

**A HISTORY OF DRUGS. By Toby Seddon (Abingdon: Routledge, 2010, 184 pages, £70hb)**

Toby Seddon's starting point in this authoritative analysis of the 'drug problem' is to understand its contemporary formulation by adopting a historical analysis that focuses upon changing paradigms of governance. Central to his argument is the relationship between the regulation of drugs and conceptions of freedom, which are mediated by changing notions of the will under different manifestations of liberalism. Addiction, it is argued, is a governmental concept that has made possible the assembling of particular strategies and practices to govern human conduct. Seddon bases his analysis around three pieces of legislation (discussed below) which, he argues, are particularly significant in terms of illustrating how the drug problem has been imagined and regulated. Despite being a relatively slim volume, *A History of Drugs* is rich in detail and sophisticated analysis, drawing upon the works of Foucault, Garland and Braithwaite, among others, to depict the 'drug problem' in historical perspective as a 'multi-layered mosaic'.

Seddon's historical analysis takes as its first focus the Pharmacy Act of 1868 which contained the first attempts to legislate for the use of 'poisons', including opium. He observes that, while alcohol use was an increasing social concern in the 19<sup>th</sup> century, the use of opium was commonplace and opium and opiates were regarded as commodities in the liberal market economy. Public health approaches developed during that century as a response to the health concerns brought about by increasing industrialisation and urbanisation. The emergence of the Foucauldian concept of 'population' and statistical information, Seddon argues, enabled social problems to become visible and governable, with public health becoming part of a liberal technology to respond to newly visible health problems. Alongside these developments, the regulation of markets became more diffuse and fragmented, and the growth of liberal economic freedom was accompanied by an expanding regulatory framework of public health (which itself led to the later development of a 'quasi collectivist' welfare state), with medical professionals identified as the appropriate dispensers of drugs. The labelling (but not prohibition) of opium and opiates introduced by the Pharmacy Act was consistent with the classical liberal conception of freedom and the idea that opiate use was a vice rather than a disease: thus the legislation was aimed at addressing the growing problem of (accidental and suicidal) opium poisoning. While alcohol was increasingly viewed as out of control, compulsive behaviour – and this was linked to the growth of the temperance movement - the fact that opium was not associated with the concept of 'addiction' enabled the application of a regulatory light touch.

By the time the Dangerous Drugs Act of 1920 was introduced, our contemporary concept of drug had been established and a clear regulatory divide had emerged with respect to drugs and alcohol. As the mode of government became increasingly interventionist during the late 19<sup>th</sup> century and the proliferation of regulatory branches provided increasing sites for intervention, people were increasingly viewed as social citizens - free-willed, autonomous actors with responsibilities towards themselves and their families - and new powers were introduced to 'normalize' those who were failing to meet these responsibilities. Seddon argues that addiction increasingly became regarded as a 'disease of the will' and, hence, both a moral failing and a physical disease while 'inebriety' was associated with degeneration that threatened to weaken the racial stock. Alongside these domestic concerns, globalisation made possible the establishment in the early 20<sup>th</sup> century of an international drug control system that culminated in the UK in the 1920 Dangerous Drugs Act

that aimed to restrict the use of opium, opiates and cocaine for medical purposes. The 1926 Rolleston Report subsequently established the 'British System' in which these substances could also be prescribed to those who required gradual withdrawal or who could not completely withdraw. This, Seddon suggests, represented an accommodation between penal and medical approaches that resonates with Garland's analysis of the transfer to welfare liberalism.

The third piece of legislation which is argued to be significant in terms of how the drug problem is imagined and regulated is the Drugs Act of 2005 which introduced a number of provisions aimed at expanding and strengthening measures that were already in place as part of the Drug Interventions Programme. Seddon argues, however, that although the most recent trend towards dealing with drug use as a criminal justice issue could be regarded as one of several distinctive phases in how the drug problem is conceptualised and regulated, the emergence of risk discourses associated with neo-liberalism can provide a unifying framework for understanding apparently diverse approaches to the drug problem from the 1960s onwards. During this period, the notion of 'problem drug use' gained prominence, referring to the problems experienced by drug users and, increasingly, the problems that drug use caused to others. Drug use was thus recast as a threat to the wider community that needed to be monitored and controlled. Particular concerns centred upon the threat posed by HIV/AIDS in the 1980s and the increase in drug-related property crime. With an emphasis upon the potential harm to the self or others, risk, according to Seddon, became a key organising principle for attempts to deal with the drug problem. Within such a risk discourse, drug users were viewed as capable of, and urged to make, responsible, albeit constrained, choices about their consumption practices. Seddon argues that rather than being a distinct and unrelated development, harm reduction emerged in the context of a public health approach associated with HIV/AIDS, in parallel with new criminal justice initiatives that aimed to address drug-related crime. Both developments are underpinned, he suggests, by the construction of the drug user as a threat who needs to be encouraged to act prudentially and responsibly. In further developing this argument, Seddon draws upon Bauman's notion of 'flawed consumers – which he terms 'disordered consumption - ' to account for increasing unease associated with a growing focus on the risks associated with drug consumption. Such a focus on risk, he suggests, cuts across substances to provide a unifying perspective on the 'problem' of drugs.

Having set out his historical analysis of the drug problem, and highlighted its continuities and discontinuities, Seddon turns to a consideration of how it might be re-framed as a regulatory and governance challenge. Here he draws principally on Braithwaite's work on regulation, Shearing's work on nodal governance and the global administrative law approach to global governance. His intention is not to set out a programme of action but, rather, to identify an agenda for research and development in which the regulatory map for the 'drug problem' can be redrawn. Braithwaite's design principles for flipping market from vice to virtue offers a theory of transition involving a process of concrete incremental change with its basis in evidence based democratic incrementalism. More specifically, the concept of regulatory pyramids can provide a new, and more parsimonious, way of thinking about how to regulate drugs with its emphasis upon knowledge based compliance combined with strategies aimed at promoting self regulation (meta-regulation). The concept of nodal governance, on the other hand, by taking as its starting point the central importance of knowledge and information for governance where the management of events operates within and across

networks, can be applied to the drug problem through the nodal mapping of system governance and through experimentation with micro governance strategies for 'weak' actors: the latter, for instance, offers a mechanism through which communities with drug problems could participate in a process of 'democratic experimentalism'. Finally, the global governance approach, which acknowledges governance as a complex phenomenon with multiple actors operating at multiple levels with multiple purposes and sources of authority, offers a further basis for a mapping exercise to examine how, for example, non-criminal measures could be used in drug control.

In the introductory chapter the author indicates that the aim of the book is to offer a critical analysis that challenges current thinking about the problem of drugs. It does this by highlighting the multiple strands that have shaped how the drug problem has been imagined and regulated since it first 'emerged' and how these can be understood through their relationship to the differing conceptions of freedom associated with changing forms of liberal governance. Anyone who is seeking to understand how to address the current 'drug problem' will be disappointed because Seddon's book does not, in this sense, offer any 'answers'. But it does not set out to do this. Instead, it is a thoughtful, authoritative and skilfully developed thesis that underlines the limitations of analysing a social problem without use of broader historical and theoretical perspectives. Moreover, by reframing the drug problem as a regulatory and governance challenge, Toby Seddon sets out an alluring, if somewhat daunting, agenda for future policy and research.

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