

Dan Malleck. *When Good Drugs Go Bad: Opium, Medicine, and the Origins of Canada's Drug Laws*. 249 pp. Vancouver: UBC Press, 2015. \$34.95 (paperback). ISBN: 978-0774-8292-05

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When Good Drugs Go Bad is an intricately nuanced historical case study of opium in Canada at the dawn of the 20th century. It is a welcome contribution to the knowledge base emerging on the contested status of substance use within the history of medicine and socio-legal studies. Canada's first drug laws ushered in an era characterized by increasingly restrictive prohibition legislation.

Overemphasis on racist motivations in the past has frequently, notes Malleck, led to oversimplification of the social context and complexity of factors that resulted in the passing of the early legislation. His study does not span more recent decades of continuing commitment to the use of law to punish substance users. Nor does his focus stray towards the impact of these laws. Instead the emphasis is squarely on the law creation process, to further understanding of converging social forces at the time of the 1908 Opium Act.

Malleck sets the stage for this insightful exploration by capturing the societal ambivalence surrounding a drug that was both vilified and romanticized in western culture. The more threatening view of opium gained momentum and grew louder, fueling calls for regulation in a society fixated on a view of nationhood that was largely predicated on the social virtues of self-control and productivity. The movement to ban some drugs is conceptualized as

being part of the effort to establish a Canadian identity, to shape the moral character and conduct of its citizens.

Drug law creation, from this standpoint, is connected to a larger project of rendering natural, or taken-for-granted, particular norms of social order and behaviour. Foucault's classic work on biopolitics and governance informs the aim of this book to examine forms of governance that have shaped ideas of proper personal behaviour, including norms of proper and improper use of drugs. Malleck's work surpasses most past studies in its level of attention to detailing an array of views and interests, including medical professionals and government officials, other influential stakeholders, and members of the public.

The role of interest groups and claims making is highlighted throughout to explore the process of creation of drug policy by asserting certain meanings, definitions, and discourses. Malleck takes a long view, documenting the discursive shift observed from sin to sickness models of addiction with the expanding jurisdiction of medical authority, and the rising influence of social reform movements, among other influential social forces of the day. Each chapter stands alone, while overlapping other chapters, to provide a multi-layered, more nuanced view of history.

It is well documented that throughout the 19th century, Canadians enjoyed unregulated access to opiated medicines and tonics. The extent of the indulgence is less clear. While Malleck demonstrates that books of remedies from folklore often mention opium, rarely does it feature as a prominent ingredient. The use

of opium as medicine by medical professionals shows like appreciation of its value mixed with caution. Chronic intoxication, or habituation, appears to have been less of a concern for many doctors than acute toxicity, or the danger due to overdose.

The advent of the hypodermic syringe mid-19th century and the development of morphine were technological advances that furthered the legitimacy of medical professionals, granting them greater control and authority over definitions of the proper use of opiates. The momentum for increasing regulation was augmented by training and licensing requirements aimed at druggists, who had been entrusted to restrict the use of poisons, which over time expanded to include other “dangerous drugs.”

The intensification of professional disputes between pharmacists, physicians (and retailers) to shape policy is but one facet of a fascinating confluence of factors. Debates about the meaning of mental illness and addiction—and disagreements between experts over diagnostic boundaries—appear to be as intricately connected to this process as the racial conflict that

ignobly resulted in the targeting and labeling of the Chinese opium smoker as a threat to national values in the early 20th century. The resulting moral panics over opium, cocaine, and later marijuana are associated with a larger social project of inclusion and exclusion. Drug use is only one category of behaviour that is subject to increasing surveillance and regulation through predominant discourses of morality and health.

Readers well versed in the literature on moral regulation and the social problems process will find much that is familiar in Malleck’s framing of the origins of Canada’s first drug law. His analysis does not extend to posing innovative theoretical connections for advancing the two literatures. Nor is he concerned about engaging with internecine debates between constructionists or moral regulation scholars. These shortcomings (for some readers) are unlikely to diminish the lasting contribution of *When Good Drugs Go Bad* for those seeking further insight on the intricacies of history that have shaped drug policy in Canada today.

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