What is the danger of overdose in vaping and does it change based on age?
A:

Although I’m sure at some point there’s probably been a case of overdose where nicotine or THC has been listed as the primary factor, my understanding is that neither of these substances is a significant risk for a fatal overdose.

Isn’t Vaping just as bad as smoking cigarettes?
A:

Vaping aerosol does have fewer toxic/carcinogenic chemicals in it than tobacco smoke (1,000-2,000 versus 7,000), as well as no tar. However, current data indicates that it may not be any less harmful in terms of cardiovascular risk. So while the jury is very much still out on the specifics, it is probably safe to say that vaping is likely less harmful than cigarettes related to certain health risks – exactly what those risks are and the degree of harm reduction is still very much up for debate, though.

Doesn’t limiting access increase use (Prohibition)?
A:

The opposite is actually true – limiting access very much limits use, and providing more access increases use. This is why we have age restrictions for the purchase of tobacco and alcohol, and on purchasing THC products in states that allow it. Far, far more people use our legal drugs in the United States (alcohol, nicotine) than substances where sale is illegal.

I’m curious if vaping from a vaporizer that takes marijuana bud and vaporizes it as opposed to an oil cartridge etc. is healthier?
A:

That’s a great question that I actually don’t have a good answer for! My hunch is that it would be less harmful, at least in some respects, as the THC potency would be lower than for THC concentrates, and you’re also not superheating / transforming chemicals.

I had no idea THC was addictive, perhaps you will get here but I’m wondering if you could talk more about its addictive properties?
A:

Hopefully this question was answered during the presentation – please refer to the slide where I cite articles that outline this. THC demonstrates the same type of tolerance and withdrawal syndromes of other addictive chemicals – for articles on this I’d recommend heading over to PubMed, but here are three that are currently open access:

Is there a way through testing to see a difference between someone using CBD v THC?
A:

Certainly – they have very different chemical profiles. Someone using CBD would not test positive for THC, unless they were vaping or smoking it (as a certain percentage of heated CBD converts into THC).

Most of the people I know that switched from cigarettes to vapes are now addicted to the vapes so how is it a way to quit smoking?
A:

I’ve seen this go both ways – that vaping ties some people even closer to nicotine, whereas for others it creates an easy way to control how much nicotine you’re taking in and can taper slowly over time. If someone was using it to quit, they would try to do the latter – slowly adjust their dose down over time, potentially in a more controlled way than other nicotine delivery systems.

Is there a study done on pregnant women who vape, instead of smoke and what the effects are on the unborn baby?
A:

The quick answer is that we don’t have much research on this right now. Here’s a literature review:


What areas of the brain/brain function rebound after a period of THC cessation in long term users?
A:

I don’t know all the specifics about which areas rebound, but I can say that many do, to a considerable degree. Different studies show different levels of enduring impact, however.

Is CBD oil safe, is it without THC?
A:

Many studies have unfortunately shown that there are widespread issues related to labeling inaccuracies and impurities in the CBD market. That aspect aside, yes, CBD itself is a safe compound overall for healthy, non-pregnant adults. Large amounts of CBD have the potential to negatively impact liver function, but it requires a very large amount.

How do police measure THC impairment while driving?
A:

This is a significant problem for police right now. The only way they can objectively measure active THC impairment is to take someone to a hospital/phlebotomist for a blood draw, as THC remains in the urine for a very long time after use (potentially weeks), and THC does not show up on a breathalyzer. However, as was mentioned in the presentation, THC generally does not remain in the blood for more than 3-4 hours after use in most cases, which means that even if someone is actively impaired from THC use it may not be detected in the blood.

Police may also use functional tests to determine impairment – these are performed by officers with DRE (Drug Recognition Expert) training.

Are medications FDA approved for people under 18?
A:
Many medications for nicotine dependence are not FDA approved for people under 18. However, the American Academy of Pediatrics has issued a statement on when medical providers may want to consider off-label treatment— you can find that here:


**Does Gabapentin have high potential for abuse?**

A: While gabapentin does impact GABA in the brain and has shown tolerance and withdrawal symptoms, it is not often misused in an addictive fashion.

**Is there a difference in what is offered at Community Colleges vs 4-year schools?**

A: Not sure what is being referred to for this one— please feel free to reach out to me with the question rephrased if you’d like!

As a person in recovery for 16 years with use of AA, I am always perplexed by the lack of attention to addressing the component of spirituality? Having the best supports, body and mind will not save you when those same things fail you, and they well given enough time.

A: Spirituality can be a great asset to those looking to achieve recovery, absolutely. As a psychologist I generally do not venture too far into the realm of spirituality in my work, although I certainly support when my clients use it as a source of support, community, or personal strength/resilience. Some individuals embrace spirituality as part of their journey, while others may be very opposed. I personally try to tailor treatment plans to each individual’s needs and openness to different supportive and/or treatment modalities.

**Tobacco use is considered a “Tobacco Use Disorder” (DSM 5). Could/Should vaping be classified as “Vaping Use Disorder” (even though vapes may be a cessation aid)?**

A: I don’t think we’ll see a “vaping use disorder,” but I do think it would be appropriate to consider renaming “tobacco use disorder” to “nicotine use disorder.” Prior to vaping, tobacco was the primary substrate for nicotine delivery (in cigarettes, cigars, etc.). Now this is not as much the case, as modern vapes have switched to tobacco-free nicotine as part of their efforts to evade FDA regulatory action. Our nomenclature should probably follow in order to stay accurate and up-to-date.