

The History of Our Field: Reflections on the Solid Foundations on Which We Stand—The Contributions of Griffith Edwards

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THIS IS THE FIRST OF WHAT I HOPE to be an occasional series of articles in the *Journal of Studies on Alcohol and Drugs* helping those of us who work in the alcohol and other drug fields to think about where we currently are and where we seem to be going. To accomplish those tasks, it is important that we understand more about where we come from and the accomplishments that made our work possible.

When I began my own career in substance use disorders as a medical student in the 1960s, alcohol and other drug issues were often relegated to second-class citizenship in the fields of health care delivery and research. At that time, the budget of the National Institute on Alcohol Abuse and Alcoholism was less than \$6 million and careful research was relatively rare, although clinical and research advances were beginning to appear. The difference between what our field was then and what it is now didn't just happen but developed through the work and influences of many men and women, some of whom I hope to highlight through this series of editorials.

When one recognizes how many people have influenced our efforts over the years, it is a challenge to try to decide on where to start. Although there are many people I hope to learn more about and whose accomplishments I plan to share with you in the future, from my standpoint, Griffith Edwards is as fine a first subject as any for this first commentary.

A brief biography to help place his accomplishments into perspective

Griffith Edwards was born in 1928 in Uttar Pradesh, India, where his family had temporarily settled when Griffith's father, a bacteriologist, assumed the role of director of the Imperial Institute of Veterinary Research. The place of his birth set the stage for his long-term interest in international

scientific issues, and his father's career created his focus on science and scientific publications.

After returning to the United Kingdom and completing his secondary education, Griffith entered the military in 1948, where his role as an officer taught him the importance of nurturance and care for the people who worked with and for him. After leaving the military, Griffith achieved a bachelor's degree in animal physiology from Oxford University in 1951, with a subsequent M.A. (master of arts) degree and B.M. and B.Ch. degrees after three years of clinical medical training. Subsequently, he achieved his D.M. (doctor of medicine) in 1966 and went on to become a member of the Royal College of Psychiatrists in 1971 and a fellow of the college in 1976.

Griffith's academic career began as a lecturer at the Institute of Psychiatry in 1966, advancing to a senior lecturer the following year. In 1967, he assumed the role of director of the Addiction Research Unit, which later evolved into the National Addiction Centre, a post he developed and held until 1994, along with the title of Professor of Addiction Behavior. It was as director of the Addiction Research Unit and professor that many of his most important accomplishments occurred, including his appointment in 1978 as editor of what was then called the *British Journal of Addiction* (now *Addiction*).

Griffith Edwards has contributed to many positive aspects of the atmosphere in which we work, set a leadership style to which many of us still aspire, and helped change how we view and treat patients with substance use disorders.

Contributions to how we view ourselves and others in our field

From the earliest stages of his career, Griffith worked to help establish an atmosphere of cooperation and respect among clinicians and researchers in the alcohol and other drug research communities. His experiences in India, his interactions with colleagues in the military, and his years at university formed the basis of his long-term interest in international issues and his frequent collaboration with the World Health Organization. These earlier experiences also

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contributed to his decision as director of the Addiction Research Unit to recruit and help train individuals from diverse disciplines who came to the unit from not only the United Kingdom but also Germany, Japan, Thailand, India, Canada, Australia, New Zealand, and the United States.

In all endeavors, Griffith established a style of leadership that centered on facilitating interactions and the open exchanges of ideas. He often rejected the labeling of any scientific thought as counterintuitive but instead saw these moments as opportunities to reevaluate and challenge prevailing philosophies. His goal became the recruitment, training, and nurturing of young people in our field. It is from this platform that Griffith helped change our views of the central elements of alcohol and other drug use disorders, while also enhancing our understanding of their clinical course and optimal treatments.

Changing our view of substance use disorders

Before the 1970s, there were relatively scant data to help clinicians and researchers agree on an optimal approach to diagnosing alcohol and other drug use disorders. This lack of a consensus was, in part, a reflection of diagnostic criteria that had focused almost exclusively on the presence of withdrawal symptoms. In the early to mid-1970s, Griffith published two articles on the treatment of alcohol dependence (among the initial uses of the term *dependence* in this context) and discussed the potential status of alcoholism as a disease (Edwards, 1970, 1975). Other publications related to broader issues of drug dependence overall were published in the early 1970s, leading up to a key publication by Edwards and Gross (1976) titled "Alcohol dependence: Provisional description of a clinical syndrome." This work combined information from animal studies and clinical observations to propose that the problems related to repetitive and harmful intake of substances of abuse reflect a condition whereby alcohol and/or other drugs become ever more central to an individual's life. Subsequently, a person with such problems is willing to continue and even expand use of the substances despite accumulating problems. This series of articles helped change the definition of substance use disorders, first in the *International Classification of Diseases (ICD-10)* published by the World Health Organization (1992) and subsequently in the third revised and fourth editions of the Diagnostic and Statistical Manual of Mental Disorders (DSMs) of the American Psychiatric Association (1987 and 1994, respectively). The same broad approach to a dependence syndrome is likely to remain the central concept of alcohol and other drug use disorders in DSM-5 scheduled to be published in 2013.

Helping to set the standard for addiction journals

When Griffith Edwards assumed the role of editor of what was then the *British Journal of Addiction* (now *Addiction*)

in 1978, he brought with him his own research experience and unique leadership style. He took over a journal that had not fully assumed its potential leadership role in substance use disorder research and subsequently changed the organizational structure, with a resulting marked improvement in the timeliness of publications. Griffith's goal was to develop the *British Journal of Addiction* into a more clearly written, easy-to-read, and relevant journal dealing with issues on an international level. Over the years, he helped lead international thought on the optimal peer review processes (Babor et al., 1996b) and the role of addiction journals in our fields (Edwards et al., 1997); in addition, he offered reflections on what a specialty journal could be expected to achieve (Edwards, 2005). As a result of these efforts and interests, Griffith, along with Thomas Babor, Ph.D., M.P.H., played a key role in the founding of the International Society of Addiction Journal Editors (Edwards and Babor, 2001).

Pushing ethical issues to the fore

Perhaps more than anyone else in our field, Griffith Edwards has consistently reminded readers of the importance of potential ethical problems in our professional work. This can be seen in his article "Playing fair: Science, ethics and scientific journals" (Edwards et al., 1995), his subsequent articles on science and the drinks industry (e.g., Babor et al., 1996a), and his concern regarding the tobacco industry's potential involvement with material presented in a book (Edwards et al., 2002). Other commentaries expressed concerns about how authorship is assigned (Edwards and Babor, 2000) and how his journal responds to violations of ethical publishing (Edwards et al., 2001). These are not inherently popular topics, but they are very important issues and one solid and consistent area of contribution for which Griffith Edwards took a leading role.

Helping to establish the importance of carefully controlled clinical trials

In the 1960s, too few studies in psychiatry and the substance use disorders field recognized the importance of including control groups when evaluating treatments. This is especially important in psychiatry and substance use disorders, conditions that often fluctuate in intensity with time and for which spontaneous remissions are relatively common. Griffith Edwards' contributions on this topic date back to the beginning of his career regarding the evaluation of a medication for nicotine dependence (Edwards, 1964), followed by a comparison of a relatively new versus a more well-established medication for the treatment of major depression (Edwards, 1965), and a study of inpatient versus outpatient treatment approaches for alcohol use disorders (Edwards and Guthrie, 1967). His careful attention to the optimal execution and interpretation of results from clinical

trials has helped form the basis of most modern treatment-outcome studies.

Addressing issues in social psychiatry, public policy, epidemiology, and history

The worldwide importance of substance-intake patterns as they relate to public health is a cornerstone of Griffith Edwards' impact on the interface between psychiatry and social issues. His publications on epidemiology began early in his career (e.g., Edwards, 1968) and have spanned topics related to patterns of substance use and problems in London suburbs (Edwards et al., 1972a, 1972c), prison populations (Edwards et al., 1972b), hospital patients (Nicholls et al., 1974), and pregnant women (Edwards, 1983). His public health-based work has addressed the implications of such findings regarding liquor licensing (Robinson et al., 1973) and national as well as international alcohol (Edwards, 2007; Edwards and Holder, 2000) and drug (Edwards, 2003; Drummond et al., 1987) policies. His historical work has recently included a biography of Thomas Trotter (Vale and Edwards, 2010).

And a wide range of additional contributions

As important as the contributions discussed above have been to our field, I return to Griffith's unique personal approach to open discussion, his open-mindedness, and his broad range of additional interests. In this light, he has addressed questions regarding whether an individual with "alcoholism" can return to social drinking (e.g., Edwards, 1994), the usual clinical course or natural history of substance use disorders (e.g., Edwards, 1984), and the "matching hypothesis" through which individuals might be matched with a specific type of treatment for substance use that more directly addresses their needs (e.g., Edwards and Taylor, 1994). Furthermore, he helped develop and validate an important interview schedule and questionnaire regarding substance use disorders (e.g., Edwards et al., 1978). Additional contributions have included discussions of the roles of personality and motivational status in substance use disorders (e.g., Edwards et al., 1972c), as well as important work regarding a range of substance dependence issues (e.g., Hawks et al., 1969). In 1977, he published an article on "treatment" versus "advice" as directed at alcohol dependence, which opened up questions about the optimum intensity of treatment (Edwards et al., 1977).

Some closing thoughts

In closing, the current state of our research and clinical efforts in the substance use disorders field has built upon the solid and seminal work of the scientists and clinicians who came before us. Griffith Edwards is a prominent example of how our colleagues' philosophies, openness to questioning,

and thoughtful approaches to substance use disorders produced a foundation that we now sometimes take for granted. Therefore, we are indebted to Griffith Edwards' approaches to careful clinical trials, definitions and clinical descriptions of substance use disorders, and focus on social issues around the world as they relate to the questions we currently ask about how to best address the substance-related issues that interest us. His emphasis on ethical approaches and his development of a journal that helped set the standards for what substance-related publications can and should accomplish have created a legacy that has enriched us. Griffith recognizes that, at best, any one individual produces a modest contribution to our field that is (if he or she is lucky) likely to become assimilated into a broader level of knowledge, with the result that the individual contribution may no longer be recognized decades later. Consistent with that philosophy, Griffith is a facilitator and developer of the efforts of others and consistently emphasizes the rewards he receives through working with a wide range of individuals from across the world. Throughout his career, he has led by example and through nurturing those around him, and he continues to do so in his role as an emeritus professor. Despite his antipathy for personal tributes, his living legacy is clearly established by both his personal attributes and his professional accomplishments.

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