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ADDICTION LIVES: SIR IAN GILMORE

[photo]

Addiction Lives records the views and personal experiences of people who have especially contributed to the evolution of ideas in addiction science. To suggest an interviewee, send a statement of up to 50 words summarizing the person's exceptional contribution to the field to the Addiction Lives Editor: Professor Virginia Berridge, Centre for History in Public Health, London School of Hygiene and Tropical Medicine, 15–17 Tavistock Place, London WC1 H 9SH, UK. Tel +44 (0)207 927 2269; e-mail: virginia.berridge@lshtm.ac.uk

INTERVIEW SUMMARY BY VIRGINIA BERRIDGE

Ian Gilmore came relatively late to the alcohol field. He specialised in gastroenterology, of which liver disease then formed part. He was appointed a consultant in Liverpool in the late 1980s and spent his days looking after people with liver disease. Most of these had the disease because of alcohol harm.

When he was Registrar of the Royal College of Physicians (RCP), the President, Sir George Alberti, suggested that he set up a working party to look at alcohol. It produced a report, *Alcohol: Can the NHS Afford It?* (2001). He was then invited by the Academy of Medical Sciences to join a working party chaired by Michael Marmot. He was secretary to the working party. Later, as President of the Royal College of Physicians of London, he set up the Alcohol Health Alliance (AHA), modelled on the way in which the RCP had set up ASH (Action on Smoking and Health) in the 1970s. The group started off as an informal alliance and has remained that, growing from five to sixty organisations. The organisations Alcohol Change and the Institute of Alcohol Studies have been key supporters of the Alliance over the years and the Lord Leonard and Lady Estelle Wolfson Charitable Foundation have been wonderful and generous donors.

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He has been involved with a number of governments of different political complexions. In 2003-4, the Number 10 Policy Unit set up a group to look at alcohol policy and produced a good interim strategy. In 2012, the then Prime Minister, David Cameron, was converted to the idea of minimum unit pricing for alcohol, but that idea had bitten the dust for various reasons by the time the strategy was published.

The AHA set up the Commission on the Harms of Alcohol just before COVID, involving parliamentarians, and this has been very helpful in getting MPs to ask questions on the subject. He resigned from a Public Health England working party because they were funding an education project jointly with Drinkaware, an organisation funded by the alcohol industry.

In terms of treatment, alcohol care teams have been set up in hospitals and have done a great job in ensuring patients are referred to the right services rather than simply being seen as 'revolving door patients'. The problem has been in linking the hospital services with the community. In Liverpool, they are developing an assertive outreach service for alcohol-related brain disease, which will ensure that patients engage with services. Alcohol-related brain injury is potentially reversible. The emergence of hepatology has seen a greater recognition of what can be done for people with alcohol problems. He is concerned about what is happening with addiction psychiatry, which is almost a dying area. Hepatology should develop more addiction skills. COVID led to greater alcohol problems, not among moderate drinkers, who drank less, but among those already at the high end of the spectrum, who drank more because of isolation.

Leading influences on him were Richard Thompson during his training in gastroenterology: Thompson was physician to the Queen and also president of the RCPL. He also spent a year with Alan Hoffman in San Diego, one of the most original thinkers he has met, and he cites Griffith Edwards as an influence.

**LINK TO FULL INTERVIEW, CONDUCTED BY KIERAN MORIARTY,
ON THE SOCIETY FOR THE STUDY OF ADDICTION WEBSITE:**

<https://www.addiction-ssa.org/knowledge-hub/topic/addiction-lives>

ANNOTATED BIBLIOGRAPHY

Finlay, I., Gilmore, I. (2020) Covid-19 and alcohol -- a dangerous cocktail. *Brit Med Journal* 369: m1987.

*An early leader drawing attention to the serious problems to follow as a result of lockdown.
Baroness Finlay has been a wonderful chair of the AHA Harms Commission*

de Coninck P, Gilmore I. Long overdue: a fresh start for EU policy on alcohol and health. *Lancet* 395(10217), 10–13. [https://doi.org/10.1016/S0140-6736\(19\)33103-4](https://doi.org/10.1016/S0140-6736(19)33103-4).

This reminds me of the wasted decade sitting on the European Alcohol and Health Forum where I learnt that working with the drinks industry does not work

Reith G, Wardle H, Gilmore I. Gambling harm: a global problem requiring global solutions. *Lancet* 394(10205), 1212–1214. [https://doi.org/10.1016/S0140-6736\(19\)31991-9](https://doi.org/10.1016/S0140-6736(19)31991-9).

I sat for 6 years on the Advisory Board for Safer Gambling (previously the Responsible Gambling Strategy Board) that reported to DCMS through the Gambling Commission. The parallels with industry behavior on alcohol and gambling were remarkable.

Accepted Article