The art of medicine

Drugs, alcohol, and the First World War

The plethora of comment and reflection on the First World War has overlooked the importance of that war for drug and alcohol control. Yet this war was crucial in the establishment of a system of international control for drugs that still endures today. It instituted models of control for alcohol that also had a lengthy life. In 2014, the First World War is still a potent presence so far as drugs and alcohol are concerned.

International drug control had been discussed before the war, but a global system was unlikely. The major initiative had come from the Americans in the early 1900s, driven by twin motives of moral regulation and strategic advantage in the Far East. The Americans believed that "civilising" and converting the Chinese would come through the ending of their opium consumption. Missionaries and the US State Department had trained their sights on the Indo-Chinese opium trade, a trade which civil servants in the British Foreign Office were already bringing to a close. The Shanghai Convention of 1909 retained a Far Eastern focus, but afterwards the compass of potential control widened. There was genuine concern in the British Foreign Office about morphine and cocaine smuggling in southeast Asia and this topic was taken up by the Americans as an important part of the international control agenda.

The Hague Convention of 1912 was the product of this expanded geographical concern. The decision at the Hague that opium, morphine, and cocaine and their use should be confined to "legitimate medical purposes" was central to future international drug control. Earlier enquiries, such as the Indian Royal Commission on Opium of 1895, had defended medical and non-medical use, and indeed had taken the view that it was difficult to distinguish one type



French and English soldiers drinking beer at a café in 1914, photography by Jacques Moreau

of use from the other. But there were further complications about extending control. The German Government refused to adhere to the Convention because it might be only partially applied and therefore damage the German cocaine industry; it insisted that all 34 participating powers had to ratify the Hague Convention before it could come into force. The convention thus had an "all or nothing" aspect that had not been initially intended. As the British Delegates wrote in their Report, "It [the convention] has, for the first time, laid down as a principle of international morality that the various countries concerned cannot stand alone in these measures."

The German proviso was a delaying tactic and so only those countries committed to further controls went ahead before the outbreak of war. The USA was one, keen to take a prohibitionist stance. The US Harrison Act of 1914, a revenue measure, aimed to restrict access to drugs and to "stamp out" addiction. Other countries were less keen and by the outbreak of the First World War, there had been only eight ratifications. In the UK, rather desultory discussions before the war envisaged simply an extension of existing pharmacy controls and possibly some further restrictions on the dispensing of doctors' prescriptions.

The war changed the situation. In the UK, it brought the Home Office—in 2014 still the lead department for drug policy—into a central role and also more stringent restriction onto the agenda. Two issues caused concern. Smuggling of drugs showed that controls were indeed interdependent at the international level. The UK was the world's major manufacturer of morphine and the exported drug was being diverted into China via Japan. The Home Office introduced a system of import/export certification designed to ensure that all shipments out of the country had a legitimate destination. Morphine was the main smuggled drug but the use of cocaine also seemed to be expanding in some of the combatant countries. It was feared that army efficiency was at risk.

In the UK, the "drug scare" first arose in Folkestone with sales to Canadian soldiers billeted there. Then the West End of London became the focus; there were fears that sex workers and others were selling drugs to soldiers. Pharmacy laws were powerless to stop the trade despite some attempts at prosecution. The Daily Chronicle expressed the fears of the time. 'It [cocaine] is driving hundreds of women mad. What is worse, it will drive, unless the traffic in it is checked, hundreds of soldiers mad." The UK Government passed emergency restrictions under the Defence of the Realm Act in 1916, regulation 40B, which tightened domestic controls. It made non-medical possession an offence and required a doctor's prescription for cocaine. Germany, Canada, and other countries brought in similar controls during the war.

A later enquiry concluded that there was, in fact, very little recreational cocaine use apart from the small West End "scene", but by then restriction had taken on a life of its own. Article 295 of the peace settlement enacted through the Treaty of Versailles in 1919 brought the Haque Convention into operation and gave the newly established League of Nations general supervision over international narcotics agreements. At the first League Assembly, an Advisory Committee on Traffic in Opium and other Dangerous Drugs was created, its initial members the European countries with colonial opium monopolies. The war had swept away prewar difficulties about ratification and brought worldwide control. By the mid-1920s international drug control had become what the US historian William McAllister calls a "going concern". A full control machinery covered manufacture, trade in, and distribution of addictive substances, with an import/export certificate system based on the British model. Cannabis was brought into the system in the 1920s.

Alcohol control, like opium, was also a matter of international concern before the war. But the war did not lead to a similar international convention, only a regional system which covered colonies in Africa. War nevertheless had a longstanding impact at the national level. British and American forms of control were different. In the UK, concerns about the impact of alcohol on the war effort brought central state regulation. The drink issue was adroitly used by Lloyd George as Minister of Munitions and at one stage he considered wholesale state purchase of the drink trade. Drink nationalisation was not practical politics and instead a Central Control Board (CCB) was set up in 1915. It was given wide powers to regulate and even to purchase the trade in key military and naval areas and its overall powers extended to the whole country by 1916. The CCB limited the hours of consumption and introduced the famous "afternoon gap", when pubs and clubs had to close. "Off" sales of spirits were prohibited in the evenings and at weekends and their strength was reduced. Servicemen had been plied with drinks in pubs so "treating" (buying rounds) was forbidden. The CCB, chaired by Viscount D'Abernon, had a research committee and was concerned to base its actions on scientific evidence. State control of the trade was introduced in certain key military areas-Enfield Lock near London, and the Carlisle area. Industrial canteens were established. The CCB even set up its own pubs and the war thus brought the introduction of a system which had been widely discussed before war-"disinterested management"—pubs run not for a profit, under state control.

Statistics showed that such policies, which were widely accepted by the public, had an impact on measures of harm from alcohol, such as deaths from cirrhosis of the liver and arrests for drunkenness. By the early 1920s per capita spirit consumption in the UK had halved from its prewar

level and beer consumption also declined. Convictions for drunkenness fell from more than 130 000 to just over 29 000 per year.

Unlike drug control, this overall system of alcohol control did not persist into the postwar years. Central control was abandoned, although some elements of the war time system remained in existence. In the USA, by contrast, war time restrictions led to national prohibition enacted in 1920. That system lasted only until 1929, but like war time controls in the UK, it affected patterns of drinking with a move towards spirit drinking and a decline in beer consumption. It came to an end not because prohibition "failed" but because industrial and business interests, which had once supported it, removed their support as the Great Depression took hold. Prohibition in the USA was the best known of efforts by a number of countries to introduce similar systems. Iceland and Finland had already brought in prohibition; Canada and Norway had partial prohibition. Russia established prohibition during the war while Sweden voted in favour but never actually put it into practice. Further attempts to take controls through the League of Nations fell foul of the French, representing the interests of the French wine industry. There was what Mark Schrad has called a "global prohibition wave" drawing on prewar temperance interests and catalysed by the war effort. But these attempts ultimately failed.

For drugs, a system with its origin in the needs of the colonial powers was later to be dominated by the USA. The system in the First World War morphed into the United Nations control machinery after the Second World War, where it still remains today. Now former colonial countries in South America are testing the boundaries of the system in order to accommodate the culturally sanctioned use of drugs such as coca. But it would be premature to hail the demise of the Great War system.

The alcohol restrictions also cast a lengthy shadow—state control lasted in Carlisle until the early 1970s and the afternoon gap until 1987. Now the UK Government's Public Health Responsibility Deal is taking on some of the same issues, for example, reduction of the strength of alcohol. That deal has controversially brought industry and some public health interests together in a way also prefigured by the CCB, which had industry and temperance members, although their alliance did not outlive the war. The war time restrictions on alcohol still stand as an example of what government regulation can achieve in improving health and reducing crime. For both alcohol and drugs, the First World War was an external shock, initiating systems and developments that might never otherwise have come about.

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Further reading

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