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Social Poison: The Culture and Politics of Opiate Control in Britain and France, 1821-1926, by Howard Padwa. Baltimore, MD: The Johns Hopkins University Press, 2012. 232pp. \$55.00 hardback. ISBN: 10: 1-4214-0420-6.

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{forthcoming, *International Journal of Comparative Sociology*}

Opium was known as the “plant of joy” in Sumeria in 4000 B.C.E. It grew in ancient Egypt and Persia. Homer wrote of opium in the *Odyssey* as bringing “forgetfulness of evil.” Virgil mentioned it in the *Aeneid*. Romans used it as medicine. Chaucer and Shakespeare referred to opium, too. By the 18th century opiates were in nearly every English medicine cabinet. While many Europeans saw opium eating and smoking for recreational purposes as exotic Eastern customs, moral panics condemning such “dangerous drugs” are a peculiarly modern phenomenon (Berridge and Edwards 1987:xxii-xxv).

Howard Padwa’s *Social Poison* tells the intriguing tale of how opiates came to be defined as dangerous in 19th century Britain and France. For different reasons, both nations made opiates the “main target” of drug control policy. Padwa focuses roughly on the century leading up to 1916, when both countries first enacted national anti-opium laws. This period provides an important window on drug politics because these laws, together with the first federal US drug law, the Harrison Narcotics Act of 1914, essentially established the modern drug prohibition regime. Now that more and more cracks are appearing in that regime, it is an opportune moment to learn more about its pre-history.

Britain is often thought to be a model of relative “restraint, reason, and compassion” (p.2) in drug control, for example, having allowed physicians to maintain addicts on opiates and remaining somewhat less punitive toward illicit drug users than the US and many other nations. France, in contrast, held fast to harsher drug laws and was among the last modern nations to allow even methadone maintenance, the most effective treatment for opiate addiction.

Padwa’s account of this divergence cites first a demographic divide. In Britain, the number of addicts was declining in late 19th century and they were more often artisans or middle-class and thus suffered fewer adverse consequences and were better able to function as contributing members of society. In France, addicts were younger, more numerous,

more marginal, and thus thought to be “potentially socially disruptive.” Such demographics are often crucial. In 1900, when most U.S. opiate addicts were white, middle-class, middle-aged women, addiction was defined as a private medical issue. When the user base shifted to include more African Americans and disaffiliated working-class men, addiction was re-defined as crime (Duster 1970; Musto 1973).

Second, Padwa describes a “discursive divide” in how fears about opiates were expressed, two different genres of “anti-narcotic nationalism.” The British worried that opiates would make workers apathetic and unproductive, destroying industriousness and self-sufficiency, and thus running “counter to the capitalist ethos that helped define the British way of life” (p.6). Moreover, opiates were associated with the Chinese and thus not in keeping with British notions of citizenship and identity. The French thought opiates posed a different sort of threat to nation and identity. They envisioned their society in more collective terms and their sense of citizenship entailed a variety of civic-mindedness that offered little room for opiates, which they imagined led to “unbridled individualism” (p.7). In the French view, opiate users invariably prioritized their habits, rendering themselves unable to contribute to the common good and therefore bad citizens -- a construction that stuck in no small part because the French linked opiates with ethnic enemies, first Asians and then Germans.

In both countries, representations of opium were colored by class and colonialism. British author and proud opium eater Thomas De Quincy raved that opium could induce “transcendental subjectivity” among elite intellectuals capable of appreciating such altered states. Lesser ethnics and the working class were a different story. Other British writers worried that opium would spell trouble in the “smaller brains” of non-Europeans. Captain Cook claimed that opium led the Malays to wanton violence. Dickens worried about English women being “Orientalized” by opium. “The confluence of imperialist facts” (the Opium Wars) “and stereotypical fictions” (the belief that “the Oriental character” sought “passivity”) constituted what Padwa calls a “Sino-phobic undercurrent” in British culture. This was linked, ironically, with Chinese government assertions of sovereignty over the opium trade in China, assertions which British elites depicted as “affronts to British liberty and prosperity” (translation: against their economic interests).

The French colonial regime in Indochina also grew and sold opium. The practice of smoking it spread to French sailors, who smuggled it to French ports like Marseille. This association with the Asian other inscribed an alien label on opiates. Moreover, opiates were widely depicted as eroding morale in the armed forces and thus as “a tool of

treachery.” In the 1907 “Ullmo Affair,” for example, a Jewish naval officer (*a la* Dreyfus) tried to blackmail the government, threatening to sell secret codes to Germany unless paid. French newspapers reported that he was under the spell of opium from his mistress, an addict. This was amplified into a national scandal that made clear the links between opium, selfishness, degradation, and bad citizenship. Ullmo was convicted and sent into exile in front of a crowd of tens of thousands in a “nationalistic purification ritual” (p.83). The Ullmo Affair confirmed anxieties about opium users in “a nation already rife with fears of degeneration and national decline following the Franco-Prussian War and the Paris Commune” (p.84). World War I soon provided the occasion for a tough new narcotics law in France. Left and Right both claimed that drugs were part of a German plot whose objective was “extermination of the French” (p.128), with opiate users as well as dealers cast as agents of treason. Under such circumstances, harsh solutions become thinkable.

Notwithstanding the differences Padwa cites to explain the 19th and early 20th-century divergence between British and French opiate controls, his comparison also shows some striking parallels with drug scares in the U.S. In one and often both countries there were, for example, claims that one taste leads to addiction; that addiction disables the brain’s moral capacities and transforms users into monsters; that use of a demon drug is “spreading across all classes, ethnicities, and neighborhoods” (p.121). There were celebrity overdoses; mass media that spread salacious details and routinized caricature; black market profits that incentivized creative smuggling and organized crime. And as with drug scares in the U.S. and elsewhere, all this led to new laws with an “abundance of police measures” and a “lack of health measures” -- each an increment of criminalization that fails, each failure eliciting politicians’ calls for harsher punishments in the utopian fantasy of achieving a drug-free society, each further entrenching punitive prohibition. *Plus ça change, plus c’est la même chose.*

Padwa’s delicious details about the British and French cases explain their divergence in drug policy, but their eventual convergence around punishment-based prohibition, which was soon adopted around the globe, also begs for explanation. What is it about drugs that has led democracies and dictatorships alike to embrace the prohibitionist paradigm? Is it fear of altered states? Anxieties about losing the self to addiction? Is it the allure of the state’s enhanced capacities for social control of the dangerous class *du jour*?

Padwa’s book does what all good comparative analysis does: it invites a shift of gaze that affords us some distance, some perspective -- in

this case on a legal-policy paradigm that has been naturalized. *Social Poison* shows the cultural-historical specificity and the socially constructed character of drug laws that until recently took on the appearance of normal, even immutable policy responses to a terrible social problem. After a century, that is now changing. Into what remains to be seen. []

References

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