

mon problem: considerable variability in the writing style, depth of coverage and scientific basis (or lack thereof) for the material presented. However, taken as a whole the book should serve as a useful resource for academic personnel and college health center staff, who are faced with substance use every day. This book provides a starting point for developing more effective assessment, referral and intervention approaches for these students.

MARY E. LARIMER, PH.D.
Addictive Behaviors Research Center
University of Washington
Seattle, WA

Fetal Alcohol Abuse Syndrome, by Ernest L. Abel. New York: Plenum Press, 1998, 260 + xi pages, \$42.50 (cloth).

For many years, Ernest L. Abel has been one of the experts "writing the book" about fetal alcohol syndrome (FAS). His earlier reviews of the expanding literature on this phenomenon were basic reference volumes for the student and researcher. This volume continues this tradition but is more critical in its approach than its predecessors: Abel does not simply review the literature but argues that 25 years of research has led to a number of somewhat controversial conclusions. The first being that the current emphasis on negative effects of moderate and social drinking is misplaced and that the disorder associated with prenatal alcohol exposure should be renamed the "fetal alcohol *abuse* syndrome" to reflect findings that show that adverse effects occur only to children of alcoholic women or those drinking in an abusive manner during pregnancy (chapter 1). The second conclusion is that FAS does not occur uniformly across all population groups but is seen primarily among the economically deprived due to the presence of collateral conditions that permit or "provoke" its occurrence. Abel suggests that, in fact, alcohol is a necessary but not a sufficient condition and requires the presence of culturally related alcohol-intake patterns, maternal health status, nutrition and age, socioeconomic status, and/or other drug use, particularly smoking cigarettes (chapters 11 and 12). Third, he suggests that many of the negative outcomes, particularly the behavioral outcomes, attributed to prenatal exposure, result in fact from the postnatal environment and argues that experimental study of this factor has been neglected. In this context, he notes the relative lack of theoretically based research on cognitive processing deficits, as well as the over generalization of conclusions about emotional and social deficits based on observations in clinical samples (chapter 10).

In addition to these conclusions, the book contains discussion of current controversies in diagnosis of FAS (chapter 2), reviews of the status of knowledge about the teratological out-

comes associated with prenatal alcohol exposure, from spontaneous abortion (chapter 3) and perinatal problems (chapters 4 and 5) through growth retardation (chapter 6), malformations (chapters 7 and 8) and neurodevelopmental effects (chapters 9 and 10), as well as what is called the "American paradox" (chapter 11), a discussion of the skewed distribution of the incidence and prevalence of FAS, and a chapter (13) on possible biological mechanisms. These chapters demonstrate a comprehensive knowledge of the field as well as careful interpretation of the research results and will be valuable to any reader who would like an update in these areas.

In making the argument that social and "moderate" drinking and drinking by women who are not at "risk" due to poverty or the effects of minority status are not associated with FAS, Abel places himself in opposition to the conclusions of a great deal of published research as well as current social policy. He argues cogently that studies that report negative physical and behavior effects of as little as one or two drinks per day (on average) misrepresent the actual situation due to their research designs, or statistical artifacts, or because alcohol use is misrepresented as daily moderate use rather than in the "binge" pattern that actually prevails. In reviewing a number of studies, he argues that there is a "threshold" of five to six drinks *per occasion* that is associated with measurable negative effects in exposed offspring. If this is the case, then prevention and treatment efforts, which are now directed more universally, could be focused on those women who are most likely to have affected children. Based on the literature, Abel suggests, these are poor, often minority, women who drink abusively, smoke cigarettes (and use other drugs), who are older than average and have had other affected children.

In discussion of the (neuro) behavioral outcomes attributed to prenatal exposure, similar issues are raised. Abel questions the generalizability of cognitive and behavioral findings that have been collected in minority populations as well as the lack of attention to the environmental contribution of parental alcoholism and suggests that all studies that attribute measurable cognitive effects "should be reassessed, addressing the question of whether those effects were . . . attributable to a few cases of children of . . . alcohol abusers" (p. 135).

While many will disagree with his conclusions, Abel's interpretation of the existing literature raises important questions about methodology and the focus of research in this area as well as the most effective way to direct efforts at prevention and treatment. As a result, anyone interested in this area of research or in working with women at risk or affected children will find this book provocative.

CLAIRE D. COLES, PH.D.
Department of Psychiatry and Behavior Sciences
& Department of Pediatrics
Emory University School of Medicine
Atlanta, GA