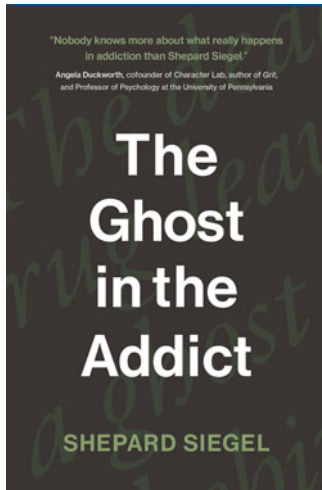


## Book reviews

Edited by Allan Beveridge and Femi Oyeboode




### The Ghost in the Addict.

By Shepard Siegel. The MIT Press.  
£33 (pb). 192 pp. ISBN  
9780262547970.

The brain disease model of addiction has been elaborated in detail over the past three decades by neuroscientists funded by the US National Institute of Drug Abuse. Although the model has produced many valuable insights that have challenged stigmatising views of the problem and stimulated treatment research, it is just one of more than a dozen competing theories that have utility.<sup>1</sup> Shepard Siegel, a professor of psychology at McMaster University in Canada, has produced an engaging and in-depth account of one of these ‘other’ theories, drawing on a half-century of research into Pavlovian conditioning. He begins by describing the anticipatory homeostatic correction that occurs in the brain in response to use of psychoactive substances, and how this protects the user from overdose. Taking a regular dose of opioids through the usual route may cause an individual to overdose simply because the drugs are administered in a novel environment. Siegel unravels this mystery by carefully elaborating on the influence of classical conditioning on the development of addiction. The drug-preparatory response is gradually paired with various external (places, people, times) and internal (thoughts, feelings, emotions) cues, until the cue alone elicits a conditioned response. As this response counteracts the effect of the substance it is often mislabelled as a ‘withdrawal response.’ However, the withdrawal response is not due to the effects of previous drug administration, but rather represents the body’s preparation for the next drug administration. This preparatory response can ‘haunt’ people like a ghost long after they have stopped regular use.

This is a relatively short book that does not utilise statistical data or neuroimaging scans, but instead draws on a range of literary and scientific sources, re-interpreting the findings of some of the classic studies in the field along the way. Siegel explains why Temperance legislation failed to control the problem, and why the best possible treatment in the Lexington ‘narcotic farm’ inevitably ended in relapse when the individual returned to their home environment. Conversely, the geographic cure often works, illustrated by the famous evaluation of opioid use by soldiers returning to the USA from the Vietnam War. The narrative covers opioids, alcohol and cigarettes, and explains why both small doses of the substance and stress can function as conditional stimuli for eliciting craving.

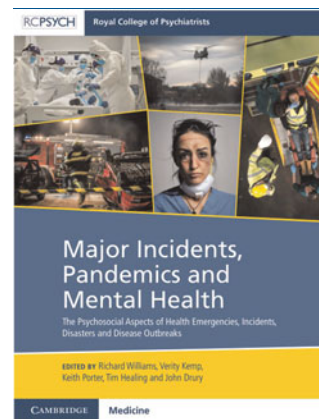
These ideas are applied to the challenge of treating addiction, and the limitations of cue-exposure therapy are explored. The author ends by placing these ideas in the context of the disease model of addiction, concluding that ‘the brains of drug users are different as a result of their conditioning history—not damaged, just different.’

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## Reference

- 1 Heather N, Field M, Moss AC, Satel S. *Evaluating the Brain Disease Model of Addiction*. Routledge, 2022.



### Major Incidents, Pandemics and Mental Health: The Psychosocial Aspects of Health Emergencies, Incidents, Disasters and Disease Outbreaks.

By Richard Williams. Cambridge University Press. 2024. £46.35 (pb). 482 pp. ISBN 978-1009011211.

This book explores the intricate relationship between large-scale emergencies and mental health.

Published in January 2024, it provides a uniquely timed analysis, when the aftermath of the COVID-19 pandemic is just beginning to recede from public memory, yet its effects are still being felt across all sectors. It covers both the psychological toll on affected populations and the unique challenges faced by healthcare professionals and emergency responders.

The text is divided into seven sections, each focusing on different aspects of crises, ranging from trauma care to the mental health impacts of pandemics, terrorism and natural disasters. The book’s key strength lies in its interdisciplinary approach, bringing together expertise from a variety of fields, and ensuring a wide-ranging approach to the recommendations it makes, as well as the evidence it references. It also includes practical guidelines for emergency planning and response, underscoring the need for integrating mental health considerations into disaster preparedness. The chapters cover various scenarios, from urban disasters to infectious disease outbreaks, offering real-world insights, case studies and rigorous research to support their claims.

The editors emphasise that mental health should be a core component of emergency response strategies. They convincingly argue that the psychological needs of both the public and those directly involved in emergency services have been historically overlooked, despite evidence showing the significant long-term impact of trauma from such incidents.

One of the standout features of the book is its focus on the mental health demands placed on first responders and healthcare workers. The editors and contributors highlight the immense