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ADDICTION

Can society break the cycle of dependence?

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Addictive behaviour seems to be inextricably linked with reward. The behaviour that the addicted individual performs has to reward them and there need to be plenty of opportunities to perform it too. However, this also describes many of the behaviours that human beings do every day – eating, working and sleeping, for example.

What distinguishes addiction behaviours from other behaviours that reward us is that society has made some sort of judgement about the harmful effects that they can have on an individual or society, about whether these behaviours are desirable or not.

We also have different attitudes to different kinds of addictions. Some addictive substances are illegal and result in heavy fines or prison sentences for the (relatively) few who choose to become involved with them. Others are totally legal for adults, despite the obvious evidence of the harm they can do.

In recent years society has chosen to accept the science on passive smoking and we are now banning smoking in public places. Yet, despite the evidence on alcohol, we are happy to relax opening times. Despite the obvious damage that addiction to gambling can do we provide wider access to it.

This *New Statesman*/Pfizer supplement explores what we are currently prepared to do to address the issues of addiction – and what we may need to accept in the future if we are to make any further impact on it.

Round table participants

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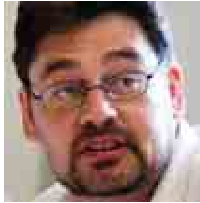
Director of Action on Smoking and Health



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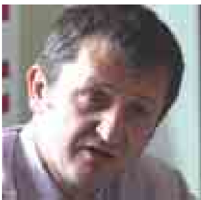

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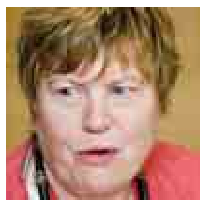

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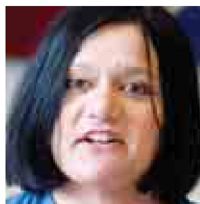

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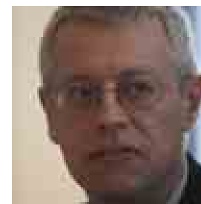

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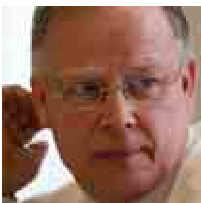

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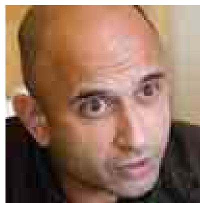

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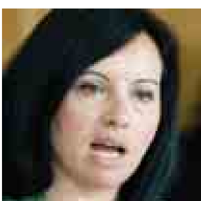

Caroline Flint MP
Minister for public health

Stopping the conveyor belt to addiction

Addressing the underlying issues of addiction will help us to tackle it
By Danny Kushlick

Public policy on addiction is anomalous in the extreme and arises from historically perverse attitudes. Some addictions have been actively encouraged whereas others have been demonised; some have been licensed, while others have been prohibited. Until recently, the reduction of harm has been the overarching thrust of the most progressive policy on addiction.

However, a new approach is beginning to emerge – well-being. The well-being paradigm addresses the underlying issues that can lead to addiction and has the potential to transform policy-making in the addiction arena.

12 million adult smokers

According to recent surveys the UK has the highest levels of drug use and misuse in Europe. Approximately 12 million adults in the UK smoke. Every year, around 114,000 smokers in the UK die as a result of their addiction to nicotine in cigarettes: the equivalent of one person every four minutes.

Smoking is the leading preventable cause of death worldwide. Seventy per cent of England's 10 million smokers say they want to stop smoking but only around 3 per cent of smokers who attempt to stop unaided are still smoke-free after one year.

It is legal to sell tobacco with no licence to anyone over the age of 16 but tobacco advertising is banned.

About 1.1 million people in England and Wales are considered to be dependent on alcohol and 8.2 million people are said to have an "alcohol use disorder". Up to 150,000 hospital admissions and 22,000 deaths are associated with alcohol each year. It is legal to sell alcohol under licence to those aged over 18. Alcohol advertising is permitted in sport and young people regularly wear football kits advertising alcohol products.

Over 1 million people are addicted to prescription tranquillisers in the UK. There are approximately 300,000 problem gamblers in the UK, which equates to just under 1 per cent of the adult population. The government supported the setting up of supercasinos in deprived areas but the initiative was recently defeated in the House of Lords.

There are an estimated 340, 000 problematic cocaine and heroin users in the UK, a 60-fold increase since the introduction of the Misuse of Drugs Act in 1971. Both drugs are prohibited domestically and globally.

Addiction anomalies

Imagine someone walking into his or her local drug project seeking help to get into residential rehab for tobacco addiction. Why does this seem odd, funny even?

Within the national "drug" strategy, there is no discussion of the needs of our 10 million tobacco users, 8 million problem drinkers or our 1 million prescribed tranquilliser users. The reason? Our commitment to the prohibition and demonisation of illegal drugs has blinded us to the fact that tobacco, alcohol and tranquillisers are drugs. More importantly, the use of licit drugs constitutes by far the bigger public health problem.

As a result of our long-standing war on illegal drugs, an enormous amount of resources are skewed toward "treating" people who commit acquisitive crime to support their habits. One consequence of the prohibition of heroin and cocaine is that the price of a daily habit is hugely inflated. Consequently, dependent users on low-incomes resort to crime to find the money, collectively committing up to half of all property crime.

A government that is keen to be "seen to be doing something" about the drugs problem, must try to "get addicts off"

XYNO/DREAMSTIME

> **Those who are chronically addicted to harmful activities engage in those behaviours because they lack something better to do with their time**

their drugs. If they don't, addicts will continue to steal things, prostitute themselves in public and might even prove how counterproductive prohibition is. We have an apparent crime problem, that appears to be a drug problem, for which "treatment" would appear to be the solution. However, it is a symptom of lack of well-being, underlying which are unaddressed problems of "ill-being".

In November 2004, Tessa Jowell wrote in the *Guardian* on gambling: "...we can prohibit, regulate or leave it to the market. Prohibition does not work – it drives the activity underground...Only ideological extremists favour a free-for-all where only the laws of the market hold sway. So the third option is regulation – and regulation with as much emphasis on the quality of the debate as the policy outcome. 'Better regulation' has to mean government engaging people in the decisions that affect their lives and doing so in new and better ways." Sadly, Tessa Jowell's commitment to high-quality debate on gambling regulation has not crossed over to the potential regulation of illegal drugs or better regulation of alcohol, tobacco or prescription drugs.

Classic harm reduction interventions are, to a great extent, attempts to ameliorate the lack of, on the one hand, regulation of licit activities and on the other, the unintended negative consequences of attempts to prohibit.

Harm reduction and well-being

It is important to address the potential legal regulation of currently illegal drugs in order to help us see addiction across a range of behaviours in a non-prejudiced way. We must also put in place initiatives to reduce the harm caused by the activity and perhaps by the policy surrounding it, especially for those who are not ready to change their addictive behaviour. However, more importantly, we need to address the underlying reasons why people become involved in behaviours that are destructive to themselves and the people around them. This is where well-being comes in.

A recent report from UNICEF, put the UK at the bottom of the table of 21 countries for child well-being in industrialised nations, with the United States coming 20th. The UK and US also have some of the highest levels of drug use and misuse in developed countries and both also enforce some of the harshest drug laws on earth. The UK has the highest prison population in Europe, the US the highest in the world. Perhaps this is what is meant by the "special relationship"?

Those who are chronically addicted to harmful activities engage in those behaviours because they lack something better to do with their time. Given the opportunity to improve the quality of their life, to increase their well-being, most who are ready to take the opportunity will do so and generally find that their addiction disappears. This can be as simple as finding the right partner, or the right job, involvement in a creative pursuit or improving their literacy.

The point is that "addiction" is a symptom of a lack of well-being and if we can view it in this light, we can begin to address the more fundamental factors that lead people into addictive behaviour in the first place. Social policy that is developed within a well-being agenda has the potential to stop the conveyor belt that leads from lack of well-being to "addiction" and to begin to reduce the UK's disproportionately high numbers of addicts.

Danny Kushlick is director of Transform Drug Policy Foundation

Round table: When is an addict not an addict?

Sarah Mukherjee Thank you very much for coming. We have a stellar line-up and I am going to ask Caroline to kick us off.

Caroline Flint Thank you. In our recent tobacco campaign, the Hook campaign, we tried to get across to smokers that we did understand and appreciate that smoking cigarettes creates an addiction. We got quite a lot of negative feedback about that campaign – maybe it was the "hook" more than anything, which was quite brutal. However, the response from smokers was very good because they felt that somebody understood what they were going through and how difficult it was to stop.

I was in Scotland recently, talking to a publican. I said, "What are some of the factors that have resulted from the smoking legislation in Scotland?" He said that the takings on the gaming machines in his pub had gone down because smokers had to go outside and it had disrupted the pattern of their habit of using the machines.

Addiction is an imprecise concept. I do not think there is a "one size fits all" to deal with it. We know that it has harmful consequences, for individuals and society. Trying to understand what addiction means, how it affects people and why withdrawal symptoms in one form of addiction, for example, heroin, create a different reaction compared with other addictions is really important.

Recently, I have had the opportunity to take over the chairing of the Forsyth Project on Brain Science and Addiction. I was struck by what they were trying to do in identifying risk factors and also in looking at factors that can change the course and patterns of behaviour. Risk factors include genetic predisposition, which is quite frightening for the public to engage with. The other side is the protective factors that can change the outcomes for children as they grow up – positive self-esteem, strong parent-child attachment and community support groups. This is one of the areas across government in which we try to tackle issues around poverty, try to support families, try to influence in a positive way. At the same time, we recognise that government cannot do it all; individuals have to be part of it too. Government can support the different services to achieve some better outcomes.

When people think about addiction, they tend to think about illegal drugs and not much wider than that. To have a meaningful conversation, we have to talk about it in context and in rounded way.

Mark Griffiths I have spent 20 years looking at drugs, alcohol and nicotine. I get calls from the media almost every day, asking me, "What is the difference between a healthy enthusiasm and an addiction?" My stock answer is that healthy enthusiasms add to life and addictions take away from it. I have spent many years looking at video game addiction and internet addiction. I have a number of key components that all addictions consist of. If I cannot find those in excessive internet users and excessive video game players, I would not classify them as internet or video game addicts.

For me, when somebody is addicted to something, we are talking about a behaviour or substance that completely takes over that person's life. It conflicts with everything else they do and compromises their relationships and those around them. They get withdrawal effects if they cannot engage in it. They build up a tolerance over time, needing more and more of the activity. If they go through a period without doing the activity, they can engage in relapse.

One of the fundamental things is that whatever it is is the single most important thing in this person's life and they will do this almost to the neglect of everything else in their life. Smoking and drinking alcohol are slightly different. These are activities that you can do concurrently. For instance, if I am a sex addict or a gambling addict, my guess is that I probably could not sit here and talk to you rationally now without thinking about sex or wanting to go and gamble. I could be an alcoholic and sit here drinking neat gin and I could carry on – I could do these activities concurrently. The smokers in the room are probably thinking, "This is not going to finish until 11 o'clock." For smoking addicts on a 24-hour flight to New Zealand, the single most important thing in their lives is smoking. Whatever you are addicted to, if you have it to hand, you do not necessarily think about it all the time.

Gambling as a behavioural addiction is far more

Whatever you are addicted to, if you have it to hand, you do not necessarily think about it all the time.
Mark Griffiths

When people think about addiction, they tend to think about illegal drugs and not much beyond that. To have a meaningful conversation, we have to talk about it in context and in a rounded way
Caroline Flint

destructive than almost any other behavioural addiction I can think of is because of the financial consequence and this has very big links with things like heroin addiction. Heroin addiction is so problematic to society because addicts cannot fund the activity they do so they have to resort to illegal behaviour and criminal behaviour. It has a much wider effect on society. However, If you are a video game addict, once you have bought the hardware and software, you can play it 18 hours a day every day with little or no negative financial consequence to your life.

Many behavioural addictions are what I call mixed-blessings addictions. If you are an exercise addict or a workaholic, it is quite obvious that some of the effects of those particular addictions are positive. Addictions are all about rewards. You cannot become addicted to something unless you are constantly rewarded for it and we do not engage in behaviour unless we get those rewards, be they psychological, physiological, peer praise or whatever. You cannot become addicted to a bi-weekly National Lottery because there are only two chances a week to get rewarded for your behaviour, but you can become addicted to a slot machine where there are 12 chances a minute.

Sarah Mukherjee Are we a nation of addicts?

Martin Jarvis For something to be an addiction, it requires a kind of societal judgement about the harmful effects of the activity and people continuing in the face of that. It is only once you have to face up to thinking, "Well, I really should not be doing this and I want not to do it" that you can start considering an activity an addiction. We virtually all use caffeine. If someone discovered serious adverse effects from it, we would have to confront the problem and say, "Can I manage this?"

Raj Persaud Economists' definition of addictive behaviour is that any consumption of a product whereby the act of consumption leads to the likelihood of increased consumption in the future is called "adjacent complementarity".

Everyone is addicted to something. In the film *Wall Street*, Martin Sheen says to Gordon Gecko, "When is enough enough?" because Gordon Gecko is already worth hundreds of millions and is hell-bent on destroying yet another company in order to strip its assets and to have yet more money. For Gordon Gecko, there is no enough.

We are biologically wired to be addictive because we have endogenous opiates. We have a reward system within us that makes evolutionary sense at some level to have certain addictions. When we taste a sugary food, our brain is wired to be very rewarded by that and to seek more sugary foods. Millions of years ago, it made biological sense because we were living in an environment where there was scarcity. Now we live in an environment where you can have as much sugary food as you like and you have to exercise self-restraint. You have to act against your own biology.

The commercial world encourages a lack of self-restraint because it is in advertisers' and products' interests to get people not to exercise self-restraint, so you have advertising slogans like "Naughty but nice" and "Go on, treat yourself".

Robert West Yes, you have to start from the premise that addiction is a socially defined construct. The danger is that, if you extend it too far, everything gets included. Addiction is a manifestation of a variety of different problems that people have with motivation. I disagree that you only really know you are addicted when you try to stop. For a lot of people, the behaviour will have such a strong power over them that they do not think they have a problem, so do not try to stop. We need a socially-defined definition of addiction that includes that possibility.

In the case of smoking, there is probably more than one disorder going on. There are probably learned behaviours relating to a generation of impulses, there is a creation of needs from nicotine hunger and there are withdrawal symptoms.

Raj says we are wired up to be addictive. I think our predecessors were, but humans have the capacity for self-awareness, which generates the awareness for self-control and self-control is what keeps us on the straight and narrow. It is part of the socialisation process. Focusing on that and getting more recognition that that is a major way of combatting addictions and related things is an important way forward.

Doreen Massey When Sarah asked: "Are we a nation of addicts?", I thought, "Well, if we are, does it matter so long as we behave ourselves?" What is the link between possible addiction and other behaviours like crime outside that addiction? What are the consequences of the addiction?

Do we think that prevention can work? You cannot say without long-term research. I know treatment can work. However, what is happening outside when people come out of treatment or prison? Do we have the wraparound services like housing, education and employment to hold them from going back?

I would like to explore protective factors in relation

to young people. A lot of young people seem not to have those protective factors. Where does that lack of protective factor come from?

Deborah Arnott "Does it matter if we behave ourselves?" is a key question when it comes to smoking. Actually, I would like to congratulate this government because it has done more than any other government to tackle smoking. We need to do more about smoking because there are still 10 million people smoking compared with one million problematic alcohol users and 350,000 drug users and yet we are spending something like £200m on treatment and prevention of smoking compared with something like £736m on treatment and prevention of illegal drugs because the problems caused by drug users are so much bigger.

Smoking is still the single biggest preventable cause of death and, for the people for whom it matters most, we have done the least. Although we have seen smoking rates among the most affluent decline over the past 30 years, among the most disadvantaged in society, they remain pretty much the same as they were 40 years ago, up above 70 per cent. Prisoners, the homeless, single parents on benefit, all have smoking rates above 70 per cent.

Smoking is one area where we have not really tried harm reduction in the same way as we have with drugs and yet we know that people smoke for the nicotine and not the tobacco smoke, largely. It is not the nicotine that is killing them, but the tobacco smoke. If those people could use cleaner sources of nicotine, they would not be dying from their addiction.

Jack Watters I would like to make sure that we do not forget the huge cost to the health of our nation from smoking – there is heart disease and lung cancer and from alcoholism there is liver disease. The health of a nation directly leads to its prosperity.

Mark Griffiths What Doreen said about prevention versus treatment is interesting. I think we have to disentangle the idea when we are doing preventive work. You will never eliminate addiction whether you are talking about gambling, smoking, drinking or drug taking. You will always get a hard core and you will never educate them out of those behaviours.

In the gambling field, all the prevention and education work is targeted at those who are at risk or may become at risk. We do not target those people who are already doing it. Treatment and harm minimisation strategies should be targeted at those people.

Government policy on gambling is that we are going to allow more advertising and give more opportunities to do it. This goes against everything we are doing in other health arenas, which is very strange.

The number of people genuinely addicted to gambling is quite small but my guess is that we are going to get an increase in the number of gambling addicts. This is not just about supercasinos. You can do gambling through the internet, television and mobile phones. It has come out of the gambling environment and into the home and into the workplace.

If we are going to consider gambling as a potential addiction, we have to learn the lessons in the alcohol field and the tobacco field that prevention and treatment are two totally different things, often targeted at two different things.

Most people in this room probably realise that addictions are often a coping strategy for other things going on in people's lives. We can stop gambling but we can then start drinking, for instance. It is about developing coping strategies to deal with things.

Colin Drummond The government seems to have taken concerted action with evidence-based policies on tobacco in recent years, increasing tax, restricting advertising, bans on smoking in the workplace, increased treatment. Alcohol has not had the same kind of attention. We do not have increasing price through taxation as we have with tobacco. That would be an effective way of reducing harm. Restricting availability of alcohol would reduce the cost to society and reduce harm. Making treatment more widely available would have the same impact. Why is there a difference in the way we treat these two legal addictions to cigarettes and alcohol?

I think we need to learn from experience with tobacco that if you do take concerted action, if you do spend money in appropriate, evidence-based ways, you can reduce the prevalence of harm.

Caroline Flint But, when it comes to smoking, nobody argues that you can have so many units a day. That is part of the difference in dealing with alcohol. As people became more aware of the dangers of cigarettes, some people just said, "That is not acceptable any more. I am weighing up my enjoyment against the risks that I am now aware of."

When I am challenged about why is it that the trends on cigarette smoking have not gone down as quickly as they did in the 1970s and 1980s – as the science came out, it is because it has become harder. Understanding what is going on for the group that continues to smoke, despite all the evidence and the campaigns, is a challenge.

Smoking is one area where we have not really tried harm reduction in the same way as we have with drugs **Deborah Arnott**

If we look at alcohol use, what is important is what alcohol drink you take, how much you take, when you take it and with whom
Gurprit Pannu

Alcohol is difficult. One of the things we have just launched with St. George's and Newcastle University is a project aimed at people who are going out on Friday and Saturday nights, drinking to excess, to see if there is intervention we could do. There is no point labelling them as something that they do not identify with. We have to find a different way to reach them.

Sarah Mukherjee Relaxation of licensing laws, to be fair, is…

Caroline Flint Everyone says that. For all the debate about hours, the fact is that the powers, if people want to use them locally, are now far greater than they ever have been to shut down a premise, to take away licences and to issue fixed penalty notices. The law is actually tougher. It is about how people see it.

When you ask someone how much they drink, people underestimate. Doctors do not even ask about alcohol sometimes. It is one of those issues we have to look into to better understand the complexity, what government can do and what other people can do.

A 2006 Mori survey of 8,000 adolescents showed 17 per cent play gaming machines at least once a week. Other research shows that, among 12–15 year olds, gambling rates have been falling.

Mark Griffiths The government wanted the message out that problem gambling is falling. It did – it fell from 4.9 per cent problem gamblers among adolescents to 3.4 per cent this year but this is still three to four times higher than the adult prevalence rate for gambling. I have spent 20 years and written two books on adolescent fruit-machine addiction just trying to point this out to the government. The reason why slot machines are addictive is the same as for whiskey or nicotine. It produces chemicals in the body in the same way as a hit from nicotine or heroin. Serotonin levels increase when people play slot machines. However, the government allows children to do it and arcade owners provide little boxes for kids to stand on, to play slot machines all day. I find it unbelievable because we know that the earlier you start gambling, the more likely you are to develop problems with it.

Gurprit Pannu I think calling people addicts is a dangerous way forward because we are making an individual have an illness or saying that the problem lies within that individual. If we look at alcohol use, what is important is what alcohol drink you take, how much you take, when you take it and with whom.

Look at the different subpopulations in this country. In the Muslim population, about 90 per cent do not drink alcohol and only 0.5 per cent drink over 40 units per week. That is a massive difference compared with other parts of the population. The Sikh population and the Hindu population have different rates of drinking and different ways of drinking. What is important is the meaning that is attached to drinking.

Deborah Cameron Alcohol is not illegal for children. They are not allowed to buy it but they are allowed to drink it. Most children who have difficulties with alcohol have been significantly influenced by their families. There is a lot of crossover between drugs and alcohol. If parents drink heavily, young people are seven times more likely to get involved with something problematically – drugs or alcohol.

All work with young people, even if they are in difficulties, is still preventive. It is quite rare to have under-18s who are really addicted. They are often thrashing between one substance or activity and another. We need to look at how we can break that cycle. Our treatment work tends to be focused on the adults but there is evidence that most of these adults are in contact with lots of children.

How do you catch people early? Most young people will not believe messages that they are going to die because they are not thinking about dying unless they are suicidal, but there are other ways of getting through that we need to concentrate on.

Martin Jarvis I agree about the enormous importance of cultural norms. In London now, among the South Indian female population, Bangladeshi women, virtually nobody smokes, but they have a very high prevalence of nicotine use and dependence. They chew a kind of tobacco mixed with betel nut and so on but there is much less harm. Cultural norms are enormously important – we have had a gradual inexorable shifting of norms towards not accepting tobacco use.

Sarah Mukherjee Caroline, on Mark's point about slot machines, why do you not ban children from using slot machines?

Caroline Flint From what I understand, the Department for Culture, Media and Sport has looked at better protection for children. This is not an area where you say, "done and dusted". We are going to have to look at issues around the internet and the wider accessibility to ways that people can gamble so that it becomes a problem in their lives, young or old.

I think the starting point for the gambling legislation

was to regulate better. Part of that was to look at some of the aspects of better protecting children and young people. I understand the Gaming Commission is due to report again, so the debate is ongoing.

Children from all sorts of backgrounds, during their adolescence, are faced with choices about what behaviours they get involved in. I am interested in stopping some young people taking something that they might do in their adolescence into adulthood. If you go into a classroom to do prevention work on drugs or smoking or alcohol, some young people in that classroom may already be active, but they are not sure whether to say something in a classroom full of other people who may not be. How do you get that right? How do you provide prevention services that engage all young people? It is not just by producing lots of pencil cases and baseball caps and things bearing the slogan "just say no", although that is great.

Kim Wolff On the theme of "Can anyone become addicted?" particularly with young people, there is the view that "I am in control" or "I could stop at any time I want." The message that anyone can become addicted is something that needs to be more broadly applied. Also, "Does it matter?" Yes, it might because if this, that or the other happens, there will be consequences to your addictive behaviour. Parents and young children need to have that simple message in a very clear picture.

Robert West It is a truism to say that all behaviour is about the balance between motivational forces acting on us and whether they drive us in one direction or the other. Addiction shades into other forms of behaviour, which is why we often talk about being addicted to things in a semi-joking way.

As addictions are essentially part of our motivational processes, they respond to the same levers that other behaviours do. They respond to costs, financial incentives, personal incentives, opportunity and so on. In society, we do not know how to deal with these things. What are society and governments willing to do and what costs are they willing to incur in order to achieve their goals?

It is not that there are not solutions out there, it is just that they are not ones we are willing to accept
Robert West

Mark was saying that all these behaviours are essentially reward-driven. The amount that smokers enjoy smoking affects whether they are likely to try to give up but it has no effect whatsoever on their success in giving up. That is much more driven by need than want. Alcohol and gambling are much more difficult. Individuals are not the only players. There is industry, government and votes – a whole dynamic going. It is not that there are not solutions out there, it is just that they are not ones we are willing to accept.

Doreen Massey I was in California recently and went to the Betty Ford Centre. They are taking young people who have families in difficulty and helping young people to be able to say, "No" to themselves and to cope with the family situation and say, "That is a mess, but I am not a mess." It seems to me that that kind of approach is what works in prevention.

Deborah Arnott Young people know a lot about the harm caused by tobacco but, while it may have a short-term impact, it does not have a long-term impact. It is about denormalising tobacco use in society as a whole – that is what has an impact. With alcohol, you have a problem that is about how society sees alcohol. Targeting young people and trying to stop them being the sort of drinkers their parents are when they see what their parents are doing, and that it is part of the way society sees alcohol, is really not the way forward.

Sarah Mukherjee Is there a point at which the government has to say, "I am sorry, we do not have the resources to keep trying to target these ever more persistent offenders again"?

Caroline Flint There is a limit on resources. Part of what we have to think about is whether we are being smart with the resources. Our spend on smoking adverts has become much more targeted, based on research from the groups we are trying to reach.

We have shown young people the message that smoking is not very attractive for a potential partner. In women's magazines, we did "scratch and sniff" to see what it is like if your hair is full of smoke. Trudy, who is a real person, has cancer as a result of smoking. She is a working-class woman talking about preparing for her death and her children are involved in that. It is about being smarter.

With alcohol, the advert campaign that has been very well received by people who want to reach young people, gave the message: "Know your limits. You think you are invincible when you are most vulnerable." People recognise themselves in that. Women are also vulnerable sexually if they are out of control from alcohol. It is being smarter and finding the right messages.

We need to work with other partners. If the health service is engaged with other partners to look at issues around prevention, we cannot micromanage it from Whitehall. We engage with the food industry

Education speaks to the intellectual part of the brain but drugs and the attractions of behaviour speak at a different level
Nick Barton

and the alcohol industry. We have to engage with these organisations to get them to create that societal and cultural change that can make a difference.

Regarding aiming things at young people and children, we need to think about how to reach young people because sometimes they are not going to get support and someone to listen in their own homes. However, families are the biggest influence on children's lives. Smoking parents, diet in families, activity and emotional well-being – the evidence is there.

People coming out of prison may be part of what we need to consider in support around the family because that may be the motivation for a person not to go back to prison.

Nick Barton To pick up on Mark's point about reward. People choose these behaviours because they make them feel differently. You would not do them if they did not change your state of mind, make you feel different, uplifted, calmed and so on. Somebody added on to that that it is a way of coping.

We are working with a group of children whose parents are substance misusers. It is quite clear that the next generation is coping with its situation by doing something it sees other people doing. We have to help young people deal with how they cope and how they feel and how they manage situations that affect their feelings. Education speaks to the intellectual part of the brain but drugs and the attractions of behaviour speak at a different level and we have to work on those different levels at the same time.

We have a responsibility as adults to look to our own behaviour and our own culture and our own society because we are sending out double messages the whole time.

Sarah Mukherjee Yes, what makes it socially acceptable to get completely drunk while we are spending millions of pounds trying to stop people getting addicted to alcohol? Gurprit, do you think, from your experience of the South Asian communities, that the social exoskeleton, if you like, can make a big difference in whether people go down that path?

Gurprit Pannu If you look at the immigrant population that was born in India and has come to this country and compare their drinking habits with the second and third generations, they are different. Maybe they are normalising to the majority population.

In terms of sociocultural factors, a good example is the Vietnam Veterans' Day study on heroin addiction. Fifty per cent of Vietnam veterans in the population that they studied had used opium; 20 per cent were addicted to opium, but a one-year follow-up study after they had come back to the US found only 1 per cent was still addicted. Why is that when they were not getting any treatment?

Sarah Mukherjee Perhaps because they returned to their families.

Mark Griffiths Addictions work in a context. In one context you might view a behaviour as an addiction and in another context, it might be perfectly normal. In Sweden they have the highest participation rate in gambling and yet they have the lowest addiction prevalence rate in the whole of Europe, so it is not an easy equation that the more a society gambles, the more problems you will have. It is about the culture.

Most businesses work on the basis that 80 per cent of profits are generated by 20 per cent of the people. When you apply that to alcohol or gambling, you are talking about making a massive amount of money from the heaviest users. In gambling and alcohol, what you should be doing is getting lots of people to do that activity but doing it a lot less.

Gurprit Pannu I agree that it is a biopsychosocial thing but I would suggest that actually the psychosocial and social end product is far more powerful and more important than the biological end product.

Mark Griffiths I totally agree.

Steve Rossell The illegal drug market is a global market. This country is a world leader in a number of ways compared with every other nation. We have the highest proportion of opiate users, the highest proportion of cocaine and crack users and the second-highest proportion of cannabis users. However, how many of those people are actually dependent or addicted and how many are causing a problem to their family or friends?

In the UK, something like 11 million adult people in the population have used some form of illicit drug in their lives; about three or four million of the adult population have used illegal drugs in the past year and something like two million of the adult population have used it in the past month.

The past month figure is quite significant because that is usually the definition of someone who is actually using. We are talking high-end drugs, not what people call soft drugs. Does it really matter if all these people are using? I think for a significant proportion of those, it probably does not. For the 350,000 to 500,000 well-entrenched, fairly chaotic,

dependent users, it probably does, as it does for their family and friends. Also, there is the wider community that is impacted upon by their illicit drug use and crime that goes with it.

The illegal drugs industry is one of the most successful industries on the planet. A couple of years ago, illegal drugs had a global retail value of over $320bn, which is quite significant.

Sarah Mukherjee What about legalisation?

Steve Rossell This is the question that most treatment-providers and most politicians hate. I try to avoid coming down hard on one side or the other.

My pat response is to say that illegal drug use or dependent drug use is not a legal issue; it is a health issue and a social issue. We need to almost park the legalisation issue for those who are better placed to make those sorts of decisions.

Caroline Flint I agree that it is not just a legalisation but a health and social issue. If you legalise something, you then expect the state to regulate and organise it. I think crime would just reshape and remodel itself. Whatever the state might say in this world of legalisation and regulation about a price, it would then be undercut in another way. If the state said, "You are only allowed to have X amount of a drug each week", someone else would come along and say, "We can top you up on that."

We still have to deal today with people evading taxation on alcohol. There are cigarettes that come into the country through the same organised crime networks that are involved with illegal drugs.

Alex Bobak As a GP with a passion about smoking cessation, I think there are some real basic practicalities where there are problems in this country. GPs are appalling at delivering smoking cessation. This government has done very well. We have set up the best smoking cessation services in the world, but sadly people do not know about them; GPs do not know about them; and GPs and healthcare professionals have little or no knowledge about smoking cessation.

We have set up the best smoking cessation services in the world, but sadly people do not know about them
Alex Bobak

I regularly see smokers who have got to the stage where they are willing and able to make the leap into an aided quit attempt, but come up against a brick wall. They do not know where the smoking cessation services are. Yes, they can access them through NHS Direct but, more often that not, they go through their GP and get batted back because GPs do not understand smoking cessation.

We were talking about the biggest preventable cause of death and disease in the UK and the world, but it is not part of the medical curriculum. I find that absolutely astonishing in 2007. It was astonishing when I was a medical student and it is still not part of the curriculum nor the GP higher level curriculum. It is about time we got something practical done to educate the people who are at the gateway to delivering care to these people. Ninety-five per cent of people who smoke are addicted to nicotine. When they come to a GP, as they do five or six times a year each, nine times out of ten or more they are given wrong messages about smoking.

Another practical point worth addressing is that a lot of fuss is being made over the GP contract and particularly the Quality and Outcomes Framework (QOF). The average general practice earns £10,000 a year for asking smokers about their smoking status and giving advice. That is all they have to do. If ever there was a missed opportunity, this is it because there is no specification as to what advice should be given.

In the smoking cessation world, we know that almost the worst advice you can give to a smoker who comes to you is "stop smoking" and yet that is almost universally the advice that is given to smokers. If you tell a smoker that, the drawbridge goes up and you can no longer get through to them. What they need is the best evidenced advice on how to stop smoking.

All the QOF needs to say is, "The best way to stop is with support through our stop-smoking services plus treatment." It would not even involve any more work for GPs. That is something, surely, that should be written large as a very simple measure – no extra cost to anyone, no extra work.

Sarah Mukherjee So why are GPs using such a simplistic method?

Alex Bobak Because we have not had education. We are trained far more in alcohol addiction. Resources given to other addictions are disproportionate to the harm caused. Healthcare professionals understand about alcohol addiction but, because we have not got education on nicotine addiction, we really do not know how to deal with smoking.

Caroline Flint One of the things that is difficult – I understand the machinations of the QOF and the guidance and all of this – is that sometimes it paralyses people from common sense and that worries me.

Deborah Arnott People are just ticking boxes…

We have discovered so much about how nicotine acts on the brain, how you can block receptors, how you can reduce the cravings
Jack Watters

Caroline Flint I know. There are people other than myself who go off into the QOF world and decide the various lines of all these different things and how they add up. But I have heard what you have said about the structure of that and the structure of training as well. I have heard what you have said about no extra cost and no extra time. [*Caroline Flint leaves round table*]

Jack Watters We now have programmes and we have treatments. We have discovered so much about how nicotine acts on the brain, how you can block receptors, how you can reduce the cravings. Treatments that combine medicines with programmes are not only at no additional cost, they are very cost-effective. My industry almost never agrees with anything that the National Institute for Health and Clinical Excellence (NICE) says but on this one we do. Life years saved by smoking cessation services are incredibly inexpensive; between £200 and £900, compared with £17,000 for the average [treatment] that NICE will look at.

We are about to ban smoking in public places in England, which presents a tremendous opportunity. When Scotland banned it in March of last year, the Scottish Executive said 46,000 people tried to stop smoking on that day. A year later, 15,000 of them were still not smoking. These are small numbers because it is a small country, but there is a tremendous opportunity here to make sure that people get the knowledge and treatments they need.

Raj Persaud While it is true that we should invest more in helping doctors deal with the individual patient in front of them, a doctor seeing an individual patient is but a drop in the ocean to the wider, cultural and legal changes, the advertising campaigns and the public relations changes that have had a major impact.

The interesting thing about smoking is that, although there is an obvious benefit to the individual in terms of their future health, from an economic standpoint, it is probably the other addictions that cause a bigger economic cost to society. Recent figures for heroin addiction in America suggested that it cost $5bn a year for healthcare and $10bn for criminal activity, but the interesting figure to me was the further $5bn loss to society of the economic activity of those people involved in heroin use.

Different addictions have different impacts on society. One of the reasons smoking policy has been very effective is that, at a psychological level, when someone lights up a cigarette, everyone else in the room immediately feels a consequence and so there is a public consensus around the harm you are doing to others. That helped the government proceed with policy.

You have to have a public consensus around addictions and unless the professionals can develop a consensus about those basic issues, it is difficult for the government to work with public consensus. One issue is about helping the public understand where they are harmed by the local heroin-user, because it is not obvious to them.

Deborah Arnott I think your model, although very neat, is completely inaccurate. If you look at the economic factors, for a start look at the numbers. We are talking about 10 million smokers, compared with 350,000 problematic drug users. Half of those smokers die in middle age, losing 14 years of life, on average. That is 14 years of economic working life. It is not that they all carry on smoking until they stop working and then they peg out without costing society anything. If you look at the way society has invested, it has not invested anything like as much in trying to cure tobacco addiction as it has in these other forms of addiction. I do not think it is true that we have weighed up these addictions and we see smoking as a much more serious issue than we do heroin addiction. The whole issue of passive smoking has only been taken seriously very recently. When I started with ASH in 2003, I was told by politicians that there was no way you would get legislation to go smoke-free. The real sea-change in the way the public see this is only very recent.

The public debate was started by the public health community, the Chief Medical Officer, ASH and Cancer Research UK. We got it on to the agenda. Once it was on the agenda, the media picked up on it. Every time it got picked up on, if there was a phone-in or something, people phoned in because they were concerned about it. With the politicians, when I showed them the opinion polls that said people were concerned about this issue, they did not really believe it. It only started to happen when every time it was on a Radio 5 Live phone-in, hundreds of people phoned in wanting to talk about it.

Sarah Mukherjee It needs to be bottom-up.

Deborah Arnott I think alcoholism is an issue that is ripe for being brought up the agenda because people are concerned about it. As a mother of teenage boys, I am concerned that, for example, in my children's school, the school magazine has teachers talking about getting wrecked in it and I think that is completely inappropriate. The time is right for us to

get to grips with that issue because it is a really serious point I think people are concerned about.

Martin Jarvis I come back to the, "Does it matter?" issue, which also comes back to issues about public debate. There is a school of what I call "moral highgrounders" who think that, if someone is addicted to a substance, that is an inherently bad thing and we need a world that is free of it. There is another, more liberal, school that thinks it is something to do with whether the activity itself is intrinsically harmful or not. I think that nicotine is a very interesting example of a drug where the drug itself does not seem to be intrinsically particularly harmful, but the delivery system ends up killing half its users. We have not had a debate about tobacco and nicotine and whether society can live with the drug if it is delivered in a less harmful way. I think that is a debate that is urgently needed. Politicians have been resistant to it, but it is probably the drug that is most suited to harm reduction.

Colin Drummond Potentially we can apply to alcohol what we learn from the huge shift in public perception about tobacco. Things that people do on a Saturday night in city centres impact on all of us, as taxpayers and as victims of violence and violent crime as a result of drinking. A barrier to this is that, when you hear politicians talking up the beneficial effects of alcohol, for example, that people have a right to pleasure (gambling, drinking and so on), it creates a permissive thinking in society that minimises it as an addiction and as a problem. What we need is a kind of shift, like we have had with tobacco and like we had 50 years ago with drink-driving. That was a very common practice until there was stiff legislation, backed up by enforcement and public education. That really has shifted people's perceptions. It is no longer acceptable to do it, whereas 50 years ago, people did not take it seriously.

I think politicians do have a responsibility. When they take something seriously, they bring in legislation backed up by enforcement and, backed up by public education, people realise it is a serious issue. When you get things like alcohol being talked up and licensing hours relaxed, more casinos and so on, all of these things give a permissive signal so people become confused and think, "Is this really a problem or not?

We do not have debates that enable us to make simple points about things that could be fixed more easily; we are too busy struggling with bigger issues
Deborah Cameron

Deborah Cameron We need more open-ended debates. I was in Grimsby the other day and I was told that people were banned for ten years from public or voluntary sector housing if they had had any conviction for drug use. That is obviously bonkers because it means that if they get in anywhere, it is in hostels with other drug users. It is no different from why GPs are not being supported to do something simple. It is because we do not have debates that enable us to make simple points about things that could be fixed more easily; we are too busy struggling with bigger issues.

Kim Wolff GPs are not alone in not receiving training – people like occupational health nurses don't either. That is not to say that substance misuse training and education is adequate because it is not. It is woeful actually. In medical schools, very little time is spent with undergraduates in terms of substance misuse. It is about two hours during their whole period of training. Substance misuse itself needs to be there in a much bigger and more significant package.

Sarah Mukherjee Do you all feel that you are sometimes competing with each other for government resources?

Nick Barton Yes, all the time. We are put in a state of anxious deprivation and we will then kill each other to get whatever last bit of dosh is going!

I also want to say that there are many more family members than there are people with substance misuse problems. They are either an influence on the problem or an influence on recovery from it. They are also a public health issue because of the effects that it has on their lives. They are very often vulnerable too. We need to do much more about working with them. It is cheaper to do and it probably has quicker effects.

Robert West People have been saying how well tobacco is doing but that is completely wrong. All that has happened so far is that we have picked off the low-hanging fruit. We now have 28 per cent smoking prevalence in this country and it is going down maybe 0.4 per cent a year. If anyone thinks that the smoking ban is going to make a big difference, they really are kidding themselves.

Societal-level intervention makes the difference to prevalence, and treatment interventions pick up the pieces from the problems that are caused. Both of them are important. The treatment side of it can only take you a small part of the way; societal intervention is the major part.

Sarah Mukherjee To finish, could I go round and ask each of you to say one thing you think would make a difference to the problems we have been talking about.

The focus of any response to illegal drug use should be focused around reducing harm
Steve Rossell

Doreen Massey For me, it is protective factors, societal stuff. Families help with those protective factors.

Martin Jarvis I think it is all about minimising harm however you can. It is not about addiction per se. It is about how you can reduce the problems.

Jack Watters Our research must continue. Policy should be based on evidence.

Steve Rossell Supporting communities to respond more readily and effectively would be excellent.

The focus of any response to illegal drug use should be on reducing harm and not getting caught up in legalisation or other sorts of debates.

Gurprit Pannu I suppose for me, it is important to remember that our inner-city areas are main focuses of social deprivation and decay. Those are massive problems that really do need a lot of thought and evidence-based thinking to be put in there. Services need to look after all sections of society.

Deborah Arnott We need to maintain a societal approach, which encompasses within it a treatment option as well. We should have a harm reduction approach too because we have very real issues of health inequalities when it comes to smoking.

Kim Wolff I think the public perception and greater awareness of society is a key concept. I think that also the professionals need to be educated so that, when help is asked for, it can be given effectively.

Raj Persaud If we could just think about a behaviour that needs regulating, a good example is driving. Driving can be very dangerous to other people and we regulate it. We can only drive after a certain age, you have to have passed a test, you have to be educated, you have to sit with someone else who uses the object safely, for a while you have a provisional licence and then you are licensed to drive. If you drive badly, you get penalties. In a way, that is partly what has been happening with smoking. It is about a behaviour that has been regulated.

Mark Griffiths We should have evidence-based research for things because I think a lot of policy is made on the hoof without any evidence whatsoever. Also, we need parental education – we all know the influence that parents have on their children. I agree with the harm reduction approach. We need harm-based reduction approaches.

What has not been raised so far is that the number-one predictor of whether people will be successfully treated for their addiction is whether they really want to stop. We should use motivational interviewing and get people ready for change to try to overcome it. I think there are a lot of therapeutic techniques that get people to that readiness for a change.

Robert West I think that theory rather depends on the drug. I think that intellectual honesty on the part of government and society is important. We know that if we put the price up of alcohol and cigarettes, it will reduce the number of deaths. Let us have some intellectual honesty, face up to the facts and then make some decisions.

Colin Drummond Another plea for evidence-based policy-making. There is a huge international evidence base. We need a shift in public perception so we can accept sometimes unpalatable policies. We need a public debate so that people can understand what the issues are.

Deborah Cameron I think mine is preventive work, as I said earlier. Young people are the group I worry about most and I think we have talked about least because we are so busy demonising them.

Nick Barton I have been nodding furiously as we go round. I would mention harm reduction but we should also enable people to go beyond harm reduction. Sometimes it gets a bit limited and there is a sort of cul-de-sac and we need to go further than just reducing the harm. Our Action on Addiction alcohol campaign is suggesting that we tax the percentage of alcohol content, which I think might have an effect.

I would also mention the other two things that I banged on about earlier. One is that we have got to do more about families because that is the context in which people live their lives. Let us really raise the level of professionalism and the practitioners can set the standards.

Alex Bobak My personal hobbyhorse, if you could not tell already, is that the healthcare professions, particularly GPs, are all aware of what they have to do to refer in a correct way so people can get very good treatments, which are available.

Sarah Mukherjee Thank you very much, ladies and gentlemen. I think that was well worth it.

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