Science, Technology and Medicine in Modern History

General Editor: John V. Pickstone, Centre for the History of Science, Technology and Medicine, University of Manchester, England (www.man.ac.uk/CHSTM)

One purpose of historical writing is to illuminate the present. At the start of the third millennium, science, technology and medicine are enormously important, yet their development is little studied.

The reasons for this failure are as obvious as they are regrettable. Education in many countries, not least in Britain, draws deep divisions between the sciences and the humanities. Men and women who have been trained in science have too often been trained away from history, or from any sustained reflection on how societies work. Those educated in historical or social studies have usually learned so little of science that they remain thereafter suspicious, overawed or both.

Such a diagnosis is by no means novel. Nor is it particularly original to suggest that good historical studies of science may be peculiarly important for understanding our present. Indeed this series could be seen as extending research undertaken over the last half-century. But much of that work has treated science, technology and medicine separately; this series aims to draw them together, partly because the three activities have become ever more intertwined. This breadth of focus and the stress on the relationships between knowledge and practice are particularly appropriate in a series which will concentrate on modern history and on industrial societies. Furthermore, while much of the existing historical scholarship is on American topics, this series aims to be international, encouraging studies on European material. The intention is to present science, technology and medicine as aspects of modern culture, analysing their economic, social and political aspects, but not neglecting the expert content which tends to distance them from other aspects of history. The books will investigate the uses and consequences of technical knowledge, and how it was shaped within particular economic, social and political structures.

Such analyses should contribute to discussions of present dilemmas and to assessments of policy. ‘Science’ no longer appears to us as a triumphant agent of enlightenment, breaking the shackles of tradition, enabling command over nature. But neither is it to be seen as merely oppressive and dangerous. Judgement requires information and careful analysis, just as intelligent policy-making requires a community of discourse between men and women trained in technical specialities and those who are not.

This series is intended to supply analysis and to stimulate debate. Opinions will vary between authors; we claim only that the books are based on searching historical study of topics which are important, not least because they cut across conventional academic boundaries. They should appeal not just to historians, nor just to scientists, engineers and doctors, but to all who share the view that science, technology and medicine are far too important to be left out of history.

Titles include:

Julie Anderson, Francis Neary and John V. Pickstone
SURGEONS, MANUFACTURERS AND PATIENTS
A Transatlantic History of Total Hip Replacement

Roberta E. Bivins
ACUPUNCTURE, EXPERTISE AND CROSS-CULTURAL MEDICINE

Linda Bryder
WOMEN’S BODIES AND MEDICAL SCIENCE
An Inquiry into Cervical Cancer

Roger Cooter
SURGERY AND SOCIETY IN PEACE AND WAR
Orthopaedics and the Organization of Modern Medicine, 1880–1948
The Politics of Addiction

Medical Conflict and Drug Dependence in England since the 1960s

Sarah G. Mars

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For Jason
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## Abbreviations

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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACMD</td>
<td>Advisory Council on the Misuse of Drugs</td>
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<tr>
<td>AIDA</td>
<td>Association of Independent Doctors in Addiction</td>
</tr>
<tr>
<td>AIP</td>
<td>Association of Independent Prescribers, later renamed the Association of Independent Practitioners in the Treatment of Substance Misuse</td>
</tr>
<tr>
<td>CIO</td>
<td>Chemist inspecting officer</td>
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<tr>
<td>CFI</td>
<td>Central Funding Initiative</td>
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<td>CURB</td>
<td>Campaign on the Use and Restriction of Barbiturates</td>
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<tr>
<td>DDU</td>
<td>Drug Dependency Unit (colloquially known as a ‘Clinic’)</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health (the Department of Health split from the Department for Social Security in 1988)</td>
</tr>
<tr>
<td>DHSS</td>
<td>Department of Health and Social Security (formed by a merger of the Ministry of Health with the Ministry of Social Security in November 1968)</td>
</tr>
<tr>
<td>DTTO</td>
<td>Drug treatment and testing order</td>
</tr>
<tr>
<td>GMC</td>
<td>General Medical Council</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner (NHS in this context)</td>
</tr>
<tr>
<td>Inspectorate</td>
<td>Home Office Drugs Inspectorate</td>
</tr>
<tr>
<td>KCWHA</td>
<td>Kensington and Chelsea and Westminster Health Authority</td>
</tr>
<tr>
<td>LCG</td>
<td>London Consultants Group</td>
</tr>
<tr>
<td>PCC</td>
<td>Professional Conduct Committee (of the General Medical Council)</td>
</tr>
<tr>
<td>RMO</td>
<td>Regional Medical Officer</td>
</tr>
<tr>
<td>SCODA</td>
<td>Standing Conference on Drug Abuse</td>
</tr>
<tr>
<td>script</td>
<td>Prescription</td>
</tr>
<tr>
<td>Tribunal</td>
<td>Home Office Misuse of Drugs Tribunal</td>
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Glossary

Addiction/dependence  Addiction and dependence are terms that were subject to considerable controversy in the 20th century but they are used interchangeably in this book to mean that the user of a drug is diagnosed by a doctor as having adapted to its presence and would suffer if it were withdrawn abruptly.

Clinic  This is a colloquial name for the hospital-based Drug Dependency Units (DDUs) set up in the late 1960s and early 1970s.

Consultant (medical)  In this context ‘consultant’ refers to the highest grade of hospital doctor in England. Despite the name, consultants are salaried employees, usually in charge of a hospital department or unit.

Controlled drugs  These are drugs controlled under the Misuse of Drugs Act, 1971. These include heroin, cocaine, methadone, amphetamines and benzodiazepines. The term replaced ‘dangerous drugs’, which was used in 20th-century domestic legislation until 1971.

Drug  In this context a drug is a psychoactive substance used in either an illegal (according to the Misuse of Drugs Act, 1971) or an unsanctioned way. This includes heroin, cocaine, solvents and tranquillisers but for convenience excludes alcohol and nicotine.

Drug doctors  This term is used to denote any doctor with significant involvement in treating drug-related problems. NHS psychiatrists are sometimes referred to as ‘addiction specialists’ although not all the psychoactive drugs used by their patients are addictive and some of the patients are not treated for addiction but for other drug-related problems. The term does not imply the prescribing of substitute drugs, although this may be involved.

Methadone  Synthetic opiate, also known as Physeptone, used to prevent withdrawal symptoms in opiate addicts. It is most commonly prescribed as an oral liquid but it also comes in an injectable form and as oral tablets.

Opioid  This term covers both derivatives of the opium poppy such as morphine and heroin (‘opiates’), and pharmacologically similar synthetic substances such as methadone.
**Private prescriber**  This is a doctor paid by fee outside the NHS who prescribes substitute drugs (opiates, stimulants and tranquillisers) to patients for the treatment of addiction. They may be a general practitioner or have specialist training in addiction psychiatry. They may work concurrently in the NHS.

**Substitute prescribing**  This is usually used to describe the prescribing of one drug to replace another, such as methadone for heroin. However, here it also describes prescribing the same drug, such as heroin, as it is often intended to replace or obviate the need for a trafficked supply of the drug.

**Trafficked drugs**  This is a term used in the 1980s and in this book to differentiate between pharmaceutically produced substances obtained legally or illegally by users, and drugs smuggled or ‘trafficked’ into Britain from producer countries.
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