

CLINICAL VIGNETTE

Modern Poppy Seed Tea: An Un-Healthy Recipe

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On the surface, it seems that brewing poppy seed tea might be something out of a novel from the mid 19th century.¹ I did not expect to find a young man addicted to poppy seed tea in my office nor did I expect the weaning process would have so many pitfalls.

Case Presentation

The patient is a 24-year-old Caucasian male with a past medical history of asthma, mild depression, anxiety, and insomnia. The patient is quite embarrassed when he states, “I think I’m dependent on poppy seeds.” He recounts that 8 months ago he suffered from a pilonidal cyst and began to use a poppy seed tea (an infusion he makes using dried poppy seeds) to ease the pain. He was only intermittently using the tea for the first 4-5 months, but, for the last 3 months, finds himself using increasing amounts of the poppy seeds daily.

He is able to buy the poppy seeds online and have them shipped to his home. He uses about 400 grams daily (he spends about \$40/week to keep up with his habit). He steeps the seeds in 32 ounces of water for about 8 minutes, shaking vigorously and continuously, and then drinks the infusion. He starts to feel its effects within 30 minutes with a peak effect within 2 hours. Per the patient, the effects seem to dissipate sooner than they used to. Now the pleasurable effect only lasts 6-8 hours, whereas they previously lasted 12 hours.

He states that his use of poppy seeds increased despite improvement in his pain because of his anxiety and depression. He graduated from a well-known university a few months prior despite taking a brief leave of absence secondary to depression. He has been off medications for depression and has not seen a therapist in the last 2 years. Sadly, one week ago he was laid off from consulting in a technology company because of “downsizing.” He briefly smoked tobacco in college (quitting 2 years ago) and experimented with marijuana 4 years ago. He has no other history of illicit substance use or misuse of prescribed medications. He has a great relationship with his girlfriend of the last 18 months and lives with his parents. He has fleeting thoughts of suicide, which he states is normal for him; he has never made a plan and states he would never actually hurt himself.

He feels extreme guilt at his opiate dependence, and, before seeing me, he tried to wean himself off. Unfortunately, he goes through withdrawal symptoms about 24 hours after his last dose

of the poppy seed infusion. He has told his girlfriend and parents about his addiction, but they initially did not believe him. After seeing his withdrawal symptoms, headaches followed by diarrhea, cold sweats, hopelessness, and anxiety, they encouraged him to seek help.

Physical Exam

Vital signs: Blood pressure 140/83, pulse 90, temperature 36.6, height 5’7” and weight 307 lbs. A well developed, well nourished obese male (BMI 48) that was soft-spoken and well mannered with an unremarkable exam. He was in no distress and appropriate throughout the encounter. His urine tox screen was positive for opiates only. It was negative for marijuana, cocaine, methamphetamine, amphetamines, benzodiazepines, barbiturates, methadone, buprenorphine, tricyclic antidepressants, MDMA, PCP, and propoxyphene.

Treatment

It was difficult to estimate the morphine/methadone equivalent of what the patient was consuming in poppy seeds. The equivalent may be as little as 40mg of morphine daily or as much as 200mg.²

The first approach to treatment in this patient therefore did not consist of opioid replacement therapy as we presumed that he was not consuming large equivalent quantities of opioids despite the obvious opiate effect and withdrawals.³ He was prescribed lorazepam and ondansetron for prn use and asked to return in 1 week.

The patient tried the medications for 48 hours and felt improvement in anxiety and nausea, but no effect on the other withdrawal symptoms including sweats, diarrhea, and muscle aches did not improve and he returned requesting alternative therapies.

He was referred to an addiction specialist as our office does not have a licensed buprenorphine/naloxone prescriber. The patient has been followed closely and the dose of buprenorphine/naloxone gradually increased to 8 mg twice a day with no relapses of poppy seed tea consumption for six months. The patient was also started on citalopram and has resumed sessions with a therapist.

Discussion

This case illustrates dependence on poppy seeds can be severe and warrants maintenance therapy. Furthermore, access to large quantities of poppy seeds (the seeds being available for mail order at \$40 for 12 lbs from online markets) may facilitate possible abuse. Although the practice of brewing opioid teas seems outdated,^{3,4} the emerging practice of washing or soaking large quantities of poppy seeds as described above can be just as harmful as other narcotic preparations. Also of note, this practice does not necessarily arise from a past history of heroin use or other illicit substance use as described in other case reports.^{5,6}

Some papers favorably allude to these teas and infusions citing “harm reduction” philosophies. That is, poppy seed preparations might assist in the weaning of patients off of more harmful formulations of opioids. Opioid infusions and teas might be considered a legal, low cost food substance with much lesser financial and criminal impact, but this point of view overlooks the grave course users may have with poppy seed extractions alone.²

Conclusion

Poppy seed extractions can be cheaply obtained and manufactured and can lead to significant opioid dependence. Treatment of such dependence should not be taken lightly, and can adequately be handled via a multidisciplinary approach that would likely include opioid replacement therapy, such as buprenorphine/naloxone.

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