The book under review here is a manual on how to apply social behaviour and network therapy (SBNT), a new treatment developed by a distinguished group of British psychologists for the UKATT. In this 1-year pragmatic trial SBNT and motivational enhancement therapy were compared – both treatments had equal efficacy as measured by improved mental health and quality of life, decreased alcohol use and dependence and fewer secondary problems.

The attraction of SBNT from the perspective of a frontline clinician in the alcohol field is the emphasis on enlisting family and social networks in the recovery process. It will be of interest to see whether SBNT has longer-term effects 2, 3 or 5 years down the line as intuitively the changes in networks seem more likely to produce better long-term outcomes. This is the principle after all that self-help groups like Alcoholics Anonymous utilise.

This book is highly accessible, practical and not overly burdened by theory. The only quibble is a failure to address how the therapy might sit alongside adjunctive medication, particularly disulfiram, which can be part of a network therapy approach.

The extent to which SBNT will be applied in full in National Health Service settings I suspect will be curtailed by the large numbers of patients we deal with and a limited time to utilise a social network form of therapy of this kind rather than a less time-intensive individual-based therapy. Cost-effectiveness data seem absent from this book and may have to await future research.

This book is written by a group of leading experts. The editors’ goal was to review current knowledge about methamphetamine and to make it accessible to workers ranging from scientists to clinicians, including physicians, nurses, social workers, criminal justice workers and teachers. They succeed in giving a broad overview of the current knowledge base regarding methamphetamine use and dependence, with a focus on the experience in North America.

The scene is set with the global epidemiology of methamphetamine use, with following chapters outlining the neuropharmacological effects of this drug. Detailed accounts are given of the dysregulation of monoamine systems underlying the reinforcing and addictive potential of methamphetamine, as well as the changes seen both with acute intoxication and chronic use, and the basis for neurotoxicity. This is then linked with comprehensive reviews of studies using neuroimaging techniques and neurocognitive testing to describe changes in brain function during use and abstinence. This extensive coverage of the basic science provides the background for later discussion regarding potential pharmacotherapies. As a clinician I found this to be a little over-inclusive. It seemed at times as if the authors erred toward listing the evidence rather than summarising the findings and there is certainly more than the average clinician will ever look up.

The medical consequences of methamphetamine use are covered in a comprehensive and accessible way, addressing all major systems affected in addition to implications of the disinhibiting effect of the drug leading to accidents and high-risk sexual activity.

Psychiatric presentations are also adequately covered, including psychotic symptoms and comorbidity. The neurocognitive deficits demonstrated in longer-term users of methamphetamine and their impact on treatment success is a common theme throughout the book.

It is, I suppose, inevitable with books written by multiple experts that there is some degree of duplication through the chapters and material is not always where you would expect it to be. That said, this book brings together a lot of information about this important substance that is becoming higher profile in Europe. Perhaps, therefore, it can be forgiven for not always being light reading.

For me, treating women with addiction problems raises many questions. This book answers some, but not all of them. To start with, it confirms that women have higher rates of comorbid problems, with past trauma (especially sexual abuse), eating disorders, borderline personality disorder and other common mental disorders. Further, it reviews treatment strategies for all of these, such as various manualised cognitive–behavioural strategies and dialectical behaviour therapy. Many authors discuss the lower numbers of men in treatment than women and pose various reasons for it.