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Virginia Berridge, *Demons: Our Changing Attitudes to Alcohol, Tobacco, and Drugs*. Oxford & New York: Oxford University Press, 2013.

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This book, by a leading historian of opium and other public health matters, considers the history of conceptions, behaviours and policies about tobacco, alcohol and other drugs (particularly opiates) in the last two centuries. Britain is in the centre of the picture, but the US history is also discussed, often in comparison to Britain's, and there are also briefer discussions of particular contrasting patterns in Europe, and occasional references to patterns elsewhere.

In discussing the historical changes, Berridge points to two periods of substantial change in the conceptualization and social handling of psychoactive substances – the first in the early years of the twentieth Century, and the second in the 1990s and afterward. In the first period, British conceptions of and policies on alcohol, on the one hand, and of opiates and cocaine, on the other, became strongly differentiated, while in the latter period thinking about alcohol, tobacco and drugs has been coming back together. A somewhat parallel argument has been made by David Courtwright, drawing primarily on U.S. experience. But in the US, unlike the picture Berridge draws for the UK, tobacco could also be seen as part of the common framing before 1920: around when US national alcohol prohibition went into effect, cigarette sales were prohibited in 15 US states. Berridge argues that in the UK early twentieth century views on tobacco did not fit the US model.

Berridge organizes much of her account in terms of main actors in the dramas and their ways of thinking: temperance as a social movement; doctors and pharmacists as professional interest groups; the tobacco, alcohol and pharmaceutical industries; “new public health” as an ideology and actor; the influence of internationalism and wars; the substance users (in the form of “mass culture and subculture”); and social reactions to use (“fear, dens and degeneration”). This way of organising the discussion allows Berridge to give coherent consideration to the conceptualisations and modes of action of important players in different historical periods. But there is no chapter for politicians and state functionaries as actors, though of course they appear repeatedly in different chapters, and though the narrative often characterizes in passing the positions of different political groups and civil servants, particularly for the UK. Berridge's primary emphasis is on the underlying conceptualizations and their implications rather than on their detailed playing out at the political level.

The book covers a wide territory, and is a good and thought-provoking overview that emphasizes how much change there has been in thinking about and action on psychoactive substances in the UK and US – and more widely – over

a relatively short historical period. It is a major challenge to bring together the rather disparate historiographies of the substances, and to relate them, as the book does, to histories of the diverse relevant fields of action – for instance, the history of public health as a field and profession. Berridge does this magisterially and gracefully.

The book includes some quotations and references from primary research, but mostly relies on secondary sources – often, indeed, prior work by the author or her associates. The heartland for much of the referencing is historical work from the 1980s, and coverage of the more recent literature seemed to me a bit spotty. The referencing is uneven – whole passages with quite specific allusions are without any reference (for example on pages 65 and 235), and the reader must simply take the author's word for it, or start Googling. I found a few errors, all referring to events outside the UK. NIDA and NIAAA were not merged, in the end (244); in the crucial plebiscite, Sweden actually narrowly rejected alcohol prohibition (140); and the LeDain Commission was in Canada, not the US (217).

If Berridge were a sociologist, she would be described as a “soft constructivist”: the way we understand and respond to different substances and their use is seen as a matter of collective negotiation, and subject to change over time, though there are underlying realities also influencing what happens. Thus the conceptions are not set in stone for all time – as was intended, for instance, by the makers and implementers of the Single Convention on Narcotic Drugs. And shifts in thinking sometimes drive the science, rather than the other way around; thus seeing tobacco use as addiction was “a fact waiting to happen” (199), rather than a necessary conclusion from science. Although Berridge positions her stance as a bystander to the policy process, rather than a participant in it, the book's material is implicitly subversive to any status quo, and disruptive to any claim that a particular scientific pursuit or framing – brain science, for instance – will somehow solve it all. The book's main title, *Demons*, already implies this subversive message.

But perhaps any honest work including a historical dimension and looking across psychoactive substances will be inherently disruptive of the rather odd status quo of current alcohol, tobacco and other drug policies.