



### **GROWING UP TOBACCO FREE: PREVENTING NICOTINE ADDICTION IN CHILDREN AND YOUTHS**

*Barbara S Lynch and Richard J Bonnie (eds)*  
*National Academy Press, Oxford (1995)*  
 306 pages. Price £20.95

This book is the report of an illustrious committee of doctors and social scientists in the United States of America and presents evidence on how to prevent teenagers using tobacco products and to assist addicted young people to give up tobacco. It was commissioned to review the evidence for action on tobacco use (both cigarettes and smokeless tobacco) in the USA to try to meet targets for reductions in tobacco use, akin to, and which are proving just as difficult to achieve as, *Health of the nation* targets in the United Kingdom. The book has much valuable USA-based evidence on adolescents and tobacco and has much of use for readers in the UK with an interest in smoking prevention.

The book is thorough in its presentation of the perils of tobacco use by teenagers, and in particular on the addictive qualities of nicotine. There is a long chapter on the psychopharmacology of nicotine and the reasons why smokers (adolescents and adults alike) find it easy to reduce their cigarette use but difficult to stop smoking.

Psychosocial reasons why teenagers want to smoke in the first place are detailed, as are the roles of, for example, advertising, parents, friends, and role models in mediating such decisions. However, the book characterizes the common problem that although many teenagers may intend to smoke during their adolescence only, the addictive nature of nicotine results in continuing tobacco use in adulthood, with the concomitant health risks. The majority of the book is therefore devoted to the role of prevention of tobacco use. There is compelling and cogent evidence for several avenues of action in public health, health promotion, and community-based and school-based education programmes. These include such action as raising taxes on tobacco products (cigarettes are cheaper in the USA than in the UK) and providing fewer public vending machines for tobacco products, more smoke-free zones, more school-based prevention programmes and less tobacco advertising. It is illuminating to discover that the tobacco industry in the USA is an even more powerful lobby than its UK counterpart.

Overall the book is useful for all interested in a public health role or research on reasons for tobacco use (both for adults and teenagers) but is probably of less use for a wider primary care readership. The book does not address the role of the general practitioner. Further, although the committee has been fair to present tobacco use in adolescents in context, there is little consideration of the interplay with other 'risky behaviours' such as alcohol or drug use. Nonetheless, the book recognizes several

areas of potential future research and development in the field, and is a valuable addition to the literature.

LIONEL JACOBSON

*Part-time research fellow, Department of General Practice,  
 University of Wales College of Medicine and  
 part-time general practitioner, Ely, Cardiff*

### **MANAGEMENT OF VIOLENCE AND AGGRESSION IN HEALTH CARE**

*Brian Kidd and Cameron Stark (eds)*  
*Gaskell, London (1995)*  
 185 pages. Price £12.50

Ten years ago, when writing about a violent experience in my surgery, I could find little in the United Kingdom literature about violence towards doctors. The best information was from other disciplines or from outside the UK. Sadly this is a topical issue nowadays. Several books now address this subject.

This book contains eight chapters by authors working in different fields (including psychology, forensic psychiatry, social work, nursing, public health, from Broadmoor and the prison service). There is, however, no chapter by a general practitioner.

Topics discussed include theories of violence and assessing the dangerousness of patients, interviewing aggressive clients, de-escalation of violent incidents, medical treatment, post-incident support, the role of the institution and ethical and legal dilemmas. Course organizers and postgraduate tutors will find useful references, although some material is aimed at institutional issues (for example, the use of seclusion, zuclopenthixol acetate (Clopixol Acuphase®, Lundbeck) and long-term treatment).

A useful model of the 'cycle of assault' will help any doctor dealing with an angry patient to understand the patient's, and his or her own, state of mind. The chapter on post-incident support is helpful for general practitioners as employers and team members.

I was disappointed that one chapter omitted to cite alcohol as a trigger for violence, and illustrations of 'breakaway' self-defence techniques were mislabelled and poorly drawn, making it hard to see who is the assailant. It is said that these techniques should not be taught outside proper training courses in case they fall into the wrong hands. It is a shame that more care was not taken over the references as a couple of errors were noticed.

What about the competition? Braithwaite's workbook (*Violence — understanding, intervention, prevention*), published by Radcliffe Professional Press in 1992 offers practical scenarios suitable for registrars to work through, and Shepherd's guide (*Violence in healthcare*), published by Oxford University Press in 1994 has general practitioner input and sections on domestic violence. Sections on non-accidental injury and domestic violence in Churchill Livingstone's general practitioner training