“A tale of tail”: A case of lizard tail abuse

Sir,

Since time immemorial, man’s search for novelty has led to occasional explorations of seemingly mundane, and sometimes outrightly bizarre, substances as sources of pleasure or euphoria.[1-2] Newer, unconventional, items of abuse are being reported in recent literature, and the use of easily available products is becoming more common.[3-5] In this article, we describe the case of a young boy with behavioral manifestations of lizard tail abuse – an idea which is still relatively novel and rare. We highlight the role of behavioral therapy in managing this phenomenon.

X, a 17-year-old boy, a high-school student, with grossly normal intelligence and a history of difficult temperament, presented to the outpatient department with a history of academic decline. Upon further explorations and after ruling out other morbidities including common psychoactive substance use, and consequent to a reasonable rapport at the third clinic session, he mentioned using lizard (common house geckos, Hemidactylus frenatus) tail as a mean to gain “highs.” X would poke them using a stick to make them drop their tail, collect these, and put them on a foil over lighter flame. The patient reported collecting them fresh to heat over the foil. He said he would open his mouth and inhale the smoke as deeply as he could. He said he felt extremely relaxed for 5–10 min, followed by a long-lasting feeling of well-being, repeating the whole act 4–5 times a day. He said that he started experimenting with this around 1 year back, after one of his seniors in the school described the process and compared the experience to “ganja (cannabis).” X burned one tail, to begin with, and liked the effects – slowly graduating to the current use over a month. Many of his friends felt sick at this behavior and dropped out of his company. Because of his way of collecting the tails, he would have to keep looking for the geckos in his house, the garden, and in the neighborhood, including some abandoned houses. This kept him busy through the day, to the detriment of his school attendance. He said he had tried smoking bidis (tobacco) once, but it was difficult for him to buy this for the fear of being caught by his father (same with alcohol or other illicit drugs); he felt that lizard tail was much safer that way. He had not tried inhalants such as petrol. He did not think that this behavior was harmful and did not see a reason to quit. He did not report physical symptoms of dependence, but reported anxiety and restlessness if unable to find one, along with symptoms suggestive of craving.

There were nil physical ill effects evident at this assessment. A motivational interviewing approach was adopted, and multiple psychoeducation sessions were organized. Confidentiality was maintained as per his wishes (Gillick competent). General information was provided on smoke inhalation, psychological dependence, and gateway drug concepts. Detailed discussions were held with him using DARES model. He acknowledged that he could potentially move to harder drug use from here, and wanted to work on prevention. A graduated reduction plan was formulated, and he achieved complete abstinence in
2 weeks’ time from implementation. Alternative sources of reward were identified and positively reinforced using the principles of token economy, alongside.

In available literature, the basis for abuse potential of “lizard tail” is unclear.\textsuperscript{[6,7]} Previous reports have speculated on its potential to increase the potency of cannabis and opioids,\textsuperscript{[6,7]} but such a thing was lacking in X. Its easy availability is a potential factor in promoting use,\textsuperscript{[6]} as evident with X. While there is a possibility of psychological dependence being the central promoting factor, future research would need to clarify on the possibility of physiological dependence. While unfamiliarity with such unconventional substance use might make the clinician uncomfortable during initial assessment and planning, it is important to know that many of these could reflect behavioral addictions and are thus amenable to simple, manual-based, behavioral interventions.

**Declaration of patient consent**

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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**Conflicts of interest**

There are no conflicts of interest.

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