ARTICLE: MEDICAL SCIENCE

Misuse of tablets of ephedrine, adult cold and cold stop to get high: A distinguished enigma

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ABSTRACT

Background: Misuse of medical tablets is a lifting mystery.

Objective: To chase the misuse of medical tablets.

Results: This sketch exhibits that some people misuse tablets of adult cold or cold stop or ephedrine to become high.

Discussion: This study intimate that some people misuse tablets of ephedrine or adult cold or cold stop (which contain acetaminophen, pseudoephedrine, chlorpheniramine and diphenhydramine) to become high.

Conclusions: We conclude that some people ill-use medical tablets to get high. So, this study could considerably add to the literature.

Key words: Misuse; Ephedrine, Cold tablet; High

INTRODUCTION

Opium has been used up for a long time and has a history of medical, recreational and societal approval in wide areas of the world, such as Asia, North America and Europe (1, 2, 3).

Medical and psychiatric disorders are going up globally (4-29). Among mental disorders, substance connected disorders, especially opioids and stimulants induced problems have been reported as increasing globally dilemma. Now, opioids and stimulants-linked mental diseases are a progressive problem and have caused more referrals to outpatient centers, emergency wards, and psychiatric inpatients centers (30-105).

We made a valid and reliablescale of measurement (32, 42) to assess the withdrawal craving (based on DSM-5 criteria) for opioids withdrawal craving, covering scores from 0 to 10 (0 means no craving at all and 10 express harsh craving and desire all the time). Craving Scale of measurement: 0-1-2-3-4-5-6-7-8-9-10.
Patient disclosure

BSh was a married, 42 year old self employed with high school diploma. He lived with his family in Shiraz city of Fars province located in south of Iran.
He began drinking alcohol at age of 20. Then, one year later started smoking tobacco and opium. Our patient began smoking heroin at age of 24. Since 15 years prior to this hospital admission he began misusing ephedrine 5 mg-tablets to get high and stepwise increased the dosage to 300 tablets per day. Seven months later he stopped ephedrine tablets and started misusing tramadol and methadone (400 mg methadone/d). One year later developed episodes of convulsions due to tramadol ill-use. Then stopped tramadol misuse and started using sublingual buprenorphine tablets. Since 18 months prior to admission he began misusing 50 tablets of adult cold and cold stop (tablets contained acetaminophen, pseudoephedrine, chlorpheniramine and diphenhydramine) and alprazolam 4 mg per day.
BSh stopped smoking cigarettes 5 years prior to admission. He did not report any history of IV drug abuse.
He reported that his father had been using alcohol and tobacco only.
At the time of admission he was misusing adult cold, cold stop, tramadol, methadone, and alprazolam.
Due to anxiety, depression, agitation, irritability and insomnia he was admitted in psychiatric ward.
Tests of serology for viral markers (HIV, HCV and HBsAg) were normal. Urine drug screening tests were positive for methadone, buprenorphine and benzodiazepine.
During precise psychiatric interview and examinations he was depressed, restless, anxious, hopeless and irritable. In physical and neurological examinations we could not find any abnormal results.
According to DSM-5 criteria and medical, psychiatric, and substance use history, BSh was diagnosed as substance related mood disorder.
We administered venlafaxine 225 mg, modafinil 300 mg and olanzapine 20 mg per day for the treatment of depression and anxiety.
In the first day of admission he complained of severe opioid withdrawal symptoms and craving, hence in the 2nd day of admission we administered tizanidine 16 mg, clonidine 0.2 mg and ibuprofen 1200 mg per day to treat opioid withdrawals.
Out of 10, the mean scores of opioids craving for 20 days of admission were 7 (before beginning of medications), 3.7, 3, 1.3, 1.3, 0.7, 0.3, 1, 0.3, 0.7, 1.7, 0.3, 0.3, 0, 0.3, 0.3, 0, 0, 0 and 0 respectively.
With reference to the monitoring, measurement and interview (3 times a day) for withdrawal craving, BShs experienced a declining level of craving after receiving medications (tizanidine 16 mg, clonidine 0.2 mg and ibuprofen 1200 mg per day).
Our patient was discharged without any substance withdrawal symptoms and craving after 20 days of hospital admission.

DISCUSSION

In Iran illicit substances or drugs include but not limited to hashish, marijuana, ecstasy, methamphetamine, hallucinogens, cocaine, alcohol, opium and heroin (tobacco products are legal).
According to the current Iranian drug policy if anybody is found to be using up illegal or illicit substances, he/she must be directed to addiction treatment centers to be detoxified.
This work imply that some people misuse tablets of adult cold or cold stop (which contain acetaminophen, pseudoephedrine, chlorpheniramine and diphenhydramine)
and ephedrine to become high. Therefore, this study could considerably add to the literature.

CONCLUSIONS

We reach to this conclusion that some people misuse tablets of adult cold or cold stop or ephedrine to become high.

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