# E-cigarettes, vaping and illicit drugs

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## One rainy morning in an inner-city drug and alcohol service...

Typically Gamma-Butyrolactone (GBL) liquid consumed orally

Typically GBL a difficult drug to vape – Irritation

Increased availability of a very effective, socially acceptable drug delivery device

"Really chilled out"

"Just so convenient"

"No one's gonna think I'm vaping G"



Vaping of illicit drugs isn't new.

(We just often incorrectly refer to it as smoking...)

Many heroin users 'chase the dragon' i.e. heat heroin on foil and inhale the vapourised fumes Scientific innovation changing the way illicit drugs are administered isn't new.

Invention of the hypodermic needle allowed purified heroin to be delivered with previously unimagined efficiency

Whilst there is evidence to dispel the claim of a gateway effect from vaping to traditional cigarette smoking, is the increase in affordable, socially acceptable, commercially available ecigarette devices likely to lead to the use of illicit drugs in previously unused ways?





#### E-cigarette or Vaping product use-Associated Lung Injury (EVALI)

Vitamin E acetate, an additive in some unregulated THC-containing ecigarette, or vaping products strongly linked to outbreak

As of February 18, 2020: 2,807 hospitalisations 68 deaths

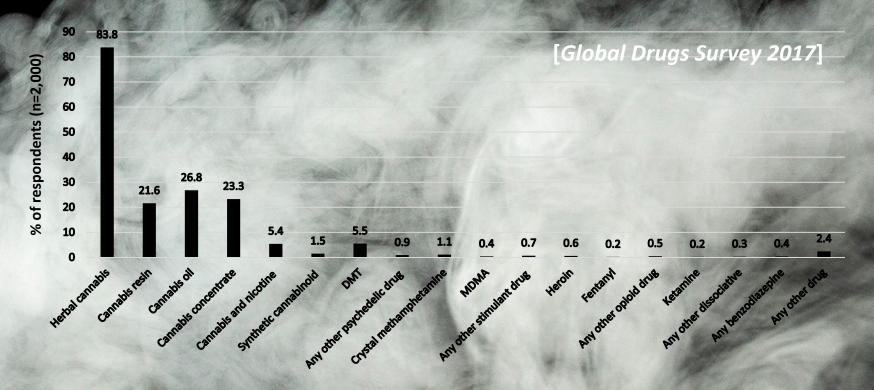
[CDC 2020]

"We must now ban flavoured e-cigarettes"

Michael Bloomberg, 2019

### What illicit drugs do drug users vape?

"Which of the following drugs have you ever tried to vape?"



Three online cryptomarkets ('Agartha', 'Cryptonia', and 'Tochka') were examined for illicit substance vaping products in October 2019

The top products were vape cartridges prefilled with non-nicotine e-liquids.

The most common substances were cannabis oil (88%),

synthetic cannabinoids (10%) and psychedelics (1%).

Vendors were primarily from the USA, but offered shipping worldwide [Lim et al. 2020]

It is possible at some stage there will be deaths linked to vaping illicit drugs in the UK.

In the event of this happening it may be used to fuel objections to e-cigarette use as a means of tobacco harm reduction.

Case Study: Tobacco harm reduction through e-cigarette provision to emergency hotel accommodation for individuals experiencing rough sleeping in London during the COVID-19 outbreak

Fears from homeless support workers we would be giving people "a free machine they could use to smoke cannabis"

#### So what do we do as a clinical and research addiction community?

Prepare, Research + Reduce Harm

Start putting in grants to study illicit drug vaping. This is a public health concern

Don't assume you know how people are taking their drug of choice, ask them!

Understand why they choose to vape their drug?

Could they space out dosing?

Could they switch to a safer method of administration?

Should we be advocating closed pod systems for tobacco harm reduction? [St Helen 2020]





## What happened to the people vaping GBL?

One ultimately underwent GBL community detoxification, he remained abstinent at 3 months follow-up

One did not wish to stop GBL use; Harm minimisation keywork to switch to oral GBL use, space out dosing, use test doses etc.

GBL vaping use is now routinely asked as part of the vaping section in the Global Drugs Survey

#### Summary

It is possible there will be illicit drug related vaping deaths in the UK

We need to be prepared as a clinical and research addiction community that this does not lead to a reduction/demonisation of nicotine e-cigarettes as a powerful tool for tobacco harm reduction

We need to research and be able to to offer sensible harm reduction advice regarding any reported use of e-cigarettes as drug delivery devices for non-nicotine illicit substances

#### References

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