

## RESPONSE

### Of heroin and alcohol

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*Professor Sir Ian Gilmore is a liver specialist, which goes some way towards explaining his long-term interest in the medical problems arising from excessive alcohol consumption. He chaired the working party of the Royal College of Physicians that produced Alcohol: Can the NHS Afford it? A Blueprint for a Coherent Alcohol Strategy in 2001. Professor Gilmore was elected president of the Royal College of Physicians in 2006 and has just stepped down from this position.*

I have been thrust just recently and a trifle unwillingly into the debate so clearly laid out by Professor David Nutt on the decriminalisation of drugs. The unwillingness was primarily because of an unfamiliarity with the issues surrounding policy on illegal drug use, certainly compared with alcohol policy. I have spent 10 years publicly encouraging, cajoling and shaming UK governments into taking firmer action on our favourite and legal drug, alcohol. I then made one remark in a private email to members of the Royal College of Physicians suggesting that an evidence-based review of policy on how we tackle heroin addiction was overdue. The media reaction to the leaked email, parodied by the *Daily Mash* (2010) website, eclipsed all my attempts in the past to attract their attention to alcohol, and that alone has taught me a lot about our nation's differing attitudes to drugs and alcohol. And so it has caused me to reflect on the points made so clearly by David on the bizarre way we treat alcohol compared with other drugs in our society.

I admit that in the media deluge that followed my leaked comments on illegal drugs, I dodged the issue of how to treat policy on cannabis, ecstasy and LSD, instead concentrating on heroin use. This is because, as a practising physician, it is the *sequelae* of dirty needles, dirty syringes and dirty heroin that I see all the time, as well as the sadness of lives ruined by the cycle of addiction, crime and ineffective punishment. I have been impressed by the results of UK trials of providing clean heroin as well as the means of injection to users who have failed to complete the conventional methadone programmes (Strang *et al.*, 2010). It took me back to my days as a medical student before the 1971 Misuse of Drugs Act where heroin was prescribed, and also reminded me that the most 'successful' heroin addicts – often continuing in work and avoiding many of the complications of street use – have been those with the best access, namely doctors.

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It has been observed that it is an accident of history, which could have gone the other way if the balance of world power had gone East rather than West some seven centuries ago, that heroin is illegal and alcohol legal in Western society (Royal College of Psychiatrists and the Royal College of Physicians, 2000). Certainly it would be a step forward if there were widespread acceptance that alcohol is a drug, albeit a legal one. Health professionals are to blame in part for not imposing the term 'alcohol and other drugs' at every opportunity in place of the universal term 'drugs and alcohol'. Also we have been complicit in the demonisation of drugs as a strategy for accessing funds for drug services, at the expense of not emphasising that much more harm is caused by alcohol misuse. This has resulted in gross under-funding of alcohol treatment services across the UK.

Alcohol is here to stay and that includes its legal status. But this does not mean that, as a drug of addiction and a potent cause of loss of young lives, alcohol should be left to individual choice and powerful market forces. The promotion of alcoholic beverages as the prime weapon to hook shoppers into a specific supermarket chain is evident from marketing strategies and discounting tactics. Yet it is likely that moderate drinkers are actually paying more for their weekly grocery basket than they should, because they are in effect subsidising the heavy drinkers while other non-alcohol products cost more as a result (Record and Day, 2009). *Alcohol: No Ordinary Commodity* is the telling title of the influential publication on alcohol policy across the globe by Tom Babor and colleagues (2003). The sooner society accepts alcohol as a drug rather than an ordinary commodity, the easier it will be to move our politicians towards the regulatory framework that will tackle the key drivers of price, availability and marketing. It is only through reducing our escalating *per capita* consumption that we will make an impact on the burden that touches so many individuals, families and communities across the UK, as well as worldwide.

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