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## In this issue

In collaboration with our colleagues from Nordic Alcohol and Drugs Studies, *Drugs and Alcohol Today* has planned this special issue on poly-substance use. We recognise a need to return to this topic in order to explore some of the combinations of drugs and substances which are emerging in the age of on-line markets and purchasing and novel psychoactive substances. We also wanted to highlight some of the combinations which receive less mainstream and political attention.

The traditional or conventional combination which receives most attention and publicity seems to be crack cocaine and heroin, airily referred to as “Class A drugs” by many of our politicians and commentators. This ease of use may persuade many that such voices know what they are talking about; and in so-doing narrow the understanding amongst the wider public of the complexity of drug issues, use and responses. This reductionist understanding is sometimes grudgingly extended to include alcohol. While retaining an awareness of the role of alcohol, this special issue includes papers which look at less acknowledged combinations, and one combination with the potential to reduce “Class A” drug use by making use of a Class B drug. Such paradoxes are worth exploring and confirming so that they can be put into practice, even though apparently counter-intuitive and, in the UK context, politically unacceptable because, as the government mantra has it, “all illegal drugs are illegal in the UK because of the harms they cause.”

I was struck by the recent UK Office of National Statistics report which emphasised the frequency of poly-substance use where the principal substance(s) is/are volatile substances. (ONS, 2018). *DAT* has commissioned a paper on this topic but it won't appear in this issue because of the work-load of the authorial team. And this situation is further illustrated by the short-fall in papers received for inclusion in this issue. We are very aware of the demands being made on practitioners' and researchers' time, and the generosity and good-will of our authors and reviewers. We have been unable to include two of the planned special issue papers as we have run into the perfect storm of publisher's deadline, incomplete reviewer reports and delayed submission of papers. We will include these papers in future issue of *DAT* when they have been received, reviewed and accepted.

What we are publishing in this issue has a wide geographical range, a reflection of the growing interest, in readership and authorship, that *DAT* is attracting. The papers in this issue also reflect an extended coverage of both substances and situations where poly-substance use takes place.

From Spain we have a paper by Ismael San Mauro Martin and colleagues from the Research Centers in Nutrition and Health, Madrid, which looks at some of the consequences, intended and unintended, of alcohol use in parallel with the use of prescription medicines amongst older people. One conclusion is that many of those interviewed were not aware of basic public health messages and information about their drinking patterns; and the ways in which their alcohol consumption might interact or interfere with their prescribed medication.

From Switzerland, Etienne Maffli and Mariana Astudillo studied poly-substance use amongst patients attending drug treatment services. They found that in most cases the “official” response, by treatment services and statistically, tended to identify one substance as the principal substance to be “treated”, regardless of the use, by most patients, of other substances concurrently.

From Finland, Kati Kataja, from the National Institute for Health and Welfare, looks at the role, potential and actual, of social media and the internet as a medium for harm reduction messages and advice.

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And from the Caribbean island of St. Lucia, Marcus Day demonstrates the small but growing evidence-base accumulating around the use of cannabis as a harm reduction tool for people with a cocaine dependency. It will be interesting to see if this particular approach enters the current UK debate about the medicinal benefits and uses of cannabis and cannabis-based products.

Back in the UK, Andrew Misell of Alcohol Concern describes a project which encouraged alcohol users to consider their drinking and choice of substance in their social contexts and encouraging harm reduction messages and behaviours. Very much a “listening” project, one message for both drinkers and professionals was that safer and reduced use of the substance was a more realistic aim than abstinence, a message which applies to other substances as well. This paper was not submitted to the special issue but the focus on reality and the avoidance of top-down targets applies to all substances. For these reasons we are placing this paper first.

On the question of terminology, we note the poly-currency (sorry..) of poly-substance use; substance substitution; substance combination; and concurrency or concurrent use. We also note the generally negative connotations of the term “poly-substance use”, with the previously mentioned focus (deliberate or uninformed?) on “Class A drugs”, and the implication that poly-substance use is somehow of more concern than the use of a single substance. Those whose substance of choice is alcohol may well fail to understand others’ use of more than one substance – for many, the combination of drinking and tobacco smoking is a fading memory or denied past experience. And although not explicitly covered in this set of papers, much poly-substance use is chosen and discerning, reflecting the presence in the UK – and elsewhere – of informed and intelligent use of substances in what is a well-established, but too frequently officially unacknowledged, consumer-led market for illegal and illicit drugs. Perhaps the increasing awareness of this market and population might contribute to a re-thinking of drugs policy to allow this group of consumers to benefit from the protections of a regulated market, with quality controls and greater transparency about ingredients, quantities and strengths. Harm reduction is only likely to be achieved through information, advice and support, not by abstinence, prohibition and enforcement.

## Reference

ONS (2018), “Deaths related to volatile substances and helium in Great Britain: 2001 to 2016 registrations”, available at: [www.ons.gov.uk/releases/deathsrelatingtovolatilesubstancesandheliumingreatbritain2001to2016registrations](http://www.ons.gov.uk/releases/deathsrelatingtovolatilesubstancesandheliumingreatbritain2001to2016registrations)