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Book Reviews

COMPILED BY GRIFFITH EDWARDS & SUSAN SAVVA

Classic Texts Revisited

From time to time, *Addiction* publishes invited reviews of classical texts each reviewer taking a book of his or her choosing. This month we are pleased to present Rudolf H. Moos's "re-review" of *Explorations in Personality*.

Henry Murray's *Explorations in Personality*

With the publication of *Explorations in Personality* in 1938, Henry Murray strode boldly into a psychological landscape dominated by opposing and often extreme intellectual positions. In the 1920s and early 1930s, two divergent systems of thought were directed toward understanding the riddle of human nature. Academic psychology was dominated by a deterministic and reductionistic perspective that eschewed conscious experience and emphasized the conditioned reflex and observable and quantifiable behavior. Psychology relied on tightly controlled laboratory experiments to probe individuals' external reactions and amass data about sensation and perception, but had not learned much about personality or motivation.

In sharp contrast, psychoanalytical thought was fixated on each individual's inner life, the stream of conscious and unconscious experience, and the complexity of cognition and higher mental processes. Psychoanalysis was functional and dynamic, but it focused on only two instinctual drives (sex and aggression) and espoused an overtly deterministic view of biological and early developmental factors as the fixed substrate of adult behavior. There was no place for the integration and harmonious expression of drives, no emphasis on the need for approval, affiliation, play or understanding, and no recognition of the love of adventure or independence or of the desire for mastery.

Explorations is an integration of a decade of creative research at the Harvard Psychological Clinic, where Murray worked with an impressive set of colleagues, including Samuel Beck, Cora DuBois, Erik Erikson, Jerome Frank, Saul Rosenzweig and Robert White. In *Explorations*, his most influential and far-reaching publication, Murray organized his ideas into a coherent perspective on the development of personality, which he envisioned as an emerging formulation or journey in progress rather than a fixed structure. Murray acknowledged the importance of biogenetic and early developmental influences on maturation, but his primary focus was on fluidity and change and on the contextual forces that continually impinge on and alter the individual.

Murray's intellectual journey

Born in 1893 in New York City, Murray earned an AB in history from Harvard University in 1915, an MD from Columbia University in 1919 and, after a 2-year surgical internship and a further 2-year stint in embryological research, immersed himself in biochemistry and secured a PhD in that field from Cambridge University in 1927.

Murray reminisced that "At college a bud of interest in psychology was nipped by the chill" of the professor's approach (Murray, 1940, p. 152); in fact, he never completed a single course in psychology. Nevertheless, in 1927, he was recruited to join and later tapped to direct the Harvard Psychological Clinic, whose mission

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was to advance the scientific study of personality and identify the determinants of abnormal behavior and, more specifically, to subject Sigmund Freud's ideas to rigorous scrutiny.

Murray's interest in psychology was sparked not by formal instruction, but by a practical problem: why did seemingly intelligent scientists (biochemists and physiologists in this instance) with whom he worked cling so tenaciously to their views in the face of clear disconfirming evidence? This question led Murray to plan a study of personality as a determinant of conceptual preferences and, eventually, to devour Carl Jung's book, *Psychological Types*. Murray's intellectual conversion to psychology was confirmed in the spring (appropriately) of 1925, when he spent several weeks in daily conversations with Jung in Zurich and "emerged a reborn man".

Key formulations

The most important and novel ideas in *Explorations* are:

(1) Behavior (which in Murray's view encompassed perception and cognition as well as action) can only be understood as a joint outgrowth of both the person and the environment. In formulating and expanding this field orientation, Murray acknowledged his debt to Gestalt Psychology and Kurt Lewin. He built on the ideas of the field theorists by developing a formal system to represent the person and the environment in common conceptual terms.

(2) There is an identifiable and measurable set of needs, the strength of which varies among individuals and within an individual from time to time. In his preliminary taxonomy, Murray eclectically included the instinctual needs of sex and aggression, but emphasized the panoply of interpersonal and social needs, which encompassed not only achievement, affiliation and autonomy, but also nurturance, play and understanding. Moreover, Murray and colleagues developed ingenious methods to measure these needs both by projective methods and by samples of behavior obtained in naturalistic but controlled situations.

(3) There is an identifiable and measurable set of press, the strength of which varies among environments and within an environment from time to time. Just as needs reflect significant person-based determinants of behavior, press reflects significant environmental determinants. Murray defined press as characteristics of environments that may facilitate or impede an individual's efforts to reach a specific goal; that is, to satisfy a need. The preliminary taxonomy of press generally was commensurate with the taxonomy of needs: there were press not only for sex and aggression, but also for affiliation, autonomy, nurturance, understanding and so on.

(4) It is essential to distinguish between objective properties of the environment (alpha press) and subjective properties of the environment as individuals perceive or interpret them (beta press). Furthermore, private beta press reflect the unique phenomenological view of each individual; consensual beta press refer to individuals' mutually shared perceptions of the settings and events in which they participate. Murray highlighted the need to examine the relationship between alpha and beta press in order to understand the extent to which an individual appraised the environment accurately.

Lasting contributions

One early reviewer hailed *Explorations* as "an attempt to reach the top of Mount Everest" (Landis, 1939, p. 291) while another, the preeminent field theorist of the time, lauded it as a giant step forward for psychological research (Lewin, 1940). Overall, however, the book met with only modest acclaim, and was criticized for being "unscientific" and lacking clear, testable hypotheses. In a spirited defense, Murray relished a "perverse antipathy to any odor of scientific pretentiousness, any greater methodological refinements than the nature of the data warrant, having too often been a witness of a mountain of ritual bringing forth a mouse of fact more dead than alive" (Murray, 1967, p. 305). In fact, *Explorations* brought forth a mountain of concepts and several productive lines of research, many of which survive more than 60 years later.

Murray and coworkers created an assessment procedure, the Thematic Apperception Test (TAT; Murray, 1943), which sparked

more interest and research over the ensuing six decades than any other projective test save the Rorschach. The TAT has been used as a clinical "diagnostic" tool (a term Murray disdained in favor of "formulation"), and as a standard measure of individuals' needs. Murray's schema led to the formulation of circumplex models of personality organization and interpersonal behavior and to the development of structured methods to assess needs, including Leary's (1957) Interpersonal Checklist and Jackson's (1967) Personality Research Form.

Murray's concepts and taxonomy of press sparked an entirely new research area devoted to measurement of the social environment. His ideas established the groundwork for Bloom (1964) and the Chicago School, which conceptualized the environment as a set of forces and sparked the development of scales to assess family and work environments, high school and college learning environments, neighborhood settings, and many more (Friedman & Wachs, 1999). Murray's framework also provided a key impetus for studies of the influence of perceived social norms (beta press) and social environmental factors on alcohol use and abuse and, more specifically, for my own research on the social climate of psychiatric and substance abuse treatment programs and on alcoholic patients' life contexts as key determinants of treatment outcome (Moos, Finney & Cronkite, 1990).

Murray also developed fundamental concepts underlying the idea of person–environment matching or congruence. Building on his perspective, many investigators studied individuals' needs and press within a person–environment congruence framework. Holland's (1966) framework of six types of persons and six comparable sets of vocational environments stems from this orientation, as do the congruence models set out by Lawton and Carp and studies trying to link alcoholic individuals' cognitive maturity (as an indicator of their need for structure) to the amount of treatment or family structure most beneficial for them (for reviews, see Walsh, Craik & Price, 1992; Craik, Walsh & Price, 2000).

Murray was a humanist and optimist par excellence who wanted nothing less than to understand human nature and the forces that govern moral and religious life. He held out the hope that knowledge gained through psychological theory and practice would lead eventually to "a more sagacious management of infant life, to fruitfulness and the self-development of finer men and women, to happier societies" (1940, p. 150). By setting out a functional and fundamentally hopeful perspective on human personality, Murray's efforts brought us closer to this laudable but elusive goal.

Acknowledgements

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Further Reviews

Liquid Pleasures: a social history of drinks in Modern Britain
JOHN BURNETT
London, Routledge, 1999
viii + 254 pp., £14.99 ISBN 0 415 13182 0

At the end of the Middle Ages, John Burnett reminds us, drinks were confined to water, milk, ale and wine. Spirits were beginning to be known but for medicinal use only. In the centuries since, the range and type of drinks available has expanded enormously. Burnett argues that two periods were of central importance: the mid-17th century to the mid-18th century when the adoption of tea, coffee and chocolate contributed to a substantial fall in consumption of beer; and the period since the 1960s, which has seen what he calls a soft drinks revolution combined with increased consumption of alcohol, notably wine and cider. In the context of world drinking habits, Britain remains a relatively sober nation, nineteenth in the league of alcohol-consuming countries; this is primarily because of the continued importance of tea as the principal liquid consumed. In the past, rising living standards (as, for example, at the end of the 19th century and the beginning of the 20th) were accompanied by increased expenditure on leisure pursuits and decreased alcohol consumption. The period since the 1960s has been unusual in that affluence has resulted in more leisure activities and more alcohol consumption. In recent years, the growth rates for most drinks have slackened or levelled off and it may be, he argues, that consumers are adjusting to a much wider range of drinks, both alcoholic and non-alcoholic, than ever before.

The liquids Burnett examines—milk, water, tea, coffee, soft drinks, beer, wine and spirits—all have separate chapters. Each of these is packed with information, a mix of primary and secondary material, and each could easily be expanded into a book-length version. However, the strength of this treatment is its understanding that one drink cannot be viewed separately from another and that the history of drink consumption has to be seen as a whole and in relation to patterns of food consumption. For example, the growth of caffeine drinks did not diminish the taste for alcohol, but moved it into different forms, with spirits added to tea and coffee.

Burnett argues for material and cultural reasons for changes in drinking behaviour. The availability of suitable local outlets; packaging; affordability and the relationship to the state of the economy; environmental reasons like the improvements in home heating and the warmer climate—all have had a part to play. The role of the state has been more equivocal: Burnett's view is that state licensing and taxation have clearly been important mechanisms, but that the state has had little to do with the health aspects of liquid consumption, with milk the only exception. That might be a point with which a more detailed examination of their "health history" took issue. The cultural aspects of consumption are also given their due—the association with work, conviviality, the changing gender divisions in consumption patterns. Burnett writes from the economic history end of the social history spectrum and his focus on material explanations is a refreshing change. He is also a master of the telling phrase—women, for example, now consume alcohol almost as freely as their grandmothers drank tea; and both alcohol and caffeine are essential substances in modern Britain.

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Alcohol: the ambiguous molecule
GRIFFITH EDWARDS
London, Penguin Books, 2000
230 pp. £7.99 ISBN 0140 266666

Griffith Edwards provides us with a far-reaching review of both the virtues and the shortcomings of alcohol. *Alcohol: the ambiguous molecule* covers the universe of alcohol from molecular biology to social policy, from epidemiology to treatment, from the Egyptians to the 21st century. I have studied alcoholism for 30 years and fancy myself knowledgeable, yet on virtually every page of Edwards's book there is something important that I did not know.

In Edwards's book history is everywhere—lest we repeat it. The 19th century gin-palace is contrasted with a 1990s crack-house. The temperance movement critic is confronted with the extraordinary statistic that arrests for public

drunkenness declined from 85 per thousand in the United States in 1875 to only 19 per thousand in the 1920s. However, the advocate of prohibition is challenged with equally daunting historical statistics.

The field of alcoholism is a little like religion and politics. In even the most reasonable and rational individuals, the topic of alcohol arouses passions. As Edwards reminds us, "Some of the passion which it engenders is complex and atavistic and undoubtedly relates to alcohol as symbol and mystery rather than to the drug as objective molecule." Physicians, sociologists, neuroscientists and Alcoholics Anonymous sponsors: each sees the other as superstitious beyond belief. Both advocates of return to controlled drinking and advocates of abstinence view the parochialism of the other as not just wrong, but dangerous. In the place of scientific reason, passion rules. Throughout all these controversies Edwards steers a generous middle course. For example, he writes, "The harshest judgement that can be made on the Sobells is that their methods of reporting—although technically flawless—accidentally failed to reveal the textured clinical truth."

For 40 years Edwards has made a speciality of being both fair-minded and catholic in his study of alcoholism. He has made the Addiction Research Unit—more recently the National Addiction Centre—at the Maudsley Hospital the finest international center for postgraduate education in addiction in the world; but Edwards has always taken pains to visit the countries from which his fellows have come. In so doing he has absorbed the critical role that culture plays in alcohol use and abuse. He shares this knowledge lucidly with his readers.

Edwards combines elegant writing, wise and creative scholarship with a sense of humor. Indeed, it is tempting to write this entire review just by stringing together quotes from his book. For example, Edwards tells us of an influential French book from the 1930s that "went on to suggest that wine was not really alcohol at all. Some kind of specifically French miracle had taken place in the reverse to that experienced in Galilee."

Edwards is even-handed in his treatment of Alcoholics Anonymous. "AA probably works, in some way or other, for not less than 50% of the troubled drinkers who make contact with it." However, Edwards is quick to point out that one size does not fit all. Each patient's disease is different and we must always be respectful of the patient's wishes. Edwards offers three rules for humane treatment: respect for the alcoholic's human worth; respect for the alcoholic's autonomy; and humility with regard to one's own contribution to the patient's recovery. "In large measure it is the covert or undeclared elements which successful treatments have in common that facilitates the recovery." Edwards concludes that "the only readily available and substantial way to ameliorate alcohol's painful ambiguity is for both the individual and the State to take less of it".

In the foreseeable future no serious journalist, no biological scientist and no professor of sociology should write an article or prepare a course of lectures on either alcohol or the problems it engenders without reading this book from cover to cover. It is also the first book that a physician should suggest to a curious or distressed patient trying to understand either alcohol or alcoholism.

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Drugs: dilemmas and choices

Report by a Working Group of the Royal College of Psychiatrists and the Royal College of Physicians
London, Gaskell, 2000
291 pp. £9.50 ISBN 1 901242 447

Among professionals involved in drug treatment and research there is growing discontent with the harsh drug policies in so many western nations, including Great Britain. This report from leading groups in the medical field is just the latest expression of that discontent, a staple of US drug policy debates.

The report is careful about its aims. "Reaching conclusions and making recommendations was not ... the central purpose of this book. Our main purpose was to make as wide a readership as possible aware of the historical evolution of the complexity of our current drug problem and of the advantages and disadvantages of the various strategies and policies that might be adopted to tackling it" (p. viii). It does indeed eschew policy recommendations and devote itself pri-

marily to providing a full description of the current UK drug problem, setting it in a broad historical context and making use of evidence from other nations, particularly the United States.

As a piece of exposition it is generally unexceptionable. I disagree with the mildly positive evaluation of Alcohol Prohibition in the United States; a decline of only one-third in consumption, even if accompanied by larger declines in cirrhosis and public drunkenness, seems a modest accomplishment for the criminalization of such a large fraction of the population and an escalation of the long-standing corruption of American cities. However, it is refreshing that a generally liberal report is willing to give the prohibitionist devil its due.

The final chapter, "The key issues", has the meat of the report, a series of conclusions that verge on recommendations, albeit with very cautious wording. The conclusions are heavily weighted toward details of treatment and research. For example, just one paragraph justifies what will seem to the layman the most important recommendation, namely to reduce the current share (75%) of 1.4 billion pounds in drug control going to supply reduction (p. 220). In contrast the following three pages deal with *how* drug treatment expansion should be shaped. The report turns the drug policy issue into a largely technocratic issue, such as how to improve prevention programs in the United Kingdom, where scarcely a single evaluation supports 175 million pounds of government expenditure. This is a useful function and no doubt represents the balance of competence of the Working Group; its members knew a great deal more about treatment and research than about policy analysis. However, the Report leaves an important gap. If the most prestigious profession balks at tackling the major policy issues directly, then broad assessment of the policy will be left to less credible groups.

Making treatment more accessible and of higher quality is an important goal. Although the Report is refreshingly cautious about the limits of treatment as a crime control tool, it also argues that there are real opportunities here to improve the quality of life for both dependent users and for the rest of society. However, there is more to drug policy than better treatment. Indeed, the central issue is probably not the balance of funding between supply and demand control programs but just how tough to be on those who contravene the laws. Although still far from the fanaticism of the United States in this respect, Britain's aggressive enforcement is troubling. The Report, although a useful document, is unfortunately an opportunity missed.

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Note: Dr Reuter gave evidence to the Working Group as an expert witness.

Community Treatment of Drug Misuse: more than methadone

NICHOLAS SEIVEWRIGHT
Cambridge, Cambridge University Press, 2000
243 pp., £22.95, ISBN 0 521 66562 0

Has the effectiveness of methadone maintenance for opioid dependence led to a neglect of treatments for other substance use disorders? This concise text presents a candid discussion of the strengths and weakness of treatments for a variety of substance use disorders, including opioid dependence, from a clinical, research and policy perspective. Dr Seivewright discusses the management of complicated patients from the unique perspective of a multi-disciplinary community-based treatment service for patients with substance use disorders in the United Kingdom in a way that is relevant to, and cognizant of, an international audience. The author's premise, that the success of opioid agonist maintenance treatment has resulted in a lack of treatment options for individuals with non-opioid dependence, and decreased emphasis on psychosocial counseling, weaves through this well-written and detailed text.

The author of this practical book makes a strong appeal for maintaining an emphasis on the skilled drug counseling services that can be found, distinct from any pharmacological therapies, in specialty treatment settings and discusses the role of these services in addressing opioid and non-opioid substance use. Evidence from the literature is presented on the effectiveness (or lack thereof) of therapies and there is a welcome willingness to discuss the shortcomings of this literature with respect to various treatment

strategies. The text is well-referenced and enhanced by a series of useful tables, practical case discussions that provide clinical pearls on common and uncommon (e.g. cyclizine misuse) scenarios and clinical protocols.

The first three chapters focus on opioid dependence and the rationale and practical aspects of both detoxification and maintenance therapies. The predominance of slow outpatient detoxification using methadone and delivery through community pharmacies in the United Kingdom is contrasted with the structured treatment programs in the United States. The role of methadone dose and the effect of additional psychosocial services are well covered in the section on practical management. The discussion of the contrast between the medical and substitution models of opioid agonist maintenance clearly endorses the substitution model as the author points to the high retention rates with opioid agonists (e.g. methadone) as evidence that these forms of treatment do not require abstinence from mood-altering drugs. Despite this shortcoming, the author is quick to point out the many benefits to the individual and society from methadone maintenance.

Given the author's stated premise, it is somewhat surprising that it is not until the fourth chapter that there is discussion of treatment strategies for other substances such as cocaine, amphetamines, alcohol and ecstasy and that the text provides little practical information on counseling strategies for patients who misuse these substances. This portion of the text would also benefit from a working definition of "community treatment", a more integrated approach to the medical and psychiatric issues in patient care, less reliance on anecdote and updated information on the role of selective serotonin re-uptake inhibitors for anxiety and buprenorphine for opioid dependence.

The remaining chapters tackle the history and logistics of the community drug services, the scope of treatment for drug misuse in primary care, policy and service delivery issues, the care of patients with dual diagnosis and future directions of substance abuse care. These chapters benefit from the author's clinical experience and a discussion of the unique aspects of service delivery in the United Kingdom.

Overall this is a useful and practical text that reminds the reader of the important strides that need to be made in order to replicate the success of methadone for opioid dependence in the treatment of other drug misuse.

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Dual Diagnosis and Treatment—substance abuse and comorbid medical and psychiatric disorders
HENRY R. KRANZLER &
BRUCE J. ROUNSAVILLE (Eds)
New York, Marcel Dekker, Inc., 1997
608 pp., $140, ISBN 0 8247 9895 3

The Dually Diagnosed—a therapist's guide to helping the substance abusing, psychologically disturbed patient
DENNIS ORTMAN
Northvale, NJ and London Jason Aronson Inc, 1997
302 pp., £31.95 ISBN 1 56821 770–6

In the last decade several epidemiological studies, such as the Epidemiological Catchment Area (ECA), the National Comorbidity Survey (NCS) and the British Psychiatric Morbidity Survey, have shown an important association between mental disorder and psychoactive substance use. Clinicians have become increasingly concerned that many of these dually diagnosed patients do not fit very well into standard drug treatment or mental health services. As a consequence, co-morbidity, or dual diagnosis, has become one of the most pressing issues facing psychiatrists, drug misuse specialists, researchers, policy makers and service providers. The solution to the problem has been to either create a psychiatric super-speciality to deal with these patients or to improve the ability of staff working in generic mental health and specialist drug services to recognize and manage the most prevalent and treatable co-morbid disorders.

Kranzler & Rounsaville's book is perhaps the most important book to have been produced in this field. It is certainly the most complete and well researched book on the subject that I am aware of. Each chapter presents a thorough scientific review of the issue, enough to satisfy even the most critical of readers. Thirty-three American and Canadian researchers have produced the 17 chapters. The first section acts as a kind of

introduction to the basic concepts of co-morbidity. Chapter 1 deals with the epidemiology and gives a very good historical review of the epidemiological studies in psychiatry, alcohol misuse and drug misuse prior to much of the more recent "co-morbidity" research. It also summarizes the principal surveys of psychiatric co-morbidity as well as studies of treatment intervention and longitudinal follow-up studies that have examined the course of co-morbid disorders. Although comprehensive, it has a North American emphasis, largely ignoring studies from other countries. Chapter 2 deals with the models of transmission of comorbid disorders and presents a very useful conceptual framework for the others chapters. Chapter 3 is an impressive review of diagnostic methods, a key issue in co-morbidity. It discusses the fundamental principles of psychiatric diagnosis as well as the strengths and weaknesses of the main structured diagnostic instruments that are currently in use. At the end of the chapter there is an important discussion of future directions for research and clinical recommendations. Chapter 4 is an overview of treatment modalities for dual diagnosis patients, with models of integrated treatment options being discussed. The second section has 13 chapters, each focusing on a specific co-morbid disorder. Each chapter presents a detailed discussion of the diagnostic process relevant to that disorder. Due to the greater wealth of scientific research, both mood disorders and anxiety disorders are given separate chapters for their association with alcohol and drugs. These chapters are critical of the literature and provide a well-balanced evaluation of this difficult area. Other chapters present critical reviews of clinical problems that are rarely addressed in other psychiatric or substance misuse textbooks, such as nicotine dependence and psychiatric disorder, post-traumatic stress disorder and addiction, as well as eating disorders and attention-deficit hyperactivity disorder. There are three chapters on what might be considered more specialist issues: substance abuse and traumatic brain injury, HIV infection and drug misuse and triple diagnosis (drug misuse, psychiatric disorder and physical problems). These are very interesting chapters and offer a good deal of practical information as well as ideas for further research.

This an excellent book and a must for anyone involved in developing mental health and drug misuse services and is a good source of reference for clinicians and researchers alike. Although expensive, it is a worthwhile addition to the library shelf.

Ortman's book has a completely different approach. It is a much more personal view—a therapist's view of managing dually diagnosed patients. There is significantly less of an evidence base to the book but no shortage of personal opinion. From the author's clinical experience, a series of guidelines have been developed which the author calls "Sixteen Treatment Principles". They are, in fact, quite helpful, especially for someone who is just beginning to work with dual diagnosis patients. However, it is not an essential book or even a well-researched one, but certainly an interesting read.

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Proceedings of Expert Workshop on the Induction and Stabilisation of Patients onto Methadone, Monograph Series no. 39
Summarized by RACHEL HUMENIUK, ROBERT ALI, JASON WHITE, WAYNE HALL & MICHAEL FARRELL
Commonwealth Department of Health and Aged Care, Canberra, 2000
150 pp. ISBN 0642415080
(www. health. gov. au)

The practice of prescribing oral methadone for the treatment of heroin addiction is now into its fourth decade. It is generally agreed that methadone maintenance is an effective way to reduce heroin injection, needle sharing, HIV transmission and heroin-related mortality rates. Methadone maintenance is now arguably the most popular medical treatment for heroin addiction world-wide.

Once it was accepted, methadone became the centerpiece of Australia's efforts to reduce the harm associated with heroin use. As in other countries, actual practices varied greatly from region to region, and in 1985 the Australian Health Ministerial Conference endorsed a set of national methadone guidelines. In 1993, a Ministerial Council on Drug Strategy agreed that those guidelines should be used to develop a national policy intended to assist states and terri-

tories to establish common standards for methadone treatment. The Australian methadone guidelines recommend the doses to be used for induction and stabilization—20–30 mg (but no more than 40 mg per day), with increases not to exceed 5 mg per day during the first 7 days of treatment. These recommendations arose in part from reports of a disproportionate number of methadone-related deaths occurring during the first weeks of treatment. However, some practitioners have criticized the guidelines as too rigid and assert that giving inadequate doses of methadone causes patients to use heroin or benzodiazepines, thereby increasing the chances of the very toxicity they were intended to prevent.

The aim of the Workshop that is summarized in this volume was to reconcile these competing concerns and to consider the implications of available evidence on early methadone-related deaths for the development of guidelines for safe and effective induction onto methadone. The bulk of the book consists of six scholarly trigger papers and accompanying discussant papers. Four of the trigger papers deal with the pharmacokinetics of methadone, factors affecting disposition, and drug interactions with methadone. James Bell's final chapter on assessing methadone tolerance also raises the very perplexing questions of whether it is appropriate to start someone on methadone who is not currently opioid tolerant or who, despite a prolonged history of opioid use, has never been dependent to the point of experiencing withdrawal. These are important questions in many parts of the world. In his discussion of the paper, Allan Quigley indicates that in Perth only 28% of heroin users took the drug daily or more than once daily. However, although Bell offers the opinion that those who seek methadone treatment and are turned away generally do poorly, the questions raised were left largely unanswered.

The interchanges that were doubtless stimulated by these papers and discussions are not included, but the summary and recommendations sections of the book contain some useful ideas for immediate implementation, as well as suggestions for future research.

The Workshop does not fully resolve two conflicting considerations. Patients may exaggerate their degree of dependence to induce practitioners to prescribe overly generous and potentially toxic amounts of methadone; but under-dosing can also have adverse effects if it leads patients to use other opiates and benzodiazepines. Some of the recommendations are to spend more time with patients, conduct careful medical examinations, obtain corroborating data from other practitioners, observe new patients for 2–4 hours after the first dose until steady state is reached (3–5 days) and use caution during induction when patients are taking drugs that inhibit CYP3A4 activity. Also, since death occurs during sleep, administering methadone in the morning would yield peak levels early in the day.

As is appropriate in a Workshop dealing largely with an Australian problem, this book does not describe in detail what determines methadone prescribing practices in Australia. The reader is left to infer that in addition to specialized programmes general practitioners may also prescribe, under guidelines or protocols issued by the States, and that pharmacists dispense methadone and in some cases observe its ingestion. It is not clear if any special training and skills are required and what consequences if any ensue if a practitioner does not follow the guidelines. It is apparent from the data on early toxicity that flexible access to treatment can sometimes have adverse consequences, and that finding the optimal balance between rigid regulations or protocols and deference to the judgement of the clinician remains a goal yet to be achieved.

This is not a beginner's primer on the use of methadone in the treatment of opiate addiction, nor does it try to cover all the difficult problems associated with motivating stabilized patients to stay in treatment or change behavior patterns.

Some useful recommendations are made that are likely to be helpful to those trying to minimize toxicity while also avoiding too rigid an approach to beginning methadone treatment. It is as thorough a consideration of methadone pharmacokinetics and disposition and of interactions of methadone with other drugs as one is likely to find anywhere in the literature, and even those who consider themselves experts will learn something from it. All in all, this is a very useful book for anyone with a serious interest in the delivery of opioid substitution treatment.

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