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## *The history of psychoactive substance use and problems and of social responses to them*

*Robin Room*

Psychoactive substances have been used throughout recorded human history.<sup>1</sup> The most widely used are alcoholic beverages of one type or another.<sup>2</sup> These were commonly used before European contact everywhere except in Australia, Oceania and North America north roughly of the United States–Mexico border, and even in such areas there may have been some pre-contact use.<sup>3</sup> Other psychoactive substances were derived in many cultures from a wide variety of organic materials. Very few human societies have used no psychoactive substances, and in various parts of the world today there are widespread folk traditions of use of leaves of khat, coca and tobacco; nuts, seeds and pods of betel, cola, coffee and opium; and roots of kava.

In village and tribal societies there have usually been rules controlling use, enforced by customary or religious law. Use of a substance might be reserved to a shaman or an elite; use might be constrained to particular times of the year or fiesta days; often there are limits on the context of use. The rules did not necessarily always hold down the rates of problems from the substance use, and there is plenty of historical and ethnographic evidence of serious alcohol and other drug problems in tribal and village societies.

In the period of European expansion and empire-building after 1500, the production, commerce and use of psychoactive substances were all fundamentally transformed. Trade became global, and psychoactive substances as valuable products were an important trade commodity and often an instrument of power – they have been described as the ‘glue of empires’.<sup>1</sup> In European home markets, distilled alcoholic beverages came into everyday use after 1600, and the shift to industrial production of beer and spirits was an early stage in industrialisation.

In many countries of northern, western and eastern Europe and in their overseas colonies, there were waves of heavy use of psychoactive substances in the 18th and 19th centuries as industrialised supplies became plentiful and the poor moved out of destitution. The British settlement in Australia came in the latter stages of the ‘gin epidemic’ in 18th-century Britain, as British governments, though dominated by landowners who profited from selling their grain for distillation, began to take serious steps to contain the problems.<sup>4</sup> Both the heavy drinking habits and the alcohol licensing laws from that period were transferred into early British Australia.<sup>5</sup> Later in the 19th century, particularly in

Britain and the United States, entrepreneurs generated waves of heavy use of patent medicines containing opiates and cocaine.<sup>6</sup> In the same period, the invention of the cigarette machine transformed the availability and social acceptability of tobacco smoking, setting off the great smoking epidemic of the 20th century.<sup>7</sup>

Eventually, strong alcohol temperance movements emerged in response to the waves of heavy use and the problems they created. Doctors were often prominent among the social reformers in the first reactions at elite levels. For instance, Figure 1 shows the ‘moral thermometer’ that an American doctor, Benjamin Rush, first put forward in 1784 in his treatise on the adverse effects particularly of distilled spirits.<sup>8</sup> But at the heart of the temperance movements as they emerged in the 1830s and 1840s in English-speaking and Nordic societies were tradesmen and other workers, meeting together for mutual support in renouncing at first spirits drinking and eventually all alcoholic beverages. While Rush’s treatise is an example of occasional earlier discussions in terms of the ‘progress’ of ‘intemperance’, it was the experience in these temperance groups of frequent relapses from pledges to abstain that played a major role in the reconceptualisation of habitual drunkenness in terms of a new concept that was eventually called addiction.<sup>9</sup> Towards the end of the 19th century, homes or asylums to treat the disorder, under medical direction or advice, were set up in many countries,<sup>10</sup> including Australia.<sup>11</sup>

As the temperance movement matured at the end of the 19th and beginning of the 20th century, it turned from moral suasion to coercion, campaigning for prohibition of all alcohol sales. In the period between 1910 and 1935, such a prohibition was instituted for at least a time in 13 countries.<sup>12</sup> The temperance movement expanded its concerns to other psychoactive substances, succeeding for a few years in outlawing sale of tobacco cigarettes in some US states, and campaigning against the availability of opium and cocaine in patent medicines and tonics, and the export of opium from British India to China. Out of these campaigns came an international anti-opium treaty in 1912, the beginning of the international drug prohibition system that still operates today.<sup>13</sup>

While prohibition was adopted and has continued globally for other drugs, it failed for alcohol. In the wake of the repeal of alcohol prohibition, alcohol and tobacco were renormalised and conceived quite separately from ‘narcotic drugs’, a separation that lasted for most of the 20th century.<sup>14</sup> As alcohol prohibition lost its appeal, the alternative put forward was ‘alcohol control’ – what today would be termed ‘harm reduction’.<sup>15</sup> Alcohol was to be made available, but under restricted conditions, for instance in terms of the number of sales places and the hours of sale, and often with substantial taxes to discourage heavy use. In some places there were rations or limits on purchases, and bans on purchasing for specific individuals. Such systems of alcohol control were widely adopted as an alternative to or to replace prohibition.

Prohibition had been applied in Australia only to Indigenous Australians – lasting for them until the 1960s – but relatively strict alcohol control was adopted, with half of the pubs in Victoria being bought out and closed between 1900 and 1925, and no sales of alcohol after 6 p.m. in a majority of

states.<sup>5</sup> In combination with popular temperance sentiment and the effects of the Great Depression, the restrictions meant that Australian per capita consumption of alcohol in the early 1930s was one-quarter of what it is today.<sup>16</sup>

In Australia and other countries with a strong temperance history, alcohol consumption stayed low until after World War II, and then rose steadily, levelling off after 1980. Culturally, there was a strong reaction against temperance, and gradually the alcohol controls from the early 1900s were swept away. The social contexts of drinking, which had been primarily among males at the pub, expanded to include women and involve restaurants and the home. The dynamic of increased promotion and availability of alcohol was continued by a governing ideology of the free market, in which alcohol was increasingly treated as an ordinary commodity, expressed internationally in trade agreements and in Australia in competition policy.<sup>17</sup> The main exception to the trend was the campaigns against drink-driving, in which Australia has been in the forefront in taking effective action.

In terms of the societal response to alcohol problems, in the late 1940s the main institutions for handling alcohol problems in Australia, as elsewhere, were the local lock-up or prison farm, the mental hospital, and to some extent public hospitals.<sup>16</sup> In this era Alcoholics Anonymous, a mutual-help group for alcoholics, started its growth, and specialist services for alcoholics, with a mixture of state and non-governmental resources, began to appear in the 1950s and 1960s. This picture for Australia did not differ greatly from developments in other high-income countries, although the associated research effort in this era was greater in Canada and the United States.

Non-medical use of other drugs was generally low in Australia, as in other developed nations, until the 1960s. Part of the countercultural movements of the 1960s was experimentation with a wide variety of psychoactive substances.<sup>18</sup> These patterns of drug use shocked older generations, and the response to the growth in use was initially primarily punitive, in Australia as in most of the rest of the world. As with heavy alcohol use, patterns of drug use did not differ greatly between richer and poorer youth, but those who were punished and marginalised were much more likely to be poor. In Australia, the modern era of response to drug problems began with a national Drug Summit in 1985, when infection with HIV and AIDS from shared needles in injection drug use had become an overriding concern. Specialist treatment services for drugs and alcohol grew sharply. Spurred on by doctors and other professionals, harm reduction was set as the official Australian policy, in contrast to more punitive policies, for instance, in the United States and South-East Asia.<sup>19</sup>

In recent years, public attention both in Australia and globally has been turning back to alcohol problems, as it has been gradually realised that the health and social problems from drinking are far greater than from illicit drugs. But policy changes which respond to this realisation have proved difficult, on the one hand because of the difficulty of changing the international drug treaties and the resistance of the drug prohibition establishment, and on the other hand the centrality of alcohol in many Western cultures and the economic interests involved in the alcohol market.

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Figure 1: Benjamin Rush's 'moral and physical thermometer' of the nature and effects of temperance and intemperance, 1784

