

Summer 2001

Internet facilitation of opioid dependence.

D Z Lieberman

Follow this and additional works at: https://hsrc.himmelfarb.gwu.edu/smhs_psych_facpubs

 Part of the [Mental and Social Health Commons](#), [Psychiatry Commons](#), and the [Psychiatry and Psychology Commons](#)

APA Citation

Lieberman, D. (2001). Internet facilitation of opioid dependence.. *The American journal on addictions / American Academy of Psychiatrists in Alcoholism and Addictions*, 10 (3). Retrieved from https://hsrc.himmelfarb.gwu.edu/smhs_psych_facpubs/554

This Journal Article is brought to you for free and open access by the Psychiatry and Behavioral Sciences at Health Sciences Research Commons. It has been accepted for inclusion in Psychiatry and Behavioral Sciences Faculty Publications by an authorized administrator of Health Sciences Research Commons. For more information, please contact hsrc@gwu.edu.

Internet Facilitation of Opioid Dependence

Daniel Z. Lieberman, M.D.

Department of Psychiatry and Behavioral Sciences

George Washington University

2150 Pennsylvania Ave, NW

Washington, DC 20037

Lieberman, D. Z. (2001). Internet facilitation of opioid dependence. *The American journal on addictions*, 10(3), 279.

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

1. Anderson P, Hughes JR: Policy interventions to reduce the harm from smoking. *Addiction* 2000, 95(Suppl 1):S9-11.
2. Hogshire J, *Opium for the Masses: A Practical Guide to Growing Poppies and Making Opium*. 1994, Port Townsend, WA: Loompanics Unlimited.
3. London M, O'Regan T, Aust P, et al.: Poppy tea drinking in East Anglia. *Br J Addict* 1990, 85(10):1345-7.
4. Unnithan S, Strang J: Poppy tea dependence. *Br J Psychiatry* 1993, 163:813-4.
5. Steentoft A, Kaa E, Worm K: Fatal intoxications in Denmark following intake of morphine from opium poppies. *Z Rechtsmed* 1988, 101(3):197-204.
6. Brunello N, den Boer JA, Judd LL, et al.: Social phobia: diagnosis and epidemiology, neurobiology and pharmacology, comorbidity and treatment. *J Affect Disord* 2000, 60(1):61-74.
7. Brady KT, Lydiard RB: Social phobia and comorbidity. *J Clin Psychiatry* 1995, 56(8):380-3.
8. Marshall JR: The diagnosis and treatment of social phobia and alcohol abuse. *Bull Menninger Clin* 1994, 58(2 Suppl A):A58-66.
9. Regier DA, Rae DS, Narrow WE, et al.: Prevalence of anxiety disorders and their comorbidity with mood and addictive disorders. *Br J Psychiatry Suppl* 1998(34):24-8.
10. Lepine JP, Pelissolo A: Social phobia and alcoholism: a complex relationship. *J Affect Disord* 1998, 50(Suppl 1):S23-8.

11. Cudrin JM: Social phobia and agoraphobia in alcoholism. *Psychol Med* 1998, 28(4):773-88.
12. Sonntag H, Wittchen HU, Hofler M, et al.: Are social fears and DSM-IV social anxiety disorder associated with smoking and nicotine dependence in adolescents and young adults? *Eur Psychiatry* 2000, 15(1):67-74.
13. Grenyer BF, Williams G, Swift W, et al.: The prevalence of social-evaluative anxiety in opioid users seeking treatment. *Int J Addict* 1992, 27(6):665-73.
14. Lindquist CU, Lindsay JS, White GD: Assessment of assertiveness in drug abusers. *J Clin Psychol* 1979, 35(3):676-9.