Guest editors’ introduction

**SPECIAL ISSUE ON CONCEPTS OF ADDICTION IN EUROPE, 1860s-1930s**

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**INTRODUCTION**

This special issue of *Social History of Alcohol and Drugs* presents the results of the first stage of collaborative work in Workpackage One of the European Union Framework 7 Programme, Addiction and Lifestyles in Contemporary Europe Reframing Addictions Project, otherwise known as ALICE RAP.

What is ALICE RAP? It is a five-year research collaboration running from 2011-16 which has a vision “to promote well-being through a synthesis of knowledge to redesign European policy and practice to better address the challenges posed by substance use and addictive behaviours.” The project’s parallel mission statement says that it will “advance synergy among sciences that address substance use and addictive behaviours, through a 5 year programme of European trans-disciplinary research.”

The project is large, with seven broad areas and twenty-one workpackages. Over 200 researchers are involved from twenty-five countries and twenty-nine disciplines. There is a media communications advisory group and a global science group. The areas covered are: the ownership of addictions; counting addictions; the determinants of addiction; the business of addiction; the governance of addiction; addicting the young; and coordination and integration. The history workpackage is called “Addiction through the ages”, a title in existence before we came on the scene, and it is part of Area One. Area One also includes stakeholders and addiction, a workpackage led by Professor Betsy Thom and Dr Karen Duke from Middlesex University, with whom we work closely; and addiction and media images, led by Dr Matilda Hellman from Helsinki University who is the overall coordinator of the Area group.

We have divided the history component of the project into three sections. The first section is a three part comparative study of the changing language of addiction in three identified stages from the 1860s to the near present. Partners in this component of the workpackage come from the UK (myself and Dr. Alex Mold, with assistance from Jenny Walke and Dr. Suzanne Taylor); Austria (Dr Irmgard Eisenbach-Stangl from the European Research Centre for Social Welfare Policy and Research in Vienna); Italy (Dr. Franca Beccaria...
and Dr. Enrico Petrilli from Eclectica, an independent research institute); and Poland (Dr. Jacek Moskalewicz and Dr. Grazyna Herczynska of the Institute of Psychiatry and Neurology in Warsaw). The second part of the workpackage is an individual study led by Dr. Johan Edman of SoRAD, the Centre for Social Research on Alcohol and Drugs at Stockholm University. Dr Edman is analysing the language used in international conferences on alcohol and drugs from the late nineteenth century, in particular those organised by ICAA, the International Council on Alcohol, founded in 1907. Finally, the London School of Hygiene and Tropical Medicine (LSHTM) Centre is studying the role of an international organisation, WHO, the World Health Organisation, in establishing concepts of addiction; and in addition, the role of a more recently established European institution, the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) in the same process.

This special issue contains the findings from the first stage of our three part comparative study. Our overall aim was the analysis of the language of addiction and “disease” and how it changed over time. With our partners, we decided to focus on three main stages in which that language of addiction seemed to become fully established. These were the period from the 1860s to the 1930s; then the decades just after the Second World War, the 1950s and 1960s; and finally the 1970s and 1980s when a different language was developed. It might be thought that the main outlines of the story are already clear from previously published work. We all know the existing historiography about the “discovery of addiction” from the nineteenth century onward; and the role of WHO in establishing concepts after the Second World War and beyond. Our purpose rather was to test those hypotheses and findings through a different style of research and also to subject them to a European gaze. Did the standard historiography accurately represent what was going on in different European countries?

We decided to adopt what, for historical work, was a novel methodology. As far as possible, we would all do the same thing and research in the same way. We would have the same research plan in order to make our results directly comparable. We therefore decided that we would each examine one general medical journal; one specialist addiction journal; and one medical text-book for the first period under consideration. We developed a list of different terms used to conceptualise addiction, and then aimed to analyse the content of our medical texts and journals over the more than fifty year first period. The project was limited in terms both of funding and of time - we had to report by a year end point. So our aim was to map the quantitative dimensions of these terms rather than do extensive qualitative research (which already existed for the UK). We aimed to establish the parameters of what was happening and explore cross national differences without, unfortunately, much time to analyse why this was the case. Some qualitative work was subsequently added in, but further research is clearly needed.

Our initial assumption was that the advance of digitisation would enable
such searches to be completed electronically and would produce swift results. However the hope for direct comparability proved too optimistic, as the individual articles make clear. Italy and Austria did not have electronic journals and those in Poland were only partly digitised; the situation changed in the course of the project. Even the British journals, which were digitised, presented problems. The main specialist journal for example, the *British Journal of Inebriety* (now *Addiction*) did not have its earliest, and very significant volumes, digitised and so these were less accessible. UK libraries including our own, had not paid for access to the earlier digitised volumes of some of our chosen medical journals and so these had to be accessed on site in the Wellcome Library. So digitisation is not the route to quick and easy content analysis which one might assume.

Nevertheless, the first stage of our project has made some significant findings. Firstly, we have established that the standard Anglo American model of the rise of disease-based notions of drug and alcohol use, which has focussed on the concept of inebriety, did not apply across Europe. In Poland, discussion of that term declined and disappeared towards the end of the 1880s, while it was not at all used in Italy. Instead, the countries had distinctive terminologies of their own, associated with specific professional groupings. The ownership of different professions in different national contexts was a second finding. The public health/temperance nexus which advanced “inebriety” as a term in the UK was replaced in Italy for example by forensic science, by the influence of Cesare Lombroso and the positivist school of criminology. In Austria, psychology and psychotherapy played a role. The “mental health” tradition was a strong influence in Italy and in Poland with terminology deriving from the language and concepts of forbears such as Magnus Huss and Kraft Ebbing. In Austria, two distinct trends are outlined – the establishment of an “international” language of alcoholism and the existence of a distinct German domestic language of drunkenness and drinking problems. Psychoanalysis was a stronger influence in Austria than elsewhere.

Most of the countries in mainland Europe were primarily concerned with alcohol and associated problems. This was also the case in the UK although the specific language of “alcoholism” rather surprisingly died away. Most countries were using a multitude of terms throughout the period, an indication of the lack of settled and defined concepts. The use of “poisoning” as a term seemed to provide a half-way house to a full-scale disease concept. Mental and moral concerns were apparent and the influence of the temperance movement was there in all countries. Looking at the broader context, variable terminology for major diseases was common during this period of the nineteenth century. TB for example, could be called “consumption” or “pthisis.” Such terminological uncertainty was not at all unusual in this period and has bedevilled the subsequent interpretation of health statistics. In this respect the language around substance use exemplified a more general period of flux.

Some European terms differed from the Anglo-American model, but some
trends were similar. The widespread influence of degeneration theories at the
turn of the nineteenth and twentieth centuries was common to all: this was a
Europe wide phenomenon. The common fear was that alcohol, a “race poison”
in the terminology of the time, would infect the race or nation, transmitting
inebriety or alcoholism from one generation to the next. The role of mothers
was seen as particularly important alongside theories such as the inheritance
of acquired characteristics. At the same time, debates about the role of poverty
and social reform in relation to alcohol consumption also seemed to have been
common to many countries in the early 1900s.

Perhaps because they came later on the scene concepts in relation to drugs
seemed to have been more homogenous and “more medical” across Europe.
“Poisoning” was used, as was “morphinism” (derived from the German influ-
ence), even in the UK. After the First World War, “cocainism” also arrived on
the scene. Increasingly the term “addiction” came to cover compulsive drug
use and it was clear that this was seen as a more modern and scientific descrip-
tor than the out-dated language of inebriety and other concepts, tainted in part
by their association with hereditarian ideas. Tobacco was almost nowhere in
the debate, with little attention paid to its use as disease.

Despite national differences, there was also participation in an international
discourse. The Austrian article in this special issue comments on the transfer
of the British/American/Scandinavian model via medical doctors in Prague
and Budapest. The Polish article notes how a journey in Europe influenced
Frydrych and also points to the influence of Huss and Morel. The networks
which were to solidify through international congresses and then international
organisations such as the League of Nations, were in the process of establish-
ment during these decades.

Our studies have led to interesting results but what are the overall pros and
cons of operating in this way? On the plus side, comparative working and the
attempt to use a common model of research across our countries has produced
results which otherwise would not have been obtained. The research has sug-
gested alternatives to assumptions made only from the Anglo-American per-
spective. The Continental European history of alcohol and drugs, which our
authors all comment is relatively under-developed, with a limited historiogra-
phy, mostly published in the country’s own language, is opened up to an Eng-
lish language audience. That history shows that the late nineteenth and early
twentieth century was also a time of the development of disease concepts in
European countries, but that the influences on that process and the terminol-
ogy were different, with a range of terms in use, in particular for alcohol.

On the minus side, the demands of our research funding and timing have
meant that we can only map the differences rather than explain them. As al-
ways, more research will be needed. The lack of digitisation, other than in the
UK, made the common model of research less easy to operationalise that we
had initially assumed; it was more difficult than expected even in the UK. We
conclude that historians should be more involved in digitisation projects at the
outset to ensure that the work is done in ways which will help and not hinder their research. It must be underpinned by historical understanding. There were also language issues. Specific terms relating to addiction were often difficult to translate from one language to the other. In addition, we felt at the end that we were only scratching the surface of the issues we discuss here. As our Italian authors comment, a fuller research study would involve a much wider range of sources than we had the time to deal with. And a final problem was simply history itself: the history of the different countries involved in this comparative work, where boundaries had changed over time and journals had had varying histories, as in Austria and Poland. In the latter all journals in the three partitions were published in Polish, while in Austria language did not coincide with borders and even the selection of journals became a delicate issue. Nevertheless, the first stage of our study has produced some novel and significant results and we are pleased to present them in this special issue.

ENDNOTES
The research leading to these results or outcomes has received funding from the European Union’s Seventh Framework Programme (FP7/2007-2013) under Grant Agreement no 266813 – Addictions and Lifestyle in Contemporary Europe – Reframing Addictions Project (ALICE RAP – www.alicerap.eu). Participant organisations in ALICE RAP can be seen at http://www.alicerap.eu/about-alice-rap/partner-institutions.html. The views expressed here reflect only the author’s and the European Union is not liable for any use that may be made of the information contained therein.

2. Surveyed in Berridge, Walke, and Mold article in this issue.