Use and abuse of psychoactive products

The recreational use of psychoactive drugs can be traced back thousands of years, with opium use recorded by the ancient Greeks, the discovery of caffeine (or at any rate tea) attributed to the Chinese emperor Shennong, and evidence of alcohol consumption by Neolithic peoples. Yet it is psychoactive products from the past 20 years that are the basis of two articles in this month’s issue of Prescriber.

High-tech tobacco
Nicotine addiction underpins the multi-billion-dollar global tobacco industry, which accounts for one in six deaths. Of course, this is not a new problem – tobacco reached the shores of western Europe in the 1500s, but since 2004, nicotine has started to go high-tech with the advent of the e-cigarette.

On page 20, Mark Greener explores some of the concerns around the use of these devices. Despite the understandable lack of long-term data, vaping is thought to be far safer than cigarettes and provides an important opportunity for smoking cessation. Yet only around half of smokers believe vaping to be a safer option and fewer than one in ten understand nicotine is not responsible for most smoking-related harm. Smoke-free legislation that does not differentiate between vaping and smoking, together with negative messages from the media, do nothing to dispel misconceptions.

How is this relevant to prescribers? It is argued that healthcare professionals need to be better informed of the potential beneficial role of e-cigarettes as an effective quit aid, thus supporting appropriate decision-making by patients. In addition, the ability to issue e-cigarettes on prescription may go some way to legitimise the use of these devices, providing prescribers and smokers alike with reassurance about safety and effectiveness.

However, there are as yet no medically licensed e-cigarettes on the market, and although NICE acknowledges the potential role of e-cigarettes in its latest smoking cessation guidance published last month, its statements that e-cigarettes are “not risk free” and that the evidence is “still developing” is unlikely to garner enthusiasm from clinicians. Hazel Cheeseman of the charity ASH is quoted saying: “There is a really big job to do to win around sceptical and nervous smokers.” An equally big job may well be winning around sceptical and nervous prescribers.

Gabapentinoids
Another product that found its way into UK practice in 2004 was pregabalin. Along with its less potent older cousin gabapentin, it has a wide range of therapeutic uses, including the management of neuropathic pain, epilepsy and anxiety. Yet considerable enthusiasm for its use – over a three-fold increase in prescribing over five years – has been accompanied by growing evidence of misuse. There has also been an exponential rise in gabapentinoid-associated deaths, and reclassification of these products as class C drugs seems almost certain in the near future. A considerable proportion of primary care clinicians are likely to be unaware of the exact nature of the problem; Graham Parsons examines the issue on page 25, providing invaluable advice for prescribers on how to prevent and manage misuse. Of course, it remains to be seen whether action taken today in tackling the challenges posed by gabapentinoids will prevent our descendants continuing to deal with the same problems in tens, hundreds or even thousands of years time.

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