between society and psychoactive substances show that scientific or medical considerations have always played a minor role in shaping policy, compared to political or economic ones. There is also the assumption that people outside of academia are ignorant of the evidence, it seems more likely that they are sceptical (and some scepticism is appropriate given the quality of much ‘evidence’ in this area). These sceptical policy makers are likely to behave as dictated by political and economic imperatives and if necessary ‘cherry pick’ scientific evidence to support their behaviour—much in the fashion of a narrative review. The UK Department of Health has recently commissioned a welcome, if relatively small, programme of new research into various aspects of drug misuse. To what extent findings of this programme influence policy will be interesting.

Current evidence, in particular that relating to the more contentious issues of policy debate is summarized in the first nine chapters of the book and in the tenth these issues are listed along with arguments around them. It seems a pragmatic decision has been made to alienate the current UK political establishment as little as possible and this may be sensible. However, describing the arguments for the decriminalization of cannabis use as, ‘less compelling than they seem’, whilst doubtless the view of the current UK Home Secretary, seems a little incongruous in a book about objective open dialogue. And in a similar vein the statement that the authors are, ‘deeply impressed by the present government’s determination to combat social exclusion’ borders on the sycophantic. Whilst the present (UK) government could reasonably claim that it is doing more to address these issues than the previous administration this would hardly be difficult. According to the most recent United Nations estimates, of industrialized nations only Mexico, Italy and the United States have a worse record on relative child poverty. A fifth of young people in the UK grow up in households earning less than half the median income. These are the children whose life choices are most likely to be further limited by problems associated with drugs. Evidence suggests that they are more likely to use in the first place and when they do that use is more likely to become problematic. Furthermore, the availability of sources of help and the consequences of criminalization are also likely to be socially patterned in a way to further disadvantage those already marginalized. What results in a transient embarrassment for the son of a cabinet minister may irrevocably change the life trajectory of a young person living in less fortunate circumstances.

Most of the epidemiology in Drugs: Dilemmas and Choices, is confined to two chapters on the causes, correlates and consequences of drug use and parts of a later chapter on treatment. Current evidence is presented accurately though largely uncritically. There is little acknowledgement of the generally unresolved methodological issues in this area. In simple terms these are all the usual problems of observational epidemiology compounded by the fact that the principal exposure under study (and many important covariates) relate to clandestine, illegal, stigmatized activity usually measured through uncorroborated self-report.

The book’s final chapter attempts to stimulate debate. It contains some provocative suggestions. One is that if opiate use were to be decriminalized the proportion of the population addicted to opiates might ‘easily increase’ to 10%–20% within 10 years. The basis for such an apocalyptic prediction is unclear but it doesn’t seem to be evidence. It is followed by a comment that given such a scenario addiction would inevitably afflict socially valuable people as opposed to the majority of present problem users who have, ‘few marketable skills and little education’. Apart from suggesting a rather narrow view of human value these statements also reflect a somewhat unimaginative conception of the relationship between marketable skills, social opportunities and problem drug use.

An earlier section of this final chapter considers the question of private practice, in relation to addiction. The current model for UK ‘treatment services’ for opiate addicts is a two-tier system dominated by different approaches to de facto decriminalisation. State provision is predominately by primary care generalists and mainly consists of relatively expensive and inflexible systems for the delivery of oral methadone. Private care is more diverse and consumer orientated. In some cases (as the book acknowledged) this service most closely resembles an ‘off-licence’ for controlled substances. There is currently little need for an affluent heroin addict to continue using heroin illegally in London.

Alcohol problem treatment services have (what most would see as) the advantages of complete separation from alcohol supply services. If this separation could be achieved in relation to illegal drugs (perhaps through confining supply to a system akin to these more laissez faire forms of private practice) then more effective treatments might result. This is merely a suggestion, but it seems the sort of suggestion that a debate, which is truly founded on the principle that, ‘being truthful about drugs … must remain the foundation of drug policy’ should at least consider.

JOHN MACLEOD

Statistics for Veterinary and Animal Science. Aviva Petrie,

Do not be put off by the title of this new paperback if you are not a vet. This new introductory text has many commendable features. Each session has clear learning objectives and revision multiple choice questionnaires. More complex topics are highlighted with an icon so they can be skipped. There are plenty of figures and examples. Key definitions are boxed. There are extensive appendices with key statistical tables, glossaries and useful flow charts for choosing appropriate tests. Clearly, the animal examples may put off non-veterinary epidemiologists but the book is generally well written and avoids mathematical jargon or symbols. In many respects, it goes into greater detail than expected for such a text. For example there is a section on the problems of multiple comparisons. My main criticisms relate to the non-statistical sections which are covered at a much more superficial level. For example, the explanation of confounding may leave some students perplexed. Similarly, there is no mention of the problems of bias with respect to case-control studies. One surprising omission, given the nature of the readership, is in relation to critical appraisal. It would have been helpful to have provided statistical guidelines such as those used by the British Medical Journal.
The authors suggest that this book could be used as self-instructional, but I suspect most students would struggle without the support of a course. It would have also been helpful if the authors could have provided sample datasets, either on disk or to be downloaded from a website, so that students could gain hands-on experience. Despite these quibbles, I feel this book is an excellent resource for both undergraduates and postgraduates.

YOAV BEN-SHLOMO

Erratum


GREENLAND, S. An introduction to instrumental variables for epidemiologists

The publisher apologises for the fact that the following misprints have been noted in the Appendix of the aforementioned article: In line 10 of the first column, \( \hat{p}_{1-k} \) should be \( \hat{p}_k \). In lines 3–5 of equation A1, \( p_{1-k}^2 V_{1k} V_{Pk} \) should be \( p_k^2 V_{1k} \), \( m_{1k} V_{Pk} \) should be \( m_{2k} V_{1k} \), \( m_{0k} V_{Pk} \) should be \( m_{0k} V_{2k} \), and \( p_{1-k}^2 V_{0k} \) should be \( \sigma_k^2 V_{0k} \). In equation A2, \( \text{var}(\hat{p}_0) \) should be \( \text{var}(\hat{p}_c) \). In equation A5, all three occurrences of \( y \) should be \( \ell \) (indicating division). These corrections do not affect the results in the main text.