

Historical analysis

# Women, harm reduction and history: Gender perspectives on the emergence of the ‘British System’ of drug control

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## Abstract

Taking Kohn’s classic book *Dope Girls* as its starting point, this paper explores the particular place of women and gender issues in the emergence of the ‘British System’ of drug control in the early twentieth century. The ‘British System’ refers to the approach put in place in the 1920s in Britain, notably by the 1926 Rolleston Report. In essence, it involved the medically based prescription of opiates to addicts, often on a long-term basis. It is viewed by many as one of the beginnings of the general principle of harm reduction within drug policy. This paper will examine how female figures – chorus girls, actresses, night club girls, prostitutes – were central to British drugs discourse in the 1920s, with the representation of some individual women in particular, most famously the actress Billie Carleton, featuring very prominently. It will be argued that this gendering of drugs discourse can be best understood in the wider context of social change, namely the transition from liberalism to welfarism at the turn of the twentieth century. It is suggested that this historical analysis provides a radical new perspective on some fundamental issues for contemporary approaches to harm reduction for women, a perspective that has far-reaching implications and challenges some ‘taken-for-granted’ assumptions.

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## Introduction

The famous ‘British System’ of drug control was assembled in the early 1920s and set out in the 1926 Ministry of Health Report of the Departmental Committee on Morphine and Heroin Addiction, known universally as the Rolleston Report after its chairman. At the heart of the committee’s report was the argument that for certain individuals for whom treatment had failed the ‘indefinitely prolonged administration of morphine or heroin may be necessary’ to allow them to lead a ‘normal and useful life’ (Ministry of Health, 1926). This humanitarian approach to addiction was much admired internationally – notably in North America which had adopted a more punitive approach with its 1914 Harrison Act (Schur, 1962; Lindesmith, 1965; King, 1972; Trebach, 1982) – and set a course for British drug policy

that was largely unchanged until the 1960s (Berridge, 1980, 2005; Ashton, 2006).

The ‘British System’ has come to be regarded by many commentators as one of the historical beginnings of the concept of harm reduction (McDermott, 2005, p. 139). The foremost historian of British drugs policy, Virginia Berridge, has observed that ‘harm-minimization itself is only a restatement in different circumstances of the principles enunciated in the Rolleston Report of 1926’ (Berridge, 1991, p. 196). At their heart, they share one key underpinning principle: given the reality of continuing drug use, efforts should be made to minimise the harms associated with it. Understanding the making of the ‘British System’ is therefore an important part of grasping the foundations of harm reduction, with the central ideas set out by Rolleston still strongly resonating with debates 80 years on (Ashton, 2006).

The specific question for this paper though is this: can an historical perspective tell us anything about contemporary harm reduction theory or practice as specifically applied to women drug users? In this respect, an observation

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by Kohn (1992, p. 5) in his classic book *Dope Girls* is intriguing:

One of the most striking features of the British discourse on drugs, which arose in 1916 and reached a peak in the mid-1920s, was its emphasis on women. Actresses, chorus girls, 'night club girls', 'bachelor girls', 'flappers', 'women of the unfortunate class'.

In other words, exactly during this period when the 'British System' was being formed – a key historical moment in the development of the idea of harm reduction – British drugs discourse was notably 'noisy' on the subject of women. What is the significance though of this observation? Answering this question is the focus of this paper. The broad line of argument it will develop is that drugs discourse at this time, and hence the discursive foundation for harm reduction, was profoundly gendered. It will be suggested that one fruitful way of understanding this is in the context of the wider transformation in the government of human conduct that occurred at the turn of the twentieth century, a transition which has been described as the shift from liberalism to welfarism (Garland, 1985; Rose, O'Malley, & Valverde, 2006, pp. 91–92; see also Braithwaite, 2000, pp. 48–49). As will be argued, this historical perspective radically challenges some of the 'taken-for-granted' assumptions which underpin and buttress contemporary arguments about the application of harm reduction theory and practice to women drug users.

In developing this argument, the rest of this paper is structured in two main parts. The first and main section describes and attempts to understand the emergence of this gendered discourse about drugs in the early twentieth century by situating it in the wider context of social change during this period. The second and shorter section considers some implications of this analysis for contemporary harm reduction research, policy and practice targeted at women drug users.

### **Drugs, gender and social change in the early twentieth century**

There are three tasks here: first, to *describe* the new drugs discourse during this period and the newly prominent place of women within it; second, to *identify* the central themes within this gendered discourse; third, to *explain* why these new gender divisions within drugs discourse emerged at this time and in this particular form.

#### *Describing the new drugs discourse*

In 1901, at the very beginning of the twentieth century, a small 'stir' in the public imagination was created by the media reporting of the deaths of two unemployed actress sisters, Edith and Ida Yeoland, from cocaine overdoses (Kohn, 1992, pp. 13–17; Berridge, 1988, p. 59). This was to be the first

in a series of drug 'stories' in the first three decades of the new century in which women featured prominently. The best and most in-depth guide to these stories remains Kohn's book *Dope Girls*, to which interested readers are referred. Here an attempt will be made simply to sketch out a description of the period and to give a flavour of these 'stories'.

The most obvious place to start in doing this is with the case of Billie Carleton. Her death in 1918 has been described as 'Britain's first great drug scandal' (Kohn, 1992, p. 67; see also Berridge, 1988). Born Florence Stewart in 1896, she adopted the stage name of Billie Carleton as a teenage chorus girl on the theatrical scene in the West End of London. By 1915, it was apparently common knowledge within theatrical circles that Carleton had acquired the habit of frequenting opium parties (Kohn, 1992, p. 71). As Kohn (1992, p. 72) observes, this placed her firmly in the 'vanguard of the drug underground'. During the course of the next 2–3 years, her professional career began to take off, as she became a 'leading lady' in the West End theatre. At the same time, she became more involved in the bohemian party scene of opium-smoking and cocaine-sniffing and, as a result, found herself the frequent subject of gossip.

After attending a post-war Victory Ball at the Albert Hall in November 1918, Carleton was found the next day unconscious in her bed and could not be revived. In court proceedings that followed, it was revealed that she had taken cocaine in the hours preceding her death, a finding sufficient to cement in the public imagination the idea that this was a tragedy associated primarily with her involvement with the drug underground, although it was more likely that prescription sleeping drugs were the actual final lethal agent (Kohn, 1992, pp. 96–100).

The Carleton case sparked a series of stories about the 'drugs menace' – some fictional, some (broadly) factual – over the next couple of years. National newspapers took up the issue with varying degrees of sensationalism. The *Daily Mail* ran a story just weeks after Carleton's death in which it quoted an expert's observation that 'men do not as a rule take to drugs unless there is a hereditary influence, but women are more temperamentally attracted' (quoted in Kohn, 1992, p. 107). The existing 'dope' genre of films underwent a revival, notably in D.W. Griffith's *Broken Blossoms*, a film set in Limehouse in the East End of London in which opium dens and inter-racial relationships are central themes. Sax Rohmer's famous 1919 novel, *Dope*, drew particularly closely on the Carleton story.

In 1922, a new round of 'drug panics' occurred, this time centring on what became known as the phenomenon of the 'Cocaine Girls' (Kohn, 1992, pp. 120–149). At the heart of these panics was the tragic story of a nightclub dancer called Freda Kempton. Kempton, in common with many of her dancing peers, had acquired the habit of taking cocaine which fuelled her professional need to be full of energy and vivacity and able to dance through the night. In March 1922, she died of a cocaine overdose, the cocaine having allegedly been supplied by Brilliant Chang, a man who was to become

a key figure in the West End drug underground for the next few years. Her death and the resulting trial of Chang led to a spate of new stories about drugs, many of which echoed the themes of the earlier coverage of Billie Carleton's demise. The *Daily Express* newspaper launched a campaign against 'dance dens' just days after Kempton's demise, their correspondent describing a visit to a West End club at which the arrival of the 'Chinaman' and his obvious attraction for young white women was especially highlighted. The *Evening News*, referring, although not by name, to Brilliant Chang, described a Chinese 'Dope King' who allegedly controlled the drug traffic in the West End clubs (Kohn, 1992, pp. 129–131). The British film, *Cocaine*, set in the London night clubs, was also released in May 1922 and caused considerable controversy (Kohn, 1992, pp. 134–139).

The final drug 'scandal' of 1922 took place, unusually, outside London, in Cardiff in South Wales. In late August that year, a Chinaman, Yee Sing, was found dead in a bedroom above a Chinese laundry. He had been discovered lying on a bed alongside three young white women who were unconscious. It was claimed that all four had been smoking opium. The three women (in fact all sisters, echoing the earlier Yeoland case) were reportedly rendered incapable of coherent speech by the incident (Kohn, 1992, pp. 144–147). Revelations at the inquest into Sing's death about alleged 'intimate relations' between him and the sisters, coupled with the circumstances in which they had all been found, unsurprisingly caused a sensation in the press and questions were even asked in the House of Commons about new powers for inspecting premises suspected of being used for drug trafficking (Kohn, 1992, p. 147).

### *Identifying the central themes*

The brief descriptive sketch presented above gives, it is hoped, a flavour of the drug 'stories' of the time. Two central themes seem to run through this discourse. The first concerns the changing social position, status and character of women, the second relates to fears about miscegenation and racial degeneration. Looking at the first theme, Kohn (1992, p. 5) remarks about this period:

Possibly the most important social change of the First World War was the transformation of the position of women.

As a generation of young men went away to war, the position of women in society was profoundly changed:

The destructive capacity of modern warfare consumed manpower at an unprecedented rate; women moved *en masse* to occupy the vacuum. (Kohn, 1992, p. 5)

Women became much more publicly visible, in the factory, the hospital and the office and, most significantly, all in much more active and productive roles than previously.

The women's movement tried to capitalise on this transformation and sought to show that the contribution of women to society, across multiple realms of social and economic life, was sufficient to merit full citizenship. Married women also enjoyed new independence in the home, having full control over the running of the household, whilst single or unmarried young women enjoyed arguably the most freedom in the transformed social world.

Central to the anxieties posed by this change was the apparently increased autonomy of women. This new autonomy was exemplified in the representations of the likes of Carleton, Kempton and others, as Kohn (1992, p. 176) suggests:

The chorus girls were the ceremonial troopers of the army of young women. In their cohesion, their vivacity and their eroticism, they represented the dramatic crystallisation of a young female identity during the period that ran from the middle of the Great War to the middle of the 1920s.

Kohn's reference to 'eroticism' alerts us to what is arguably the core of these anxieties about female autonomy, that is, the 'fear of unleashing female sexuality' (Smart, 1992, p. 20; Kohn, 1992, pp. 50–52). He notes, for example, the common equation of the 'chorus girl' and 'actress' with the 'prostitute' (1992, p. 54). In films like *Broken Blossoms* and *Cocaine*, sexuality and drug-taking are continually linked.

This emphasis on female sexuality provides a clear connection with the second central theme of drugs discourse during this period, namely fears about the weakening of the national racial stock. The Chinese 'Dope King', Brilliant Chang, described above, was one of a number of Chinese and other 'men of colour' who played major parts in the drug underground of the early 1920s. Another figure was the Jamaican Edgar Manning, also claimed to be an occasional supplier of cocaine to Kempton (Kohn, 1992, pp. 150–161; see also Lai, Little, & Little, 1986). Representations of the involvement of Manning, Chang and others with the 'Cocaine Girls' and the drug scene more generally drew on a clear and barely submerged subtext:

Time and again, we see the Chinese dealer depicted as a trafficker in young white women, and opium as the device by which the sexual inhibition or revulsion of young girls towards the Chinese could be trepanned, weakened, or overborne. Miscegenation was the fear, and the 'Chinaman's' opium was said to play a causal role in bringing it about. (Manderson, 2005, pp. 39–40)

In other words, the view was that 'the worst evil of drugs was that they facilitated the seduction of young white women by 'men of colour'' (Kohn, 1992, p. 20; see also Bland, 2005). In this way, drugs discourse at this time involved a heady mix of sex and 'race' and specifically inter-racial sexual activity. The dogged persistence of race-based thinking about drugs for much of the twentieth century, despite the diminishing

credibility of ‘race’ as a biological category, is partly rooted in these racializing discourses of the 1920s.

### *Explaining the new gendered discourse*

We have then a new discourse about drugs that develops in the early twentieth century and in which women feature prominently. Indeed, Kohn (1992, p. 177) writes of the ‘feminisation of drugs’ during this period. To explain this development and better understand its significance, it is necessary to connect these changes in the realm of drugs with a more general understanding of social change (see Mugford, 1993).

One useful framework that has been deployed in socio-historical work (see Braithwaite, 2000; Rose et al., 2006) has divided the last 200 years in to three broad and approximate phases: *liberalism* (the nineteenth century), *welfarism* (turn of the twentieth century to the 1970s) and *neo-liberalism* (1980s to the present). It should be emphasised that this is only a heuristic device rather than anything more formal or rigid but nevertheless this framework has proved to be versatile and productive in research across a diverse range of fields (for examples of this productivity, see Rose et al. (2006)). How might this apply then to an historical analysis of drug policy?

In schematic terms, one might observe, first of all, that in the nineteenth century era of *liberalism* there were very few controls over the production, sale, distribution and consumption of opium, opiates, cocaine and other drugs. In the liberal age, the Victorian ‘nightwatchman state’ largely restricted its functions to ‘protecting its citizens from violence, theft and fraud’ (Braithwaite, 2000, p. 48), whilst leaving markets and trade relatively ‘free’ and unregulated. Pharmaceutical products were simply another set of commodities to be bought, sold, exchanged and consumed within a free market liberal economy. There was clearly then a ‘fit’ between the general mode of government and the drug control system during the liberal era.

Moving in to the twentieth century and the transition to *welfarism* (Garland, 1985), the drug control system became much more interventionist in character. The market in pharmaceutical products came increasingly under state regulatory control. At the same time, individual drug users were governed more and more not only through therapeutic relationships with medical professionals but also through legal and administrative means. There was thus a connection between the general shift from a ‘nightwatchman’ to an interventionist state and the emergence of the new ‘British System’ of drug control. Indeed, and as is explored further below, it has been argued that fully understanding this regulatory development *requires* its location in the broader context of the new welfarist state (for a full discussion see Seddon (2007)).

The ‘British System’ began to unravel in the 1970s and in the last 20 years or so drug policy has moved in a new direction. There has been a growing focus on managing the

risks associated with drug use—whether related to individual health, public health or crime. This might be viewed in the context of the unravelling of welfarist politics and the shift to *neo-liberalism* in which risk-based forms of politics and government have come to prominence (see Garland, 2003). There is thus again a close connection between this new form of government, in which risk thinking and risk-based strategies are central, and changes in drug control strategies.

In broad-brush terms, this tripartite chronological framework thus seems to provide at least some analytical purchase on transformations in drug control over the last 200 years. Our specific focus in this paper, however, is on the emergence of the ‘British System’ in the first quarter of the twentieth century, a development which, as suggested above, should be understood in the wider context of the transition during this period from liberalism to welfarism. The critical question then is this: can we use this perspective to focus more closely and sharply on the gender dimensions of this development in British drug control?

The most insightful and thorough account of the emergence of welfarism has been provided by Garland (1985) in his landmark book *Punishment & Welfare* (see also Wiener, 1990) and his analysis repays attention. Garland argues that welfarism abandons liberalism’s restricted role as the ‘night-watchman state’, replacing it with a newly interventionist mode of government. The logic of this interventionism is built on the concept of *individualisation* (1985, p. 28), that is, the assessment and categorisation of ‘abnormal’ individuals for the purpose of individualised (and therefore differential) treatment designed to regulate and ‘normalise’ them. Integral to its implementation is the ‘production of information and knowledge’ about individuals (1985, p. 95) in order to provide the basis for specific and individually tailored interventions. This is an example of what has been described more generally as the idea of ‘power-knowledge’ relations in which ‘power and knowledge directly imply one another’ (Foucault, 1977, p. 27). This point will be returned to below.

Within this new form of government, ‘abnormal’ women constituted one particular ‘special’ category requiring regulation and ‘normalisation’ (Wiener, 1990, p. 309). The new autonomous and independent woman that emerged during the Great War and in to the early 1920s came under particular scrutiny as an aberration from the ‘natural’ character of women. Here, the idea of ‘power-knowledge’ relations is helpful. The type of image of women contained in drugs discourse in this period – independent, vivacious, sexual – brings in to being and constitutes a female subject that immediately and ‘self-evidently’ requires regulation (Smart, 1992, pp. 30–31). The consequential focus on controlling female sexuality was not entirely new, of course. It built on a range of developments that had been unfolding and gathering pace in the last few decades of the nineteenth century (see Smart, 1992). The critical point here though is that as gender became a more central dimension more generally in the government of human conduct, so in the drugs arena the particularities and specificities of women drug users came to be highlighted.

This analysis perhaps still begs some questions. Why, for instance, was there this particular concern with female sexuality? It was noted above that it was anxieties specifically about inter-racial sexual activity – the Chinaman and the young white woman – that appeared time and time again within drugs discourse at the turn of the century. One might dismiss this as mere racism – and ‘playing the race card’ during times of social upheaval is (sadly) a familiar enough political tactic – but it is suggested that it is connected at a more fundamental level with the broader tide of social change at this time. Garland (1985, pp. 142–152) shows how the late nineteenth century saw a growing concern about the deterioration of the race, from which the eugenics programme emerged, which was seen as the root of a variety of social problems. Whilst explicit references to eugenics quickly disappeared from respectable political discourse, the idea that governmental activity should be concerned with the administration or management of the population in order to maintain its ‘fitness’ became a key strand of welfarism. Within such a framework, women’s reproductive capacity and behaviour clearly becomes a vital target for intervention, as it is at this point that population management can be achieved. Thus, the specific anxieties described within drugs discourse about inter-racial sexual activity – the Chinaman’s use of opium to seduce white women – resonated strongly with the more general concerns during this period about national degeneracy, racial purity and the need for population management (see also Bland, 2005).

Pausing for a moment to bring together some of the strands of argument so far, an important idea is emerging. It has been argued that the gendered drugs discourse that emerged in the early years of the twentieth century as the ‘British System’ of drug control was assembled can be best understood in the broader context of the transition from liberalism to welfarism. This implies a crucial and perhaps controversial point. The roots of harm reduction in the welfarist politics of the Rolleston era show that harm reduction is in part a regulatory construct and, furthermore, one closely implicated in ‘regulating womanhood’, as Smart (1992) puts it. To paraphrase Measham (2002), ‘doing drug control’ (and by extension harm reduction) is also a way of ‘doing gender control’.

### **Women and harm reduction in the early twenty-first century**

It is worth clarifying at this point that this journey into the historical origins of harm reduction is not based on any belief that the search for origins necessarily provides a way of exposing or revealing the ‘true’ or essential meaning of things. Foucault (1984) wisely warned against such an approach to history. What it has shown though is a significant point. Harm reduction is a post-liberal construct for social regulation, based on an interventionist governmental strategy in which gender, sexuality and reproduction are embedded. In other words, its emergence and descent can be traced in

the context of a process of historical development and social change.

So what does this analysis imply for our understanding of women and harm reduction today? The tripartite framework described above tells us that in the last two or three decades there has been a new transition from welfarism to neo-liberalism. A key characteristic of the new politics ‘after the welfare state’ is the ascendance of risk-based forms of government. O’Malley (2004, pp. 155–171) argues that there is an affinity between the language of ‘harm’ and ‘risk’. In this respect, it is significant, as Mugford (1993) observes, that the term ‘harm reduction’ emerged in the 1980s at this point of transition to a neo-liberal form of government in which risk management concerns came to the fore. Hence, at exactly the same time that Newcombe’s (1987) pioneering article about harm reduction appeared, so commentators were making the first sightings of the rise of risk technologies more generally across diverse fields (e.g. Reichman, 1986; Simon, 1987).

This interpretation implies a rather different account of the trajectory of harm reduction in recent years than has been suggested by some commentators. In an influential piece, Stimson (2000) has argued that British drug policy followed a public health approach in the period from 1987 to 1997, in which harm reduction concerns were central (notably in relation to HIV), but that since 1997 the focus has shifted to crime with the consequence that harm reduction has been displaced by a punitive and coercive ethos. Clearly, this is one way of describing what has happened. It is suggested here, however, that since the 1980s there has been far more continuity within drug policy than Stimson allows and that it is this consistent concern with risk and risk management around which it has cohered.

What though of the place of women within what we might call neo-liberal harm reduction? There has undoubtedly continued to be a strong focus on the effect of drug use on women’s reproductive capacity and activity (Taylor, 1993, p. 2). How can this be explained? As Rabinow and Rose (2006) argue, neo-liberal government has not abandoned welfarism’s concern with population management. Rather, it has been refigured by a new emphasis on risk and risk management. Ettore (2004, p. 331) nicely illustrates this:

Unlike ‘normal’ women, pregnant drug users’ bodies are viewed as lethal foetal containers.

As Ewick (2000, p. 311) observes, such a perspective is only accomplished by constructing the foetus as a subject in its own right, with the pregnant woman’s body as ‘little more than an environment’. This way of viewing the matter has taken a particularly strong hold in North America and Canada, where drug use during pregnancy can in some circumstances be legally construed as child neglect or abuse, but the debate is certainly underway in Britain—in 2006 a Scottish politician proposed adding contraceptive drugs to methadone. Putting to one side practical and ethical concerns

about these developments, the framework of thinking here is clearly risk-focused. This has not, however, involved the wholesale displacement of welfare techniques. Rather, risk and welfare techniques have been ‘melded together into new assemblages’ (O’Malley, 2004, p. 136) which have refigured the strategy of population management through interventions targeted at female sexuality and reproduction. To put it another way, the distinctive neo-liberal character of these developments lies in the way welfarist strategies have been revised by the insertion of risk thinking and techniques.

## Conclusion

The introduction to this paper promised it would provide a radical and challenging new perspective on the issue of women and harm reduction. Perhaps some readers remain to be convinced. By way of summary, and to reiterate the paper’s core thesis, it is suggested that the critical force of the argument that has been presented resides in three main points.

First, it has been shown that harm reduction is, and has always been, a technology for social regulation. This is not to argue that claims that, for example, it is a practice rooted in progressive politics or community activism are wrong in the sense of fallacious. Rather, it is to say that the emergence and development of harm reduction have been structured by broader patterns of social change. Clearly, within those structural parameters and constraints, particular outcomes in specific places and times come into being as the result of the ‘struggles, negotiations, actions and decisions which are undertaken by those involved in the making and the implementation of policy’ (Garland, 1990, p. 285). Nevertheless, without an understanding of the ‘bigger picture’ of harm reduction as a regulatory technology, our accounts will be myopic and lacking in perspective.

Second, it has been shown that harm reduction is, and has always been, a technology for the constitution of gender divisions and for the ‘regulation of womanhood’. Again, this does not mean that it is incorrect to see harm reduction as having beneficial effects or potential for women drug users but rather it reminds us that harm reduction does not lie outside broader strategies for gender control.

Third, and this is perhaps the most challenging of all the points, the paper has attempted to shake the ‘false self-evidence’ (Foucault, 1991, p. 75) that surrounds harm reduction as applied to women drug users. It is not ‘natural’ or ‘inevitable’ or ‘self-evident’, for example, that drug-taking during pregnancy should be one of the central priorities for harm reduction for women. Rather, this emphasis or prioritisation is directly related to the situation of harm reduction within broader strategies for social regulation in which sexuality and reproduction are key regulatory constructs. Again, this is not to argue that there are never any harms associated with drug consumption in pregnancy but it is to suggest that these are not necessarily always the most press-

ing and that there may be many other aspects of women’s drug-taking that might be worthy of either promotion or concern.

To some, this may all seem to present a somewhat unpalatable and unhelpful message—that harm reduction is just one more tool for social control and for the repression of women. However, it is suggested finally that not only would that be a crude and misleading interpretation of the argument that has been presented, it also fails to see the progressive potential that is opened up by challenging the ‘self-evident’ character of harm reduction. Once it is accepted that the contemporary focus and content of harm reduction is ‘assembled’ and historically contingent rather than ‘obvious’ or ‘natural’, in the same moment the possibility that we can choose to govern ourselves differently is also presented to us. In other words, by understanding the historical lines of development out of which harm reduction has been assembled, not only does this disturb and unravel its apparent ‘naturalness’, it also helps us to see more clearly where its current scope and parameters have come from and, in turn, how they might be transformed. As Ettore (2004) has recently suggested, we need to grasp the opportunity to go beyond existing ways of thinking and to ‘revision’ women, drug use and harm reduction. The possibilities are limited only by the limits we place on our own imaginations.

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