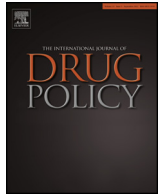




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Commentary

History and the future: Looking back to look forward?

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ABSTRACT

History is often dismissed as of little utility in the analysis of policy. This paper provides a justification for its use as evidence. It surveys the rise of the use of history, including public history and history and policy. It looks at two issues which draw on the author's own work: the relationship between regulation and culture for smoking and alcohol; and the response to electronic cigarettes in the light of smoking and public health history. It analyses what history can contribute. Responses are time dependent and change is an essential parameter in understanding policy. Historical research can challenge stereotypes, for example that prohibition was abandoned because it 'failed'. It also forms the bedrock of historical interpretation, which is mutable and often misunderstood outside the profession. History provides policy analysis rather than policy prescription and is a challenging approach, not just a convenient support for established positions. The paper concludes that history is far from moribund as a policy science.

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This paper introduces the special historical section of the IJDP and discusses the potential and actual utility of history as a tool for the analysis of substance use policy. I will be focussing in part on my own research and also, for the purposes of detailed illustration, the work of a recent cross European initiative funded by the European Union Framework 7 programme ("ALICE RAP," n.d.). But I will also be drawing upon the ever expanding range of historical research on drugs, and also alcohol and tobacco.

There have been full frontal attacks on the utility of history. One such came in an editorial published in 2014 in the *Lancet* and written by the editor, Richard Horton, which caused outrage among medical historians (Horton, 2014). It claimed 'Most medical historians... have nothing to say about important issues of the past as they might relate to the present. They are invisible, inaudible, and, as a result, inconsequential.' Horton had apparently forgotten that even his own journal quite often published historical pieces (in a section called 'The Art of Medicine'). These were framed specifically to deal with issues of policy interest or of interest to a medical and health readership. I am drawing on several I have written in composing this introduction.

History has to struggle against many such misconceptions. To some, it is 'just description', just one 'fact' after another without recognisable analysis. To others (often the same people), it is a discipline which can be practiced by anyone. An historical allusion

can be light relief in an article dealing with the present. Sociologists and other social science disciplines are known to use history in a cavalier way, making huge generalisations about the past, unsupported by detailed historical research. Or an historical example can be plucked out of the air because it seems to confirm a general line of argument. One of the purposes of this paper is to argue that history is best done by historians in the lead; other disciplines should investigate what the profession has to say before using it for their own purposes. It has much to contribute to policy and indeed historians have been actively pursuing that path in recent years.

Past and current uses of history

The past role of history in policy, conceived of broadly, was an active one. In the UK social reformers such as the Webbs, the Hammonds and Tawney, used history centrally in their analysis. In France, the work of Braudel and the *Annales* school introduced the concept of the *Longue duree* as the unifier of the social sciences, with influence through networks in French higher education policy. The Marxist historian E.J. (Eric) Hobsbawm's work offered a view of long term political change as a set of precedents for the future. In the post colonial world, in international development, institutions looked to the past to provide a roadmap for the future or what to avoid. The mantle of policy maker and historian was worn by advisers such as the health economist Brian Abel Smith, who wrote on the history of

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hospitals as well as his policy work (Guldi & Armitage, 2014). From the 1970s, the History Workshop school of socialist and feminist historians associated with the charismatic historian Raphael Samuel was concerned to train up ‘worker historians’ and to research ‘history from below’-the history of the dispossessed who did not figure in official histories.

From the 1980s and gathering pace in recent years, have come two further developments: one is the rise of the heritage industry and public history, the other the establishment of the role of history in policy making. The former, public history, is how many people come across history nowadays- doing their own family history, a growth area for retired people, or through TV and radio series. Public historians such as Niall Ferguson or Simon Schama command significant television audiences. In Britain, the Heritage Lottery fund is a major funder of historical work which has to have a ‘community outreach’ component. The anniversary of the outbreak of World War One in 2014 led to a rash of history of this type. In the research world, history has become part of the developing professional area of ‘public engagement’, now an automatic part of much grant funding in the humanities and social sciences. I am currently managing a project on HIV/AIDS in prisons in England and Ireland from the 1980s for which we will develop a funded public engagement activity.

The other recent development for history is the formalisation of its role in policy making. One can see this as part of the general rise of ‘evidence’ in policy making since the 1970s and 1980s, which has had a particular impact in the health arena (Berridge, 2005). This has also led to a revival of the role of history in policy. In the UK the History and Policy partnership and website has attracted much attention. It has provided policy briefings based on historical analysis; there have been seminars for civil servants in different government departments (“History and Policy,” n.d.). History has fed in from other directions. The RELU initiative (Rural Economy and Land Use programme) saw a veterinary historian temporarily located within a government department and fully engaged in policy advice. The civil service has a Policy Lab which draws on historians among other disciplines to inform potential new directions in policy. Historians give evidence to Commons committees. The History Centre at LSHTM is located within a health institution and so I quote its work in this area as an illustration. Members have provided policy briefings for History and Policy: a colleague is retained as an adviser on the history of local devolution and health services by a policy think tank. We have been funded to organise seminars bringing together historians, social scientists and policy makers which have led to policy briefings, including one on alcohol policy (Centre for History in Public Health, 2014). A colleague and I have participated in the production of timelines for the Health Foundation, a funding body, and we have recently produced an historical analysis for the All Party Group on Health. Such examples could be multiplied. History is far from moribund as a policy science and we hope gradually to eliminate the cavalier use of history still shown by some politicians in their public utterances.

Where do drugs, alcohol and tobacco fit in?

So where do drugs, alcohol and tobacco fit in? Let me first survey the historical field for this has developed enormously over the past few decades. When I first came into the field, David Musto had published his study on American drug policy, and David Courtwright’s U.S. based study *Dark Paradise*, also appeared (Berridge & Edwards, 1987; Courtwright, 1982; Musto, 1973). There were not many others at the time. Now the field is an expanding and lively one. A conference of the Alcohol and Drug History Society held in 2013 at the London School of Hygiene and

Tropical Medicine, and entitled ‘Under Control’, attracted 150 abstracts. Topics at the conference ranged from colonial drug use and regulation to tobacco in Romania. The Society began its life as the Alcohol and Temperance History Society and made a speciality of detailed case studies of temperance in particular areas of the US. It is unrecognisable in its present form (“Alcohol and Drugs History Society,” n.d.).

It is not the place in this article to give a full survey of the many contributions to the field in recent years. A group of younger scholars have come into the area and have been pushing the boundaries with new research based books and articles. I can mention here the work of my colleague Alex Mold on heroin and our joint work on voluntarism and drugs; James Nicholls on alcohol; Nancy Campbell on addiction research in the US; Jim Mills on cannabis; Erica Dyck on LSD in Canada; Dan Malleck’s book on Canadian drug policy; and PhDs such as John Collins on international drug control in the 1930s and after World War Two. This is by no means an exhaustive list (Campbell, 2007; Dyck, 2008; Malleck, 2016; Mills, 2013; Mold, 2008; Mold & Berridge, 2010; Nicholls, 2011; Collins, 2015). Recent work has many strengths. There is a greater willingness to make cross national comparisons outside the standard Anglo-American one. The focus of interest has moved to the colonial context and also to the Chinese experience with drugs (Lovell, 2011); and historians have extended their gaze to more recent events, even crossing into areas which would in the past have been considered the province of policy scientists or sociologists.

History has been an integral part of some recent research and policy initiatives, for example the Foresight initiative in the UK on the future of psychoactive substances, where I worked with the historian of US drug culture Tim Hickman (Berridge & Hickman, 2007) The EU funded FP7 programme ALICE RAP, addiction and wellbeing, had a workpackage on ‘addiction through the ages’, which developed new work on the concept of addiction over time in Europe, drawing on a cross national group of researchers (Hellman, Berridge, Duke, & Mold, 2016). I use this work here as an example of some recent initiatives. Unusually in history, the partners in the workpackage tried to work to a common model, using comparable sources in order to investigate the changes in the language of addiction over time in a range of European countries. One of our initial findings was that the Anglo American ‘inebriety’ model of the late nineteenth and early twentieth century was just that—a concept which did not have more general European applicability (Berridge, Walke, & Mold, 2014). We have looked at more recent times, comparing laws and regulations after World War Two and have completed a study of the role of WHO in concept definition and dissemination (Mold, 2016; Taylor, Berridge, & Mold, 2016). We examined the use of language in the EMCDDA and found a different set of terms in use there in its glossary (Berridge, Edman, Mold, & Taylor, 2015a, 2015b). It is the case that history is included in wider research initiatives but of course, its impact as a ‘policy science’ may not always be fully realised. In the case of ALICE RAP, the searching questions which came from the historical perspective on concepts of addiction, were only able to be articulated in the final discussions. Concepts of addiction were fluid, time and place dependent and also dependent on particular interest groups and scientific communities. How, we asked, were those interests at play in the present day? In whose interest was it to support concepts such as ‘heavy use over time’ for drugs and alcohol, or ‘addiction’ for cigarettes? (“ALICE RAP,” n.d.).

Two examples of the utility of history

I will now examine two examples from my own recent work to illustrate what I mean about the potential of history.

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