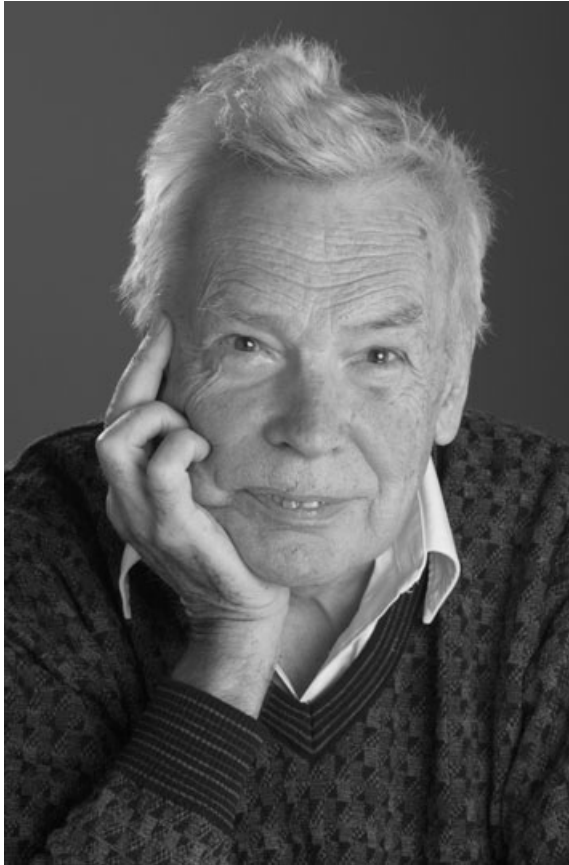


Conversation with Griffith Edwards



In this occasional series we record the views and personal experience of people who have especially contributed to the evolution of ideas in the Journal's field of interest. Between 1978 and 2004 Griffith Edwards was Editor of the *British Journal of Addiction* and then Editor-in-Chief of *Addiction*, BJA's lineal descendant. He is currently Commissioning Editor for *Addiction*.

FAMILY BACKGROUND

Addiction (A): Can I begin by asking you to describe your father and his influence on your career?

Griffith Edwards (GE): My father, James Thomas Edwards (McC. 1954) was a veterinary bacteriologist. He produced the first active vaccination against rinderpest, with the virus passaged through goats.

A: And was he involved in journal publishing at all?

GE: In his 20s he was editor of a tropical veterinary medicine journal. Earlier my maternal grandfather, John McFadyean (Pattison 1981), had set up and edited the *Journal of Comparative Pathology*.

A: Did you ever think you would become an editor yourself?

GE: Not while climbing apple trees. But when I was at St Bartholomew's Hospital (Barts) as a clinical medical student, I edited the Barts journal. Just student play, but it was a wonderful introduction to what journals are, what it meant to write an editorial, or put a monthly copy together. It was exciting to find oneself asking other people to write and to discover that the support and enabling of other people is a high editorial responsibility and pleasure. The Barts journal was a pretty good learning experience, and that sort of opportunity should more often be open to young people. One of my close predecessors on that journal was Stephen Lock, who went on to become a distinguished editor of the *British Medical Journal*.

A: Your mother?

GE: Connie McFadyean was John McFadyean's daughter, so I had veterinary science on both sides, and her maternal grandfather had also been a distinguished veterinary scientist (Walley 1891), so it was pretty incestuous. When as a child I heard people discussing 'The Profession', I knew what they were talking about.

PROFESSIONAL TRAINING

A: When you finished secondary school, you went to Oxford to study mathematics.

GE: We had at my school (Andover Grammar School) an outstanding teacher of mathematics, Joseph Osipoff, a Menchevik who could not go home. He did not teach us calculus, we discovered calculus, and later found that we had stumblingly followed the same path as Newton. There were several young people like myself who got to university with a mathematics scholarship entirely of Jo Osipoff's doing. I went up to Oxford in 1947. There were only 30 of us at my college (Balliol) who were so-called 'schoolboys'; the rest were still wearing their army great-coats and the talk was of the Western Desert and Normandy. So we schoolboys were tremendously out-classed and out-numbered, and there was still food rationing and

little coal in the grate for a cold winter. And in that setting, horror upon horror—I soon discovered that I would never be more than a pretty third-rate mathematician. Miraculously, Balliol, instead of throwing me out, let me switch to medicine. Goodbye the mathematics of the spinning top, hello medical science, a lucky escape and alluring new horizons.

A: Oxford became a good experience?

GE: Yes, at Oxford I was immensely happy, learnt much from contemporaries, few of whom were medics or scientists, heard philosophy debated on the college lawn, tasted friendships which have lasted a life-time. And there was brilliant tutorial teaching—scientists at the top of their professions would give time to sit for an hour a week with, say, two of us, discuss what we had read, and give us a further reading list. Encouragement, criticism, laughter, a time of hope. My tutor, Sandy Ogston, was Jo Osipoff all over again. I was lucky in my teachers, in their generosity as well as their erudition.

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A: After Oxford, the next move?

GE: From Oxford the pathway led on to clinical training and hence Barts. Goodbye dreaming spires and hello Smithfield Meat Market. As an entry formality, I was interviewed by the Dean, a surgeon who did not entertain doubts. When I said to him 'Can you tell me what books I should read before I come here?' he answered 'Books. Don't waste your money on books, buy yourself a good suit.' Barts had been a great 19th-century institution, but my 3 years were an aversive introduction to clinical arrogance. The Dean's nick-name was 'slasher'.

A: When did you begin developing an interest in psychiatry?

GE: I went into medicine from the start, aiming for psychiatry. I certainly did not at that time know exactly what it was, I was naive. But I have never doubted that it was the right choice.

A: Where did you go after St Bartholomew's?

GE: The usual sequence of junior medical appointments. I started off in January 1956 at King George Hospital, Ilford, with part responsibilities on two adult wards and a children's ward. It was a terrible winter, with London smog at its most poisonous, the fumes settling densely in the building so that one could not see from one end of the

ward to the other. Six people might die of respiratory failure in one night and we housemen would be left weeping in the side room. A long way from philosophy on the lawn. All that, and to progress from the clinical arrogance of Barts to our impotence on those wards at Ilford, was searing. My education was continuing.

A: When did you arrive at the Maudsley?

GE: I went to the Maudsley in April 1959. The dominant influence was Aubrey Lewis. Aubrey had grown up in Australia. He had come over to the United Kingdom as a young doctor and had worked with Adolf Meyer at Johns Hopkins. He had a broad view of what psychiatry was and should be. He was a demanding teacher with a Socratic habit, who could have people quaking at his intellectual attack if he thought anything said by them was sloppy. If you survived the 3-year training you had probably learnt to think critically about psychiatry.

A: Did you realize at that time that there was a dynamism at the Maudsley?

GE: Yes, there was dynamism in the teaching. The place was about clinical psychiatry, but also deeply about science and scholarship. It was also a training centre where I was surrounded by and learnt from brilliant peers, a generation who would help take Aubrey's eclectic vision forward. The Maudsley canteen was a good place to sit, every bit as stimulating as the Balliol quadrangle even if the aesthetics were not so pleasing.

THE POLICY INTEREST

A: That background, but how did you get interested in the policy arena?

GE: There are layers to the answer. Going back to the family background thing, my veterinary forbears had been vastly involved with policy issues as well as their science. Medical training can be faulted by social science for its centering on the care of individuals, for individualizing the issues which are properly social and should be taken at the population level. That is not altogether fair. By the time I left medical school I knew a lot about the 19th-century public health movement, and later the Maudsley training gave considerable attention to psychiatric epidemiology, social psychiatry and the policy level. In 1966 I was somewhat absurdly asked by the World Health Organization (WHO) to take one-person responsibility for designing WHO's alcohol programme, and later I did the same for their drugs programme. Around that time I had heavy immersion in policy issues through involvement with Kettel Bruun, Wolf Schmidt and Bob Popham, and the work which led to the Purple Book (Bruun *et al.* 1975). On a parallel track, I was working with Joy Moser

(Edwards 2002) and others on the project which led to the *Alcohol Related Disabilities* report (Edwards *et al.* 1977b). Along both those tracks, Robin Room was a friend who would check me if I ever lapsed too much into a narrowly patient-centred view. The richest insights come and the best policies evolve when one sees and honours the realities of the individual, but at the same time grasps the realities of the population. No contest, I would say: medicine is a social science in its very marrow.

A: What is your view on the value of WHO on an international level?

GE: I have a fond and immense respect for WHO as an organization, for its compassion, for its commitment to bettering the health of the world. It was my privilege to know people working with WHO who had vision and great ability—they were people who with scant resources could help make things happen, people with finely developed skills in enabling, and sensitivity toward other cultures. As a peripheral actor in the WHO play, I learnt greatly from those kinds of contact (Moser 1984; Arif 1986; Edwards 2002).

A: Policy activities within the United Kingdom?

GE: Well, over time I have seen quite a bit of the science and policy relationship in my own country. My first taste of that kind of responsibility was when in 1967–70 I was a member of a Home Office Working Party on the Treatment of the Chronic Drunkenness Offender and in 1974–75 I was on the Department of Transport's Committee on Drinking and Driving (the Blenerhasset Committee). Both those exercises were good experiences and resulted in major reports. I was a member of the government's Advisory Council on the Misuse of Drugs, that was a continuing seminar on policy formation, and the Prevention Working Group which I chaired produced a series of worthwhile reports. From 1981 to 1989 I was on the Council of the Economic and Social Research Council and that was fascinating. From 1985 to 1993 I was the Department of Health's adviser on alcohol problems. Most recently (2003) I have been on a group advising the Cabinet Office on alcohol policy. But that is enough of committees, I would hate to be seen as measuring out my life in committee appointments.

A: What do you think you learnt about the play between science and policy from all that experience, the role of the scientific adviser?

GE: I learn that the adviser does well to have modest expectations, keep trying, speak the truth however awkward, and remain polite. I do not go for the negative and stereotyped view that the relationship is inevitably frustrating; that one's advice will always be rejected. Very properly it is the decision-makers who make the

decisions, the science is only one of the inputs. I learnt that before publishing a report one often does well to hold discussions with the civil servants who are going to receive it rather than just throwing the final text at them; one needs to work personally and proactively on the people at the receiving end—that will not always succeed, but it will increase the chance of a good outcome.

A: When you look at all the work you have done with WHO and within the United Kingdom on various government issues, what have been your proudest accomplishments in the policy arena in terms of the impact that they have had?

GE: I do not much like the idea of 'proud accomplishments', that is too self-aggrandizing, even delusional. At best, one, with others, perhaps is able to contribute a little which is valuable, but is time-bound and probably ephemeral. I have always seen it as important to avoid Napoleonic delusion, a catching disease.

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A: Right. So even if you were only part of the process, were there any tangible accomplishments you could point to where you think the group that you worked with really had an impact on public health?

GE: Groups too should avoid delusion. But I think Kettel Bruun's group helped put alcohol policy on the modern agenda. It had been there before with the Temperance people and Temperance had its own science, too. What Kettel started (Bruun *et al.* 1975), others of us in similarly collegiate fashion have since tried to carry further forward. I suspect that *Alcohol Policy and the Public Good* (Edwards *et al.* 1994) was useful, and Tom Babor's leadership is now giving us a further report in this policy series (Babor *et al.* 2003). Thus, over almost 30 years there has been a sequence of three books deriving from a wonderfully collegiate international experience where I have enjoyed many suppers with friends, and I think all of us believe that these endeavours were worthwhile.

A: One of the things that I hear when you describe your work with WHO and groups that have put together policy statements is that your professional life has been intimately involved with your social and personal life. To what extent has friendship been an important part of your ability to accomplish things in your professional life?

GE: Like most other human beings, I value friendship and my life would be impoverished without it. I cannot imagine a report which I would enjoy reading, coming out of a group riven with enmity.

INVOLVEMENT WITH ADDICTION STUDIES

A: How did you get into addiction studies?

GE: Like many important things in life, my entry into this arena was largely accidental, and any *post hoc* causal explanations would probably be fictional. So chance was a large part of it. At the Maudsley I worked as a registrar (resident) for D. L. Davies (Davies 1979), who was making a heterodox contribution to thinking on alcohol (Davies 1962), with the publication of his paper on normal drinking by recovered alcoholics. I was also drawn in that direction by the richness of the literature, the stimulus given by the old *Quarterly Journal of Studies on Alcohol*, and evolving friendship with so many inspiring people. In the 1960s alcohol studies had begun to feel exciting and were immensely multi-disciplinary, and that appealed to me. Another factor that took me in that direction was undoubtedly the inspiration given by the patients whom I was meeting.

A: And from the 1960s onwards you were conducting your own research on alcohol.

GE: Yes, the Maudsley gave me an open door to research and I soon had a research team. The horizons seemed entirely open. Looking back I am aware of the extraordinary daring of the people who were willing to trust me and fund the team. This was, I suspect, the first fully funded professional alcohol research group the United Kingdom had ever seen, and we were in business by 1965. Soon I recruited Jim Orford, probably the first psychologist in the United Kingdom to have a whole-time funded post in alcohol research. Soon we had Michael Russell (Russell 2004) autonomously and with great success opening up smoking research. In 1967 our group evolved into the Addiction Research Unit and we took in drug as well as alcohol and nicotine research. Gerry Stimson, Alan Ogborne, Adele Kosviner and Jim Zacune were recruited at that time as probably the first ever social psychologists to enter the arena in this country. Virginia Berridge, Deborah Brooke, Ilana Crome, Colin Dummond, Betsy Ettore, Hamid Ghodse, Steve Glautier, Ray Hodgson, Gloria Litman, Edna Oppenheimer, David Robinson, Howard Rankin, Carol Smart, Gay Sutherland, Tim Stockwell and Betsy Thom were among others who made vital contributions, and David Hawks was for a time my deputy director. Celia Hensman and Margaret Sheehan, as well as being researchers, played important administrative roles, and for many years I was immensely indebted to Colin Taylor's and John Stapleton's skills as statisticians. I was astonishingly fortunate with the sequence of gifted people who were willing to come and work in a hut in Camberwell. From that base we set up many community care initiatives, ran hospital services, became increasingly

involved nationally and internationally in policy advice, and at the core were conducting a research programme which was funded over 25 years from a rolling MRC (Medical Research Council) grant. And we did much professional training. Over these years I have had just two personal secretaries, Julia Polglaze and then Patricia Davis, who works with me to this date, and my life would have been in every way poorer without them. Over more recent years *Addiction* has given me room space in the National Addiction Centre, but I have ceased to have any directorial responsibilities. Life has been much added to by the people who go on dropping by for a chat. I have particularly enjoyed the friendship of Michael Farrell, Michael Gossop, Jane Marshall, Malcolm Lader, and of course John Strang. It is a good place in which to work.

A: In 1961 you visited North America and, among other people, you met E. M. Jellinek. What effect did this have on you?

GE: In 1961 I got a little travel money together, went off to the United States and called at New Haven. Mark Keller, with extraordinary generosity, gave me a whole day of his time. I cannot see why he did so, but that is a lesson perhaps on how we should ourselves treat young people. And I went up to the Addiction Research Foundation in Toronto and met the key staff there, who were similarly kind to a young traveller. They sent me to have lunch with Jellinek. An amazing opportunity: he at the height of his fame, and in objective truth me nobody. We talked and talked and he bubbled with fun and enthusiasm. At one point I said to him what sort of stuff do you think the *Quarterly Journal of Studies on Alcohol* will be publishing 10 years down the road? I have a diary note of our conversation and Jellinek's answer was: 'perhaps we will have better formulated the psychoanalytic perspective'. That was an inspiring encounter, and among other things I learnt from it never to predict the future and to blink when young people ask me that kind of question.

'They sent me to have lunch with Jellinek. An amazing opportunity: he at the height of his fame, and in objective truth me nobody . . . bubbled with fun and enthusiasm.'

A: You wanted to run a research centre, but what model for that enterprise did you have in mind?

GE: No one ever took me aside and said, this is how to run a research centre. That was a pity. But I think the idea of an enterprise where we work together on a problem, where we are trying to foster creativity, where the endeavour produces incremental good, where we serve certain shared ideals and live in the wider world outside the

research hut, that is intrinsically a rather gripping idea. I had some notion when I started out on how great scientific laboratories had been made. I perpetrated many organizational mistakes, and learnt on the job. If you gave me my time again, I would hope to do better. Minute attention to the details of the day, evident and unbending commitment to supporting the people kind enough to work with one, a concern with the larger play and the making of strategic choices, attention to the institutional atmosphere, that is what keeping a centre in good repair is about.

A: Did you retain any clinical responsibilities?

GE: Yes, I remained actively involved in clinical work and saw patients day in and day out. For many years I was consultant in charge of a full-scale National Health Service alcoholism treatment service at the Maudsley and the Bethlem Royal. For a time I ran a service for opiate addicts, and in the late 1960s we prescribed heroin in high dosage, gave out clean needles and offered an injecting room—ideas do tend to come full circle if you sit around for long enough. So in brief, yes, I have always wanted to go on being a clinician as well as a researcher, and that led to *The Treatment of Drinking Problems* (Edwards 1982), a work now in its fourth edition, in partnership with Jane Marshall and Christopher Cook (Edwards *et al.* 2003).

A: And your group was involved in the setting-up of various community treatment facilities?

GE: Yes, we enjoyed getting out down the street and doing that kind of real-life thing. For instance, with others we were, over a number of years, involved in establishing help for Skid Row drinkers and in related policy developments. We set up a therapeutic community for heroin addicts, and a day centre for drug users in a church hall. Our fairy godmother (and banker) in several of these enterprises was Stella Reading (the Dowager Marchioness of Reading). She was the leader of the cross-bench (non-party-aligned) peers in the House of Lords, a force to be reckoned with, and someone who could summon the Home Secretary to dinner. Lady Reading was a magic person. Evenings spent sitting with drinkers who were pulling themselves out of the gutter as well as with government ministers, that was a good base for policy formation.

A: When you look at the publications that came out during the late 1960s and early 1970s, typically there is a string of authors. Sometimes you are the first author; sometimes you are collaborating author; but it is a combination of psychiatrists and behavioural scientists and the questions seem to be interconnected. Was there a sense during this period that your group was becoming a leader in interdisciplinary addiction studies, not only in the United Kingdom, but internationally?

GE: Add into the mix a historian, Virginia Berridge (Berridge & Edwards 1981). There was a sense that one could at any point get the research directions wrong. Not to conduct Mickey Mouse research, not to take on a research grant that was going to be trivial and a waste of one's life space, that was important. A farmer in my early years, when I worked as a labourer on his farm during vacations, said it was very important if one was to be a successful farmer to learn not to spend time cutting hedges when there were better things to do, it is what you do not do that makes for successful farming, he said. Good advice, that, for a future research director. No, it would be preposterous to see our group as out front in a leadership role, but we were keen to learn from every group with which we had contact. I had, though, an acute consciousness that making good research happen is a difficult business. I certainly learnt that a research programme had to be focused, tightly constructed, played from strength, if the team was to achieve anything incremental. I looked at and learnt from many research centres in other countries and was always interested in their organizational style and the patterns of relationships within them, the how-researchers-were-to-be-enabled question. I knew it would be difficult from an offshore island to establish any presence in the face of big American science. The Canadians and Americans were enormously friendly and welcoming, but we wanted to find our own voice.

A: How did you position this group in the context of the far bigger North American research base?

GE: We lived in the cracks. One of our other strengths was always having a strong statistical base, and I think we used multivariate techniques ahead of most of the American groups. Camberwell gave us a community laboratory, we knew and respected our parish, that was an asset. And it was helpful that I directed the clinical services which, with due ethical safeguards, gave a research base which some American centres did not have so readily available. Maybe being surrounded by deprivation and such obvious social problems was an asset. I fear that at times we quite consciously set out to outflank the big centres and pick up on promising questions which they had passed by. Our work on the comparison of treatment and advice and on the dependence syndrome was born partly of that kind of healthy competitiveness—a small base in a relatively small country, yes, we needed always to be aware of that limitation.

EVOLUTION OF THE DEPENDENCE IDEA

A: In 1976, buried in your list of publications between a paper on an Anglo-French symposium and another paper on

cannabis, you published that paper in the British Medical Journal with Milton Gross, called 'Alcohol dependence: provisional description of a clinical syndrome' (Edwards & Gross 1976). My guess is that you did not appreciate the eventual significance of that paper. Can you tell us what led up to it and what your thoughts were at the time in putting it together? It is not evidence-based, it is not even theoretical, it is a . . .

GE: Provisional description. We were interested in nosology and that was part of a very strong evolving line of thought in British psychiatry. The Maudsley and St Louis, that was an axis. Define what you are talking about, that was the insistence in the Maudsley canteen any time of day. If you can define it, measure it and discriminate between it and not it, that is the start of enlightenment. It so happened that from the early 1960s I was constantly involved in assessing patients for our various research studies. I felt I could begin to see a syndrome of alcohol dependence walking toward me through the dawn mist. I was fairly well-versed in 19th century psychiatry, and understood Kraepelin's contributions. I knew something of the mathematical logic of syndrome definition and the psychometrics of syndrome validation (my failed early engagement with mathematics may have helped me to see shapes and structures). But at the outset I was in the position of a 19th century physician trying to discern shape and sameness in what their patients were telling them. Then along came Milton Gross, and a strong partnership and rich friendship evolved. I still grieve for Milt's premature death. Yes, you are right in your earlier question, friendship is often the unpublished subplot. Nigerian sculpture, breakfast in Brooklyn, a day at Joy Moser's chalet in Switzerland, art exhibitions visited with Milt in several cities, and we gave a provisional description of a syndrome.

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A: Where you surprised at the eventual response to that paper?

GE: I had some sense at the time that it was a creative act, but this happened at the Maudsley where a young Norman Sartorius had just been a postgraduate student, and John Cooper, John Wing, Robert Kendell and David Goldberg were all working on aspects of syndrome definitions and the beginnings of diagnostic instruments. A young Michael Rutter was meanwhile revolutionizing the definitional base of child psychiatry. It was a climate that made, fed and fashioned what we tried to do on alcohol.

So I think the reception of our work was carried by a general tide. The fact that the idea could be operationalized (Stockwell *et al.* 1979) made the syndrome concept a conjecture capable of refutation, and that was vital.

A: Around 1981 you expanded the dependence syndrome concept to cover other drugs in a paper that you published with Ray Hodgson and Awni Arif (Edwards *et al.* 1981).

GE: Yes, that seemed a natural extension and we were much helped by Jerome Jaffe (Jerry has been my friend in this journey on addiction over these many years). It was good to have to stretch our minds (Sutherland *et al.* 1986) beyond the one drug and try to discern whether some general, cross-substance definitional principles might be formulated.

A: In 1987 the syndrome concept was incorporated into the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. With DSM-III-R, the Americans came around to the syndrome concept and by 1990, WHO adopted it as the underpinning of its definition of alcohol and drug dependence in the International Classification of Diseases (ICD-10). So by the late 1990s, the dependence concept had come from being a provisional syndrome to the dominant concept in the diagnosis of alcohol and drug dependence throughout the world. Were you surprised to see how the concept took hold and was developed during this period?

GE: Our ideas built on much earlier and even 19th-century thinking, but in that they invited operationalization over a few years they enabled a sea change to come about in certain aspects of addiction science. I would again go back to the tide. The dependence syndrome was in tune with the perspective which ICD and DSM were otherwise, and much more broadly, trying to develop. There was nothing particularly heroic about what we did, but it was timely. Come to think of it, by luck it was probably also a conjecture with some validity and that was because we had listened to our patients.

A: That brings us to another area where you worked in the study of treating alcohol and drug problems. In 1977 you published, with others, that paper on treatment versus advice (Edwards *et al.* 1977a). Can you tell me how that happened?

GE: Well, even as the Maudsley was pushing forward ideas on psychiatric epidemiology and nomenclature, it was exploring the application to psychiatry of the still rather new idea of randomized controlled trials. Early on I had published a controlled trial on the use of hypnosis in the treatment of drinking problems (Edwards 1966), not great stuff, but I was learning the ABC of controlled trials. I had worked for a little while with Michael Shepherd and published a controlled trial on the treatment of depression (Edwards 1965), and that was an important learning experience. A study comparing in-patient and out-

patient treatment of alcohol dependence followed (Edwards & Guthrie 1967). That blew wide the then-prevalent idea that these patients could be helped only by shutting them up for a long time in a hospital. With those results to hand it made sense to compare the impact of structured, intentional, individual advice, with the full contemporary treatment paraphernalia. Advice by and large at the 12-month point did as well as treatment (Edwards *et al.* 1977a). That study was as much Jim Orford's as mine and there was also a wider team involved. I think it was work that asked a good question and took things a little forward, but so rapidly has the technology advanced that I have no embarrassment in saying that today it would probably not be publishable. There is implicit good cheer in that conclusion.

A: On to another life strand. In the late 1970s you had the opportunity to take over the then British Journal of Addiction.

GE: That was 1978. I took over from Max Glatt, who died in 2002 at the age of 90 (Edwards 2002). He was someone I greatly admired, and in later years we sometimes lunched together with our wives at a kosher Chinese restaurant. Max had come out of Berlin as a refugee. He had done a good job on the journal, turned it from being merely a parish journal to a more international outlook. He had vision. But Max never refused a paper and knew nothing of peer review. I took over from him a 3-year stock of accepted papers all lined up in shoeboxes.

A: Give me some idea of the general scope of your personal research interests over the years.

GE: Epidemiology, psychometrics, treatment research, the attempt to understand natural history (much influenced by George Vaillant), the policy process; that about defines the scope. I have always been interested in history and have tried to read my way into an understanding of my own subject, but I have no credentials as a historian (working with Virginia Berridge gave me great respect for historical methods and real professional expertise).

EDITING

A: Was the journal you worked on affiliated with the Society for the Study of Addiction?

GE: Yes, it did and does belong to it. The Society in the post-Second World War years had become a home of lost causes. I had a clear idea of what I wanted to achieve with the journal when I took over from Max (Edwards 1978). I not only wanted to help take it forward to being a modern peer-reviewed journal with a strong international

colouring, but I hoped to see it as instrumental in enhancing the quality and relevance of what went on in this field. Crazy ambition, you might say. But it was an idea shared by others in many countries who were willing to be active players in support of this ambition. In 1986 we were able to go from four to six issues a year, and in 1987 we went over to monthly publication, with Regional Offices established in 1993 in America, Australia and Britain. It is an enterprise entirely made by team effort—we have over 130 assistant editors in 12 countries. Yes, still a long way to go, but the ambition is alive and well. *Addiction* (our name since 1993) is covertly a network dedicated to the celebration of certain values and it seeks to be fun as well as serious. Robert West (Editor-in-Chief from January 2005), Tom Babor (now Associate Editor) and Wayne Hall and John Marsden make the core editorial team, along with Patricia Davis, Margaret Eagers, Gillian Rangel, Susan Savva, Deborah Talamini on the administrative side, and I must at this point throw away discretion and describe the total team contributions as brilliant. Tim Stockwell had earlier helped us get things going in Australia. I gave up the Editor-in-Chief position when Robert took over and greatly look forward to seeing the journal's further development under his gifted and experienced leadership. Meanwhile, I will continue to work with the journal in the newly created role of Commissioning Editor.

A: Fill in a little more your sense of the journal's mission.

GE: The idea of being in touch with our field, serving a field, helping give cohesion to an invisible college; the two-way relationship with that college, that is to me fundamental (Edwards 2005). Daring to provoke debate, but with respect for everyone's opinion. Helping that field to discover itself and shape its own future and not spend too much time unnecessarily trimming the academic hedges. I then think that a journal must have a further operational agenda which will change over time. One of our agenda themes is at present the attempt to encourage debate on the ethical dimension in journal publishing. We as a group feel that is important, and it has in the past been neglected. The relationship between science and policy is another theme, and I believe we have further to promote internationalism as an agenda issue. Enhancing the quality of science, we try at that too. Our Journal Interview series helps humanize the endeavour and the volumes which have collected these interviews together with linked commentaries (Edwards 1991; Edwards 2002) provide unique insights into how that artefact called 'addiction science' is actually made. At the centre of what I am saying here is the belief that the best kind of journal, one that serves its times and its field well and is a live and creative force, will be intentional rather than merely passive. Some days everything goes wrong, we

have made terrible mistakes; even Patricia becomes a little harassed sometimes. But by and large my personal experience is that working with *Addiction* is as rewarding and creative a life experience as I ever had a right to expect.

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A: Do you generally see yourself as an alcohol or an other-drugs person?

GE: Addiction science at its most productive knows no substance boundaries. There is great benefit in comparing across substances the mechanisms of dependence, distributions of consumption, treatment processes, policy and control responses. Most, but not all of my personal research has been on alcohol. At the policy level life has absolutely crossed boundaries and working for *Addiction* I have to be aware of research and policy developments across the spectrum. But as an editor I am, of course, often relying on the greater authority of colleagues with specialized knowledge in one or other substance areas, or greater competence in other disciplinary training than anything I possess.

A: You have been instrumental in encouraging addiction journal editors to come together for information sharing, mutual support and now collaboration. Through those efforts an international society has been formed.

GE: The most instrumental figure in this regard was undoubtedly Thomas Babor. It was he who nurtured the idea of the International Society of Addiction Journal Editors (ISAJE) (Edwards & Babor 2001), and he and Robert Balster played key roles leading to the Society's inauguration in 2002. Susan Savva, my colleague on *Addiction*, is Executive Officer for ISAJE and was responsible for getting it off the ground. Much useful collaborative work is now under way; most recently with the publication of ISAJE's handbook for people in the addiction field who are wanting to get published (Babor *et al.* 2004). It is an exciting development which is seen by all those involved as meeting a true need.

A: You have taken consistently strong positions against industry involvement in alcohol science and alcohol scientist involvement with the beverage industry. What has led you to believe that there is a precarious relationship between the two?

GE: Our basic concern should be the integrity of science, a precious commodity. Science is independent and truthful or it is nothing. It is not just the drinks industry's machinations we need to guard against—broadly, we

need heightened awareness on potential conflict of interest. Ethicality should not be something ponderous, pompous and occasional, but part of the easy everyday atmosphere of awareness feeding our working lives.

A: There was an instance during the development of Alcohol Policy and the Public Good (Edwards et al. 1994) when even before it was published, there was an attempt, apparently by alcohol industry sources, to discredit it. Can you describe that?

GE: Well, it was a farce scripted by an alcohol lobby, the Portman Group. Nick Heather was the person who courageously blew the whistle on the Portman Group's antics. Alcohol industry lobbies such as the Amsterdam Group, the Portman Group and ICAP are so beset by conflicts of interest as to have no credibility in the public health policy arena, and that is the long and short of the matter.

A: Over recent years you have written two books for a more general, popular audience. What kind of experience has that been?

GE: A difficult experience, yet I had to try. Life-time immersion in the construction of disciplined scientific prose is not, I suspect, the best background for more free writing. Anyhow, the result has been two books (Edwards 2000, 2004).

A: Books, journals, publishing, for a long time that seems for you to have been a theme with variations.

GE: Yes, many variations. I have much enjoyed, for instance, working as series editor for the International Research Monographs in the Addictions (IRMA), a Cambridge University Press production. It seemed important to develop a capacity for publication of book-length statements on addiction science, refereed and written to a high standard. We have attracted excellent contributions (Holder 1998; Solowij 1998; Meyers & Miller 2001; Babor & Del Boca 2002; Humphreys 2004).

WORK AND OUTSIDE WORK

A: Who has taken over your responsibilities on the Maudsley campus?

GE: Before I gave up my university position in 1994 we were able to establish the National Addiction Centre (NAC) on this campus as an amalgam of clinical, research and teaching activity. The director of the NAC is John Strang. I am happy to watch his success and that of his able colleagues, myself now as a spectator of the play. *Addiction's* offices are in the NAC's headquarter building, so that gives drop-in continuity for many friendships.

A: Looking at your career in the round, you seem to have spread yourself over a range of addiction-related activities. Can you identify any one central motivation?

GE: Spread myself often too thin, perhaps. Multiple motivations, probably; I doubt whether anyone ever has only one goal. Science has motivated me and the pursuit of scientific truth, even if one is never sufficiently clever to reach it. Being a clinician has mattered to me a lot and I have wanted to be good at that job, but I was also motivated by the need to reach policy. I suppose that selfishly working with other people may have become a motivation with its own dynamic, shared and serious endeavour, the evening together afterwards, laughter at supper tables, that has been for me rich reward. I have been much motivated by the vision of the world as one place, internationalism, the privilege of knowing other countries, the postgraduate students from overseas who have worked with me, seeing their success, that is motivation. Seeing my former registrars do great things, that has made the day. But what has kept me going on the worst days when tragedy has befallen a patient and we have failed, when another paper has been turned back by a journal and we have had to admit that the referees are right, when a politician has ignored our carefully crafted advice? I have some ideas as to what in those circumstances might still keep me motivated. I think it would be some kind of fundamental, inalienable belief in the worthwhileness of trying to prevent, minimize, alleviate suffering in the field in which I labour. So by a circuitous route, that is the answer to your question. My *apologia pro vita sua*.

A: What accomplishments or interests do you have outside your work?

GE: Accomplishments? Nil. I have always been painfully aware of my total lack of musical or artistic talent—at school I was forced to give up art because my performance threatened the class average. I cannot play any instrument. But interests: many, including a keen interest in listening to music and looking at pictures. Poetry matters to me greatly and I have at times found Keats (Edwards 1990) or Yeats (Edwards 1989) providing sources of inspiration. Yet I am no poet. Sue and I have done a great deal of travelling together, but we also derive joy from English landscapes and gardens and village churches. We have entertained our students in our home and enjoyed a great deal of social time spent with professional colleagues from many countries. We have, though, always valued time spent with friends from outside that professional circle and Greenwich, where we have lived happily these many years, has given us wonderful friendship of that sort. So outside work and inside work, merging and separate, and both of them important zones of existence. Sheer idleness and watching the rain

play across Greenwich Park from my study upstairs, that too has been essential to a full life.

'Sheer idleness and watching the rain play across Greenwich Park from my study upstairs, that too has been essential to a full life.'

ADVICE TO A YOUNG PERSON

A: Finally, what is your advice to young people who are entering the field and hoping for a fulfilling career?

GE: I have always dreaded the day when I would be answering that question rather than being the young person. That lunch with Jellinek certainly warned me against giving hostages to fortune. Seek out good teachers. Make a happy marriage (with Sue I have been singularly fortunate). Kind children can be very life-enhancing (Dan and Rosie). Keep friendships in good repair. Your work matters, but find time to enjoy the conversations on the lawn. I would also greatly want to know what the young person had to say.

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