

# Opioid use disorders

- Opium, morphine, synthetic (codeine, heroin, methadone, buprenorphine, ...),
- analgesics , antispasmodics, antitussives,
- the dried juice of unripe poppy seeds has many alkaloids.
- *Soldier sickness* – morphine was freely used in wars, soldiers were then addicted (American Civil War 1861-1865, Franco-Prussian War 1870-71).
- Since the early 1970s – drug mafias, heroin,
- *braun* – Czech product, mixture of codeine opiates,
- the historical shift in application is significant – from smoking, sniffing, to injection.

 For more information see *Addictive substances*.

## Symptomatology

- Dampening, calming, euphoric effect, speed of onset according to application,
- duration of effect (heroin 3-4 h, morphine 4-5 h, buprenorphine 6-8 h 48 h, methadone 12-24 h).

## Acute intoxication

- Apathy, depression, slowing down of psychomotor skills, disinhibition, deterioration of attention, judgement,
- numbness, slurred speech, narrowing of the pupils, impaired consciousness ,
- euphoria, relaxation, pleasant fatigue,
- there is a risk of depression of the respiratory center, hypotension and hypothermia,
- decreased GIT motility, constipation, spasms.

## Harmful use

- Mainly infections – HIV , hepatitis .

## Addiction syndrome

- Very quickly, within weeks, especially with IV administration.

## Withdrawal status

- Very often, in 4-6 hours after the last dose,
- usually not life-threatening,
- flu symptoms – nasal discharge, sneezing, lacrimation, pain and muscle spasms, abdominal cramps, nausea, vomiting, diarrhea, dilated pupils, piloerection, chills, tachycardia, hypertension, insomnia.

## Psychotic disorders

- They don't call them out.

## Course and prognosis

- It depends on the purity of the substance, often other alkaloids – organotoxicity,
- disorders of thinking, behavior (anesthetic states), development of a personality disorder (accentuation of negative traits), libido disorders, amenorrhea, avitaminosis, deterioration of the organism,
- social problems, problems with the law,
- resocialization is possible.

## Etiopathogenesis

- There are also people with minor disorders in neurotransmitters – susceptibility, more frequent occurrence of the A1-dopaminergic D2-receptor allele, very rapid habit formation.

## Treatment

- Acute intoxication – naloxone – opiate antagonist, causes withdrawal symptoms in addicts,
- treatment of withdrawal syndrome - inpatient, substitution treatment - buprenorphine, methadone, symptomatic,
- withdrawal treatment - long-term comprehensive program, long-term maintenance substitution treatment - methadone, buprenorphine is also starting.

## References

- BENEŠ, Jiří. *Studijní materiály* [online]. [cit. 2010]. <<http://jirben.wz.cz>>.