

Axel Klein with Blaine Stothard

The case for drug, tobacco and alcohol industry representation on editorial boards and research councils to keep prohibition advocates in check

Earlier this year, colleagues from the scientific publishing community were debating the merits and risks of having industry representatives join the editorial boards of journals publishing in the drug and alcohol field. This was part of a wider discussion on declarations of interests, affiliations and funding by authors submitting their papers to scientific and peer-reviewed journals. One of the participants suggested that while government employment should not be an obstacle, the conflict of interest for people working for companies that were seeking to profit from the sales of tobacco, alcohol, cannabis, and opiates was too large to be mitigated by disclosure agreements.

Representing a view widely shared among colleagues in addiction publishing and research, he suggested that the material interests of such people could potentially introduce bias and outweigh the benefits of having their scientific expertise and the particular perspective to contribute openly to the wider discussion. Perhaps they are more likely to distort information or be selective in picking up data to support their positions? There is powerful cultural memory of the tobacco *industry* denying the link between cigarette smoking and cancers that was shown by their own research or the rigorous denial by pharmaceutical companies that oxycodone had any habit-forming properties.

Given my understanding of drug policy over the past century and the role of independent scientists, governments and civil servants, I am inclined to disagree with this position. Industry involvement can not only provide a positive expansion to the debate, by providing a valuable counterpoint to the agenda-driven argument of other parties, but it is also necessary to achieve policy corrections.

As a preamble, I would like to pick up on the implicit critique of profit seeking. In a capitalist economy, most people are working for companies and organisations whose survival depends on realising a profit. Profit means taxes that feed research funds and drip donations to research active charities that do not question the conduct of corporations when they stand to benefit from their social responsibility. Cancer Research UK, for instance, is supported by Amazon, a consummate master at tax avoidance.

Most, perhaps all, of the journals that publish on alcohol, tobacco and other drugs, are run not by cooperatives or charities, but international publishing houses that yield high profits on a business model based on exploiting the need of researchers and academics to gain visibility through publication. Should disclosure also include the share price, turnover and net profit of the publishing house owning the journal?

Capitalism may be an odious, rapacious system but boycotting one set of practitioners in an 'industry space' or eco system risks producing the perversions that invariably result from arbitrary interventions. At the very least they create privileged niches that are likely to be taken advantage of by incumbents and give rise to further manipulations, by, for instance,

Axel Klein is based at Global Drug Observatory, Swansea University, Swansea, UK. Blaine Stothard is an Independent Consultant and Writer, London, UK.

In the course of the past 20 years, Dr Axel Klein has received funding from different sources for research and consultancy work, including: the British Academy, the Economic and Social Science Research Council, the United Nations Office on Drugs Crime, the Foreign and Commonwealth Office, the Foundation for a Smokefree World and Grünenthal GmbH.

creating privileged insider groups, excluding dissident voices from access to funding decisions or publication.

In other settings, there is also the suggestion that it is particularly odious to be profiting from drugs, the class of substances to which our work is dedicated. One group of eminent specialists when talking about what in the UK is sometimes referred to as “our favourite drug” [1], that is alcohol, have even claimed that alcohol is no “ordinary commodity” [2]. Alcohol and other drugs, the authors suggest, belong to a different class and require stricter controls by the authorities, informed in turn by the counsel of experts.

Ostensibly the basis for this claim is that these extraordinary commodities, or what the anthropologist Andrew Sherrat termed ‘peculiar substances’, have the propensity (Sherrat, 2007) to cause *addiction*, a slippery and widely challenged concept (Fraser *et al.*, 2014; Fraser & Moore, 2011), that all the same has been exported from drugs to other forms of human behaviour and substances [3]. If this is testimony to the theoretical vigour of the concept, it also undermines the claim that alcohol (and other drugs) are extraordinary. In the light of concerns over obesity it seems that such quotidian pleasures as fried food, sugary drinks and video games are prone to be addiction causing.

While it is perhaps possible to distinguish between food-abuse in contrast to food use, this is not the case with illicit substances where any consumption not licensed for medical or scientific purpose is categorically classed as *abuse*. This assumption is hardwired into the very titles of many of the scientific journals and working groups that populate this field. Yet this notion of *drug abuse* is no neutral category but a doctrinal precept binding a heterogeneous groups of professionals into a community. Like secondary concepts, say poly-drug use, the terminology of *drug abuse* is politically motivated, it is used by professional groups when they claim authority and resource.

The journals publishing in the addiction sector that record, document, and afford legitimization to these processes dedicate their output to a small number of naturally occurring substances and their synthetic analogues. Defined as addictive, they are classed as *drugs*, a term derived from pharmacology, that has carved out and occupied a new semantic field. Yet some scholars publishing in journals for psychology, behavioural and social sciences are not interested in these substances *per se*, but in the human beings who *abuse* them. The publications are ostensibly motivated by seeking to address drug use disorder, that is at least implicitly, to correct the behaviour of the problem drug user. In that regard addiction science publishing is no different to *other* branches of medicine, where scholars and practitioners collaborate to relieve people of their afflictions, the difference being that the majority of so-called *abusers* did not ask for any help and do not regard their behaviours as problematic. The intervention, then, is not initiated by a patient’s self-perceived medical need, but by professional agreement about problematic behaviour in which the rights of the self-determining human subject have been suspended by fiat. This is one of the reasons why the anti-psychiatrist Tomas Szasz made the trenchant comparison between addiction and witchcraft. In both cases the existence of the phenomenon was a social construct established as incontrovertible truth by doctrine and then upheld in circular fashion, with second order theories built to take care of **contradictory** evidence (Szasz, 1970).

Addiction medicine, as the branch is called, provides a legitimating label shored up by a scholarly community mass-producing confirmatory evidence. Truth, as with the US National Institute for Drug Abuse (NIDA) doctrine of addiction as a recurring brain disorder, is created by repetition. How this “truth” looks or is arrived at is far less important than the powers officials and professionals could aggregate for themselves ostensibly to combat these *evils* [4].

Keeping *Abuse* in the strapline is therefore simultaneously a political declaration of allegiance, mission statement, and a declaration of editorial intent to problematise not a naturally occurring plant (or its semi-synthesised derivatives), but the human behaviour that it has given rise to. Scholars are publishing in order to find more effective ways for reducing

harms, not, or very rarely, on the life enhancing effects, the benefits to sociality or human well-being (see e.g. [Bennett & Holloway, 2017](#); [Dunn et al., 2019](#); [Maier et al., 2018](#); [Pienaar & Dilkes-Frayne, 2017](#)). At the very least this risks the diversion and mismanagement of resources.

NIDA once again provides a pertinent illustration. The recipient of hundreds of millions of tax payers' money has been unable to contribute to the investigation of health promoting properties of different cannabinoids. Having spent decades producing the facts that fit the policy, it has been overwhelmed by the re-definition of cannabis as medicine and rendered irrelevant to scientific discourse. As the paradigm shifts, the teachings of the former orthodoxy are exposed to be as valuable as alchemy, a means solely to turn human wiles and weakness into research-funding gold.

None of this is to deny the reality of drug related problems. What is so disturbing, however, is how blasé many research publications have been for so long with regard to the way many, including the most heinous, drug related problems have been constructed by the very policy model that was ostensibly designed to rectify them. If this is well established then it is only because of a street working avantgarde of harm reduction activists and the myriad of recreational consumers who emerged addiction free, if guilt ridden, from their drug experience.

Moreover, the problems attributed to these allegedly extraordinary drug commodities are well explained by economic developments over the past couple of centuries. Human existence, for centuries under the shadow of famine, shifted from scarcity to excess and problems ranging from obesity to air-pollution that individuals and social systems were ill-prepared for and find difficult to acknowledge. At the same time, processes driven by the acceleration of exchange were creating dislocations, what the psychologist Bruce [Alexander \(2008\)](#) called a poverty of spirit, that raised the very need for the spiritual comfort that substances that we call drugs can provide.

As many contributors will understandably desist from entertaining such massive generalisations, and find the comparison flawed, I return to the safer ground of what the problematisation of drugs has helped keep in place: Prohibition, a policy forged in 1919 as a self-consciously Great Experiment in a society wedded to discontinuity and change. It fell apart in its erstwhile form after a mere 13 years during which it gave rise to organised crime, corrupt policing and the cocktail. But even when Budweiser came back on tap – all the financially stronger for having seen small competitors wiped out in the dry interim – the political model survived, now attached to substances that were not widely known and used mainly by ethnic group with whom the mainstream stood in adversarial and exploitative relationships: cocaine, cannabis and opiates.

Policy models that facilitate abrupt resource transfers can adapt virus-like to new hosts. Interestingly, it is often prohibition advocates who employ the term epidemic as a metaphor for the consumption of the stigmatised substance, at the moment, for instance, 'tobacco epidemic'. Not only is it difficult to distinguish between carrier and host, but most importantly, it is the host not the pathogen that determines the incidence. As so often, it is a projection of behaviour. It is in fact the pathogen of prohibition that is spread by its promoting carriers. The hosts are the millions of unfortunates institutionalised in jails, prisons and clinics the world over.

There are always advocates and too many complicit bystanders, as it takes a small number of entrepreneurs who, with the right backing, can create a new domain for the violent tendencies of the state to act out. As we see right now with the efforts of the tobacco control lobby, even if the inequities of war on drugs are being laid bare and leading to the rapid dismantling of this policy approach, beginning in North America, it only takes a fresh coterie of advocates to find this disgraced policy a new home. It is germane to remember that the Holy Inquisition, an institution that gifted the world the *auto-da-fé*, survived until 1908. Repressive social systems have ways of perpetuating themselves.

Prohibition, I fear, will not simply collapse into the ruin of its own causation. It has been around for so long and held up by so many vested interests, that the voice of reason and the appeal to compassion will not achieve a change, and would be overridden by shrill calls for repression. The forces of repression are always more organised than the advocates of humanitarianism. Harm reduction, a human centred approach, has been co-opted by the bureaucracies of control, exemplified by the current degeneration of tobacco control, that set out as a noble cause for promoting public health into a tool for government led repression. Experts are as readily found as universities for channelling funds, and the methods employed and the funding sources accessed can be all justified by the noble cause. Repressive models are established via a series of gradual shifts, always justified by reference to a dark and looming danger. Yesterday's dope peddlers or narco-terrorists are today's tobacco advocates. Let them be rooted out, tremble under the blow of the hammer like the witches of yore.

The danger posed by the repressive instinct inherent in society and is so easily channelled against "deserving targets" in the morality laden sphere of pleasure seeking ignored at peril. Public indifference and the inertia of policy making leave a need for directed action, for concerted lobbying. In this day and age this requires professionalism and an effort sustained by more than goodwill and charity. The only way to push against it is by using the engine that drives the entire economic model which funds the prohibitionists, the industry itself. Without their funding sober calls for a regulated markets will be drowned out by the shrill alarm calls about harms, the sinister cries for vengeance on the purveyors of poison from the pulpit of doom.

Naturally, a long spoon is needed for this twenty first century sup with the devil. Research funded by industry needs to be independent, the findings need to be accessible to all, with rigid protocols to safeguard against interference in the research process. But there is no reason to bar legitimate players just because we don't like the colour of their money. The emphasis should be on what the researchers do with that money and what the funders expect or allow for their money. There is an implication here for academic and research freedom.

Let us further suggest that there are no interest free publications: the Farmington consensus requires that journals' "support from the alcohol, tobacco, pharmaceutical or other relevant interests should be published", while funding from a governmental research council is not considered to be similarly tainted. And yet governmental funding agencies tend to shape their efforts to generally support governmental policies – all of the funding distributed under the EU framework programmes, for instance, looks at efforts aimed at improving prevention and addressing drug problems. There are concessions, action research programmes on pill testing or non-judgmental studies into the different drugs people may use in combination, but refreshing as these may be, they derive their legitimacy from contributing to the reduction of drug related harms. Anyone curious about ways of improving drug quality, the range of pleasure that is facilitated or enhanced by drug consumption, or new ways of easing access to these products will have to apply elsewhere for funding.

Non-problematic patterns of consuming currently illicit drugs are of no interest to public health and hence massively under-researched, leaving the experience of a marginal population of problem users to dominate scientific and popular discourse. To come back to funding decisions, the default position of fund awarding bodies is to support research outcomes that are aligned with prohibitionist policies.

Industry, with its financial muscle, strong economic rationale, free flowing creative energy and innovation, is urgently needed to take part in the debate. They should be at every table in the process, be this policy or evidence collection. Discussions should be open and interactive, not held in separate fora. The brewers, growers, distillers and refiners belong on the editorial boards of journals and government advisory panels as one voice among several. Not only are they the next best thing to the largest and entirely unrepresented interest group of all – the consumers - but they also have the deep pockets to lend force and direction to all

efforts at securing access to these essential commodities and keep the vested prohibition interests in check.

Axel C. Klein

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Notes

1. The provocative title of a 1986 report by the Royal College of Psychiatrists.
2. Another carefully crafted title for this soft prohibition classic of 17 chapters on harms, policies and interventions. Look hard for the drinkers voice or the importance of pleasure, altered states and sociality. : Alcohol: No Ordinary Commodity: Research and Public Policy Thomas F. Babor, Raul Caetano, Sally Casswell, Griff Edwards, Norman Giesbrecht, Kathryn Graham, Joel W. Grube, Linda Hill, Harold Holder, Ross Homel, Michael Livingston, Esa Österberg, Jürgen Rehm, Robin Room, and Ingeborg Rossow.
3. With no advances in identifying cause, aetiology or cure, addiction research has made no advances in over one hundred years and has covered its shortcomings with euphemisms for failure like 'relapse' and by resorting to constructs such as "brain disorder".
4. The phrasing in the Single Convention on Narcotic Drugs 1961 is.
"Recognizing that addiction to narcotic drugs constitutes a serious *evil* for the individual and is fraught with social and economic danger to mankind," – author's emphasis.

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