

Book reviews

Alcohol and the Adult Brain

Edited by Jenny Svanberg, Adrienne Withall, Brian Draper and Stephen Bowden
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It is uncommon that a deficiency disease manifests two entirely different patterns of symptoms. Endemic thiamine deficiency, called beriberi and related to the consumption of milled rice, is characterised by weakness, oedema, cardiac failure and/or peripheral neuropathy. This fatal “oriental” disease, mainly affecting infants, was also identified as a serious problem in the Japanese military from the year 1878. Another “occidental” clinical picture including brain anatomy of the same aetiology affecting the central nervous system, whose causation had not been known at that time, was described by the German Pathologist, Carl Wernicke, in 1881 and the Russian Neuropsychiatrist, Sergei Korsakoff, in 1887. Whilst Wernicke localised a lesion in the brains of the patients showing this picture, Korsakoff went on to relate this condition to heavy alcohol drinking. Since these two conditions often go together, by the end of the nineteenth century the name Wernicke-Korsakoff Syndrome (WKS) became prevalent, postulating a single cause. At the time of the Russo-Japanese War (1904-1905), when more than 20,000 Japanese casualties were attributed to beriberi and one-third of Russians suffering from psychosis were attributed to alcohol, nobody surmised that there is a common aetiological factor in these two conditions, namely, a deficiency in thiamine. Two decades prior to the isolation of thiamine (1926) the Japanese Government started standardising rice milling to prevent insufficiencies in the population’s diet. By the end of the 1930s, apart from some low-income countries, beriberi stopped

being a major healthcare concern. On the other hand, by the twenty-first century WKS appeared to have become a problem of the ageing populations of higher-income countries.

One simple and clear message throughout this book, written mainly by clinical psychologist researchers, is that thiamine should be given in all cases of alcohol-related brain damage (ARBD). There are several distinct adult populations with thiamine deficiency, therefore making diagnosis difficult because of the lack of a widely applied, simple means of detection; and significant co-morbidity. ARBD is a pragmatic umbrella term for the cohort of excessive alcohol drinking individuals with thiamine deficiency who suffer from neurocognitive conditions. Apart from the aim of publicising this new generic term, the authors also want to establish improved diagnostic criteria in order to facilitate these patients’ access to the appropriate services and lay a foundation for research translatable to practical interventions. As alcohol inhibits the absorption and usage of thiamine, it is vital not only to practise thiamine replacement, but also to help patients achieve abstinence through psychosocial care.

Diane Caine and her colleagues’ publication on new operational criteria for the identification of Wernicke encephalopathy (WE) in 1997 have had a seminal impact on authors’ approaches. The team conducted a retrospective analysis of a sample with a known history of alcohol dependence and, after post-mortem diagnoses, found that WE was much more prevalent than had been expected. The diagnosis of living persons based on classical WE triad resulted in a poor true positive rate, hence Caine and her colleagues introduced new criteria in order to increase diagnostic sensitivity.

In 1960 E.M. Jellinek, a founder of the field of alcohol science, came to the conclusion that alcoholism is not a specific but a generic term. The Jellinekian approach seems to have been revived in this well-written book, published 55 years later. Whilst research on ARBD may help to improve the public health campaign

by basing it on epidemiological data, the treatment of each specific disorder can be improved by using a case-by-case approach in developing a care plan and by encouraging multidisciplinary teamwork, which is essential for treating these complex needs of population.

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This study is based on the assumption that drug addiction is a psychiatric disorder and chronic disease. The study was designed to compare the approach of different European countries to drugs in two main areas: their legal status and how they deal with drug-addicted offenders.

Restrictive vs permissive systems

The study compares Austria and Poland, designated as restrictive systems which criminalise both the supply and use of illegal drugs; and Spain, defined as a permissive system, which only criminalises drug supply. In all three countries, a treatment-oriented response seeks to help drug-addicted offenders move away from addiction and a criminal lifestyle.

Evidence vs conviction

It is clear from the onset that the editors favour a permissive approach which they argue should lead to a more effective treatment response since there is likely to be more agreement and therefore better coordination between health and criminal justice professionals. They marshal the evidence accordingly and sometimes conflate evidence with personal beliefs, although most of these beliefs are widely shared within the drugs field.

To give a couple of examples, there is a wealth of evidence about the effectiveness of

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compulsory or quasi-compulsory treatment (QCT) – when drug-addicted offenders are ordered by a court to participate in drug treatment, typically as an alternative to imprisonment.

The form of this (quasi-) compulsory treatment varies from country to country. In England and Wales drug-addicted offenders may be placed on a community order with a “drug rehabilitation requirement” which is underpinned by regular drug testing.

However, rather than analyse this research literature, the authors prefer to compare the attitudes of drug treatment and criminal justice professionals: “it has been argued, mostly by legal professionals, and rarely by physicians, that the threat of criminal sanction may contribute to compliance with QCT”.

The authors argue that criminalisation and law enforcement should focus on drug trafficking rather than drug consumption. Very few people from either the criminal justice or drug treatment sectors would quibble with this. However, the real challenge is how to tackle drug-related crime – the large volume of, typically minor, criminal offences committed to fund drug addiction.

Conclusion

Although full of interesting details about the different approaches in these three countries, the study is not an easy read for people whose first language is English. Inevitably, with contributors from different countries all writing in a second language or being translated, the vocabulary and writing style tend towards the technical and academic which does not make for a fluent read – at least in this reviewer’s experience. Nevertheless, the themes covered are becoming increasingly important and topical with many European states (and indeed countries all over the world) engaged in

Treatment Vs Punishment for Drug Addiction: Lessons from Austria, Poland and Spain