Managing the ill effects of illegal "club drugs"

There is an 18th century proverb to the effect that drunken folk rarely take harm. One gathers the impression that perhaps many individuals who throw their consciousness into disarray by taking a variety of different psychoactive compounds in their leisure time unconsciously share this dangerously mistaken notion.

In the 18 June issue of *The Lancet* there is a review article by a neurologist and a psychiatrist from Johns Hopkins University in Baltimore dealing with the recognition and management of complications of the recreational drugs that have come to be known as "club drugs". The authors point out that use of illicit drugs in clubs and raves is an increasing cultural trend. Although few if any of the drugs currently abused in this context are really new, clear patterns and circumstances of the habit are appearing.

Among the drugs discussed are methylenedioxymethamphetamine (MDMA, "ecstasy"), ephedrine, gamma-hydroxybutyrate (GHB), gamma-butyrolactone, 1,4-butanediol, flunitrazepam, ketamine and nitrites. The presence of such agents should be investigated when a previously healthy individual is found to have undergone an acute change in mental status, particularly shortly after a rave session.

An editorial comment in the same issue of the journal refers to the need for accurate and impartial information about the long-term effects of illicit drugs so that physicians can best deal with the situation. Recreational drug-taking seems to be a routine part of many young people's lives.

It has also been reported that one in 15 practising doctors in England and Wales becomes addicted to drugs or alcohol at some time.

The debate over how to combat illegal drug use mainly revolves around legislation, but there is a problem over the cloak of secrecy that surrounds such abuse. Unless a patient admits to a drug habit, treatment other than a simple response to symptoms is impossible.

Without open debate the true extent of the problem cannot be assessed or the harm perceived. Without open debate, doctors cannot know how to deal with instances with which they are confronted. Moralising or seeking social expediency which leads to secrecy must smehow be overcome in the interest of society at large. This has a moral dimension which all those engaged in health services should recognise.

Taking a look at nature from different angles

An editorial in the 8 July issue of *Science* describes the confusion that has arisen recently over the concept known as "intelligent design" (ID), which has come to complicate the old issue of evolutionary theory in some scientific circles. There is a move afoot in the US and a few other places to promote the formula of intelligent design in place of that of creationism. As with creationism, any recognition of intelligent design implies accepting the idea of a creator or a designer behind natural phenomena, and this raises the problem of whether we base our philosophies on a strictly scientific or religious mode of thought.

Unless we subscribe to a rather rigid cult, there is no real conflict between the scientific and the theological modes. As a correspondent in the 30 June issue of *Nature* has pointed out, the viewpoint that these are in conflict is naive. Most of the founding fathers of Western science found no difficulty in reconciling their religious beliefs with their scientific pursuits, and indeed the latter grew out of the former. One approach to knowledge complements the other. Today, unfortunately, some biologists argue that some phenomena they study are too complex to be accounted for by natural selection, and so must have been designed.

A snag is, as the comment in *Science* states, that keen advocates of ID attempt to disguise religious dogma as science. But there is a distinction between a belief and a theory, and ID fails to qualify as an alternative to evolution. Theories must be capable of being tested by scientific methodologies before they can be accepted as evidence. Meanwhile, scientists must acknowledge that science alone cannot answer all their questions and is necessarily limited to the world of nature as we perceive it.

There is room for both religious reasoning and the pursuit of scientific logic. We ignore either at our peril.

How playing with video games may present a hazard to your health

An intriguing editorial by Mark Griffiths, of the department of social sciences at Nottingham Trent University, in the 16 July issue of the *BMJ*, discusses whether playing video games presents a hazard to your health, and whether, on the contrary, it may be therapeutic.

It has been asserted that such games help in the management of pain, since they distract a player's attention from the troublesome sensation of neurodermatitis, for instance. Moreover, video games provide cognitive distraction for children who are undergoing chemotherapy for cancer, reducing nausea and lowering systolic blood pressure. They may be useful in physiotherapy or occupational therapy since they do not rely on passive movements or painful limb manipulations. They can help develop social and spatial ability skills in children and adults with severe learning disability or autism, and children with impulsive and attention deficit disorders.

But there is always the risk of addiction and increased aggressiveness. Individuals suffering from epilepsy may experience an attack if they are photosensitive. Seizures are most likely where there are rapid scene changes or when repetitive patterns and flickering achieve a high intensity.

Other adverse reactions have included auditory hallucinations, enuresis, encopresis, joint pain (wrist, toe or ankle), tenosynovitis, hand-arm vibration syndrome, peripheral neuropathy and obesity. In such cases it is difficult to rule out other causes.

It is thought, on balance, and allowing that video game playing is highly prevalent among children and adolescents in industrialised countries, there is scant evidence that moderate indulgence will have serious adverse effects. When they occur they will most likely be relatively minor and temporary. However, there is need for more evidence on what may follow excessive gaming, particularly if the player shows signs of developing an addiction.