

What Everyone Should Know About Drugs. By Kenneth Leech. London: Sheldon Press. 1983. Pp 94. £6.50 (pb £2.50).

As clinicians, the caring professions, and indeed the general public, we realize that we have in the 1980s a massive and increasing national drug problem. As the demands on services grow daily, the need for accurate and dispassionate information about drugs and drug problems for both patients and concerned parents becomes an essential part of treatment and prevention.

This little book, produced in the excellent *Overcoming Common Problems* series, nicely fills the bill. The drug scene is always a matter of fashion and fad, and Kenneth Leech, as a personally involved observer over the last 20 years, ably steers the reader through this tricky territory, making sense of the passing changes, and yet emphasizing that whatever the pattern of drug use, the basic personal and social problems of the individual young drug-taker remain essentially the same.

An early chapter confronts the paradoxes and deals with the fact and fiction of drugs in a most engaging and thoughtful way. We are reminded that by some criteria heroin is a safer drug than barbiturates, alcohol or tobacco. Yet we roundly condemn opiates sipping our drinks, cigarette in hand! Leech correctly stresses the heterogeneity and variety of drug-takers in the 1980s. If this is a book for concerned parents, it nicely points out the parents own addictions, and asks them to think of themselves before they necessarily condemn their children.

Descriptions of dependence and categories of drugs are presented in a useful way and the biological and social effects are described in accurate, but digestible, terms for the lay reader. Cocaine, rapidly assuming status as a recreational

drug second only to cannabis, warrants more than one page of this book when we consider its burgeoning use amongst young people. Similarly, I would have liked a little more emphasis on long-term harm in high dose cannabis users. Surely it is incorrect to say or imply that cannabis is 'not itself an addictive drug' when dependence and tolerance effects are obvious in regular high dose users? The section on opiates over emphasizes the traditional route to the needle and implies rapid physical addiction and instant pleasurable euphoria, when the empirical evidence suggests that a majority of users find their first injection dysphoric, nauseating and aversive, and a large number of young people confound all the textbooks by using heroin on a take it or leave it basis for months or even years. We are informed about sniffing heroin, but smoking heroin, an important entrée to addiction, is not mentioned, and 'chasing the dragon' (inhalation of heroin vapour) is not in the otherwise useful glossary of drug slang.

Other chapters competently cover why people take drugs, treatment and prevention and practical do's and don'ts for parents and friends. Finally, there is an excellent up-to-date bibliography and index of helping agencies in the United Kingdom. Many of my comments are only minor quibbles in a subject bedevilled by bigotry, personal opinion and professional mystifications. Kenneth Leech's book effectively sets out to demystify drug taking and admirably succeeds. It is therefore to be recommended both for parents and concerned lay people. But if you merely are a curious professional, why not read it yourself.

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On Psychoanalysts

While Sigmund's Neurosis was latent,
And Melanie's Position depressed,
Laing's Ontology shaky,
And Adler's Power repressed,
Winnicott's False Self succeeded,
While Bowlby was mourning his Loss,
Breuer converted Hysteria,
And Reich became very cross.
Jung castrated Freud's Complexes
While collecting his unconscious dream,
Rycroft's Primary anxiety
Signalled to Janov to scream.
While Storr preserved his Integrity,
And Bruch was observing her Cage
Segal Identified Projections,
And Freud was concerned about age!

JUDY PARKINSON