

Addiction concepts and international control

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The great expansion in psychoactive substance use

Psychoactive substances were the glue of empires in the period of European colonial expansion from about 1500 until the late 19th century. Alcohol, tobacco, tea, coffee, opium, chocolate - for each of these psychoactive substances there is a tale to be told (Courtwright, 2001; Jankowiak and Bradburd, 2003) - as also for sugar (Mintz, 1995), if it can be counted as a psychoactive substance. From the point of view of those seeking to create markets and dependence on trade, psychoactive substances were an obvious choice. The demand for axes or beads or other "dry goods" could eventually be satiated, but psychoactive substances have the advantage that they are consumed and thus used up, and that once the demand for them has been created, it becomes self-sustaining.

When the demand had been established, psychoactive substances then became a favourite commodity from which to extract revenues for the state, either in the form of excise taxes or of a state-run or farmed-out monopoly. The Venice tobacco monopoly established in 1659 became a model for the rest of Europe (Austin, 1978). The Russian *kabak* system of officially-sponsored taverns became a major source of revenue for the Czars (Herlihy, 2002). Until the advent of income taxation in the 20th century, taxes on psychoactive substances - alcohol, tea, tobacco, etc. - were an important part of government revenue in most modern states.

In the interests of financing their empires, European states had no compunctions about forcing open markets for their psychoactive wares. The most notorious such cases were the Opium Wars which Britain fought with China in the 1840s and 1850s to force the opening of the Chinese market for Indian opium (Courtwright, 2001). Often, European colonies were forbidden to produce goods which competed with production elsewhere in the empire (e.g., spirits in early British Australia) or deluged with unfamiliar products from metropolitan producers (e.g., wine in Portuguese Africa; Penvenne, 1989). Given the exercise of central power often involved in the conditions of trade, particular psychoactive substances often became associated with colonial domination, and rejection of the substances sometimes a form of insurrection - e.g., tea in colonial America (the Boston Tea Party), alcohol in early 20th century India (Room et al., 2002:26).

Problems from the use of psychoactive substances had already been well recognized from antiquity. Concerning alcohol, for instance, the Jewish Bible associates alcohol use with a variety of negative outcomes, including incest (Genesis 19:31-34), seizures (I Samuel 25:36-38), addiction (Isaiah 28:7), hallucinations, blackouts, injury, misery, anxiety and remorse (Proverbs 23:29-33; see O'Brien and Seller, 1982). Classic Chinese poets were also well aware of adverse effects of drinking: "In the city when I am drunk I disturb the peace of the streets", wrote Tu Fu in the 8th century of the Common Era; in the 1600s, a poem by Ch'ien Ch'ien-Ti notes that "Love of wine makes people wild/... Even when his insides rot, a drinker won't quit drinking" (Lee, 1986).

The globalization of the age of European empires and the industrial revolution, however, changed the circumstances of availability of psychoactive substances, as well as the living conditions of many people. Distilled spirits changed from being a medicine to being an article of everyday consumption, and alcoholic beverages became industrial commodities. Where production of alcoholic beverages had been seasonal and keyed to the availability of crop surpluses, alcohol was now always available to those with cash in the market economy. The availability of such substances as opium, tobacco, tea and coffee increased dramatically as global and imperial trade developed. Habits of heavy use which previously had been available only to the wealthy came within the reach of the poor.

The rise of addiction concepts

In these circumstances, popular understandings of the heavy use of psychoactive substances gradually changed. The change occurred first for alcoholic beverages. The habitual drunkard had certainly been a commonplace of earlier times, but the pattern had simply been seen as a sin or a vice, reflecting an immoderate liking for drink. Now a new concept gradually came into focus. Reading British novels of the late 18th and early 19th century, Mairi McCormack (1969) noted that in the fiction from about 1830 onward, "we find that the same drinking may be described as existed 80 years before but that a new and more desperate kind of solitary, tragic and inexplicable drinking has come into existence beside it".

Levine's paper (1978) on "the discovery of addiction" describes the new understanding as very much associated with the emerging temperance movement. In post-Revolutionary America, a society concerned in general with the issue of personal self-control, the addiction concept emerged as a "disease of the will" (Valverde, 1998), where desires, now conceptually separated from the will, had defeated it. In the context of the early temperance movement, which focused on pledges to abstain from drinking, the addiction concept offered an explanation of backsliding, of returning to drinking despite a solemn pledge.

Later work by Porter (1985) and Warner (1994) pointed to a prehistory of the concept of addiction, among 18th century British doctors and 17th century American preachers. However, as Ferentzy argues (2001), these can be seen as prefigurings in elite thinking. Only with the 19th century temperance movement does addiction become part of the popular understanding of habitual drunkenness.

By 1900, addiction concepts had been applied to other psychoactive substances. In his 1902 textbook on *The Drug Habits and Their Treatment*, Thomas Crothers uses the term "addiction" to describe inebriety from cocaine, chloral, ether, and chloroform. He adds that

"the delusion that these unfortunates have full possession of their will to abstain or continue is fast passing away. We are now able to recognize in most of these cases well-defined diseases that begin and follow a progressive line on to death or restoration"

In a 1915 book by Charles Towns, *Habits That Handicap*, the addiction concept is applied to tobacco as well as narcotics and alcohol.

Limiting colonial and imperial exploitation through drugs

In the latter part of the colonial era, opposition to the exploitation often associated with the promotion and provision of psychoactive substances began to be expressed. In part, this reflected the efforts of temperance movements in European metropolitan countries, particularly Britain, and in the United States (see, for instance, Tyrrell, 1991). In part, it also reflected indigenous movements among colonized peoples (e.g., Mills, 1985). The first expression in international law of the impulse to limit the international trade in psychoactive substances was the Brussels *General Act* of 1889, which provided that, for large parts of Africa, distilled spirits would either be prohibited for the "native population" or would carry a minimum excise tax after 1901 (Pan, 1975). *The General Act's* provisions were confirmed by the *Treaty of St. Germain-en-Laye* (1919), one of the treaties concluding the First World War.

These international alcohol control treaties were never particularly effective, and fell gradually into disuse; although as late as the early 1950s the British authorities were still worried about contravening them in East Africa (Willis, 2002:223).

In the meantime, those seeking to control the exploitation of indigenous populations with psychoactive substances turned their attention to opium. The main political context of the opium issue was the long struggle between the British government and Chinese governments over the marketing of opium in China. The Shanghai Opium Conference of 1909 led to the *Hague Convention* of 1912, which became the foundation document of the present system of international drug controls. Since the *Hague Convention* required universal ratification, it only came into effect when the defeated countries in World War I were required to accede to it as Article 295 of the *Versailles Treaty* of 1919 (Bruun et al., 1975).

The initial impulse for international drug controls, occurring in the heyday of the international alcohol prohibition movement, was thus in substantial part a concern about imperial exploitation through the supply of drugs (Carstairs, 2003). The emphasis of the *Hague Convention* was on market controls, with very little attention to the user. The user appears only in a reference to "abuse" in the prefatory clauses, which talk of a determination to bring about "the gradual suppression of the abuse of opium, morphine, and cocaine as also of the drugs prepared or derived from these substances, which give rise or might give rise to similar abuses", and in terms of a "habit" in Article 17, which called for the parties agreeing "to restrict and control the habit of smoking opium" in Chinese territory they controlled (International, 1912).

Addiction and the international drug conventions

By the time of the *Single Convention on Narcotic Drugs* of 1961, "habit" had disappeared from the official language of the conventions. Instead, "addiction" made its appearance in the preamble, serving as a rationale for the Convention's adoption: "recognizing that addiction to narcotic drugs represents a

serious evil for the individual and is fraught with social and economic danger to mankind” (Treaties, 2002). However, addiction makes only one appearance in the substantial provisions of the Convention, in Article 38, which requires “special attention to the provision of facilities for the medical treatment, care and rehabilitation of drug addicts” (Commentary, 1973). The provisions for adding substances to the Convention’s scope (Article 3) require that the World Health Organisation find that the substance “is liable to similar abuse and productive of similar ill effects” as the drugs already covered by the Convention. The official Commentary on the Convention notes that the Technical Committee at the conference adopting the Convention used two general criteria in classifying substances: their “degree of liability to abuse” and their “risk to public health and social welfare”. The Committee also wrote about “addiction-producing or addiction-sustaining properties” which constituted a “risk of abuse” (Commentary, 1973:86).

When the Single Convention was amended in 1972, the reference to “addicts” in Article 38 was replaced with a reference to “abusers of drugs”, and new paragraph was added to Article 36 §1 also couched in terms of “abusers of drugs”, allowing, besides or instead of punishment, for their “treatment, education, after-care, rehabilitation and social reintegration” (Treaties, 2002).

The shift in terminology in the 1972 Protocol reflected the terminology used in the 1971 *Convention on Psychotropic Substances*. The language in Article 20 of the 1971 Convention, referring to “abusers of psychotropic substances”, almost exactly matches that of Article 36 in the 1972 Protocol, and the Preamble to the 1971 Convention is also couched in terms of abuse: “noting with concern the public health and social problems resulting from the abuse of certain psychotropic substances; determined to prevent and combat abuse of such substances...” (Treaties, 2002).

The provisions in the 1971 Convention for World Health Organization recommendations on the scope of control of substances (Article 2) are in terms of the substance having “the capacity to produce a state of dependence, and central nervous system stimulation or depression, resulting in hallucinations or disturbances in motor function or thinking or perception or mood”, as well as there being “sufficient evidence that the substance is being or is likely to be abused so as to constitute a public health and social problem...” (Treaties, 2002). The concept of drug dependence, as the technical successor to addiction (see below), thus made its entry into the terminology of the conventions.

In the Preamble to the 1988 Convention, the only reference to actual drug use is in terms of “abuse of narcotic drugs and psychotropic substances”. Requiring the criminalization even of possession, the primary term used in the Convention which might refer to the user is “offender”. The language surrounding treatment options now has a mandatory ring to it: a party to the Convention “may provide ... that the offender shall undergo measures such as treatment...” (Article 2, §4(b)).

The addiction or dependence concept thus appears in the Conventions primarily in two guises: as a “serious evil” and “danger” which serves as a justification of the ambitious Convention regime of control and coercion; and as a technical term or concept to be used in decisions concerning whether a substance should be controlled under the Conventions.

In fact, however, dependence or addiction has long ceased to be a defensible criterion for whether a substance is controlled under the Conventions. World Health Organisation recommendations on the scheduling of substances are made by an Expert Committee on Drug Dependence, which meets every two years (formerly every year). The last attempt by an Expert Committee to construct a scientific defense for which drugs were under international control was in 1957, when the Committee distinguished between “addiction” and “habituation”. “Addiction-producing drugs need strict control, national and international”, the 1957 Committee report stated (WHO 1957), while “habit-forming drugs” did not need international control.

By seven years later, this distinction could no longer be scientifically supported, and the 1964 Expert Committee dropped the terms “addiction” and “habituation” in favour of a single term, “drug dependence”, a term “that could be applied to drug abuse generally” (WHO 1964; Room, 1998). Since the new term applied to substances outside as well as under international control, it was no longer in fact a distinguishing criterion for controlled substances. Thus the official Commentary on the 1971 Convention acknowledges that “alcohol appears to be covered” by the criterion that it has the “capacity to produce a state of dependence”, but argues that “the ‘public health and social problem’ which alcohol presents is not of such a nature as to warrant its being placed under ‘international control’” (Commentary 1976:48). Besides, the Commentary adds, “the 1971 Conference ... did not intend to apply the Vienna Convention to alcohol”.

As we have noted, the other guise in which addiction or dependence appears in the Conventions is as an evil and danger which serves as a justification for the system. In terms of the conventions currently in effect, the only appearance of this theme is in the Preamble to the 1961 Convention. Otherwise, those who are addicted or dependent disappear behind words which carry some presumption of intentional behaviour: “abuser” or “offender”.

Addiction: now you see it, now you don't

In a recent paper, Robert MacCoun (2003) noted that “the addiction concept just isn't that useful” with respect to drug policy in general. The paucity of reference to addiction in the Conventions thus may reflect a more general phenomenon – that addiction/dependence is rather irrelevant to the content and application of most policies concerning psychoactive substances.

The function of an addiction or dependence concept in international drug control is thus primarily simply as a rationale for its existence. Even so, it is notable how little addiction figures in the language of the 1971 and 1988 Conventions, which instead revolves around “abuse”. Similarly, the addict was also remarkably absent from the rhetoric of debate at the Commission on Narcotic Drugs in the 1990s (Room, 1999); delegates seeking to dramatize the urgency of action referred to drug problems instead as a “scourge”, a “menace” or a “monster” (see also Room, 2003).

The functioning of the addiction concept as a motivator for serious countermeasures can be seen in pure form in the 1961 Convention: addiction is “a serious evil for the individual and is fraught with social and economic danger to mankind”. Such language alerts us that to talk of addiction rather than, say, of a habit is to invite the use of emotive categories such as “evil” and “danger”. Compared with a habit:

- an addiction is mysterious in its etiology. A contemporaneous reviewer of *The Lost Weekend* (1945) complained that “the reason for the ‘dipso’s’ gnawing mania is not fully and convincingly displayed” (Room, 1989), but this was to miss the point: an alcoholism or addiction concept exists precisely as an apparent explanation of the otherwise mysterious and inexplicable.
- an addiction represents an alienation from the real self. The drinker or drug user’s conscious will has been mysteriously overmastered. Freed of the addiction, the drinker or drug user can resume his or her real self.
- an addiction is thus a kind of secular form of possession. The ancient idea of an evil spirit possessing the sufferer’s body is replaced by the more modern, apparently scientific idea in which the possession is by an evil substance, a tangible commodity from which the body can be separated. Reflecting the theme of possession, those seeking to portray alcoholism or drug addiction in films - as in *The Lost Weekend* - have often made use of the conventions of the horror film: eerie music plays as the craving resurfaces (Herd & Room, 1982).

Given these resonances, it is not surprising that in 1994 seven heads of U.S. tobacco companies felt impelled to deny under oath that they considered nicotine addictive (Rabin, 2001:184); to acknowledge the addictiveness of tobacco would have been to consign their product to a category of “evil” and “danger”.

As this incident suggests, these resonances remain active. But addiction and related concepts and their general cultural use have been evolving in recent years. As Stanton Peele (1999) and others have decried, addiction concepts have been extended to cover an ever wider range of behaviours and states. And the term has often become infested with irony. Thus the fashion house Christian Dior introduced a perfume named “Addict”. While, under pressure from groups in the addiction field, it agreed to some limits on how the perfume was advertised, it kept the name of the perfume (Curley, 2002). The underlying theme in the incident of the weakening of the power of the addiction concept was voiced by Ethan Nadelmann, director of a drug-law reform group, who commented that while he could “understand why people in recovery might be offended by this, ... it’s possible that the more the words ‘addict’ and ‘addiction’ are used to refer to a broad range of behaviours ... [the more] it could result in less demonization and stigmatization of people who use illicit drugs”.

Conclusion

The addiction concept came into currency about two centuries ago as a way of understanding a contradiction in the emerging world system of globalization, industrialization and commercialization. On the one hand, the new means of production and transportation demanded a sobriety for most people and much of the time which had

not been required in traditional village and tribal societies. On the other hand, industrialization and improved transportation meant that a wider range of goods were made generally available, and that the health of the economy depended on the commodities being purchased and consumed. Psychoactive substances are the perfect consumables, since they are used up by consumption and they tend to create their own further demand. It is thus no accident that they featured early and prominently in the European global expansion of the last half millennium. But the substances are also problematic, not least for the economy by the incompatibility of at least the sedatives with work and sustained sober attention, but also in terms of the social and health problems they bring, to a greater or lesser extent, in their wake.

The addiction concept became current in the wake of the earlier waves of industrialization and expansion, in a situation of very ready availability in particular of cheap alcoholic beverages. In one aspect, the addiction concept locates the problem in the individual: it is an individual failing that the individual cannot successfully reconcile the demands for sobriety with the ready availability of intoxicants. But in another aspect, the addictiveness is attributed to the substance itself, "it's so good, don't even try it once", as the title of a book about heroin puts it (Smith, 1972). We seem to be able to live comfortably with these two different aspects at once, applying each of them in different circumstances. As Christie and Bruun (1968) remarked, for illicit drugs the emphasis is on the problematic substance, while for alcohol it is on the problematic individual. Either way, attention is focused on the individual or the substance, and not on the systemic contradiction around which the concept emerged.

But recently there are signs that the division is breaking down. The World Health Organization's *Global Burden of Disease* accounting makes clear that it is the licit substances, alcohol and tobacco, that account for nine-tenths of the overall harm to health (Ezzati et al., 2002). And, as noted, the connotations of addiction and related concepts seem to be losing some of their explanatory power. Global regulation of psychoactive substances may need to turn to other justifications and modalities as the horror fades.

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