

## BOOK REVIEWS

**Harm Reduction: A New Direction for Drug Policies and Programs**, by Patricia G. Erickson, Diane M. Riley, Yuet W. Cheung and Patrick A. O'Hare (Eds.). Toronto: University of Toronto Press, 1997, 476 + xii pages, \$65.00 (cloth), \$30.00 (paper).

Perhaps no subject generates as much debate these days as the issue of the most productive approach to take, at both social systemic and individual levels, in reducing the negative consequences of psychoactive substance use. Harm reduction is one approach to these issues that has garnered widespread support in many western countries, but is a relative newcomer to North America. The aim of harm reduction approaches is to develop and adopt pragmatic strategies for reducing substance-use-related harms, often incorporating both scientific research findings and initiatives from users themselves to help shape substance use programs and policies. One of the main tenets of harm reduction approaches is that abstinence is not the only useful path to reducing drug-related harm, although it may, if accomplished, be the most effective.

Since 1990, a series of international conferences on harm reduction has been held in various countries, moving closer and closer to the North American continent. *Harm Reduction: A New Direction for Drug Policies and Programs* is a compendium of papers from the fifth such conference, held in Toronto, Canada, in 1994. This volume is a true gold mine for researchers, policy makers, clinicians and others who have doubts about the viability of many of the approaches to reducing substance-related harm now predominant in the United States.

Unlike the several other volumes that have arisen from previous such conferences, this volume contains, not only policy-oriented and system-focused papers, but also papers recounting harm reduction programs and research findings that support the broader implementation of harm reduction approaches. There is, literally, something here to challenge, delight or upset practically anyone who works in the broad field of "addictions." This book is a wonderful conglomeration of chapters which are collected into five parts, each part focusing on a particular aspect of harm reduction.

Part I focuses on the History, Policy and Social Theory of harm reduction. Chapters in this section, all by prominent exponents of harm reduction approaches (as are most of the chapters in the book), address a variety of issues of interest to those who want to know more about the origins of harm reduction. The first of these chapters addresses the process by which The Netherlands adopted a harm reduction perspective in its drug policies, one of the first countries to do so. Other chapters in this section focus on changing drug laws in Canada and the question of legalization of currently illegal drugs and the likely effects of such action. Methadone

maintenance and its role in harm reduction measures, as well as some negative consequences of current "temperance" and supply side "drug war" approaches, are also addressed.

In Part II, Human Rights, the focus is on the intersection between harm reduction and definitions of drug dependence, the values associated with athletic competition and the effect of banning performance-enhancing drugs, effects of current policies toward drug use in prisons and issues in coerced treatment for pregnant women.

Part III is likely to be of particular interest to readers of this *Journal*, as it focuses on Alcohol and Public Health. Chapters in this section address how harm reduction might be applied to reducing the harm associated with our most widely used legal drug. In fact, although most harm reduction work has been done with users of drugs other than alcohol, it is quite likely that the first use of the term "harm reduction" was by alcohol researcher Robin Room in conjunction with alcohol-related harm! Other chapters focus on such areas as reducing harm in commercial alcohol sales outlets, an extremely interesting account of an effort by First Nations communities in Canada to reduce alcohol-related harm at community functions, and how harm reduction can be brought to bear on the issue of college campus drinking.

Part IV is a series of chapters reviewing Laboratory, Clinical and Field Studies related to harm reduction. The initial chapter in this section is a provocative review of animal self-administration studies, an area often raised by opponents of harm reduction to suggest that such approaches may not be viable. Other chapters report on an alcohol program for women who are heavy drinkers, practical issues in providing methadone maintenance to opioid users, reducing problems associated with "home made" heroin fabricated from codeine-based pharmaceuticals, and the folklore surrounding drug use among young people who are recreational drug users and how that folklore might be used to help reduce the harm associated with such use.

Part V, Communities and Special Populations, is something of a hodgepodge of chapters focusing on harm reduction efforts among special groups (e.g., Punjabis in Ontario, female injection drug users, street youth in New York City, prostitutes, older adults and prisoners).

What unites the highly diverse chapters found in this book is an underlying approach to working with drug users that focuses on goals other than initiating and maintaining complete abstinence. While this sort of approach is highly controversial here in the United States (and, in fact, actively opposed by the federal and many state governments), it is clear from the variety of venues detailed that harm reduction is growing rapidly abroad, as well as here in the U.S.

Researchers will find this volume particularly fascinating as a source of hypotheses and questions about how the

persistent human use of psychoactive substances can be made less harmful to both individuals and societies. In fact, much research still remains to be done to determine the efficacy of these approaches on a broad scale, and it is clear from this volume that experiences implementing harm reduction measures have not been uniformly successful in accomplishing their goal of reduced harm.

As with all edited works, the chapters in this volume are somewhat variable in quality. Some, particularly ones by authors whose primary language is not English, could have borne some more judicious editing. This criticism is a relatively minor one, however, and readers of this volume will come away from it stimulated and with their curiosity about harm reduction well piqued.

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**Fetal Alcohol Syndrome: A Guide for Families and Communities**, by Ann Streissguth. Baltimore, MD: Brookes Publishing Co., 1997, 360 + xxvii pages, \$22.95 (cloth).

Few people are so closely tied to the study of fetal alcohol syndrome (FAS) as is Ann Streissguth. As a participant in some of the very first American studies on FAS, she has been active in both research and advocacy for 25 years. She is the author of well over 100 papers and other publications. This book summarizes her work in the field while providing practical guidelines for families and communities that are addressing the problems presented by FAS and Fetal Alcohol Effects (FAE).

The book is divided into five major sections. The first two sections offer an historical perspective on the study of alcohol's effect on pregnancy outcome and a summary of scientific findings to date. These sections are informative, but also problematic. In some sections, anecdotes, opinions and science are all blended together in the same text. Not surprisingly, there is an emphasis on the work that has been conducted at the University of Washington and on other research that supports or complements findings from that institution. Studies that may have found conflicting results are featured less prominently or not at all. Some families will find the language a bit too technical to follow, particularly in the section on teratogenesis. And, although the author makes it very clear that FAS/FAE result from heavy or alcoholic drinking, she also uses terms like "moderate" and "social" to describe some patterns of drinking that she believes also carry risk. Without a more precise explanation, these terms are likely to unduly frighten some readers.

The greatest contributions are found in chapters 6 through 12, beginning with a discussion about the difference between the primary and secondary disabilities of FAS/FAE. Struc-

tural damage is described, and those techniques that may offer diagnostic promise in the future are discussed. Families who have struggled in vain to explain to educators and professionals that their child does indeed have brain damage will find this section especially useful. Families will also benefit from the description of how primary disabilities (such as memory disorders, language processing disabilities, etc.), when left untreated, can result in secondary disabilities (dropping out of school, inappropriate sexual behavior, trouble with the law). This section is a briefer version of Streissguth's recent Secondary Disabilities study; the description here, however, is more concise and easier to comprehend. From it, parents and professionals alike may be able to understand how and when interventions will be the most effective.

The author goes on to describe the day-to-day problems of living with FAS/FAE in infancy, preschool, early childhood, adolescence and adulthood. She offers suggestions on how families, schools and communities can best understand and assist individuals with FAS, drawing on her own experience and her knowledge of what others in the field have found to be helpful. Unlike many of Streissguth's earlier writings, a sense of hope and optimism is conveyed concerning the possibilities of treatment success. Anecdotes are presented to illustrate specific points, and they help to keep the writing accessible. She stresses the value of a diagnosis, the need to set reasonable expectations for people with this disability and the importance of continuing to try to prevent secondary disabilities, all points that families and clinicians will appreciate. General guidelines for intervention are suggested. Specific tips for changing behavior are not provided, but the author does suggest, and describe in detail, an advocacy model to assist individuals with FAS/FAE deal with the stresses of negotiating life.

Ambitious plans are offered for school and community involvement (e.g., a FAS team in each school). The information on preventing secondary disabilities is repeated in these chapters, perhaps because the author was concerned that educators or community leaders might skip earlier sections of the book.

The last section of the book addresses prevention. Streissguth reflects on the complexities of prevention of FAS/FAE, especially as compared with other substances known to cause birth defects. While the description of the prevention programs is again heavily weighted towards those that have been conducted in Washington State or by the University of Washington, the message in this section is clear—treatment of the alcohol-abusing woman can prevent FAS and FAE.

Streissguth has given families much in this book to help them understand FAS and FAE more completely. It will quickly find its way onto home and library bookshelves.

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