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Imaginary love stories related to substance use disorder: A case report

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Abstract

The substance crystal meth is methamphetamine, a stimulant and addictive substance that increases physical activity and wakefulness as well as producing other effects like fetishism and hallucinations. Here we report a patient with a manifestation of transvestic fetishistic behavior occurs after methamphetamine use. The comorbidity between fetishism and addiction has been demonstrated in several studies. According to research, symptoms of fetishism increase and decrease depending on the amount of crystal meth administered.

Keywords: Methamphetamine, crystal meth, substance use disorder

Introduction

Methamphetamine in crystalline form is called "crystal meth" which is one of the most commonly used illicit drug in the world. The drug causes euphoria with excessive energy and less fatigue, called a "rash" or a "flash," usually accompanied by pleasure, movement, and enhanced concentration ^[2]. There are white powder and crystalline forms available, and it dissolves readily in water and alcohol ^[3]. The user can smoke, snort, inject, or ingest the substance either orally or through a rectal administration ^[4]. Continually abusing this substance can lead to psychological problems ^[5]. The major psychological symptoms are delusions, and visual or auditory hallucinations.

Fetishism is a type of paraphilia frequently observed among male abusers ^[7]. The focus of sexual arousal in fetishism is oriented towards atypical objects, situations, fantasies, behaviors, or individuals. The patient masturbates specially while wearing women's attire and enjoying visual hallucinations, as a method of sexual arousal ^[8, 9]. As compared with other drugs, methamphetamine use carries a higher sex related risk, including sexually transmitted diseases (STDs). After crystal meth use, people who suffer from methamphetamine use disorder experience an intense rush of euphoria for a few minutes. The euphoria is produced by either snorting or swallowing the substance, and it lasts for 3-5 minutes and 15-20 minutes, respectively. According the research, sexual impulse increase and decrease depending on the amount of crystal meth administered ^[10]. However, paraphilia related to methamphetamine has yet to be demonstrated.

Case

A 20-year-old single male 11th-grade student presented to our emergency department complaining of sleep disturbances. He presented with hypomania-like symptoms such as euphoria, and talkativeness during methamphetamine intoxication and depressive-like symptoms during the withdrawal stage 'crash.' He was using crystal meth for one month with his friends. Due to the stress of the school examination, initially he used to smoke cigarettes, but one of his friends introduced him to crystal meth through sniffing as a means of recreational drug. After his first encounter with methamphetamine, his way of consuming turned to self-medication in every stressful situation, and he developed addiction very quickly.

After methamphetamine use, the patient developed fantasies. He said that after sniffing crystal meth he saw beautiful girls looking like fairy then he is imagining that he is dancing

with them, giving them roses and proposed them to marry with him. Every time after abusing crystal meth he used to see different girls and always proposed them to marry with him. Once he saw a beautiful mermaid dancing in water then he fell in love with her and started dancing with her and proposed her to marry with him. Whenever he wanted to see her, he abused crystal meth, the frequency of this ritual increased day by day. Due to the tolerance he has to consume meth 4 to 5 times per day to feel high for one hour. Withdrawal causes irritability, shouting and aggressive behavior. Physical examination was normal. On mental state examination, he looks euphoric and has visual hallucinations when he is sniffing crystal meth. There was no sign of delirium in the patient. Routine laboratory test results, including a complete blood cell count, serum electrolytes, liver and renal function tests, and a lipid profile, were all within the normal range. Drug screening for amphetamine was positive. Hepatitis and human immunodeficiency virus markers were negative.

The patient does not suffer from any specific mental illness, nor is he taking any specific medication. Birth milestone achieved normal. There were no abnormalities reported during his developmental period. As reported by his family, the patient did not drink alcohol habitually or use illicit drugs other than methamphetamine. According to his biography concerning his sexual background, he experienced his first ejaculation at 14 years old by masturbation. He continued to masturbate until the age of 20.

He was diagnosed as substance use disorder due to methamphetamine abuse. Lorazepam, 1 mg po, was administered to induce sleep at 9 pm for three days. Patient was discharged from observation room with mild symptoms at 4 pm on second day. Family education and individual counseling were given, and the patient was referred to a psychologist for cognitive-behavioral therapy. On follow-up periodic psychiatric examination and drug screening were recommended. Adaptive coping skills were discussed and emphasized during his follow-up. The patient showed significant improvement after a one-month follow-up visit. As the patient is abstinent for one month, there are no signs of the recurrent hallucinatory experience and transvestic fetishistic masturbatory behavior.

Discussion

Methamphetamine is a commonly abused, powerful, and highly addictive stimulant. In our case, under crystal meth effect, the patient had a recurrent sexually arousing hallucinatory experience accompanied by transvestic fetishistic behavior followed by masturbation. Although long-term meth use precipitates acute psychosis and other psychiatric disorders, our patient remitted as he abused meth for a one month and is abstinent after a month follow-up. Paraphilia is often associated with other psychiatric conditions, such as schizophrenia, personality disorders, mood disorders, social anxiety disorder, substance use disorders, and attention deficit hyperactivity disorder.

Furthermore, we found that fetishism symptoms increased with crystal administration and decreased with crystal withdrawal. We found that our patient abused crystal meth by sniffing it 4-5 times per day for one hour to increase sexual arousal. The risk of psychosis or psychological symptoms increase with long-term meth use, but our patient has only used meth for one month and has no symptoms. He only had visual hallucinations for 4-5 minutes and no other psychotic symptoms. As a result of methamphetamine use, high-risk sexual behaviors like sexual desire, sexual activities, and sexual confidence are increased in a short period. These behaviors are also prolonged by methamphetamine use. Our patient enjoys imaginary fairies and mermaids during visual hallucinations, which arouse his sexual desire.

Methamphetamine is also reported to provide increased libido and sexual satisfaction, and stronger orgasms, which lead to the continuation of its use. Methamphetamine acts on the central nervous system causing the brain to release dopamine, which stimulate brain cells and increases or creates excitement. Similarly, our patient experienced intense euphoric effect and excitement after abusing it. In excited state he used to enjoy dancing with imaginary figures like mermaids and fairies.

Conclusion

It is important to recommend psychotherapy to patients who abuse methamphetamine. There is a cyclical and selfsustaining abuse pattern, so periodic drug testing is recommended for follow-up. In order to maintain a stable and drug-free society, family and social values must be strengthened as well as religious ethics should be focused.

Ethics statement: The case report was approved by the Ethical Committee of the Research and Studies. Department Directorate of Health Affairs, Makkah Mukkarama (KSA).

Conflict of Interest: None declared.

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