

CONCLUSIONS

Clinic, patient, Aboriginal health worker and GP factors, interacting with study design factors, all contributed to our inability to implement the trial as designed. Two different sets of clinic processes; the inevitable complexity of the study protocol; problems with the screening technique; patient reluctance to talk about alcohol consumption; sensitivity of the staff about broaching the subject; staff attitudes to random allocation (also reported by others⁶); GP reluctance or inability to follow through with eligible attendees because of discomfort, patient ill-health or time constraints; and patient reluctance to be involved in research — all contributed to the study's non-viability. In addition, we may have overestimated the numbers likely to be eligible. Many of those screened appeared to be non-drinkers, perhaps partially explained by the fact that the health service provided nearly twice as many consultations for women as it did for men. Males were particu-

larly under-represented in the 16–44-years age range. In addition, 27% of all consultations were for people aged 0–17 years. Only 8% of consultations were for those aged 16–25 years. Thus, people in the age groups most likely to drink at hazardous levels were under-represented among AMS attendees. Similarly low recruitment to a GP brief intervention study has been described elsewhere.⁷

COMPETING INTERESTS

None declared.

ACKNOWLEDGEMENTS

This research was funded by the National Health and Medical Research Council. We would like to especially thank Board Chair Basil Sumner, and the staff of Nunkurarrin Yunti, including Dr John Agzarian, Ms Bernadette Blackman, Dr Diwa Cabaron, Mr Ross Cameron, Dr Nicola Chynoweth, Ms Christine Clarke, Ms Molly Collins, Ms Julie Coulthard, Mrs Frances Csorba, Ms Vicki Holmes, Ms Julie McAlistair, Dr Damien Mead, Dr Srimal Nawana, Mr Lindsay Osborn, Dr Veda Rengasamy, Ms May Turner and Ms Geraldine Wilson, who contributed to the project in various ways. Others who contributed are staff of the National Centre for Education and Training in

the Addictions (NCETA); and Dr John Whitfield, Royal Prince Alfred Hospital.

REFERENCES

1. Brady M. Broadening the base of interventions for Aboriginal people with alcohol problems. Technical Report No 29. Sydney: National Drug and Alcohol Research Centre, 1995.
2. Saunders J, Lee N. Opportunistic brief interventions. *Medicine* 1999; 27: 22-33.
3. Babor T, Grant M, editors. Project on identification and managements of alcohol-related problems. Report on phase II: a randomized clinical trial of brief interventions in primary care. Geneva: World Health Organization, 1992.
4. Wallace P, Cutler S, Haines A. Randomised controlled trial of general practitioner intervention in patients with excessive alcohol consumption. *BMJ* 1988; 297: 663-668.
5. Bien T, Miller W, Tonigan J. Brief interventions for alcohol problems: a review. *Addiction* 1993; 89: 315-336.
6. Fairhurst K, Dowrick C. Problems with recruitment in a randomized controlled trial of counselling in general practice: causes and implications. *J Health Serv Res Policy* 1996; 1: 77-80.
7. Richmond R, G-Novak K, Kehoe L, et al. Effect of training on general practitioners' use of a brief intervention for excessive drinkers. *Aust N Z J Public Health* 1998; 22: 206-209.

(Received 20 Jul, accepted 12 Dec 2001)

□

book review

Overview of drug use

Understanding, influencing and evaluating drug use. Jonathan G A Dartnell. Melbourne: Therapeutic Guidelines, 2001 (x + 98 pp, \$31.90). ISBN 0 9586 198 2 4.

THE TITLE OF THIS BOOK is ambitious for such a slim volume, but the result is a very readable discussion which will be of interest to those involved in, or wishing to become better versed in, issues relating to prescription drug use. Jonathan Dartnell is a pharmacist with a long involvement in hospital drug use evaluation studies. He is well qualified to address these issues and the discussion is timely, as evidence grows of the human and financial consequences of suboptimal use of prescription drugs.

The text is extensively referenced, although readers should not assume that it provides a comprehensive

review of all the pertinent research on a particular topic. The evidence presented is international, but, where possible, focuses on Australian research. The book's strength lies in its breadth rather than its depth, particularly in Chapter 2, which is a whistle-stop tour of the "actors and factors in the drug use environment". The result is occasionally unsatisfying, as the topics are constantly changing and many are not canvassed in sufficient detail for the interested reader. However, the references are a useful starting point for further research. This minor criticism is outweighed by the value of drawing together in one place research on so many issues.

Chapter 3, "Influencing drug use", and Chapter 4, "Evaluating drug use", are more narrowly focused, and provide more detailed explorations of these topics. The diverse literature on

strategies to influence drug use practice is well described and provides a good review of this important topic. The chapter on drug use evaluation (DUE) has a predominantly hospital focus, although its guiding principles and methods are equally relevant to the community setting. Useful appendices list the websites and summarise the focus of international networks and Australian groups interested in the quality use of medicines.

What began as a literature review for a PhD thesis has found another life as a valuable resource for those interested in drug use and its evaluation.

Jane Robertson

Lecturer in Pharmacoepidemiology
University of Newcastle, NSW

Find more book reviews
in the eMJA bookroom:
www.mja.com.au

