

Letters to the Editor

The journal publishes both invited and unsolicited letters. It is at the editor's discretion whether such letters are sent out through peer review.

DANGERS OF BANNING SPICE AND THE SYNTHETIC CANNABINOID AGONISTS

Due to the use of Spice and similar products comprising herbal mixture sprayed with synthetic cannabinoid agonists [1], the UK Advisory Council on the Misuse of Drugs (ACMD), following some other countries, is advising that a range of synthetic cannabinoids become controlled drugs [2]. This makes medical sense, because the effects of these chemicals are untested, unknown and some of them may be dangerous. Moreover, banning dangerous pharmaceuticals has sometimes reduced use and harm in the past, for instance with gel formulation temazepam and barbiturates. Will this work when the drugs to be banned are being sold only because the 'safer' equivalent—cannabis—is not licensed in the United Kingdom for medical (or recreational) use and was re-classified recently as more dangerous against the advice of the ACMD? Untested pharmaceutical compounds would not be released for human consumption. So far, reported adverse psychological reactions to smoking synthetic cannabinoids [1,2] sound similar to occasional adverse psychological reactions to cannabis. Unfortunately, a generic ban may not make criminological sense, as there is a real risk that it will make the herbal high market more dangerous, not safer:

- 1 In the discussions on retailers' websites, Spice smokers compare its effects to cannabis, so presumably many are smoking it as a legal alternative. If the ban were to shift them back to illegal cannabis, then this might harm otherwise law-abiding smokers who have chosen to get out of the illegal market.
- 2 There is clearly a big demand for legal highs. This will continue to be satisfied by supplying products that contain chemicals that are not yet banned.
- 3 The manufacture of these products remains a mystery, including what, if any, safety and consumer acceptability testing has been conducted. Manufacturers may try their best to produce safe drugs with the desired effects. Perhaps their market research has at least excluded some chemicals with obvious bad effects.
- 4 What other legal products would be banned without industry consultation? This is turning down a unique opportunity to regulate the production of 'herbal highs' in an ethical and responsible fashion.
- 5 Following a ban, the industry will replace the banned chemicals with others; eventually, bans will lead to the

use of truly dangerous highs, if that is all that is left legal.

The Pandora's Box of synthetic highs is already open. The ban is the predictable result of a widespread contemporary trend to regulate things that only *might* be dangerous [3]. Without further research, consultation with manufacturers and other evidence, there is a serious risk of banning relatively less dangerous chemicals, which will be replaced by more dangerous ones. A politically unpalatable alternative would be to regulate the supply of cannabis products, rather than abdicating control of their strength, purity and safety to criminal traffickers.

RICHARD HAMMERSLEY

Department of Psychology, Glasgow Caledonian University, Cowcaddens Road, Glasgow G4 0BA, UK.

E-mail: richard.hammersley@gcal.ac.uk

References

1. European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). *Action on New Drugs Briefing Paper: Understanding the 'Spice' Phenomenon*. Lisbon: EMCDDA. Available at: http://www.emcdda.europa.eu/attachements.cfm/att_80086_EN EMCDDA_Understanding%20the%20'Spice'%20phenomenon_4Update%2020090813.pdf (accessed 27 August 2009).
2. Advisory Council on the Misuse of Drugs. *Consideration of the Major Cannabinoid Agonists*. London: Advisory Council on the Misuse of Drugs. <http://drugs.homeoffice.gov.uk/publication-search/acmd/acmd-report-agonists> (accessed 23 November 2009).
3. Ericson, R. *Crime in an Insecure World*. London: Polity; 2006.

MOBILE PHONE ADDICTION: A POINT OF ISSUE

A scientific debate is currently taking place about the new DSM-V classification regarding the diagnostic entity of pathological gambling [1,2] or compulsive internet usage [3,4] as addictive behaviours.

With regard to technological addictions [5,6], the mobile phone has many attributes and characteristics that make it very attractive and foment its use, particularly in adolescence. In particular, the possession and use of the mobile phone by teenagers favours personal

autonomy [7]; provides identity and prestige in comparison with their peers [8]; offers major technological innovations (tools for which adolescents demonstrate a special inclination and skill); is a source of fun and entertainment; and favours the establishment and maintenance of interpersonal relationships [9,10] by taking advantage of technological resources, such as 'missed calls' [11], that have a clear social and affective function. Teenagers are fascinated by the mobile phone.

Nevertheless, the uncontrolled, inappropriate or excessive use of the mobile phone can give rise to social, behavioural and affective problems. One of the latest studies carried out on the pattern of mobile phone use in adolescents [12] revealed the existence of significant relationships between some of the main parameters of mobile use and problems derived from its abuse, as well as the presence of indicators of mobile phone dependence, according to the DSM-IV-TR criteria. Some of the most characteristic symptoms of dependence were the following: (a) excessive use, manifested in both a high economic cost and in numerous calls and messages; (b) problems with parents associated with excessive use; (c) interference with other school or personal activities; (d) a gradual increase in mobile phone use to obtain the same level of satisfaction, as well as the need to substitute operative devices with the new models that appear on the market; and (e) the need to use the mobile phone frequently, as well as emotional alterations when phone use is impeded.

Diagnostic tools of mobile phone dependence have been developed [13,14]. The Test of Mobile Phone Dependence [13] was developed using the DSM-IV-TR criteria on dependence and a sample of 1944 adolescents. It contains three factors: I, 'Abstinence'; II, 'Lack of control and problems derived from the use'; and III, 'Tolerance and interference with other activities'. The results show that there is a direct and statistically significant relationship between test scores and the main parameters of dependence: lack of impulse control, use of the mobile phone to avoid unpleasant mood states, problems derived from the use of the mobile phone, abuse of the mobile phone (as shown by the number of daily calls, messages, 'missed' calls or 'beeps') and the amount of time invested daily in both calls and messages.

So, even though it is necessary to carry out further work in order to analyse the associations of the scale with mental health conditions (e.g. depression, anxiety) and other indicators of psychosocial dysfunctions, the construct of 'mobile phone addiction' is really plausible and merits inclusion in DSM-V as a kind of technological addiction.

Declaration of interest

None.

MARIANO CHÓLIZ

*University of Valencia, Avda. Blasco Ibáñez, 21, 46010
Valencia, Spain, E-mail: mariano.choliz@uv.es*

References

1. Petry N. M. Should the scope of addictive behaviors be broadened to include pathological gambling? *Addiction* 2006; **101**: 152–60.
2. Potenza M. N. Should addictive disorders include non-substance-related conditions? *Addiction* 2006; **101**: 142–51.
3. Block J. J. Issues for DSM-V: internet addiction. *Am J Psychiatry* 2008; **165**: 306–7.
4. Blaszczynski A. Internet use: in search of an addiction. *Int J Ment Health Addict* 2006; **4**: 7–9.
5. Griffiths M. D. Technological addictions. *Clin Psychol Forum* 1995; **76**: 14–9.
6. Griffiths M., Wood R. T. A. Risk factors in adolescence: the case of gambling, videogame playing, and the internet. *J Gambl Stud* 2000; **16**: 199–225.
7. Oksman V., Turtiainen J. Mobile communication as a social stage. The meanings of mobile communication among teenagers in Finland. *N Med Soc* 2004; **6**: 319–39.
8. Lobet-Maris C. Mobile phone tribes: youth and social identity. In: Fortunati L., Katz J. E., Riccini R., editors. *Mediating the Human Body: Technology, Communication and Fashion*. New York, NY: Lawrence Erlbaum; 2003, p. 93–102.
9. Ellwood-Clayton B. Virtual strangers: young love and texting in the Filipino archipelago of cyberspace. In: Nyíri K., editor. *Mobile Democracy: Essays on Society, Self, and Politics*. Vienna: Passagen Verlag; 2003, p. 225–39.
10. Taylor A. S., Harper R. The gift of the gab? A design oriented sociology of young people's use of mobiles. *J Comput Support Coop Work* 2003; **12**: 267–96.
11. Donner J. The rules of beeping: exchanging messages via intentional 'missed calls' on mobile phones. *J Comput-Mediat Commun* 2007; **13**: 1.
12. Chóliz M., Villanueva V., Chóliz M. C. Ellos, ellas y su móvil: uso, abuso (¿y dependencia?) del teléfono móvil en la adolescencia [Girls, boys and their mobile: use, abuse (and dependence) of the mobile phone in adolescence]. *Rev Esp Drogodep* 2009; **34**: 74–88.
13. Chóliz M., Villanueva V. Questionnaire of Dependence of Mobile Phone: psychometric properties and gender differences. 11th European Congress of Psychology. Oslo, 7–10 July 2009.
14. Toda M., Monden K., Kubo K., Morimoto K. Mobile phone dependence and health-related life-style of university students. *Soc Behav Pers* 2006; **34**: 1277–84.

IT'S REUNION NOT RELAPSE

The paper by Hunter-Reel *et al.* [1] in the August 2009 issue of *Addiction* raises a number of interesting issues with regard to an attachment theory of addiction [2]. It follows that with any powerful attachment the fundamental behaviour of those so attached is to stay in constant contact with their object of attachment by all necessary actions, and if separated to strive to be reunited as soon as possible by all available means. A corollary is