As a psychiatrist involved in both the treatment of alcohol dependence and research into its effects on the brain, I was interested to read this new volume, which aims to illustrate how substance use is the business of all nursing professionals, not just those working in the addiction field. The book draws on current government policy including *The Health of the Nation* (1992) and the white papers *Tackling Drugs Together* (1995–1998) and *Drugs Misuse — To Building a Better Britain — A 10-Year Strategy for Substance Misuse* (1998). It reflects the current trend to focus interventions in a variety of healthcare settings rather than just specialist units. It is a comprehensive text which will probably give non-specialist nurses more confidence and efficiency in tackling substance-use issues.

The book is divided into four sections presenting a broad overview of the context, prevention, and treatment of substance-use problems. The first section provides a historical background to drug use, basic information about substances used, and some discussion and insight into different theories of addiction. The authors are wisely unbiased towards any particular model and there is appropriate concentration on the most common substances, i.e. tobacco and alcohol.

The second section examines prevention, recognition, and intervention strategies. Screening and assessment tools are described, the role of nurses in health education is discussed, and a range of interventions are highlighted. It is outside the scope of the text to go into great detail about each intervention but the text is well referenced and is thus a useful springboard for finding more in-depth information.

The third section illustrates how substance use is relevant to, and can be treated in, a variety of generic settings. Roles examined are those of the midwife, health visitor, practice nurse, school nurse and casualty nurse. Medical problems pertinent to substance users are also discussed. Each discussion is exemplified by case vignettes which highlight how nursing skills can be utilized simply and practically to improve care.

The chapter on drug use, pregnancy and care of the newborn shows particular sensitivity. The section as a whole is useful in demystifying addiction interventions.

The last section concentrates on nurse-specialist responses and the care and management of clients with specific substance problems. The final chapters include discussions on the problems of the homeless, elderly, young people, ethnic minorities, and those with dual diagnoses. The last chapter provides encouragement for nurses to take a more proactive role in developing addiction nursing as a specialty and implementing further research in the field of addiction.

Overall the book is readable, well-organized and presented. It provides an abundant range of information in a succinct skills-oriented style. Student and qualified nurses alike will find it a useful text and the excellent references provide the direction necessary for further reading.

NICOLA JACKSON


This multi-author volume is one of six individually published sections which make up the 1998 *American Psychiatric Association Review of Psychiatry*, which is now in its seventeenth volume. The addictions series is divided into sections: Nicotine Dependence and Treatment, Alcohol Dependence in Women, Opiate Dependence Treatment, The Relationship Between Substance Misuse and HIV, and Contemporary Issues in Dual Diagnosis. The editors and lead authors are all North American psychiatrists, many from Yale University School of Medicine, which is the base of the two editors.

The editors’ introduction sets out the aim of the volume clearly so as to assist current practising psychiatrists (including trainees) in their assessment and management of clinical problems. The introduction also indicates the North American orientation of the book. All of the
epidemiological data are from the USA, and references to mental health legislation or to treatment organization are exclusively North American. The chapter on Nicotine Dependence is excellent, taking a broad sweep through basic neuropharmacology, motivational theory, the public health and policy, and clinical practice. The authors make an undeniable case that this is a sorely neglected area of clinical practice and of health service management. Psychiatric patients have smoking rates two to three times the population norm and the mental health system stands accused of providing a ‘smoking-enriched environment’, facilitating and promoting the behaviour. The point is made that people in treatment for alcohol dependence are more likely to die of illnesses related to smoking than to alcohol. The sections on intervention and management are clear and eclectic, and the authors convey a sense of considerable clinical experience. Attention is given to motivational enhancement strategies and to pharmaceutical interventions. A section on the difficult issues regarding smoking cessation in high priority groups such as pregnancy and vascular disease would, however, have been helpful. This contribution provides an invaluable starting point for those who know they ought to be doing something for their smoking clients, but don’t know what.

The contribution on alcohol dependence in women sets out the intention of summarizing the available evidence to indicate that women need a specifically gender-sensitive treatment. While they successfully argue the case is not made conclusively. Evidence is presented to suggest that sex differences in drinking over the past 50 years (in the USA) have not changed much, and that men continue to drink more with more problems and dependence. The physiological evidence is covered, including the relationship between alcohol and female sex hormones, with the conclusion that fundamental understandings about mechanisms are few at present. The exception to this is the compelling evidence of women’s increased susceptibility to liver damage. Reviews of the evidence regarding sex issues in co-morbidity, outcome expectancies and use of treatment services are inconclusive. It is disappointing that not enough attention is paid to the relationship between sexual abuse and alcohol misuse. There is a helpful review of the authors’ own work on the important issue of the under-representation of women in trials of pharmaceutical treatments, although reference to the stringent contraception criteria frequently in operation for drug trials would have helped to explain this. The case for the value of reporting sex differences in outcomes is well made. With regard to treatment provision, contrary to their preconceptions which the authors helpfully outline, the enduring impression is that services with a range of treatment setting options, and well-trained and adaptable therapists can meet the needs of both genders.

Opiate dependence and treatment is well covered with a good review of current physiological and pharmaceutical advances. The guidelines on the management of opiate intoxication and withdrawal are clear and the author’s views on management, in particular the role of methadone maintenance therapy, are well placed. The section on methadone programmes covers most of the salient points and observations. The authors present evidence that they believe is not concealed. The main thrust of the book is the proposition that the methadone maintenance programme offered by the North American enthusiasm for the use of buprenorphine (buprenex) in the treatment of opiate dependence based on its perceived limited abuse potential will, however, surprise those of us familiar with the Scottish drug scene in the 1980s.

The substance abuse and HIV chapter focuses mainly on the multiple factors which can prevent HIV-infected substance misusers obtaining appropriate treatment. These include social exclusion, prejudice regarding race or sexual behaviour, and hostile, morally based staff attitudes. The author feels strongly about this and these points are made repeatedly in the article. With regard to substance misuse treatment the author is a strong advocate of the helpfulness of an exclusively disease-based model and 12-step treatment. While the article is a powerful polemic and the author is clearly an advocate for this disenfranchised group, the article is disappointingly thin in new factual information.

The authors of the chapter on dual diagnosis summarize the epidemiological data showing substance misuse rates of 20–50% in psychiatric-treatment populations and the high incidence of mood disorder among patients in substance misuse treatment, particularly women. The authors note the paucity of good research on assessment and treatment outcomes, although there are a number of useful suggestions on clinical management issues. There was a sense that this subject was too broad to be done justice to in a single chapter and the main contribution is to outline the complexity of the issues under consideration.

The usefulness of this volume for any individual depends on the reader’s area of interest. It is not a comprehensive review of current addiction interventions and treatments, and in that sense the book title is somewhat misleading. The exclusively North American orientation limits the book’s value internationally, but there are some nuggets in here, particularly in the nicotine dependence contribution.

PETER RICE


More than 20 years ago Kettil Bruun and colleagues (1975) published Alcohol Control Policies in Public Health Perspective, which subsequently became known as the ‘Pink Book’ on account of its striking cover. This work brought together a multidisciplinary group of the world’s experts in this field and summarized the state of knowledge at that time clearly offset by the economic costs of alcohol-related problems. It was endor sed by the World Health Organization (WHO), and, as its European Regional Director, Dr Asvall states in his foreword, ‘It not only provides a solid scientific basis for the European Alcohol Action Plan, as endorsed by the Regional Committee for Europe of the World Health Organization, but also provides an objective analysis on which to build relevant policies globally’.

The industry’s response to the book was spearheaded by the Portman Group (an organization supported by the alcohol producers) who, it is reported, offered several British scientists a fee of £2000 to write anonymous critiques. Babor and colleagues (1996) subsequently described this type of activity in the following way: ‘When one begins to see scientists with industry connections being encouraged to attack independent researchers, industry supported commentators attacking publicly supported policy makers and commercial interests trying to set the research agenda, this is not only a cause for concern, but a recipe for disaster’. It is in this context that Drinking Patterns and Their Consequences was conceived. The book is co-edited by Marcus Grant who is from the USA-based International Center for Alcohol Policies, which receives funding from the alcohol industry. Several of the authors also receive funding from the alcohol industry. However, clearly aware of the ethical context, the source of funding of the project and its authors are not concealed. The main thrust of the book is the proposition that the research agenda should shift from population-level policies aimed at controlling per capita consumption towards a ‘harm reduction’ approach targeted at those engaged in risky patterns of drinking. As Grant and Single state in their concluding chapter ‘In this book, the authors have attempted to provide a strong rationale for a paradigm shift from per capita alcohol consumption toward drinking patterns as a more effective basis for measuring and assessing alcohol-related problems and for more effective policy and preventative approaches for dealing with these problems’. Throughout the book, extensive reference...
is made to Alcohol Policy and the Public Good and much mileage is made out of criticizing the Ledermann Single Distribution Theory of alcohol problems which Saunders describes as ‘... scientific window dressing of alcohol policies that has the origins in a desire for central control of alcohol consumption. The practical impact of this approach has been limited: control policies that derive from the Ledermann model have been too unpalatable to enforce in the political realm in normal circumstances’ (p. 147). Saunder suggests H. L. Mencik’s dictum to theories based on distribution of alcohol consumption ‘For every problem, no matter how difficult, there is an answer that is simple, direct — and wrong’.

Overall, Drinking Patterns and Their Consequences provides a concerted counterblast to the Pink Book and Alcohol Policies and the Public Good. Much of the literature reviewed overlaps with these volumes. Indeed Edwards et al. (1992) devote much of their book to individually directed interventions and reach several conclusions that are not dissimilar to this book. The main difference is in the conclusions regarding population-level alcohol control policies.

A few nagging questions remain. Why is it that two groups of authors reviewing essentially the same literature on policies aimed at reducing alcohol-related harm reach diametrically opposite conclusions regarding the effectiveness of and need for population-level alcohol control measures? Is it that one group has greater insight into the literature than the other does? This would be difficult to prove or disprove. Alternatively, could it be an indication that financial support from the alcohol industry influences scientific debate in a way that protects its commercial interests? Should the alcohol industry be tarred with the same brush as the tobacco industry, and the ‘... tainted relationship between individual and the tobacco industry, where trust seems to have virtually ‘disappeared”’ (Babor et al., 1996)? Should the alcohol industry be consigned to ‘pariah status’ as Edwards (1998) has suggested? The alcohol industry and scientists sponsored by it have competing interests in the interpretation of public health research evidence on alcohol. The fact that a meeting on which a critique of public health evidence is based is attended by independent scientists or employees of the WHO, and the manuscript is sent to referees, does not negate this inherent conflict (Babor et al., 1996). It is more difficult to see how a group of scientists independent of the alcohol industry and sponsored by the WHO could have a conflict of interests. What is in it for them to affirm the importance of population-level alcohol control policies? Perhaps this will become more apparent over time if the advice of Drinking Patterns and Their Consequences is followed by governments.

Overall, I find the central tenet of Grant and Litvak’s book unconvincing, and while I do not doubt the probity of the authors, readers in search of an independent review of the evidence may be concerned about the alcohol industry’s involvement in this project. Population-level and individually directed interventions are not contradictory, but rather complementary. Any attempt to set these approaches in opposition fails to recognize the need for a comprehensive range of measures to tackle and prevent the problems associated with alcohol. Just because some governments, who are also faced with competing interest, find some population-level alcohol control policies unattractive is not in itself a reason to stop providing evidence-based independent scientific advice. Anyone interested in this field would be better directed towards Alcohol Policy and the Public Good and its sister volume by Holder and Edwards (1995) for an independent, comprehensive, clearly argued, and detailed academic review.

COLIN DRUMMOND

REFERENCES


As recently as 10 years ago, Scandinavian countries demonstrated a well-recognized model of alcohol policy which used monopolies and national control strategies such as taxation to limit the consumption per capita of the population on the supposition that this would minimize the level of alcohol-related harm. All of that has changed during the past decade with the expansion of the European Union (EU) and the dramatic developments which this has brought in eliminating trade barriers and restrictive national policies. This book examines the process by which Nordic countries have responded to these changes. Denmark is not included because it has no history of monopoly as an alcohol control policy and Iceland is also excluded on account of its geographic isolation. The book thus concentrates on Finland, Sweden, and Norway. The last mentioned has of course elected not to enter the EU.

The book details the way in which each country has evolved its pattern of state control and monopoly over much of alcohol production, wholesale import and export, as well as alcohol retail services. It is reinforced that the purpose of the national alcohol control policy was to maintain a lower overall consumption of alcohol, and in consequence, alcohol-related problems. Alcohol was not viewed as a commodity within an open market subject principally to the profit motive and consumerism. The development of an alcohol control policy and the process of European integration are carefully considered, as is the reason for the continued monopoly structure in these countries.

The retail price of alcohol is one of the major pillars of Nordic alcohol policy, the high price being intended to provide an economic barrier to consumption. The rationale behind this is carefully considered. The impact of these and other changes on levels and (equally important) patterns of consumption are examined. The social and health consequences of alcohol consumption in the three countries are compared with other parts of Europe. It is a pity that the time scale over which the main changes have occurred is relatively short and this of course, makes it very difficult to reach any judgements about the impact of European integration.

The changes in public attitudes to alcohol are carefully reviewed in the light of a number of surveys that have been undertaken. It seems that a willingness to accept control of, and a desire to see changes in, alcohol availability may have been considered as one element of a decline in what was viewed as state paternalism. There may already have been a demonstrable change in attitudes and in practices within the Nordic countries which provided fertile ground for the changes. The EU simply accelerated a trend that was already in evidence.

Public opinion surveys show a gradual liberalization taking place in the attitudes of Nordic people towards alcohol control policy over the past 30 years. In many respects the countries concerned had expressed a public willingness for the change to occur. It is revealing that the debate concerning the alcohol monopolies was often seen as little more than a dispute about restrictive practices while the health and social justification for monopolies was marginalized.

State-owned alcohol monopolies and higher alcohol tax levels were not the only control measures adopted by Nordic countries. Others included complete or partial bans on alcohol advertising, age limits on purchasing and selling alcohol; restrictions on serving alcohol; rules governing licensing permits for restaurants, and provision of health information about the harmful effects of alcohol. Entry to the EU has not significantly upped the balance of these controls as yet or allowed market considerations to gain ground over health and social considerations.

The welfare state philosophy that had been so prevalent in many parts of Europe has not been given priority in the EU. The authors point out that the challenge to alcoholic policy arise as a ‘consequence of entering into an extensive and binding co-operation with a regime where alcohol is discussed mostly within agricultural and industrial policy, and is subject to free market logic’. Monopolies were seen as a threat to economic concerns and not in connection with health and social policy considerations. These social consequences of alcohol control policies are not even included in the official terminology of most EU member states.
This book provides the historical, social, and economic context for understanding developments in Nordic alcohol control systems. It discusses the relationship between control systems, alcohol consumption, drinking patterns and alcohol-related problems and attitudes in Finland, Norway, and Sweden.

There is little evidence that the overall consumption of alcohol in any of the three countries above has increased significantly after the 1994 period, neither has the availability of alcoholic beverages increased significantly. There has also been little change in alcohol-related problems. It might therefore be concluded that the decline in alcohol control policy has not had a deleterious effect on health or social welfare. This is misleading because it is much too early to reach any conclusions. We must guard against any simplistic interpretations. There have been significant changes, for instance an increase in retail sales of strong beers throughout Sweden in 1997 amounting to 10%.

This is an excellent and important record of the way in which the changes were introduced, and the public reaction to them. The book shows that there is still scope for prevention policies. The off-premises retail monopolies are still in existence. National alcohol policies still have a good chance of linking in with local preventative strategies and having an impact on patterns of drinking. Probably the most important conclusion of this book is the need to monitor the impact of socio-economic change and the need to insist on a public health perspective on alcohol policies which are too important to leave to laissez-faire market forces. The authors are to be congratulated on forming such a lucid foundation for future study.

E. B. RITSON