
‘… in contemporary Britain unequal chances of death are interwoven, in social and spatial terms, with unequal chances in life, in terms of education, employment, income and wealth.’ (p.5)

The Widening Gap is a brilliant book about the socially just distribution of resources and public health. It is one of the best and most powerful examples of how epidemiological data can be brought to bear to reveal and understand the enormous geographical and social inequalities in health that exist in Britain. After a brief introduction that provides some political and historical background, the authors set about describing (Chapter 2), explaining (Chapter 3) and examining trends (Chapter 4) in ‘the gap’ that exists between the health of the best and worst-off million people in Britain. In Chapter 5 they discuss policy options for narrowing this health gap, and are refreshingly candid about challenging those in power to account for the past and devise plans to reduce health inequalities in the future. In fact, Appendix A provides a complete list of the politicians representing each constituency in Britain, their party affiliation, the standardized mortality ratio and the per cent of avoidable mortality in that politician’s constituency. There are 15 such constituencies that comprise the areas where the worst-health million live. The greatest concentration of poor health areas is around Glasgow, with others in Liverpool, Manchester, Newcastle, and Southwark North and Bermondsey in London. The 13 constituencies that comprise the areas where the best-health million live are concentrated in the southeast of England, except for one part of Sheffield in the Midlands.

In investigating the health gap that exists between the best and worst-health areas of Britain, Mary Shaw, Danny Dorling, Dave Gordon and George Davey Smith bring a prodigious amount of health and social data to bear. There are more than 100 tables and figures that describe everything from inequalities in mortality, neurotic disorders, long-standing illness and smoking, to unemployment, child poverty, education and wealth. One of the great achievements of this book is that the reader is not over-burdened by wading through this mountain of information. Instead, the authors employ innovative use of maps and figures, and well-designed tables that make the book both an important resource for academic reference but also useful and accessible to non-expert audiences.

This book is full of startling facts—here are a few that particularly grabbed my attention:

- Men and women living in the worst-health areas were 2.5 times more likely to die prematurely compared to the best-health areas
- Among the worst-health areas there were 4.2 times more children in poverty than in the best-health areas
- Infant and child mortality is twice as high in the worst-health areas
- There were 32% of men in the worst-health areas who were unemployed or permanently sick and unable to work—in the best-health areas there were 7.5%
- Compared to 1981, there were 4% fewer women working in the worst-health areas in 1991—in the best-health areas there were 10% more women working in 1991
- In 1981, the child poverty ratio comparing the worst to best-health areas was 3.5. In 1991 it had almost doubled to 6.2.

The authors of The Widening Gap have combined the highest levels of scholarship, exhaustive data presentation, understandable analysis, and policy discussions with a straightforward style that make this book an important contribution to the literature on social inequalities in health. In fact, I think it provides a marvellous template for similar efforts to investigate the worst and best-health million in other countries around the world.

JOHN LYNCH

Evaluating Health Promotion. Practice and Methods.

The small and light book from the Health Promotion Research Unit at the London School provides a substantial contribution on the well selected, most topical and important issues in both methods and practice of the evaluation of health promotion. It is not a comprehensive handbook of the evaluation methods, but more an eye opener and discussion starter in the present day issues in the field.

The selected methodological topics: the role and combining of quantitative and qualitative research; experimental designs; principles and importance of economic evaluation, focus groups in the evaluation; evaluation of the process (not only outcome); and risk factor simulation models. The practice of the evaluation is highlighted using real-life examples: in changing communities; in evaluation of mass media approaches; in clinical setting; but also in dissemination of research in the area of health promotion.

The editors and authors have succeeded in presenting health promotion in its historical context (growing from the public health), and at the same time in showing the relevance of the rigorous evaluation of health promotion. Now that cost-effective and evidence-based health services are emphasized, health promotion has to be amenable to scientific evaluation, but in a way respecting its long-term, multifaceted, social, cultural and multi-disciplinary dimensions. Yolande Coombes in the chapter on combining quantitative and qualitative approaches...
to evaluation shows how quantitative evaluation addresses whether there is a relationship with outcomes, whereas qualitative evaluation addresses why there is a relationship. Thus both approaches are needed. A social ecological approach not only combines the approaches, but it also takes into account the socio-cultural processes and context of health outcomes. Another chapter opening new doors is that of process evaluation during project implementation. The author, William Stewart, describes the relevance of flexibility, negotiations between different actors, shifting objectives, and the importance of reporting back in his example of a community HIV/AIDS prevention strategy project.

A pedagogically appropriate approach of questioning and showing different meanings of routinely used concepts, such as community (chapter by Rachel Jewkes), is used to good effect. The last chapter, written by Gillian Lewando-Hundt and Salah Al-Zaroo, handles the evaluation of the dissemination of health promotion research. The chapter points out an important problem of competing goals of academic research (publishing) and applied work (practical work) in the area of health promotion. Recent developments of including evaluation of dissemination already in the funding criteria are an encouraging start.

Themes like multidisciplinary evaluation and differentiating between process and outcome evaluation appear throughout the book, but this is not really repetition, but instead, a good way to emphasize the importance of these issues from different perspectives. The text of the book avoids difficult jargon. This makes the text easily accessible for both students and practitioners, but also for non-native English speakers. Use of boxes depicting key points of chapters is a good way of summarizing the content.

This little book can be warmly recommended for all public health and health promotion students and specialists. It is easy to read, but it provides a lot to think about as well as useful hints for research and practical health promotion.


Based on the sobering fact that motherhood is just as unsafe for women living in the poor world as it was 13 years ago when the Safe Motherhood Initiative was launched, this clear and authoritative book pulls no punches.

After more than a decade of getting it wrong in a myriad of ways we can now be a lot clearer about what does not work when it comes to preventing maternal death, as our understanding both of the problem and of effective solutions has matured greatly in that time. Among the interventions highlighted as largely ineffective are such central tenets as the provision of antenatal care, the training of traditional birth attendants, and the use of ‘risk’ screening to predict which women will develop complications. Conversely, success in reducing maternal mortality and morbidity has followed from the strengthening of primary care (including contraception services), provision of safe, legal abortion and the upgrading of emergency obstetric services.

The contribution that epidemiology plays in tackling safe motherhood needs, according to several of the chapter authors, to be completely rethought. Asserting that ‘the values and limitations of different forms of measurement of levels and trends in maternal mortality have only recently become clear’ they argue that ‘the time has come to shift the focus from measurement to analysis, from trying to understand the size of the problem to seeking to understand its underlying causes and determinants’. For those who like their epidemiology action-orientated, the first few chapters will make rewarding reading. The focus ranges from asking what it is we need to know when measuring maternal mortality, through advocating the use of process indicators and on to the limitations of health outcome indicators.

The chapter authors are from a wide range of disciplines and an impressive array of countries. What they have in common is a very readable style and a strong belief, based on their own experience, that it is time to throw out the rule book, stop repeating the mistakes which we have all been making since 1987 and develop a fresh approach. Of what this new approach might consist is mapped out in some detail, making this book one of the most valuable contributions yet made to the Safe Motherhood literature.

JILLY ROSSER


*Drugs: Dilemmas and Choices* is a book originating in a Working Party of the UK Royal Colleges of Psychiatrists and Physicians. Funded by the Joseph Rowntree Foundation this group, which contains some of the most prominent academics in the addictions field, met on 13 occasions over 2 years and heard testimony from a broad range of experts representing most of the constituencies of the ‘drug debate’. The stated aim of the book is to inform and stimulate public discussion. In this spirit, the *British Medical Journal* ran an enthusiastic editorial to coincide with publication. It suggested that ‘On the assumption that knowledge about a problem is desirable, education authorities should flood secondary schools with this book’. Unfortunately, experience in the field of education and behaviour change suggests that flooding people with written information is rarely an effective strategy. There are other reasons why this well-written, and well-intentioned book may not have its hoped for impact.

First the assumption is that the current policy position on illegal drugs could be significantly determined by existing objective scientific evidence, if only more people of policy influence knew what that evidence was. This is questionable—the book’s comprehensive chapters on the history of the relationship
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 do they 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 predominantly 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


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.
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, $p^2_kV_1V_pk$ should be $p^2_kV_1$, $m^2_1V_pk$ should be $m^2_0V_pk$, $m^2_0V_pk$ should be $m^2_0V_0$, and $p^2_kV_0$ should be $q^2_kV_0$. In equation A2, $\text{var}(\hat{p}_0)$ should be $\text{var}(\hat{p}_c)$. In equation A3, all three occurrences of $y$ should be $\ell$ (indicating division). These corrections do not affect the results in the main text.