Türk Psikiyatri Dergisi

Turkish Journal of Psychiatry

Letter to the Editor

SMOKING THE TEA: A CASE

Dear Editor,

Substance abuse habits vary between countries and cultures, and the manners/behaviors of substance abusers greatly depend on their environmental conditions.

Below we report an interesting case showing the sustainability of substance abuse in varying conditions and environments. This case should be a warning to clinicians to always be aware of substance abuse, since it can happen in any condition/environment.

A 21 year-old, single, male patient was the third of seven siblings. His total duration of education was eight years. He was unemployed in civilian life, but was serving as a conscript when he applied to our clinic for substance abuse.

His substance abuse history revealed that he first started substance abuse under the influence of his friends. He smoked marijuana twice a week using the bucket bong method and took ecstasy pills 2-3 times a week, one at a time.

However, the disciplined military setting and his troop's long distance from local settlements prevented him from using these two substances for 4 months. He stated that he smoked dry black tea and dry leaf particles mixed and rolled into nicotine cigarettes when he couldn't find marijuana or ecstasy (approximately 4 times/week). He stated that when he smoked this (approximately 1 teaspoon) during his conscription duty, he experienced a light dizziness, got "a little high" and a feeling of "the world is mine," and had a feeling of flying in the air, although none of these effects were as strong as those from marijuana. He added that smoking the tea didn't make him "forget everything" the way marijuana did. While he wasn't "smoking" tea, he didn't have any withdrawal or craving symptoms.

His personal background included skipping school, complaints from teachers that he was a naughty child, self mutilation scars on his arms, and a history of starting smoking at 13 years old. He defined his family relationships as broken/non-functional.

His family history included marijuana abuse of his first degree cousin.

DISCUSSION

Tea (Camellia sinensis) is a plant that contains nearly 4000 chemicals, including many antioxidant, anti-inflammatory and anticarcinogenic agents (Çelik F. 2006). There are three kinds of tea (black, green and oolong) that are consumed orally as plant food products. Tea is recommended as a healthy beverage by the food and drug administration (FDA) (Wu CD, Wei GX. 2002). Tea contains caffeine, which is known to increase alertness and energy and reduce fatigue (Smith A. 2002). It has been reported that the tea cultivated in Turkey contains 3.1-3.8% caffeine, and that the amount of caffeine increases during the withering phase of black tea processing

(Türkiye Gıda ve İçecek Dernekleri Federasyonu). Caffeine addiction by oral intake has been reported, but intake by inhalation has not been previously encountered in Turkey. However, there is a commercial website based in the USA marketing caffeine in an inhaler mixed with vitamin B.

Our case is original in that it features caffeine use through inhalation. The addiction and abuse of caffeine are defined in the DSM and ICD diagnosis systems. Although caffeine addiction and abuse is common, there are few published studies regarding caffeine addiction. When diagnosing patients, it is possible that clinicians are overlooking caffeine addiction and therefore giving a misdiagnosis.

In our case, the resemblance of tea to addictive substances like marijuana and tobacco may have stimulated the urge to smoke it. The combined inhalation of caffeine and nicotine together, and the possible interaction or additive effects of this combination may be responsible for the effects described by the patient. However, he did not describe the same pleasure-inducing effects when smoking a cigarette along with the oral intake of tea. One should keep in mind that while smoking cigarettes along with drinking tea or coffee is common in our society, no pleasure-giving/intoxication symptoms have been reported from this practice. The absorption differences between the oral ingestion and inhalation of caffeine may explain the differences in effects. However, further research studies are needed in this area to elucidate these effects.

The last point we would like to mention about this case is that he stated that in his living environment, various substances like dry herbs, goat feces, and corn silk can be rolled with or without tobacco and smoked. This is interesting in that it highlights variations in substance abuse based on environment. Further research must be done on these kinds of substances and usage patterns, which are well-known in rural areas of Turkey, but are absent in the scientific literature.

Understanding the role of substance abuse in human life and encountering unique substance abuse experiences unconventional substance abuse forms may lead to new research areas in addiction neurobiology.

Risk-taking behaviors surrounding substance abuse, even under conditions of authority as seen in our case, may merit further study. Past substance use can be indicative of current and future substance abuse, which sindicates the importance of preventive health services.

Caffeine usage by inhalation is a form of substance abuse that has not been previously reported in the literature. Therefore, we would like to kindly request your interest in announcing this case to the scientific world, which we think would significantly contribute to addiction studies.

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