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Journal Interview, 5

In this occasional series we record the views and personal experiences of people who have made special contributions to the evolution of ideas in the Journal's field of interest.

Conversation with David Archibald

David Archibald was founding member, and for many years, director of Ontario's Addiction Research Foundation. Although he officially retired from the Foundation in 1981, he continues to be active in the addictions field. He is currently president of the International Council of Alcohol and Addictions and a consultant to the World Health Organization.

B.J.A. Perhaps we could begin by talking about how you first became interested in the problems of addiction?

H.D.A. It goes back to the late 1940s. Initially my interest was one of puzzlement. During the war I saw a number of my colleagues obviously using alcohol differently from the rest of the fellows. I was curious and so when I came back to the University I began to look at this phenomenon in more detail.

My enquiries led me to Alcoholics Anonymous. This was just beginning to get a foothold in Canada and a group of seven people used to meet in a Toronto restaurant. I knew one of these persons. He was a clergyman and he introduced me to the others. They welcomed my curiousity and were very generous to me. They asked me to attend some of their open meetings and so on. It was quite a fascinating experience for me, partly because it was the first time I'd seen a self help group in action. Also, of course, this was the only game in town as far as alcoholism treatment was concerned.

So I did some research on Alcoholics Anonymous and wrote a few term papers and then after graduation I was appointed as, among other things, lecturer at the University of Toronto. I used to have to lecture on social problems, and one of the major problems I dealt with was alcoholism. I had to give two hour lectures, so I used to take one hour and for the second I'd bring in a member of A.A. This was fantastic from the point of view of the students. They'd sit there with their eyes wide open.

Now, apart from lecturing at the University of Toronto, I was also with the then National Committee for Mental Hygiene which is now called the Mental Health Association. That's where I first met a fellow by the name of Jack Seeley who subsequently came to ARF as Director of Research. Then in 1948 the Yale University group wrote to the Mental Hygiene group and said there were a couple of scholarships to their summer school and would they recommend somebody. Seeley was at that point one of the executive officers of the MHA and so he sat down with a couple of colleagues to discuss who they could send on the scholarship and they suddenly thought (to quote Seeley) 'why not send Archibald, he's been making some noises about this business so he's our man.' So I went to the Yale University summer school on alcohol studies on this fellowship. This is where I first met Dr E. M. Jellinek. He later had an important influence on the Foundation. Well, I came back from Yale and continued lecturing at the university and the chap that I mentioned previously, the United Church minister, who was a member of A.A., heard about this and he used to come up and sit in the back row at my lectures. This clergyman happened to know a fellow by the name of Major John Foote, a very well known member of the Provincial legislature. He'd won the Victoria Cross at Dieppe. One day John Foote made a speech in the Legislature in which he said that if he had his way he'd do away with the large, impersonal drinking establishments around the province and he'd introduce the English pub as a community or family institution. This, he felt, would be a major factor in resolving the problem of alcoholism. What he did not realize of course was that the English pub is very much a part of English culture and if we were going to introduce English pubs, we'd have to bring over the Englishmen as well. But anyway, the Premier, Leslie Frost, in his wisdom said 'Alright John I'm going to appoint you Vice Chairman of the Liquor Control Board — so go down there and see what you can do about it.' Well, immediately John Foote called our mutual friend the clergyman and said 'what have I got to do now?' This clergyman said 'this fellow I know by the name of Archibald is up there, he's lecturing at the University, why don't you call him in?' So he did and I started as Director of Research at the Liquor Control Board. The objective was to decide what kind of organization and program to develop rather than to carry out specific research projects.

B.J.A. What sort of things were you saying at the time? Were you talking about the disease of alcoholism?

H.D.A. I was talking about alcoholism as a major disease or illness of the contemporary society. I was pointing out that alcoholics were obviously sick and that because the province was raising enormous sums of money from the sale of alcoholic beverages, we had a responsibility to provide treatment services. I was also emphasizing the need to start doing some basic research to try to find out what the problem was really all about.

B.J.A. At that time were you, or was anyone else talking about availability as a factor?

H.D.A. No, as a matter of fact we (or I should say I) was caught up with disease concept. This was consistent with the general philosophy at that time which said that it really didn't matter how much alcohol was around, alcoholism was really found in the psyche of the individual. Alcohol was not seen as the cause of alcoholism. I don't think I went so far as to say that, but that was the general concept.

B.J.A. Was this in any sense a reaction against the prohibitionist ideas?

H.D.A. Yes, this was part of the great attraction of the disease concept of alcoholism. It was an enourmously valuable public educational statement because it shifted alcoholism from a simple moralistic notion to a health issue. It was only later on that the data began to emerge that indicated the importance of the availability of alcohol and per capita consumption as important factors in determining the prevalence of alcoholism and alcohol-related health damage.

B.J.A. What other factors influenced the Premier and the Legislature to take an interest in alcoholism?

H.D.A. Certainly the temperance organizations were strong at the time and they were quite influential politically. Also, there was A.A. which was becoming quite well known and clearly demonstrating that alcoholism was not something that was confined to skid row. In fact, a number of prominent figures in the province became known as recovered alcoholics and these also became an important influence.

There was also another important political factor. Two years previously, in 1946, government had announced without due process or discussion, that there would be cocktail lounges in five cities in Ontario. This became highly controversial given the temperance climate of the day. Another factor was the beginning, the very beginning of some scientific studies, at Yale University. I must say, however, that one of the key factors that led to the ultimate decision to create this Foundation was the fact that Leslie Frost (the Premier of the day) was considerably influenced by his wife who was an active member of the temperance movement.

B.J.A. So your first discussions with the Liquor Control Board concerned the need for treatment?

H.D.A. About the need for treatment, yes. But from the start I emphasized also the need for research. I was personally very interested in research. I'd been influenced very much by Harry Cassidy, the Dean of the School of Social Work. He'd done some substantial policy studies across the country so I was really interested in research related to public policy.

From the start I applied the same principle that I apply today. That is, if you are going to prescribe policies for a community or a country, then you must diagnose the nature of their problems first. The diagnostic process is, by my definition, research.

B.J.A. How did this talk about research go across? Did others share your views?

H.D.A. I don't think we went into it that deeply actually, because certainly there was no hesitation in incorporating research into the title and objectives of the organization at all. It made sense.

Alcoholics Anonymous members didn't care about research of course. What they wanted really was some place to put their potential members for four or five days to get them dried out so they could begin to work with them through A.A. That's really what they wanted. In fact, the first sizeable grant the Liquor Control Board gave was to establish a hospital run by A.A. people. It was a bit of a disaster and we had to bail out.

B.J.A. What happened?

H.D.A. Well they had an open door policy for A.A. and I had insisted on this, but it got to the point when people in varying degrees of sobriety would be pounding on the door in the middle of the night wanting to get in or to admit persons they were trying to do twelfth step work with. It was pretty chaotic.

This was before the Foundation itself was estab-

lished as a legal entity but the hospital was funded on the condition that it be incorporated into the Foundation when it came into being.

B.J.A. Were you involved in actually drafting the legislation to establish the Foundation?

H.D.A. Yes, as a consultant to the Government I recommended that the Legislation of the Cancer Research Foundation be used as a model, and simply substituted the word alcoholism for cancer. This was not brilliant drafting on my part at all, but it was a good piece of legislation and it's stood with us well to this day. The basic principle was that the Foundation had to be separate from government. It had to have it's own independent board of directors. It had to be out of the civil service. It had to have freedom to study and publish. As we used to say, the Foundation had to be 'of the Health Department', but not 'in' it and 'of' the University, but not 'in' it. So the Foundation was established and I was asked, by Premier Leslie Frost, to take charge.

One of the first things I did was to spend two weeks consulting with Dr E. M. (Bunky) Jellinek. He had impressed me enormously when I met him at Yale. He was a tremendous person — a real scholar and a scientist of the old school. He had dedicated his life to seeking answers to fundamental questions in a wide range of areas. Did you know that he made original contributions to the knowledge of such different subjects as schizophrenia and plant pathologies? He also spoke 13 languages. He well deserves the memorial of the Jellinek Memorial Fund that we established following his death.

I spent two weeks with Jellinek at Texas Christian University where he had moved from Yale University. This was shortly before he went to the World Health Organization. We talked about the tremendous opportunities that were here in Ontario and about the sort of major objectives and programs that should be built into the Foundation and what kinds of problems we should begin to research. For about the first eight years our major research efforts were inspired by hypotheses that Jellinek had suggested to us. He became a member of staff in later years, but in the earlier days he was our primary consultant — a very outstanding fellow.

B.J.A. How would you assess the overall impact of the Foundation?

H.D.A. That's awfully difficult. Certainly the Foundation has brought Ontario a tremendous amount of credit from all over the world. This is not credit you can easily identify, but I'm sure you feel yourself the profound influence the Foundation has had in our field. In the earlier days we had a very significant influence. All of the provinces of Canada adapted in some form or the other the model of the Foundation. We also had a profound impact in the United States. We were earlier in the field than most places in the U.S. There was only one other Commission operating at that time. That was in Connecticut. It was developed by the Yale group. And so we had a profound impact there as well. You wouldn't get many of the contemporary workers in the U.S. admitting that, but it's certainly true historically.

As for the impact of the Foundation on social policies, that's a really hard one. Ontario is not enamoured with some of the policies that we have recommended as a consequence of our research. As is true for many Canadian endeavours, we are better known and better appreciated outside of Canada.

Our work has certainly made a major impact on research into the incidence and prevelance of alcoholism the world over. It was Ledermann of France who started us thinking of the direct relationship between the availability of alcohol, per capita consumption and alcohol-related health problems. When Wolf Schmidt and Jan de Lint examined Ledermann's data and started working on it, then the subsequent research turned the whole field around.

It has had an impact on policy making in a number of places. too. We're not the only ones who should take credit, but I think that policy making in Scandinavian countries, in Poland, in other European Countries, and even in some Canadian provinces have been influenced by the work of the Foundation. One day it will have an impact in Ontario as well. Alcohol related health and social damage is simply too great to ignore for very long.

B.J.A. Do you think that had it not been for the Foundation, Ontario would have developed more liberal alcohol policies?

H.D.A. Yes. I can't speak for more recent years, but certainly for a substantial period of time, we kept the moral conscience of the politicians on edge because we were very clearly pointing out the extent and nature of the alcohol problem and the responsibility of government to attempt to contain the damage.

B.J.A. Did you have personal connections with politicians?

H.D.A. Yes. I used to meet with the Minister of Health regularly. I still hear form him from time to time. He's the person who got us our headquarters building. He was Minister of Health for ten years, so the communication was very real and very easy.

B.J.A. That seems to be something that's been lost, or at least changed?

H.D.A. It's changed a lot. In part it's the growth and the strength of the bureaucracy I guess. Now it really is a different situation.

The conscience of the legislature used to be much more strongly felt by the government. And it was a strong conscience about, not only alcoholism, but about the general welfare of people. Currently, the pendulum is swinging in a conservative direction, and when it swings in that direction things get tough. Programs for people tend to suffer.

B.J.A. You talk as though the politicians that you were involved with were really concerned with the 'moral fibre' of the community.

H.D.A. Well of course, so was everyone. I mentioned the fact that the temperance organizations were strong. The churches were strong too. As a matter of fact I think the Foundation at one time made a negative contribution because I think we were responsible, in part, for the weakening of the temperance organizations. I don't wish to establish a complete cause and effect relationship here. But we established a policy early in our history that we would not accept financial support from the alcoholic beverage industry on one hand or the temperance organizations on the other hand. We had to be independent of any of the vested interests. Our strength and our purpose was research; we had to maintain scientific integrity. It had to be. Consequently the people of Canada used the Foundation as the basic reference point for information. This I think, in part, weakened the force of the temperance movement whose major modus operandi was oratorical. They were believed to be biased. However, some of the statements they made are now remarkably similar to statements that are being said today, based on contemporary research findings.

B.J.A. The Foundation was originally concerned only with Alcoholism. When did its interest in other substances emerge?

H.D.A. Well, from the outset we were interested in all psycho-active substances. For example we would not exclude from treatment persons who presented with multiple drug problems. Use of alcohol and barbituates was rather common. And then, as one started to look at the problem physiologically and psychologically, it didn't make sense to single out alcohol from other chemical substances. We were interested in comparing drug effects from the beginning. Then heroin began to emerge on the scene. The government became somewhat concerned about it. I remember discussing this with the Minister of Health and he was wondering what to do about it so I suggested we take an interest and that our legislation be amended accordingly. The Minister thought this to be a great idea, so our legislation was amended and our responsibilities greatly increased.

B.J.A. There was a paper by David Pittman called *The Rush to Combine* where he said 'what's all this about, why are these fellows in alcohol research getting involved in this drug business — We should't do it.' In other words, we should try to keep them separate.

H.D.A. David Pittman's paper became an issue, but the issue of combining research on alcohol and drugs was never a problem here. Shortly after that there was a large conference in Washington. I gave a paper there, together with Harold Kalant. Max Glatt came over from England to present a paper on working with both alcohol and drug dependent patients from the clinical perspective. And before that of course we had had this meeting at WHO and recommended that it was logical to examine both alcohol and other drugs within the same broad context. This doesn't necessarily mean combining the treatment, which is how a lot of people tend to think about it. But anyway, it was never a major issue here at the Foundation. Our interests in both alcohol and other drugs grew naturally and I think in a very healthy way. I think it's just a waste of time and resources to build two enormous establishments as they have in the United States — NIAAA and NIDA, but that's quite another story! As a result of the interest in drugs, the Foundation did expand much too rapidly during the 70s. We were forced to, literally forced to. We were the only game in town, we had the flexibility that enabled us to move fairly rapidly and the government poured financial resources into the Foundation. The Government of Ontario made the Foundation responsible for virtually everything that was developed in our field in response to the drug panic of the late 60s and early 70s. Consequently, the Foundation was forced to expand its operations beyond what would be considered to be reasonable

under normal conditions. Fortunately we decided that many of the new programmes would be financed by grants-in-aid (project money) rather than through our core operational budget. This policy enabled the Foundation to maintain a reasonable degree of stability during a very difficult period. The grants-in-aid programm provided support for a large number of 'crisis intervention centres' designed to provide some kind of treatment for persons experiencing 'bad trips' as a result of the widespread use of relatively impure illegal drugs. Because impure drugs were being consumed indiscriminately, and in large quantities, by young people throughout the country, we decided to develop the first laboratory in Canada for analysis of 'street drugs' for content. We found that approximately 50 per cent of the drugs analysed contained many impurities. Incidently, the Foundation's current President, Dr Joan Marshamn, developed our first 'street drug' analysis laboratory. Canadian legislation did not permit the possession of drugs by 'non-physicians' for laboratory analysis at that time, however, our first concern was for the health of young Canadians. Later, legislation was passed by the Government of Canada to legalize the street drug analysis work. Following this development we provided training in drug analysis techniques for laboratory workers in government labs so that the responsibility was spread to other institutions.

The fact that the Foundation survived, reasonably intact, this very difficult period is, in my opinion, a tribute to the core strength of the organization. As hockey coaches say, the secret is 'strength down the middle.' The strength of the organization lies in the core staff. If I ever made a good decision, it was the early decision to establish a policy whereby the Found-ation would provide career opportunities for scientists. I'm not sure that I sat down and thought out the long range implications of this policy, but it was a simple fact of the matter that at that time, if we wanted quality staff and we had to compete with the universities. What special inducement could be offer? Obviously careers in research. So that's what we did. And that enabled us to obtain the Kalants, Popham, Schmidt and many others who have made a career of scientific research without the need to search constantly for grants-in-aid. That policy probably contributed more than anything else to the development of the reputation of the organ-ization internationally. We could have developed the best clinical program known to man, but I doubt that we would have made any major impact beyond Ontario.

B.J.A. Perhaps now we could talk a bit about your international interests and connections? When did these begin?

H.D.A. Well it really started, I guess, as a consequence of the influence that Jellinek had on me. Jellinek was such an international person. He saw the problem from so many different dimensions, geographic, cultural, historical. It became obvious that if we were going to try to examine the problem of alcoholism in our part of the world, we must be able to compare our experiences with other countries and to learn from these countries. And so, almost from the outset, we developed international contacts. Also by this time Jellinek was with the World Health Organization in Geneva and I automatically started thinking internationally. Our involvement with the alcohol and road traffic area also led us into international comparisons. In 1951 the first International Conference on Alcohol and Road Traffic was held in Sweden. I went to that and met a lot of leaders in that speciality area. Jellinek was there and so was Dr Leonard Goldberg, one of the Swedish experts. While there, I suggested that the next meeting be held in Toronto. So in 1953 we had the 2nd International Conference on Alcohol and Road Traffic in Canada. As our Foundation grew in size and reputation, Jellinek used to recommend that Internatinal scholars should come here. Through the World Health Organization, he had a system of international fellowships and we started to receive visitors from many other countries. Each one brought with them their own experiences in their own country and we learned a great deal from them.

B.J.A. What about the connections with the Third World?

H.D.A. Well that really developed much later although from the start people from developing countries used to come to the Foundation. But my third world connections are due more to my involvement with the World Health Organization than with the Foundation *per se*.The Foundation has never really financed, from its own budget, any work in third world countries much to the surprise of some people who sometimes make accusations without bothering to find out the truth. That work has been done either through the World Health Organization and financed by the United Nations, by the Canadian International Development Agency or by the Government of Canada. My first major experience in a developing country was in Thailand in 1975, a long time after the start of the Foundation.

B.J.A. Now that you've introduced the topic of Thailand, could you tell us how you approach your work there?

H.D.A. My approach in Thailand was very much the same as when I was asked to get the Foundation going in Ontario. When WHO asked me to go to Thailand, it really was as a one man commission. When I found myself flying by helicopter and dropped down into a jungle village, I had to ask myself 'What on Earth can I do to help these people?' Two things became very clear. One was that anything worthwhile was going to have to be developed in Thailand and in the remote tribal villages, not dreamed up in Geneva. I was profoundly influenced by what I believed to be Canada's great mistake with respect to our native populations. Programes for the native populations used to be drafted in Toronto or Ottawa for your soul and by God you'd better believe it!' So when I became exposed to the hill tribe population in North Thailand and witnessed their isolation, I was convinced that whatever was going to be done had to be developed within the villages — with full participation by the tribal peoples.

The second major consideration was that I had to find people in Thailand who were capable and on whom we could rely. As was the case when setting up this Foundation the key was to find good people and provide them with support. I knew what I was looking for and I kew the kind of persons we had to have. So after searching around Thailand and principally around Bangkok and Chulalongkorn University, I finally came across an institution known as the Health Research Institute. The staff of that Institute had done quite a bit of work with the World Health Organization in family planning, so they were interested in community development programs. Fortunately, they were considering turning their attention to other major health problems in their country — such as drug dependence. They had never been up in the Northern opium producing villages, so we discussed, at some length, the possibility of undertaking work in that region of their country. They agreed to undertake the project provided financial support could be provided by the United Nations.

In some ways they were the last people you would expect to become involved in work in the remote hill tribes villages. Dr Charas Sumenella is probably the leading neurosurgeon in Southeast Asia and Dr Vichi Poschianida is a specialist in nuclear medicine. They are both brilliant men. But they went up into the villages, became deeply committed, and were able to develop really good working and personal relationships with the hill tribe peoples. The villagers respected and accepted them. So that's been the key. The one thing I did in Thailand was to sow the idea of how to develop a program, find the people to do the work, and get them the necessary financial support. They've done all the rest themselves. So I'm very proud of my colleagues in Thailand.

I came back to Geneva, got the whole thing set out in a written workplan which was subsequently agreed to by the Royal Thai government, by the United Nations partners ILO and WHO, and then obtained financial support from the United Nations Fund for Drug Abuse Control. An interesting experience with international bureaucracies! Then I went back and worked with my Thai colleagues to develop a detailed work plan and so the programme got started. When I returned to Canada I met with the staff of the Canadian International Development Agency and discussed the possibility of Canada taking some direct responsibility for the basic development work in Thailand. They really didn't want to do any work in what they called the drug field, because they had seen this primarily as a matter for law enforcement officials. But when they realized that we were really dealing with a basic health development programme and that drugs were really just the sympton, they showed interest. And now they've provided support for the last three years and they've just agreed to support for a further 4 years.

B.J.A. Did anyone ever say to you 'Hey Mr Canada what are you doing here in our country?'

H.D.A. Not really, because right from the outset I was so thoroughly convinced that the program had to be developed by the local people — not by a Canadian or any other foreigner. At one time WHOs policy had been to send a foreign person in to direct their projects in developing countries. But many of the foreign 'directors' caused considerable local resentment, which greatly inhibited programme development. I'm not sure why WHO followed that policy, but anyway it has since been reversed. The key is to find the right people in the developing country and help them to develop their own program for their own country.

B.J.A. One other area I'd like to tap into and that's your work now as president of the International Council on Alcohol and Addictions. Could you briefly describe the goals of the organization and what you as President have been trying to do?

H.D.A. The major function of the International Council is education and training. Education being defined as information transfer, and training being skill transfer of specific skills. But let me go back a little. ICAA has had a long history. As a matter of fact we're having the centennial congress in Calgary in 1985. It grew out of the temperance organizations in Europe, principally those in Scandinavia. I first became involved when Dr Jellinek recommended that I attend some of their meetings. Then the Director, Archer Tongue, asked me to serve on one of their committees. And about that time the Council was concerned about whether or not they should extend their functions to include drugs as well as alcohol. I pushed them fairly hard to take an interest in drugs. I had no license or right to, I was just involved in one of the committees, but I'd always seen the organization as important because of its international character. But, organizationally, and financially, like every volunteer international organization in the service field, they were having a difficult time. You know when they'd run short of financial support for some of their work, the director, Archer Tongue would decrease his salary — which wasn't very large in the first place. Also, there was no provision in the organization for any pension or security for the staff. Archer and his wife Eva had been completely and totally dedicated and I think have made very significant contributions the world over. When they asked me to accept the Presidency I had some reservations, but nonetheless I finally accepted because I believed there was a tremendous amount that could be done in our field and if I could help a little, so much the better. So the first thing to do obviously was to try to get some reasonably secure financial support. That's coming now. A very generous donor provided a million dollar loan which when invested over a period of years will provide a capital fund for the organization. This capital fund will in turn be invested and the interest used to provide core budget support for the work of the International Council. The original capital loan was from a great friend and benefactor of our field, Brinkley Smithers. This kind of financial support illustrates the deep committment of Dr Smithers, not only to our field, but also to the work of the staff and officers of the International Council.

The next major objective was to 'institutionalize' the organization. Now we have a strong international board of directors representing all regions of the world. It is not a 'rubber stamp' board! When we come together as a board of directors, nobody's fooling. The responsibility of the members of the board is very clear. They are the body responsible for charting the major policies and priorities of the organization, for monitoring progress, and for developing the financial support.

One of the special things that we're now able to do is to develop training programs in Developing Countries. The objective is to train trainers so that the country can then move to self sufficiency. The first 3–year programme was developed in Nigeria with financial support from the Canadian International Development Agency and the United Nations Fund for Drug Abuse Control. Programmes are now being planned for Zambia, Kenya and South East Asia.

The Board of Directors of ICAA, together with our Executive Staff have decided that within the limits of our financial and human resources, training programs in Developing Countries would have top priority. This is the kind of thing that ICAA can do really well!

B.J.A. Just one general question before we finish. One gets the sense that whatever you decide to do you would turn it into a success. Are there any other issues other than addiction that you would like to have a crack at?

H.D.A. Yes. There are so many problems facing the people of the world today — and many that I could be deeply interested in if time and resources would permit — development of basic health programs in Developing Countries, development of programs for world peace, for better understanding and appreciation of the richness of so many cultures, are just a few.

Whatever talent I have is probably more in the field of development than elsewhere — getting things going, seeing and grasping opportunities to develop programmes for the betterment of the human conditions in the world today is what excites me. A very trite statement indeed — but true!

B.J.A. Do you find the addictions business itself exciting?

H.D.A. Yes. Take a look at it from a professional's point of view. Look at the number of professions that are directly involved: sociologist, clinical people, basic scientists, biologist, pharmacologists, economists, legal experts. To me they are a tremendously fascinating group and working together, each in his or her own way can do marvellous things. Also look at the countries that are involved. What other field encompasses so much geographically and culturally and professionally? In our field we are working with a cross section of the world and its people.