohol controls.

THE ROLE OF SCIENCE AND THE STATE

- The public health movement relies primarily on science, in population-focused epidemiology and the concept of risk. But science and policy-making have been locked into reinforcing relationships.
- The recent focus on high risk drinking has also brought revived interest in genetics and heredity.
- Some see it as regrettable that the earlier focus on disease, which gave an unambiguous public message, has been dropped.
- The 'policy community' around alcohol has changed, as has its influence. The 'Think Tank' report of the late 1970s, recommending a broad approach to the reduction of consumption, was never officially published. It was replaced by a document (*Drinking Sensibly*), published in 1981, which took a more circumspect view.
- Present high risk drinking concern impacts considerably on health and criminal justice departments.

MODERATION, HARM REDUCTION AND CONVERGENCE

- Recently there have been moves for a policy of convergence, bringing the substances together, thereby offering the best option for controlling intractable problems and social issues.
- Moderation shows some of the difficulties of this approach. Moderation has been successfully defended as a strategy in the alcohol area.
- Moderation has been less acceptable for drugs and smoking tobacco. Safer smoking was a policy objective in the 1970s, which was phased out in favour of total abstinence. Harm reduction for drugs has been controversial.
- There are areas of similarity in response to drugs and to tobacco. Some of the features of current tobacco control bear resemblance to past developments in drug control, most notably international conventions and ideas about addiction, e.g. nicotine patches equate to methadone prescription.
- As smoking tobacco declines the smoking of cannabis increases in popularity. There is a cultural balancing act over these substances.
- There is convergence between drugs and alcohol in the increasing overlap between health and criminal justice interests in both areas.

CONCLUSION

- There are a number of questions which need to be asked in relation to history.
- What is the role for activism today in changing drinking culture? Can we draw from the temperance models?
- Can increased regulation have an impact as it did during WW1 and the 1920s?
- What is the interplay and balance between culture and regulation?
- Substances pass through cycles of consumption. The impact of policies on the rise and fall of substance use may be limited.

QUESTION & ANSWERS

Is there any historical reason that the legal age for drinking is 18 in England and 21 in the US?

In Britain the legal age for drinking alcohol is 18, due to changes that occurred during the First World War. In all states in the US the legal age for drinking has been increased to 21. A recent evaluation of this legal change has estimated that it has contributed to a saving of 17,000 lives (Voas et al, 2003).

Why did alcohol remain legal when other drugs were made illegal?

It's not the case that drugs became illegal. The internationalization of the Hague Convention of 1912 was decided as part of the Versailles peace treaty at the end of WW1. The Convention covered cocaine and the opiates and required a system of domestic drug control legislation. But this was not necessarily a system of prohibition. In Britain what emerged was a system of control of supply organized primarily through the medical profession as gatekeepers i.e. the prescription pad was the mode of control. Possession through medical prescription was the key.

An alliance developed between the Home Office with its criminal justice interests and the medical profession's treatment interests. Up until the 1960s maintenance prescribing operated as a form of medical moderation. The harm reduction movement in the wake of HIV/AIDS has brought a revival of interest in moderation strategies like safe injecting and prescription of opiates.

Alcohol controls remained largely non-medical and there was never a system of international control of supply in the way in which this was initiated for drugs.