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Case Report Open Access

Extensive, Early-Onset, Poly-Substance use Disorder in Childhood

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Abstract

Background: Severe substance use disorder in children is rare.

Objective: To scrutinize the beginning severe substance use disorder in the period of childhood.

Method: To report and discuss an admitted patient with an extensive, and early-onset, history of poly-substance use and mental disorder at age of eight.

Results: The current report displays severe substance use disorder which occurred in childhood.

Discussion: This report illuminates that substance use disorder in childhood can induce severe psychiatric disorders in adolescence and early adulthood. So, these findings can add new data to the literature.

Conclusions: It can be concluded that extensive, early-onset poly substance abuse in childhood induce severe psychiatric disorders in the adolescence and adulthood.

Keywords: Substance use disorder; Childhood

Introduction

In the Middle East extensive substance use disorder in childhood is a rare problem. Children and adolescents in the West usually begin abusing substance with tobacco, marijuana, or alcohol [1]. In the East, children and teenagers commonly start smoking substance with tobacco, opium, or sometimes with marijuana. In the eastern countries opium has been consumed since many centuries ago. It has a long history of medicinal and recreational use in the East, particularly in the opium-producing nations of Asia such as Afghanistan [2,3]. Health related diseases especially mental associated problems have a long history and have been going up universally [4,5]. In regard to psychiatric disorders, substance induced disorders and substance use disorders, have been reported as moving forward problems. Nowadays, psychiatric presentations to the psychiatric inpatient and outpatient centers and general hospitals are advancing problems [6-16]. Now we are explaining our patient who began abusing substance at age of eight.

This case report indicates that substance use disorder in childhood can cause severe psychiatric disorders in adolescence and adulthood. Therefore, these findings can add new data to the literature. The history and information were obtained from the patient and his parents.

Patient Picture

AZ was a single, 25-year old graduate in guide school (middle school) and unemployed. He inhabited with his parents in the capital city of Shiraz of Fars province in southern Iran. He began drinking alcohol at age of eight and rapidly got an everyday drinker so that during intoxication was often involved in fighting. AZ started smoking water pipe (hookah) and cigarettes at age of 12 and one year later (at age of 13) began smoking of marijuana. Therefore, he was an everyday abuser of alcohol, tobacco and opium at age of 13. He was involved in a deadly fighting at age of 13 and was imprisoned for eight months. At age of 15 he quit drinking alcohol and started smoking opium and two years later commenced smoking heroin. At age of 17 he began abusing of benzodiazepine. He was involved in a rubbery at age of 18 and was imprisoned for one year.

At age of 20 he began smoking methamphetamine irregularly. He did not give history of IV drug abuse in the past. AZ did not report history of addiction or any mental disorders in his family. He had history of abstinences for two times at age of 14(for eight months duration) and 19 (for one year duration). AZ had two suicidal attempts by hanging, two years and seven months prior to the current admission.

Since few months prior to admission he gradually developed agitation, aggression, anxiety, restlessness, insomnia, auditory and visual hallucinations, delusion of persecution, self-talking and suicidal thoughts. His symptoms were exaggerated since one week prior to admission. At the time of admission, he was a daily heavy smoker of hashish and heroin. During comprehensive psychiatric interview and detailed examinations he was aggressive, restless, anxious, agitated, hallucinating and paranoid. In precise physical and neurological examinations we could not detect any abnormal findings. Tests of serology for HIV and hepatitis were normal. Urine drug screening tests were positive for methamphetamine, cannabis, morphine and methadone.

With regards to DSM-5 criteria, and full medical, psychiatric, and substance use history he was diagnosed as "cannabis induced psychosis with severe use disorder, severe opioid use disorder and mild methamphetamine use disorder".

We administered carbamazepine 400 mg, and olanzapine10 mg daily to treat agitation, anxiety, restlessness, hallucinations and delusion. In addition, patient received clonidine 0.3mg, baclofen 75mg and ibuprofen1200 mg per day for the treatment of heroin withdrawal symptoms. We prepared a scale and verified it empirically both for validity and reliability (13) to measure the substance withdrawal craving, limiting from 0 to 10 (0 means no craving at all and 10 means

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severe craving and desire all the time). In addition, we instructed the patient fully and precisely about scoring.

Validated and reliable Craving Scale: 0-1-2-3-4-5-6-7-8-9-10. He was closely interviewed for psychiatric signs and symptoms every day.

He was especially monitored and interviewed for opioid withdrawal craving 3 times a day (morning, afternoon, evening). AZ was taking medications every day and his psychiatric symptoms were improving. After 11 days of hospital admission he went to his home without any significant psychiatric symptoms.

The heroin craving scores for the 11 days of admission were: 4 (Beginning of medications), 2, 2, 0, 0, 0, 0, 0, 0, 0, and 0, respectively.

Based on the interview and closely monitoring (3 times a day), AZ reported much more opioid withdrawal craving before taking medications (Mean: 4) than after taking medications (Mean: 0.4).

Discussion

Current drug policy in Iran declares that if people covering adolescents and children are detected to be abusing unlawful or illicit drugs or substances, such as opium, heroin, morphine, marijuana, hashish, amphetamine derivatives, cocaine, alcohol and hallucinogens (tobacco products are legal), they must be ruled to substance abuse treatment centers, outpatient clinics, psychiatric hospitals or private centers to be treated with proper procedures.

Our work illuminates that, substance use disorder could start as early as childhood. In addition, this report makes clear that substance use disorder in childhood can result to severe psychiatric disorders in adolescence and early adulthood. Therefore, these data can add new information to the literature.

Conclusions

It is concluded that substance use disorder can commence in early age of life. This finding can be useful for preventive and therapeutic programs.

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References

1. Sadock B, Sadock V (2015) Ruiz. Kaplan & Sadock'S (eds) Synopsis of Psychiatry, Lippinott Wiliams and Wilkins, Philadelphia, USA.
2. Brian J (1994) Opium and infant-sedation in 19th century England. Health Visit 76: 165-166.
3. Jonnes J (1995) The rise of the modern addict. Am J Public Health 85: 1157-1162.
4. Ahmadi J, Ahmadi N, Soltani F, Bayat F (2014) Gender differences in depression Scores of Iranian and German medical students. Iran J Psychiatry Behav Sci 8: 70-73.
5. Khademalhosseini Z, Ahmadi J, Khademalhosseini M (2015) Prevalence of Smoking, and its Relationship with Depression, and Anxiety in a Sample of Iranian High School Students. Enliven: Pharmacovigil Drug Saf 1: 005.
6. Ahmadi J, Ghafoori M, Rahimi S (2015) Management of heroin addiction with baclofen and clonidine. Int J Res Rep 1: 6-10.
7. Ahmadi, J (2015) Heroin Dependency Treatment: A New Approach. J Addict Depend 1: 1-3.
8. Ahmadi J (2015) Hashish-Induced Olfactory Hallucination: A Novel Finding. J Psychiatry 18: 330.
9. Ahmadi, J (2015) Excellent Outcome of Psychosis Induced by Methamphetamine Intoxication after 20 Sessions of Electro Convulsive Therapy. J Addict Depend 1: 1- 2.
10. Ahmadi J, Ekramzadeh S, Pridmore S (2015) Remission of Methamphetamine-Induced Withdrawal Delirium and Craving after Electroconvulsive Therapy Iran J Psychiatry Behav Sci 9: e1793.
11. Ahmadi J (2015) Tramadol Dependency Treatment: A New Approach. J Addict Med Ther Sci 2: 1-3.
12. Ahmadi J, Pridmore S, Ekramzadeh S (2015) Successful Use Of Electro Convulsive Therapy In The Management Of Methamphetamine Induced Psychosis With Onset During Intoxication. J Addict & Depend 1: 1-2.
13. Ahmadi J (2015) The Effect of Buprenorphine and Bupropion in the Treatment of Methamphetamine Dependency and Craving. Br J Med Med Res 10: 1-4.
14. Ahmadi J, Khalili H, Jooybar R, Namazi N, Aghaei PM (2001) Cigarette smoking among Iranian medical students, resident physicians and attending physicians. Eur J Med Res 6: 406-408.
15. Ahmadi J, Sahraian A, Shariati S, Kazerooni FG, Mehdipour Z (2015) Delusional disorder joined with opium dependence. Sch J App Med Sci 3: 3387-3390.
16. Ahmadi J, Dastgheib SA, Mowla A, Ahmadzadeh L, Bazrafshan A, et al. (2016) Treatment of Methamphetamine Induced Persistent Psychosis. J Add Pre Med 1: 103.