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ABSTRACT
This book was written for those who have been impacted directly or indirectly by addiction. Myths and assumptions from personal experience and the media are challenged. Tobacco, nicotine, and illicit drugs such as opioids and cannabis are explored in terms of assessment and evidence-based treatment, and from cultural and legal perspectives. Personal choice is compared and contrasted within a biopsychosocial framework when discussing policy development at the federal and provincial level. Canada’s drug policy and evolution is detailed and addiction is firmly placed within a Canadian and international context.

RÉSUMÉ
Ce livre porte sur la toxicomanie et s’adresse à ceux et celles qui ont été touchés directement ou indirectement par ce problème. On y remet en question les mythes et préjugés associés à l’expérience personnelle ou véhiculés par les médias. Le tabac, la nicotine, et les drogues illicites, comme les opioïdes et le cannabis, sont analysés sous les aspects de l’évaluation et du traitement fondé sur des données probantes et dans des perspectives culturelle et juridique. Le choix personnel est pris en compte et mis en perspective dans un cadre biopsychosocial lors de la discussion du développement de politiques aux niveaux fédéral et provincial. La politique canadienne à l’égard des drogues et son évolution sont exposées en détail, et la toxicomanie est clairement inscrite dans un contexte canadien et international.

As registered social workers, Herie and Skinner have extensive backgrounds in teaching, supervising, researching, and consulting about addiction. Many of the assumptions from the media and the authors’ personal experience in the field of addiction are challenged in a direct, concise, and evidence-based approach. Myths and misinformation about addiction are exposed through a discussion of research, treatment resources, and policy approaches within a Canadian and international context. The authors claim to have written this book for those who are directly or indirectly affected by addiction, students in the addiction field, and those with a general interest in addiction. The book is organized into five sections beginning with an overview of the current state of substance abuse in Canada, followed by an in-depth exploration of alcohol, tobacco, and opiates and opioids. The final chapter exposes the history and evolution of Canada’s drug policy, as well as an evaluation of the different op-
tions available to policy makers. Major approaches to the treatment of addiction are outlined in the appendix.

The first chapter details the use and abuse of substances in Canada, as well as their associated costs and prevalence. Canadian patterns of use and abuse are compared to other countries. Substance abuse in Canada costs $40 billion per year in lost productivity, health care, and law enforcement. However, no single cause is identified as the sole determinant of substance abuse problems. The biopsychosocial model is presented as the framework for understanding concepts and definitions found within later chapters. The dilemma of addiction as a moral issue or medical issue is introduced. Substance abuse and dependence are defined using criteria from the *DSM-IV-TR*. A risk continuum and a continuum of substance abuse are used to describe the difficulty in assessing and determining patterns of use among individuals in the areas of alcohol, tobacco, and illicit drugs. Motivation, behaviour, change, and obstacles to recovery are discussed and stressed through examples of client-therapist dialogue in the text box, “Listening for the Stages of Change.” Answers to five of the most common addiction-related questions, and which drug among legal and illegal drugs is the most harmful, conclude this chapter.

Alcohol is explored within a historical context and its physical effects are outlined, including the phenomenon of tolerance to alcohol and its effects on women. Through the use of boxed text, addiction trivia such as “Can a Person Trick a Breathalyzer?” are answered. In addition, “Low-Risk Drinking Guidelines: Maximize Life, Minimize Risk” is provided to illustrate the benefits of drinking for health. Readers are advised against drinking to improve health and the biopsychosocial interventions of eating better, exercising more, and not smoking are stressed to improve one’s heart health. Alcohol screening is explained through the use of case studies using the TWEAK and CAGE questionnaires. Alcohol and treatment recovery topics are also explored, including 12-step support groups, individual and group counselling, and harm reduction strategies. Ethnocultural considerations in alcohol use are highlighted in two interviews with individuals from diverse communities. The concept of “intergenerational trauma” and unique approaches to First Nations substance abuse treatment are offered as two interesting examples.

Tobacco use is regarded as a chronic disease. Second- and third-hand smoke are more toxic than inhaled smoke. How smoking works—from tobacco formulation, type of tobacco, filter paper, and additives—is outlined. Tobacco dependence, smokeless tobacco, and other types of tobacco, such as kreteks, bidis, and hookahs, are explained. The impact of tobacco companies’ ulterior motives is shared, and the legal battles of the big three tobacco companies are revealed. Population-based approaches to tobacco use and prevalence, and best practices in smoking cessation, including pharmacological and non-pharmacological approaches, are discussed. A discussion of subpopulations with high tobacco prevalence concludes this chapter.

Illegal drugs such as opiates and opioids are emphasized in a story about George Chuvalo, the Canadian boxing champion, who had three children who succumbed to addiction early in their lives. A brief history and a biopsychosocial account of addiction are
tion to opium follows. Its prevalence in Canada and opioid dependence assessment are detailed. Treatment methods, including both pharmacological and psychosocial approaches, are explained. Interviews with a social worker and physician who explain their challenges and successes in the treatment of individuals with opioid addictions conclude this entertaining chapter.

The final chapter compares and contrasts a disease model of addiction from a moral perspective. Policy development is set against the backdrop of conservative and liberal government initiatives. The history of Canada's drug policy and its evolution, the arguments for prohibition and moderation, as well as international age restrictions are provided. The philosophy and increasing acceptance of harm reduction is elucidated through challenges associated with HIV/AIDS, as well as through an understanding of harm reduction from a sociological perspective. A shift in Canada's drug policy, from substance abuse as a health problem to a legal problem, occurred in 2007. However, federal policy is in conflict with provincial perspectives, and the debate remains unresolved.

Using harm reduction strategies to assist individuals is currently the provincial solution to managing addiction. In contrast, the federal solution of police enforcement assumes addiction is a personal choice rather than a health concern. Medicinal use of cannabis is briefly introduced to illustrate the impact of legal pressures on policy development.

Throughout the book, the authors make their points concisely and meaningfully with well-written passages, case studies, and tables challenging current assumptions and personal biases. From presenting statistics that are easily understood from a client's perspective, to the impact of smoking on the individual's health, the authors do well in presenting information in a reader-friendly manner with many visuals, diagrams, pictures, and charts. In addition to the book's portability, counsellors will benefit most from being able to prescribe this book to clients and to acquire evidence-based research to illustrate or support therapeutic assertions. Through the breadth of qualitative and quantitative studies chosen on both sides of a given issue, the authors provide moderate to strong support to make their point and primarily use information collected within the last five years from provincial health authorities, federal and provincial policy, and census data. The authors appear to reach their intended audience and accomplish their goals.

Alternatively, readers will not find textbook-level detail on addiction. In meeting the needs of their intended audience, the authors have made the text less than a definitive resource for the more experienced counsellor. The authors make many points, but most are introduced without the detail found in comprehensive resources on addiction. Consequently, the continuity and connections between points is not always clear. Furthermore, to go back and find a particular point can be difficult as topics change so frequently within chapters. Many points are made in few pages, leaving the reader wondering if this plethora of detail is supported by empirical research in the substance abuse field.

Overall, the reader is left humbled by the pressures faced by those who have been, or will be, impacted directly or indirectly by addiction. In addition, the reader is
left enlightened and encouraged by the systems that are designed to support those affected by addiction, both through policy and the range of treatments and interventions available.

About the Author

Aaron Block, Block Psychological Solutions, St. Paul, Alberta, is in private practice as a registered psychologist. His main interests are addictions, mood, and anxiety disorders.

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