

western European countries like Ireland and United Kingdom. However, it is not practiced in many countries across the world due to social and cultural beliefs and due to political reasons and public opinion. This book gives an excellent overview of the practice of harm reduction in substance misuse across different countries of the world with respect to existing policies in various countries. The various sections of the book have been contributed by experts from a number of countries across the world like Argentina, USA, United Kingdom, Australia, Morocco, Canada and South Africa which has added to the value of this book.

The initial section of the book gives an insight in to the history of harm reduction followed by the second section, which focuses on policy. The chapter on 'A history of harm reduction advocacy' discusses extensively the reasons for resistance in implementing harm reduction policies in most developing and transitional countries and indicate the myths held by those against harm reduction. The emphasis is on British policies in the chapter on harm reduction and police services. However in this chapter, the authors have discussed the contentious issue of drug consumption rooms and the existences of around 90 such centres across different countries and the support to establish such services in United Kingdom from certain sections of the police department. Many readers would not find it acceptable the discussion in the chapter on international security and the global war on drugs as it calls for alternatives to failed global war on drugs. This appears to include legalisation of drugs in order to reduce organised crime and decriminalise drug users.

The chapter on harm reduction in prisons also discusses the risk of HIV, Hepatitis B and C transmission due to injectable drug misuse and reminds us of the International Guidelines on HIV/AIDS and Human Rights published in 1997. The authors also discuss the risk behaviours in prisons including sexual activity with data available from different countries and analyse the needle and syringe programmes and the availability of opioid substitution therapy across prisons.

The third section discusses extensively about harm minimisation in gambling and tobacco, which are often excluded when discussing about substance misuse issues. In the chapter on harm reduction in stimulants, there is emphasis on the need to target certain occupations who use stimulants such as truck drivers and the authors have also discussed the controversial issue of 'crack kits' which is used in some countries as a cocaine harm reduction strategy. This book does not fail to discuss the epidemic in the recent years of 'designer or head shop drugs' and the presence of substances such as mephedrone in ecstasy tablets. In addition, the authors call for a peer led harm reduction

approach to stimulant misuse and the need for random 'pill testing' in club scenes to analyse the content of stimulant pills.

The final section deals with specific regions across the world with a separate chapter on ex-communist countries in central and eastern Europe. The authors describe the uniqueness of the problem in every country like fentanyl being the main injecting drug in Estonia and increased prevalence of amphetamine misuse along with heroin in Latvia and Lithuania and fast growing HIV epidemic in Ukraine.

The chapter on harm reduction in western Europe is interesting in that it discusses the effectiveness of decriminalisation of drugs in Portugal along with the dual track approach in Finland and the heroin prescribing project in Switzerland. It is hard to ignore the absence of discussion on Irish harm reduction policies in most chapters of this book including the chapter discussing harm reduction in western Europe. There are very few instances on the Health Research Board data being quoted in this book and also the absence of Irish contributors in this book is disappointing. Overall this book is a very good read for those interested in addiction issues and could be used as an excellent reference book for future policy making in harm reduction.

NARAYANAN SUBRAMANIAN

*Senior Registrar in Addiction Psychiatry & Honorary Lecturer,  
RCSI, HSE National Drug Treatment Centre, Dublin, Ireland  
(Email: addiction.narayanan@gmail.com)*

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*Psychiatry of Intellectual Disability. A Practical Manual.*  
Edited by Julie P. Gentile and Paulette Marie Gillig  
(392pp.; ISBN-10:1119993814, ISBN-13: 978-1119993810).  
John Wiley & Sons Ltd: UK, 2012.

As a consultant working in Intellectual Disability Psychiatry in Ireland, I have received most of my clinical information sources from the British Isles and Europe. I was therefore very pleased to review this book, in my area of interest, originating from the United States. It was written as a collaborative project by 13 professionals, who are mainly psychiatrists, with the majority being affiliated with Wright State University in Ohio. Dr Gentile and Dr Gillig edited the book. Dr Gentile is the Professor of Dual Diagnosis for the Ohio Department of Mental Health, among many other accolades, and also has extensive clinical, research and academic experience in the field of

co-occurring mental illness and intellectual disabilities. Dr Gillig is Professor of Psychiatry at the Boonshoft School of Medicine, Wright State University, Ohio and she has written on the interface between psychiatry and neurology.

This is a comprehensive 376-page textbook and the 15 chapters cover a wide range of relevant topics. The foreword to the book points out that the field of intellectual disabilities is expanding along many fronts. Over the last 20 years, community-based placement has replaced large residential facilities in many states of America. This transformation has been accompanied by changes in treatment models, legal issues and ideology. There has been a restructuring of services with the aim of providing community programmes for many complex patients. However, availability and access to adequate care can be limited by poor distribution of qualified professionals and fragmentation of health care systems. There is now also a greater understanding of the neurodevelopmental and biopsychosocial substrates for psychiatric disorders and challenging behaviour.

The book opens with an overview of the history of intellectual disability and mental illness. Improvements in classification systems, current trends in nomenclature and the interface between intellectual disability and mental illness (dual diagnosis) are explored. The next chapters outline how to achieve a comprehensive psychiatric and medical assessment in an individual with intellectual disability. Neurological disorders and traumatic brain injury are explored in the following two chapters.

I found Chapter 6 about interviewing techniques, written by the editors themselves, very practical. I plan to introduce this chapter to all of my trainees as I think it will give them a greater understanding of the context of the developmental framework and how it can affect history taking and mental state examination. The next four chapters focus on psychiatric disorders seen in this patient group. Mood disorders, anxiety disorders, psychotic disorders and personality disorders (which can be a controversial area) are all discussed in detail.

The authors point out that challenging behaviour in the form of aggression in its various forms (verbal, physical, property destruction and auto-aggression) is the most frequent cause for mental health referrals. A chapter is therefore devoted to this topic, as the impact of aggression is significant. They outline the literature on challenging behaviour and a useful part of the chapter describes how to assess patients presenting to the emergency department. They also discuss comprehensive assessment and intervention strategies. The use of psychotropic medication in this situation and also in the treatment of mental illness in people with intellectual disability is appraised in depth.

The following chapter focuses on the use of psychotherapy in people with intellectual disability. The focus of the chapter is on the common issues of concern that may arise in treatment, barriers that complicate treatment and modifications in the provision of psychotherapeutic modalities. Behavioural assessment and treatment is covered in the next chapter. The final two chapters focus on the legal issues for treatment providers and the syndromes of intellectual disability.

This is an extremely well researched and referenced textbook which tallies with my experience of current psychiatric practice in the field of intellectual disabilities. What I thought worked very well were the real world vignettes in each chapter, which brought the text to life. They were multifaceted and interesting and they highlighted the depth of experience that the authors brought with them in writing this book. The authors emphasise the biopsychosocial approach and use of structured assessments but also the importance of development of clinical skills. This book is aimed at all psychiatrists and trainees managing patients with dual diagnosis of intellectual disability and psychiatric disorder to assist in improving their practice. There are few books that cover this area in such detail. It brings a wealth of knowledge together and any psychiatrist treating this complex patient group would benefit from having the book in their collection.

FIONNUALA KELLY

Consultant Psychiatrist, St Michael's House, Dublin, Ireland  
(Email: fionnualak@smh.ie)

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*The LGBT Casebook*. Edited by Petros Levounis, Jack Drescher and Mary E. Barber (ISBN 978-1-58562-421-8).

This book brings issues experienced by lesbian, gay, bisexual, transgendered (LGBT) people into the context of addressing other mental health concerns. They are described in a way designed to help clinicians, trainees, and other mental health professionals address the mental health needs of LGBT people while remaining cognisant of such aggravating factors as homophobia and discrimination and other psychosocial factors faced by this cohort. The first five chapters highlight some of the concerns that affect LGBT populations, including coming out, heterosexist attitudes, the 'don't ask, don't tell' mentality in the US military, legal issues, gay parenting, the use of the