

Book reviews

Transforming Addiction: Gender, Trauma, Transdisciplinarity

**Edited by Greaves, L., Poole, N. and
Boyle, E.**

Routledge

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Transforming Addiction challenges researchers, clinical practitioners and policy makers to be bold enough to go beyond multidisciplinary working and the biopsychosocial model. The authors argue, convincingly, rather than these models of working being the benchmark of a holistic approach to addiction research, treatment and policy development, in reality they are operationalised by professionals doggedly remaining within their own silos of expertise. This reality is highlighted by contributors to *Transforming Addiction* as failing to adequately respond to the complexity of addiction and the needs of those most vulnerable, struggling with addiction's intractable nature in our societies.

In what ways is transdisciplinarity described as tangibly new and improved? Primarily in its guiding principles, which situate addiction within sex and gender; and evolving approaches to trauma, mental health and societal determinants of health. Why is this convincing? The editors have managed to bring together professionals from divergent spheres of addiction research, treatment and policy making to provide examples of why and how they feel they have moved beyond their own professional boundaries to a synthesised shared knowledge with other professionals and their service users, building on what already existed.

Reading *Transforming Addiction* from the viewpoint of a clinical practitioner provides a great deal of food for thought. Discussing the role of a Canadian Neonatal Intensive Care Unit for infants affected by prenatal substance use,

Marcellus takes us from the stigmatising, moralising attitudes levelled at women who use substances during pregnancy, to a model of practice which is as woman focused as it is infant focused. In doing so, Marcellus reminds us: "By focusing on only the substance as harmful, and misuse as an individual, deliberate, poor choice, key points of debate are hidden and missing, such as a full discussion of the barriers of care for substance using women, the lack of treatment services, and the relationship of the substance use to the social condition in women's lives". The importance of addressing inequities and the use of power carries as much weight when the focus is directed towards marginalised populations, as it does when describing the relative roles of the practitioner and researcher. In the latter instance transdisciplinarity is also about transparency, and enabling knowledge to flow equally.

From the viewpoint of the researcher, *Transforming Addiction* poses interesting questions about the processes of arriving at and then answering research questions. In her work as a neuroscientist, Einstein charts how she developed her research methods from a starting point of exploring sex differences in the nervous system, to how this might relate to experiences of female genital mutilation, to collaborations with social scientists to capture women's narratives, giving context and meaning to experiences of pain. Einstein is refreshingly honest in highlighting some of the barriers she continues to face with regard to transdisciplinary working, difficulties in securing funding, sourcing journals to publish in and, at times, colleagues' willingness to work across disciplines. She concludes: "By doing transdisciplinary research you have the opportunity to be as true as possible to the question you're asking" (p. 106).

Transforming Addiction offers the reader a candid insight into their training

programme, tools and strategies which aim to foster transdisciplinarity, and embed sex and gender and trauma informed approaches within our work in treatment, research and policy development. Are you by reading this book all set to embark on a transdisciplinary path? Not entirely: each chapter is accompanied by references for further reading which need to be followed up. However, Greaves, Poole and Boyle, with their contributors, have succeeded in providing a fresh challenge to the current, taken for granted approaches.

In doing this *Transforming Addiction* also succeeds in highlighting areas of addiction research, treatment and policy making which presently serve to reinforce stigma and the marginalisation of those we are entrusted with empowering, and in this way they certainly whet the appetite for a transdisciplinary future.

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**Chasing the Scream:
The First and Last
Days of the War
on Drugs**

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Chasing the Scream is a compelling and often moving book. The 18 chapters draw us into the multiple overlapping worlds of people who use drugs and who prohibit drugs, taking us through a kaleidoscope of views, places and times. There is an excellent index covering topics and people, a useful section on narrative technique, and a thorough Notes section detailing sources.

The opening chapter The Black Hand includes the story of jazz singer Billie Holiday, and the campaign of harassment waged against her by Harry Anslinger and his Federal Bureau of Narcotics: "Anslinger is our own darkest impulses, given a government department and a license to kill." Anslinger comes across as a corrupt and closed-minded bully, while Holiday seemed a lovely but damaged person whose life could have been greatly improved by a diamorphine prescription. Ironically, due to illness on retirement, Anslinger "took daily doses of morphine" and "died with his veins laced with the chemicals he had fought to deny the world."

Hari's style is primarily journalistic, making appeals to emotion as well as intellect. He typically deals with evidence in a clear and concise manner, though is selective and often glosses over the fine details – an approach which may be too uncritical for social scientists. For instance, Chapter 15 – Snowfall and Strengthening – tells the legendary story of Dr John Marks in Merseyside. From 1987 to 1997, Marks famously prescribed diamorphine in Widnes and Warrington, two Cheshire towns – not Wirral (Merseyside) as stated. Hari notes Marks "expanded his heroin prescription program [...] to more than four hundred." As Mersey drug strategy research director until 1991, I found no more than 30 percent of the ~400 clients of Marks' two DDUs were prescribed diamorphine – most received oral methadone. Prevalence across Widnes and Warrington was estimated to be 3,300 (1 percent) – so if only around 120 (4 percent) heroin users were prescribed diamorphine annually, the significant reductions in harm achieved could not be attributed solely to this intervention. Instead, these outcomes were more attributable to the wider regional harm-reduction strategy, based not just on flexible prescribing but also on needle exchange and other services. In Hari's defence, most writers who have stepped into the murky and myth-laden history of the Mersey harm-reduction movement