



## Short Communication

## A new method of cannabis ingestion: The dangers of dabs?

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## ABSTRACT

A new method for administering cannabinoids, called butane hash oil (“dabs”), is gaining popularity among marijuana users. Despite press reports that suggest that “dabbing” is riskier than smoking flower cannabis, no data address whether dabs users experience more problems from use than those who prefer flower cannabis.

**Objective:** The present study aimed to gather preliminary information on dabs users and test whether dabs use is associated with more problems than using flower cannabis.

**Method:** Participants ( $n = 357$ ) reported on their history of cannabis use, their experience with hash oil and the process of “dabbing,” reasons for choosing “dabs” over other methods, and any problems related to both flower cannabis and butane hash oil.

**Results:** Analyses revealed that using “dabs” created no more problems or accidents than using flower cannabis. Participants did report that “dabs” led to higher tolerance and withdrawal (as defined by the participants), suggesting that the practice might be more likely to lead to symptoms of addiction or dependence.

**Conclusions:** The use of butane hash oil has spread outside of the medical marijuana community, and users view it as significantly more dangerous than other forms of cannabis use.

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## 1. Introduction

Cannabis is the most commonly used controlled substance in the United States (SAMHSA, 2012). Over 107 million Americans older than 12 years report ever having used cannabis, and an estimated 18.1 million report using it in the past month (SAMHSA, 2012). A significant proportion of those who use cannabis regularly report that their primary motive for use is for medicinal purposes (Bonn-Miller, Zvolensky, & Bernstein, 2007). Recent legislative changes pertaining to the legal use of medicinal marijuana have made medical marijuana dispensaries increasingly prevalent (Reuteman, 2010). Dispensaries offer increased options for methods of administration of cannabis. Mechanisms such as vaporizers, edibles, and liquid tinctures have become popular alternatives to the traditionally smoked flower cannabis (Schnelle, Grotenhermen, Reif, & Gorter, 1999). One alternative method of cannabis use, known as “dabbing,” is increasing in popularity among medicinal users and might carry unique risks.

## 1.1. What is dabbing?

Dab(s) is the colloquial name for concentrated butane hash oil (or BHO). It resembles a hard, wax-like concentrate and is created through butane extraction of THC from flower cannabis. The result is a substance with a higher THC concentration compared to traditional forms of

cannabis. Informal reports suggest that butane hash oil can reach THC concentrations upwards of 70% to 90%, whereas flower concentrations traditionally range between 3% and 6%. However, more conservative estimates suggest that the concentrations of dabs contain doses closer to 20% to 25% (Mehmedic et al., 2010), a THC content that is still significantly higher than those found in traditional flower forms. The term “dabbing” refers specifically to the common method for ingestion of butane hash oil, where a “dab” of the dense oil is placed on the end of a glass or titanium rod that has been heated, typically with a blowtorch. The concentrate is then vaporized very quickly, allowing the user to inhale the vapors and swiftly feel its effects.

## 1.2. Potential for harm

Little is known about the potential risks associated with dab use compared to those associated with traditional flower cannabis use. Nevertheless, the process of inhalation (e.g., lighting a titanium rod/nail with a blowtorch, producing fire near butane if inhaled in the same area as butane extraction) seemingly carries inherent dangers. Moreover, the increased concentration of  $\Delta^9$ -THC, one of the primary psychoactive compounds in cannabis, might also increase risk for problems among users. Likewise, the process of dabbing might lead to more rapid administration, thereby increasing risks associated with dependence. The increased THC concentration and novel means of administration might be associated with problems such as increased physiological tolerance and potential withdrawal.

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Literature on the use of dabs is lacking. At present, no articles appearing in academic journals mention dabs or butane hash oil use, suggesting that many practitioners and researchers are unfamiliar with the term. Attention to dabbing is just emerging in the popular press. In an interview conducted earlier this year with the leading popular marijuana magazine *High Times*, the senior editor stated that “[although BHO isn’t new] ... it was only done by a few people and it was very underground. Even at *High Times* we didn’t really talk about it or cover it because it was so rare” (as quoted in Hallett, 2013, February 20). Five months later, “Dabs!” was run as the cover story in the July 2013 issue of the magazine. This shift in coverage might suggest that use of dabs is on the rise. Nonetheless, while awareness of butane hash oil is increasing in the popular media, there is no known scientific work examining the prevalence or likelihood of problems associated with its use.

### 1.3. Aims

The aim of the present study was to collect preliminary information on the use of “dabs” within the United States. We specifically aimed to assess why some users prefer “dab(s)” to other forms of cannabis, whether those who have used butane hash oil perceive dab use as more dangerous than smoking or vaporizing traditional flower cannabis, and whether dab use is associated with more problems than flower cannabis use. Based on the potential for accidents with increased exposure to a blowtorch, as well as the rapid intake of higher amounts of psychoactive cannabinoids, we hypothesized that participants would report experiencing more cannabis-related negative consequences from their dab use than from their flower cannabis use.

## 2. Method

### 2.1. Procedure

Following institutional review board approval, a survey administered through the website [www.surveymonkey.com](http://www.surveymonkey.com) was created that consisted of the measures specified below. Participants were directed via an Internet link to the survey and asked to complete each measure.

### 2.2. Participants

Participants were respondents to an advertisement posted on [www.craigslist.org](http://www.craigslist.org) calling for volunteers for a marijuana-related survey on dabs use. Advertisements were posted in twelve major cities across the United States. The advertisement specifically recruited participants with a history of dabs use. The recruitment flyer did not provide an explicit explanation of what “dabs” use referred to but included term synonyms (e.g., hash oil, honey oil, BHO). Participants were advised that they would be entered into a raffle for a cash prize in exchange for completing the survey. There were approximately 600 respondents who followed the link in the advertisement to the survey.

#### 2.2.1. Selection of the current sample

Participants were excluded if they did not report having used hash oil (aka dabs), if they were younger than 18 years, or if they did not report their age.

#### 2.2.2. Demographics of the current sample

The 357 people who qualified included 211 men (59.1%), 145 women (40.6%), and 1 who did not report gender (.3%). Ages ranged from 18 to 71 years ( $M = 28.74$ ,  $SD = 10.12$ ). Education ranged from some high school to advanced degrees. The majority of the respondents were Caucasian (61.6%). The sample also included Latinos (14.6%), Native Americans (1.7%), African Americans (5.3%), Asians (5.3%), those who endorsed multiple ethnicities (7.6%), and those who preferred not to disclose their ethnicity (3.9%).

Participants were primarily heavy or daily cannabis users, who reported using cannabis an average of 5.71 days per week ( $SD = 2.01$ , range = 0–7). Participants also reported using an average of 8.38 g of cannabis per week ( $SD = 9.28$ , range = 0–80). Regarding their dab use, 12.6% of participants reported that they did dabs “daily,” 15.6% “more than once a week but less than daily,” 10.1% “about once a week,” 13.6% “more than once a month but less than once per week,” 13.1% “about once per month,” and 35.2% reported using dabs “less than once per month.” Participants were asked whether their use of cannabis serves a primarily medicinal purpose or not. One hundred and fifty one respondents reported that they were primarily medicinal users (42.3%), while 206 respondents reported that they were primarily recreational users (57.7%).

### 2.3. Measures

The current study included questionnaires that assessed whether participants preferred dabs to other forms of cannabis, participants’ reasons for preferring dabs to flower cannabis, whether they had ever used vaporizers or other mechanisms associated with reduced risk, whether they prefer dabs to vaporized flower cannabis, and if so, what their reasons were for preferring dabs to vaporizers. In addition, measures included questions on perceived safety and experience of negative consequences and accidents associated with use.

#### 2.3.1. Preference for dabs use

Participants were given a list of reasons why they might prefer dabs to flower cannabis and asked to endorse all items that were true for them (Yes or No). An open-ended “other” option was also included for participants to write in any additional preference reasons.

#### 2.3.2. Perceived safety

Participants were asked to report how safe they felt both flower cannabis and dabs were, using a 5-point Likert scale ranging from “not at all safe” to “very safe.”

#### 2.3.3. Negative consequences

Participants were asked to report on their experience of negative consequences from both flower cannabis and dabs by answering the question, “Have you ever experienced any negative side effects from using \_\_\_\_\_?” (Yes or No). The question was phrased to assess for both flower cannabis and dabs.

#### 2.3.4. Accidents

Problems such as burns and accidental fires were assessed by asking participants “Have you ever had an accident from the process of using \_\_\_\_\_ (for example, burns, accidental fires, etc.)?” (Yes or No). The question was phrased to assess for both flower cannabis and dabs.

#### 2.3.5. Tolerance and withdrawal

Two single items were used to assess for increases in tolerance and increases in the experience of withdrawal resulting from dab use. Participants were asked to respond to the questions, “Do you find that dabs increase your tolerance so that you need more dabs or more flower cannabis than you used to?” and “Do you find that dabs increase your withdrawal symptoms when you are not doing dabs or smoking flower cannabis?” No other definitions of these terms appeared; participants interpreted “tolerance” and “withdrawal” on their own. Participants responded to these questions using a 4-point Likert scale corresponding to the following responses: “not at all,” “a little bit,” “somewhat,” and “definitely.”

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