Nevertheless, I cannot recommend it for anyone wishing to further a scientific understanding of addiction; there are many other books far more suited to this aim. I am sure the book would be useful to social workers wanting to increase their knowledge of how to respond to addictions in their clients, if only because of the professional orientation of its authors. Finally, the book would be a useful read for anyone intending to visit the US and who wishes to get a feel for what goes on in the addictions field there, particularly for what is considered new and radical in US treatment circles.

NICK HEATHER

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This is a new edition of a book first published in 1991. If that means the original sold well enough to persuade the publishers that it was worth updating, one can see why. Dr Cooney’s style is very readable and he seems to be aiming as much at the numerous long-suffering members of alcoholics’ families as at the treatment industry or at alcoholics themselves, though both groups would also benefit from his ‘broad church’ approach.

The 12 chapters, with titles such as ‘signs, symptoms and cross addiction’, ‘physical and psychiatric complications’, ‘a family illness’ and ‘mental mechanisms and medication’ are a mixture of debate, didactic information and answers to ‘frequently asked questions’. Unusually, but for me gratifyingly, the section on ‘medication’ gives pride of place to Antabuse, rather than to acamprosate or naltrexone, and he stresses the need for third-party supervision, often involving family members as with Marc Galanter’s ‘network therapy’. He also believes, as I do, that patients who refuse Antabuse but continue drinking, usually refuse it because they are not serious about engaging with treatment. Accordingly, I can forgive the repeated misspelling of acetaldehyde as ‘acid aldehyde’. Alcohol, he says, is ‘a devious and powerful enemy and all legitimate means should be employed to combat it’.

His ‘broad church’ approach doesn’t quite run to controlled drinking as a treatment option and though he recognizes the importance of the debate, it isn’t mentioned in the comprehensive index. However, he does agree that ‘recovery, rather than mere abstinence’ is the important thing. The updating includes ‘Project Match’ whose results — like most of us — he regards as ‘disappointing’. He also makes an important point which should benefit from his ‘broad church’ approach.

The complications and manifestations of alcoholism, from liver palms, through fits and gastritis to Korsakov’s syndrome and hallucinosis, are described in terms understandable to the non-medical reader. At times, the style is a bit too populist or simplistic. Detoxification is not really about ‘ridding the body of the poisons which have accumulated because of abnormal drinking’. It’s about neuroadaptation following withdrawal of alcohol but he is correct in noting that ‘on average…this process takes three to four days’ and that it can often be done on an out-patient basis.

Finally — and this is not a criticism — this is an Irish book and intending purchasers should be prepared for a few Irishisms. They include the idiom ‘he had drink taken’ and the advice that ‘certification of an alcoholic is a serious step and…should be employed…only as a last resort’. No UK doctor has had this option since the 1959 Mental Health Act yielded to its 1983 successor. Even so, I would confidently recommend the book to my patients, their families and to some of their GPs.

COLIN BREWER

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This book is a selection of annotated interviews originally published in the journal Addiction between 1990 and 2001. They have been chosen to illustrate the way in which the field of addictions has evolved in recent decades. Each section is provided with a brief summarizing commentary by notable experts in that area.

What do we mean by the ‘field’ of addiction? It covers the full range of addictive substances: alcohol; licit and illicit drugs; tobacco, but no gambling or sex. Contributions include those from scientists, practitioners, activists and policy makers. Evidently the field draws on expertise in a wide range of disciplines including public health, education, pathology, psychiatry, psychology, politics and a range of neurosciences. In the UK and elsewhere there are an increasing number of departments of addiction studies in universities, although there are still only a handful of centres for research. The ‘field’ still has a long way to develop, yet at the same time it needs to avoid the risk of isolation from other disciplines, services and social policies. Most of the contributors to this book illustrate in their life histories the way in which their interest in addictions grew out of other life experiences, which they then brought to illuminate different aspects of addictive behaviours.

Readers with a particular interest in alcohol-related problems will be able to renew their acquaintance with old friends and learn new things about them. They will also learn the views of eminent workers in addiction — selected for inclusion by the Editor of Addiction and expertly questioned by an interviewer chosen to bring out features of their character, background and contribution. It is hard to pick out individual interviews, but a sample may encourage potential readers to dip into the book. Le Clair Bissell tells about her early work in setting up a residential rehabilitation unit for alcoholics in New York in 1974 — she makes a simple statement that must ring true for many practitioners: ‘I don’t think there is anything more gratifying than having an individual patient get well’. There is a wonderful interview with Fred Glaser which brings to life his animated and endlessly questioning approach to treatment research and service organizations. Typically, he concludes on treatment: ‘Nothing works for everyone, but everyone can benefit from something’. The Addiction Research Foundation of Ontario is described as ‘the jewel in the crown’ and is well represented by Martha Sanchez-Craig and Reg Smart, Australia, which has produced so many outstanding addiction scientists, is the only country that also has a Prime Minister as interviewee. Robert Hawke’s commitment to establishing centres for research, training and treatment is well known, as was his courageous promotion of harm reduction as opposed to the zero tolerance strategies beloved by so many politicians. David Hawks conducted this interview and is himself interviewed by Griffith Edwards. David, as a psychologist, is someone who moved from a focus on the individual towards a more global and political interest in prevention and the development of treatment systems. He sums up this journey: ‘It matters that the individual person gets better, these things hurt, but that individual person will be replaced by another and another and another until somehow or another we can reduce the flow from the tap, and I guess I have always wanted to get my hands on the tap…’

From Europe, the interplay of research and policy is well illustrated by Klaus Makela and Gabriel Romanus. It is personally cheering to read an interview with my old friend Wilhelm Feuerlein from Munich, who did so much to re-establish the now flourishing field of alcohol research in Germany. There are many others: Raj Rathod and Thomas Bewley are amongst a list of UK drug researchers.

I could continue listing contributors and the insights they provide, but I hope this is enough to encourage you the reader to look into this book. Of course the regular reader of Addiction will have read these interviews already but there is merit in having them collected together in one volume.

BRUCE RITSON

doi:10.1093/alcalc/agh012


The first edition of this book appeared in 1989 and this new edition incorporates developments in the psychology of guilt and shame. The author is an experienced counsellor in mental health and addictions. Those reared on the importance of defining terms in a way that is categorical and susceptible to reproduction may worry about the