Internet facilitation of opioid dependence.

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There are numerous characteristics of a substance that can make it prone to abuse, ranging from its onset of action to the degree to which the effects are experienced as rewarding. One of the most influential characteristics is its availability (1). The most available substances of abuse, tobacco and alcohol, cause the greatest public health problems. Illicit opioids, such as heroin however, have generally been available only through illegal channels, and this has restricted its use to those who are willing to undergo the risk of arrest or potential exposure to the violence associated with the illegal drug trade. The following case describes a patient with social phobia who was able to order opium poppies legally through the Internet, thereby avoiding many of the barriers associated with obtaining illicit opioids.
Mr. A is a 26-year-old single white male who presented to a university psychiatric outpatient clinic complaining of severe social anxiety that had not responded to medication. He reported extensive medical evaluations and full therapeutic trials of fluoxetine, paroxetine, sertraline, venlafaxine, nefazodone, bupropion, and lorazepam that had not provided significant relief. The patient was started on a mood stabilizer, and a follow up visit was scheduled.

Shortly after this initial visit he telephoned to complain of overwhelming anxiety brought on by opioid withdrawal. He gave a history of first exposure to opioids four years ago after being prescribed oxycodone for a back injury. He found that the oxycodone relieved his social anxiety in a way he had never experienced before. He was able to go out with friends, and socialize normally. He obtained opioids occasionally from friends who were prescribed them for various reasons, but this did not happen often. His social anxiety became progressively worse, and he became more and more pessimistic after each medication failure. He developed depression, and began to view opioids as the only available source of relief. One year later he had one of his wisdom teeth removed in the hopes of receiving opioid analgesics, but was prescribed naproxen instead.

Around this time he discovered a book in the library (2) that described how to extract opium from dried poppy pods. Dried poppy pods are an unusual, but legal, ornamental sold by some craft stores and floral supply warehouses. Although he was not able to find any locally, using the Internet he placed an order with a floral supply company in Canada, and shortly thereafter received 150 dried *Papaver somniferum* pods at a cost of approximately $200. Following the
directions in the book he used ten of the pods to prepare a tea, and experienced a marked opioid
effect along with substantial relief of his anxiety.

Over a period of a year and a half he went from a single dose every two weeks, up to two doses
per day. Sometimes the pods took longer than expected to arrive, and on three occasions when
this occurred, he had his remaining wisdom teeth extracted. Each time he was given a small
prescription for oxycodone. He reported using about three tablets of oxycodone per day to get the
same effect as two doses of the poppy tea. Finally, a shipment arrived that was moldy, and not
suitable for opioid extraction. He went into withdrawal, and reported his condition to his
psychiatrist.

Poppy tea drinking was a widespread traditional practice in parts of England during the
nineteenth century (3), and is still seen occasionally in that country (4). The potency of the
infusion varies widely, and is unpredictable. A study in Denmark (5) found that Danish poppy
capsules contained 0.3-5 mg morphine each, and the authors documented seven casualties among
Danish addicts in which opium poppies played a role. No reports of the use of poppy tea in the
United States was found.

Social phobia has been associated with alcoholism in numerous studies (6-8). Social phobia
tends to begin at an early age (9), and alcohol-related problems are thought to be secondary, as a
result of an attempt to self-medicate the anxiety (10, 11). Social anxiety has also been associated
with nicotine dependence (12) and data from the Epidemiologic Catchment Area study (9) found
it to be associated with addictive disorders in general. Correlates of social anxiety with opioid
use are less robust. Two studies found heroin users to have greater levels of social anxiety than normal controls (13, 14), but actual diagnoses were not made. The fact that illicit opioids are more difficult to obtain than alcohol and tobacco may protect these patients to some degree. In the current case, the patient had no access at all to illegal sources of drugs, and instead endured dental procedures to obtain opioids when necessary. The peculiar legal loophole that allows opium poppy pods to be sold legally, and the ability of the Internet to facilitate commercial transactions, may result in greater availability of this addictive substance.
References


