BOOK REVIEWS

doi:10.1093/alcalc/agh121

The book’s content is very much what it says on the cover. The author explores the two emotions of guilt and shame, suggesting theoretical models on how these are produced and maintained and then examines how the therapist can assist clients to face these issues and recover.

The first chapter differentiates between guilt and shame, showing that essentially guilt is about what people ‘do’ whereas shame is more about ‘being’ and how people perceive themselves. It is this difference that makes the book more comprehensive in examining shame, as changing long-held beliefs about self is a more profound challenge to the therapist, than the behavioural changes necessary to alleviate guilt.

The link is made between guilt, shame and addiction and the author continues to expand on this throughout the book. Interestingly, the author demonstrates how guilt and shame are tackled in the steps and traditions of Alcoholics Anonymous, as well as within individual and group clinical practice.

The next chapters explore, first, shame and then guilt. The author is careful to distinguish between the adaptive and maladaptive features of each emotion and acknowledges that a degree of each is necessary for humans to regulate their behaviour appropriately. He provides guidance on how the therapist can diagnose excess or inappropriate elements of shame and guilt and gives examples of probes that the therapist can use to delve deeper into the issues. He describes case studies and scenarios from his own experience to illustrate points.

The last chapters tie together all the items explored and focus on specifics associated with addiction including substance abuse within families, Alcoholics Anonymous and helping the adult children of alcoholics.

The book is well collated and thorough, incorporating up-to-date references from a range of experts in the field. It balances the theoretical with the practical in an easily understandable way and provides a useful tool for any clinician.

NICOLA JACKSON

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Since 1977, the World Health Organisation has sponsored publications which give updated accounts of recommended policies to prevent and treat alcohol problems. The current volume is the fourth in the series. Its multiplicity of authors illustrates its generous embrace of issues, which the text places into four disciplines: social, population, behavioural and medical.

Basically, the publication offers a critical account of the assumptions and resultant approaches that have been favoured. A brief historical narrative, starting from the sixth century BC, moves to an extended description of the strategies employed since 1990 and studies evaluating their usefulness. The authors keep at the forefront throughout the book the need to prevent research evidence in a manner acceptable for official decisions and public discussion.

The debated strategies are chosen to affect the drinking practices of three groups: the general population, high-risk drinkers and persons whose consumption has already led to medical or social problems.

Ten measures are recommended for efficacy and low cost. They are alcohol taxation, increase in age limit for legal purchase of alcohol, state monopoly of alcohol sales, reduced hours or days of sale, few places that sell alcohol on or off their premises, enforced regulations for licenses to sell alcohol, breath testing of drivers, low blood alcohol concentration for driving, restricted licenses for novice drivers and brief interventions for hazardous drinkers. The authors’ belief that their options would be acceptable across cultural and international boundaries is clearly right in most of the strategies, but not necessarily for government monopolies or fewer days of sale.

Their general view of treatment is interesting. Intervention, irrespective of its nature, produces a significant reduction in drinking and its dangers. Alcoholics who obtain help (the considered sources include Alcoholics Anonymous) are distinctly more likely to improve than others. Alcohol education, as in schools or by warning labels, enhances knowledge and attitudes although drinking practices are not altered. Similar ineffectiveness applies to curbs on alcohol advertising, particularly due to opposition or circumvention by the alcohol industry.

The book reports that the criminal justice and other social costs of alcohol outweigh the health expenditure. Defining the burden as years lost through disability or death places alcohol as the third most prominent cause of disease in developed countries, surpassed only by tobacco and hypertension. Neuropsychiatric conditions produce the largest health strain from alcohol, followed by accidental and intentional injuries. Alcoholic cirrhosis exerts a smaller impact on health but the authors cite studies in three countries, which report an inverse relationship between falling cirrhosis rates and the development of services for excessive drinking.

The book extends beyond national alcohol policies to enfold an international agenda. Its fundamental message warns that both state and multistate discussions and agreements view alcohol as a commodity like other goods and largely ignore its dangers. Developed countries in particular have weakened longstanding alcohol controls, notably by allowing inflation to erode taxes and by extending hours of sale.

An exception that is noted is the European Alcohol Action Plan, initially proposed in 1992 for 33 nations within the WHO European region. The policy aims generally to lower the overall consumption of alcohol and to reduce specific damages entailed amongst high-risk drinkers. Although many of the targeted states have now formulated relevant strategies with appropriate laws, the active implementation of the European Plan is patchy. Perhaps its main benefit to date is rendering the dangers of alcohol more obvious to legislation.

Who would benefit from reading the book? The foremost are politicians; but they do not peruse books. Neither do their senior officials. Fortunately the latter rely, intermittently or continuously, on well-informed advisors. Several are amongst the authors. Mentors of national policies will find in the text a wealth of recommendations, each described concisely, in terms of what should be done and what should not be done. The general public will also encounter fresh perspectives. Finally, researchers will receive indications about studies which need replication in other cultures, or that suggest investigations to improve present strategies.

SPENCER MADDEN

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This text, first published in 1990 and updated for this recent edition, was one of the original textbooks to discuss the management of patients with a dual diagnosis of mental illness and substance misuse. When first published, the number of books published on the subject would barely fill a shelf. In the intervening twelve years, the texts on dual diagnoses could fill a library. Is there a need for a second edition? The answer is yes. The authors work at the Caron Foundation, a large
An analysis of self-help groups is also included. The book provides practical advice on matters such as the style of the group leader, the groups in specific treatment settings with varying goals. It is full of evidence and in the USA lies in their cost benefits. Complex group dynamics are not a panacea for all. What may enable group therapies to thrive, both here and abroad, is the value of brevity of treatment, it is suggested that this is not a one-size-fits-all approach. It is time to consider other approaches in females with a dual diagnosis. The second chapter in this section is on the treatment of chemically dependent adolescents with a variety of dual diagnosis disorders, and again this is excellently written.

The final section reviews the impact of substance misuse in relation to a variety of psychiatric diagnoses, with explanations on the difficulty of assessing psychiatric symptoms in substance misusing populations and a review of specific treatments for a variety of conditions, including anxiety, depression, schizophrenia and personality disorder.

There is some tendency towards disorganisation and duplication, which I think could have benefited from some more careful editing, but overall I think this is an excellent book. For those who have the first edition, I would suggest obtaining this update because of the new review areas in gender and adolescence. I think this would be an excellent text, particularly for addiction therapists with limited general psychiatric experience, but it does have wider applications and gives some practical solutions to difficult clinical situations, which are appropriate for all professionals working in this area.

NICOLA JACKSON

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Young People and Substance Misuse is a very useful, comprehensive, clearly laid out and illustrated book, aimed primarily at professionals working in the field. It provides a comprehensive discussion of definitions of substance abuse, a discussion of prevalence and an understanding of the ever-increasing attraction of substances of abuse to teenagers. It sets out clearly modes of assessment and treatment.

The book moves from the assessment of the individual young person to a discussion on ethical and legal principles. It offers a model for the development of services which is so lucid and succinct, that I would deem it essential reading for all providers and commissioners in the field. There are chapters that can be read and debated at length; difficult areas such as competence, consent and confidentiality are all addressed. It is also possible to use the book to swiftly address practical issues such as the requisite physical investigations that may follow the initial engagement of a young person, and mental state examination.

I found the key points or summaries at the beginning of each chapter particularly helpful. The practitioner can work through the book as a whole or browse through the book for advice on specific topics and issues as they arise clinically. There is a strong emphasis on the evidence base underlying specific topics such as the use of tobacco, alcohol and other drugs. Each chapter is well referenced with a range of evidence drawn predominantly from English and American studies.

The evident expertise of the authors places them in the ideal position not only to contrast a range of approaches from pharmacological through behavioural to family therapy interventions but also to reflect historically on those initiatives that have been more or less successful. Evidence for and against each approach is economically weighed so that the practitioner looking for specific guidance would be reassured both by the quality of practical advice available and by the clear conclusions provided.

In my opinion, this book provides a very welcome addition to the field. Despite being multi-authored it offers a wide range of expertise without repetition or loss of editorial coherence. This book provides an evidence based, concise manual for the assessment and treatment of substance misuse. It outlines the underlying rationale for such work and promotes service development. It is bound to be essential reading for practitioners both new and familiar to the field.

AUDREY OPPENHEIM

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This book pools the knowledge, skills and expertise of a wide variety of clinicians to provide a comprehensive examination of the different approaches, settings, uses and implications of group therapies in treatment of substance abuse. Each chapter, whilst elaborating on a theme as the book progresses, can also stand alone as a treatise on its specific subject matter. This enables the reader to utilize the book as a resource to focus on particular areas of interest and use the references provided as a springboard for further reading.

The first section explores the different schools of thought on group treatment, including cognitive, behavioural and psychodynamic theories. It begins with an ethical discussion on managed health care and the tension between economy versus efficacy. Whilst acknowledging the value of brevity of treatment, it is suggested that this is not a panacea for all. What may enable group therapies to thrive, both here and in the USA lies in their cost benefits. Complex group dynamics are illustrated in later chapters, using vignettes and the personal insights of the author, making them easily understandable.

Section two focuses on the ‘nuts and bolts’ of how to structure groups in specific treatment settings with varying goals. It is full of practical advice on matters such as the style of the group leader, the number of groups, how they should be phased, and the use of contracts. An analysis of self-help groups is also included.

Sections three and four look at different populations divided into demographic and diagnostic categories. Each chapter reviews the relevant research, background and pertinent issues for the populations under review. The chapters include populations who are often not traditionally identified as suitable for group work, including the elderly, schizophrenic and medically ill substance abusers.

The last section examines research evidence, highlighting problems in research design and the difficulty in providing research evidence that includes both the process and outcome of group therapy.

Finally, the book ends by illustrating some of the ethical issues involved in group therapy and in particular, the dilemma of confidentiality. Whilst clients can usually rely on the professional principles of their therapists, they have little control over the integrity of fellow group members and can be subject to indiscreet exposure or even blackmail.

One criticism of the book is that because each chapter is written by a different author, there is some repetition and minor differences in the pitch of information, with some authors assuming a broader knowledge base than others. Overall, however, it provides a wealth of information in a readable form, which provokes further thought and questions.

CHRIS DALY

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