
We are all familiar with community action projects concerning alcohol, education initiatives, and innovative treatments all of which promise much, attract enthusiasm and some funding, and yet when evaluated, produce little change; many programmes will prove to have no clear cut measures by which to assess their impact. Holder is very well aware of the difficulties experienced by communities worldwide in their endeavours to minimize ‘alcohol-involved’ problems. His thesis is that preventive strategies have been too narrow in their focus and have failed to recognize the social and economic context within which drinking occurs. ‘The purpose of this book is to challenge the current implicit models used in alcohol problem prevention and to offer a perspective of the community as a complex adaptive system. Appreciating, understanding and intervening in the community system is the frontier for alcohol problem prevention in the 21st Century’. Wise and challenging words, although some might doubt whether this represents a truly novel perspective. John Donne observed in the seventeenth century that ‘No man is an island entire of itself’. The complexity of community dynamics have been acknowledged for a long time but we have lacked a ‘handle on it’. As is often the case, it has taken a technological innovation to advance progress in this area of scientific enquiry. In this instance, it is a computer modelling approach which enables planners to enter known variables associated with alcohol misuse into a complex analysis based on evidence from research, and make predictions about the likely impact of any changes which may be introduced. Holder recognizes the debt he owes to earlier work, particularly in the USA, Canada, New Zealand, and Finland, but points out that the concepts presented in this book are a distinct departure from these traditional approaches to community prevention. The novelty of the theoretical perspectives is questionable, but there is no doubt about the benefits which flow from the use of a mathematical analysis built into a computer model. As he says, complex natural systems are by nature ‘adaptive, transformational and unpredictable’. Complex systems of this kind can never be fully understood by dismantling them into their basic components, the whole is greater than the sum of its parts. The computer model which forms the foundation for much of the content of the book is SimCom (Simulated Community), which has been developed and tested in the Prevention Research Center, Berkeley, California, USA for the past 15 years. Its capacities have been demonstrated in a variety of communities large and small and its value and validity demonstrated particularly in the USA. Hopefully, the applicability of this or other similar models will be transferred to global testing. Within the community network, certain interacting subsystems have been identified, which are natural groupings of factors that research has shown to be important in the understanding of alcohol use. These are: (1) consumption subsystem: alcohol use as part of routine community life; (2) retail sales subsystem: alcohol availability and promotion; (3) formal regulation and control subsystem: rules, administration, and enforcement; (4) social normals subsystem: community values and social influences that affect drinking; (5) legal sanctions subsystem: prohibitive uses of alcohol; (6) social, economic, and health consequences subsystem: community identification of, and organized responses to, alcohol problems.

A chapter is dedicated to each of these subsystems. Most communities will have some data which can be fed into the analysis, while other elements will be more speculative. In the end, it should be possible for the analyst to predict the outcome of changes to any or indeed all of these subsystems. The arguments advanced are compelling and should encourage those responsible for developing alcohol strategies to look at these components and either develop their own computer model or consult with those already in existence. There are several illustrations of the SimCom simulation in action. A lingering question which remains unanswered is how to establish the credibility of this approach, so that it gains acceptance as part of the routine planning process within a community. Public and political acceptance and support for any system of intervention is crucial and may be hard to achieve particularly when pet theories or Corporate interests are being challenged or threatened. Unfortunately, it may always be easier to pursue familiar pathways, however unrewarding. In Holder’s conclusions, ‘Final Thoughts from a Heretic’, he states that the field of alcohol problem prevention should abandon high risk and target group approaches. ‘We will never purposefully prevent nor substantially reduce alcohol-involved problems by simply treating heavy dependent drinkers’. Likewise identification and targeting of groups within the community, typically young people, will, he believes, result in a similar failure.

This book calls for a much wider debate. We are provided with a conceptual model of the overall community systems which should assist those responsible for alcohol problem prevention to recognize the total system, the forces that affect prevention but cannot be influenced by prevention strategy, and those factors hitherto regarded as extraneous that must be influenced in order to reduce alcohol-involved problems. It is an important step forward in our understanding of these complex issues.

This is a fascinating book and should be read by all those with responsibility for planning alcohol services at a local or national level.

BRUCE RITSON


This book is said to exemplify the interaction between basic and clinical research — how the two complement, inform, and facilitate each other. The topics covered include brain development and early learning, fetal alcohol effects, the acquisition of responses to alcohol, and alcoholism treatment. Animal and human research is reviewed. All the authors are based in the USA, except for three from Argentina.

Strangeley positioned in what is otherwise a collection of reviews of animal and human studies on the effects of alcohol on the developing brain, is a chapter describing three alcohol treatment programmes using motivational enhancement therapy, the community reinforcement approach, and community reinforcement and family training (an intervention which works through a concerned family member when a drinker refuses treatment).

This book will be of value to those engaged in animal or human research on the effects of alcohol on the developing brain. It has a wealth of information for those interested in the fetal alcohol syndrome and less severe effects of alcohol on the fetus. Perhaps the subtitle of the book should have been ‘Effects on Brain Development’, as it does not cover alcohol effects on the developed brain. So those looking, for instance, for information on Korsakoff’s psychosis or alcoholic dementia will not find it. The one chapter on treatment is of limited scope and sits awkwardly among the other chapters. The book will be of little interest to the majority of clinicians, i.e. those involved in assessing and treating problem drinkers.

R. FARMER


This is a concise book which gives the necessary information for a human resources manager, an occupational health professional, or an executive to decide on and implement an occupational drugs and alcohol policy. It has worthwhile chapters on the legal implications and testing and has some good examples of case law.

It is good to see that the Institute of Personnel and Development have added Drugs and Alcohol Policies to their Good Practice Series of books for the management and development of people at work. These are short easy-to-read books.
This book follows the series’ pattern and is clearly laid out. Why drugs come before alcohol is a mystery — perhaps to emphasize the growing importance of the drugs culture, but its impact is still less than that of alcohol. The book, unfortunately, does not have an index. This would have been a great advantage; however, the chapters are well defined with a summary of the subheadings at the beginning of each chapter. Each chapter heading is a question so the book follows the pattern of a question-and-answer session. The chapter headings are the most important questions which would likely be asked by any managing director, or human resource manager looking at implementing a policy. The first four chapters deal with educating the reader on the fundamentals of which brings the book together. This chapter highlights the important rights and duties under the law and discusses the thorny question of whether it is misconduct or incapability. It also has a good flow diagram of the correct management procedures under the disciplinary or capability routes. This chapter also has some good case law studies which will be ‘sobering’ to the overzealous manager. Chapter 6 on testing does not define the difference between evidential alcohol testing and biological testing, which is a pity, because the occupational physician has a good battery of tests (such as GGT, MCV and CDT) which are often used to identify the dependent drinker, as well as for monitoring the rehabilitation employee. These should not be confused with evidential or direct testing for alcohol.

When discussing pre-employment screening, reference is made of the limited usefulness of alcohol-type testing, yet no mention is made of the recent landmark case of the television executive who was refused employment. The identification of alcohol dependency by medical questionnaire at pre-employment is questionable. However, the main body of the chapter on testing provides sound advice, but could possibly have been elaborated on, as this is such a complex subject. Nevertheless additional information on evidential testing can be sought from the appendix.

The remaining chapters focus on the policies; how to go about developing a policy; what the policies should contain and how to make them work. Important mention is made of the issue of relapse, which is often difficult to manage, and also the agreement or contract which employees would need to make when accepting treatment. These two points are not often considered effectively. Managers are well aware of risk assessment and audit and these could have been utilized more effectively, particularly when relating to safety-critical work. The appendix provides, as an example, the Railtrack policy which has a detailed description of the disciplinary elements and the testing that is required by Railtrack, but there is no substance to the issues of capability and dependency in this policy. Perhaps another policy should have been provided for balance. This book is not prescriptive, but lays the foundations for an individual company to make up its own mind of what it requires for its own policy.

M. G. McCANN


This is an updated version of the book Getting Sober, Getting Well: A Treatment Guide for Caregivers Who Work With Women published in the early 1980s. The author describes the book as ‘designed specifically for women because biologically, culturally, and socially, their modern experience is different from that of men’. It is a good description of this resource. The book is divided into three parts: the social, cultural context of women’s drinking, treatment issues, and what is described as ‘special populations’. This latter includes focusing on different age groups (the young and the elderly), colour, bisexual and lesbian women, and women who are disabled or homeless. It is well laid out with each chapter containing general information, staff training exercises (the ones on professional avoidance of this group of clients are particularly good), case studies, client training, and myths and stereotypes. There is a wealth of information on aspects, such as violence and abuse, and how these issues affect the designing of treatment programmes. Even so, it needs to be stressed that this resource does require previous training in counselling for it to be of real value. There are some good questionnaires which can be used in taking a history from new clients and the section on early, middle, and late stage treatment is a good attempt to recognize that, for many problem-drinking women, treatment needs to be viewed in the long term.

However, this is very much a book from the USA. The ‘disease model’ is the only one proposed and all treatment aims at is abstinence. The vast majority of references and all the resource addresses are from the USA. This reduces the use of the book in other countries. Other problems related to this are (1) that the three pages on the effects of alcohol on the body do not mention the differences in the size of drinks in different countries and therefore the tables on blood alcohol levels (BAC) may be misleading outside the USA. (2) The term ‘blackout’ is used as though this is a feature of high doses of alcohol. In fact, the typical ‘alcoholic blackout’ has much more to do with the severity of the drinking problem and not the BAC. Details like these do make one wonder about the accuracy of some of the other facts in the book.

In short, the exercises for staff and clients are very useful and would be of great help both for training staff and working with women who have alcohol or other substance abuse problems. The general information in the book is less sound.

MOIRA PLANT


The reputation of this book as the definitive text on the subject of treatment for individuals with drinking problems has been further enhanced by this excellent third edition. There have been a series of changes. Firstly, the writing team has been extended to three. On occasions when the authorship of a well-established text increases, it can lead to dilution of clarity and a variability in the quality. However, this is most definitely not the case with this current edition. The two new authors bring their obvious expertise, interest, and knowledge to the writing, whilst maintaining the clarity and quality of the original.

The book has been updated and revised and four completely new chapters have been added. The new chapters cover topics such as causes of drinking in which there is a succinct discussion on the individual and environmental factors associated with the aetiology of alcohol problems. The second chapter, Alcohol as a Drug, discusses the recent advances into the understanding of the pharmacology and biological effects of alcohol and their relevance to the clinical situation. Drinking Problems and the Life Course reviews the natural history of drinking problems and the importance of viewing treatment within this context. The final new chapter describes the settings and services in which treatments take place and the important lessons learned regarding organization and planning of these services.

These new changes are welcome additions to the traditional strengths of this book. The text maintains its clear layout in two sections. The first is concerned with the background information essential to the understanding of drinking problems; the second with the clinical aspect of screening, assessment, and treatment.

This book is extremely well written and accessible throughout, and there is extensive use of relevant clinical vignettes to illustrate the text, which is well referenced.

The authors state in their introduction a desire that this book should be found ‘dog eared’ and well used ‘in areas where treatment takes place’. I can assure them that this is the case. In our Unit the book is continually in use: the junior doctors are given the book to introduce them to the subject, the nursing staff use it to prepare groups and individual sessions, and I use it extensively. Everywhere individuals with drinking problems attend for treatment should have a copy of this book.

CHRIS DALY


The old ‘British System’ of drug treatment policy probably ended at about the same time as Glam Rock in the mid- to late-1970s. The explosion in heroin misuse that occurred in the cities of the UK during
the late-1970s and early-1980s and the identification of HIV among intravenous drug users in the mid-1980s led to a search for new systems.

What then has replaced it? For anyone coming new to the field of drug misuse in this country, from the point of view of a practitioner, a researcher or just an interested outsider, as well as for our foreign colleagues, this book will provide an excellent overview.

Nick Seivewright is, as he says, both an experienced clinician in the field of drug misuse and a researcher. He is also, as those who know him will readily testify, an entertaining and amusing companion. All these qualities are evident in this book.

The book provides as good a picture as I have seen of where drug services in the UK are today. It describes our practice (and its many variants), describes and analyses our dilemmas and ponders our future. Its style is often personal and discursive, but its judgements are balanced and well referenced.

I looked up two particular topics about which I am often asked my views by purchasers, fellow workers, and especially patients. Dr Seivewright discusses diamorphine prescribing at some length. He reviews the literature, gives a balanced description of his own practice and includes a case history describing a patient who began her treatment with prescribed diamorphine from a private practitioner who was found not to have a licence to prescribe the drug, so that the local clinic had to take the prescription over. This is certainly the day to day of every-day drug dependence work as I know it.

I then looked at what Dr Seivewright had to say about the treatment of cocaine misuse. Again, the style is discursive, but the content well researched. Dr Seivewright records a visit he made to a USA treatment centre during which he asked 'what works for cocaine misuse?' and says he received the simple answer ‘alcohol treatment’. The quote is easily memorable but provides food for thought both within the book and for further reflection by the reader.

This is an excellent book. It would provide a good introduction to the practicalities of drug treatment for a junior doctor beginning a specialist post, serves as a useful guide to the literature for those tussling with a clinical problem, and its personalized style makes it an enjoyable book, both to read from cover to cover or to dip into.

Most importantly however, it describes, as well as I have seen anywhere, where treatment services in this country are both practically and ideologically at the start of the new millennium. This is the new British System.

TIM GARVEY


This book is one in the Sage series Developmental Clinical Psychology and Psychiatry. It provides a readable and comprehensive American overview of the subject. Professor Windle has attempted to cover the breadth of the subject with five stand-alone chapters on: Scope of Adolescent Alcohol Use; Measurement and Diagnosis; Risk and Protective Factors; Approaches to Prevention; Conceptual and Methodological Issues and Future Research Directions.

The beauty of the book is in the detail, and the selection of research findings which encourage one to go to the 12 pages of references to seek out the original papers. This book is written for the American market and would have been greatly enriched with a chapter on national differences (which are striking in adult psychiatry) and would probably be expected to be even more disparate in adolescence where there are tremendous variations in prohibiting or condoning alcohol use in the young.

The book is developmentally informed, putting forward a strong argument that adolescents in treatment are very different from adults, and stating the inadequacies of using adult criteria for diagnosis. Each chapter ends with a summary which allows readers to consolidate the most important information therein.

The book defines adolescence around a chronological age of 13 to 20 years. As the minimum drinking age is 21 years throughout the USA, the book is necessarily dealing with an illegal activity. This is very different to the UK, where it is illegal to give alcohol to any child under 5 years of age, but older children can consume alcohol with meals in restaurants, at home or even in public house beer gardens. However, buying alcohol or drinking alcohol in public houses in the UK is not legal until 18 years of age.

It is stated that there is little societal support for the enforcement of laws surrounding underage drinking. I suspect that this is not the case in the UK, where both shopkeepers and licensees are regularly charged for selling to underage youths.

Over the past 30 years, there has been increasing alcohol use and an earlier age for commencing alcohol use. We know that it is early unsupervised drinking which is associated with serious alcohol problems later. I was interested to read that, since 1988, when all 50 states embraced a Minimum Drinking Age of 21 years, there has been a reduction in alcohol consumption both in the senior year and at age 25! This clearly has positive health connotations for the whole population.

Professor Windle states that between 3 and 32% of adolescents meet the criteria for lifetime alcohol disorder, but does not state why there is such a disparity in the figures from the different studies, or at which end of the continuum he believes the true figure to be.

Having an early diagnosis of conduct disorder and of attention deficit/hyperactivity disorder appears to predict later problem drinkers. So it is probably this group which needs to be targeted for treatment interventions. It is known that polysubstance users and abusers have higher rates of psychiatric morbidity than adults in treatment settings; however, alcohol dependence disorder is rarely seen in adolescence.

The ISPF family intervention successfully delayed the initiation of alcohol-use problems. The targets for change were peer socialization practices, poor supervision of children, inconsistent disciplinary practices, poor quality of parent-child relationships, excessive family conflict, high levels of family chaos and stress, family social isolation, parent and sibling drug usage, and poor parental mental health. However, McGee showed that parental problem drinking and family functioning were not strongly associated with adolescent alcohol use, but that sibling influences appear to be more important.

It seems that the most powerful interventions to reduce teenage and adult alcohol problems are more political than medical, involving social policy interventions: increasing minimum drinking age, increasing the price of alcohol through taxation, limiting advertising, zero tolerance to youth drink-driving to name but a few.

Although psychosocial interventions have an effect, despite a proliferation of adolescent substance use prevention programmes, rates of teenage substance use behaviours have been increasing in recent years. Disappointingly for prevention, a number of researchers have found virtually no programme effects for adolescents who had an earlier onset of substance use behaviours and who may therefore be at greater risk of later substance use problems. The positive effect of these programmes appears to be short term, the effect is greater on the lightest users whom naturally one is less concerned about, and the effect appears to be less on alcohol consumption than on other drug usage. Similarly, treatment programmes that emphasize abstinence are not likely to be successful with adolescent heavy problem drinkers.

Windle either fails to mention or puts insufficient emphasis on: (1) anxiolytic use of alcohol, particularly for social phobias, (2) advertising — for instance the boundaries our own country puts on advertisements targeting young people or making it look as though consuming alcohol can be associated with sexual attractiveness, (3) the ‘unit’ of alcohol and safe drinking limits, (4) the Cage Questionnaire used for adult drinkers, (5) the overlap of alcohol consumption with non-prescribed drugs. In the UK, excessive alcohol consumption is not associated with criminality in the way in which drug usage is, however, there is a marked correlation with violence and aggression, (6) the vulnerability of teenagers to the physical effects of alcohol, (7) cost or cost efficiency of programmes for prevention.

This is a useful research-based book on teenage drinking, but it is too biased towards the American market to enable me to recommend it to readers outside North America.

DAVID FIRTH