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Stigmatization as a barrier in opioid substitution therapy patients

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Introduction: Goffman defined stigma as an “attribute that is deeply discrediting” and in the last two decades research on this subject grew substantially. Opioids were ranked as the second most common form of illicit drug used worldwide and there is consensus in the literature that opioid substitution therapy (OST), methadone or buprenorphine, are the most effective treatments, although remain underutilized. People with an history of substance use disorders (SUD) are widely stigmatized, a significant barrier to detection and treatment efforts. Care workers were cited as the second most common source of stigma.

Objectives: The aim is to do a review of the literature of stigma as a significant barrier to OST and present several potential strategies to reduce stigma.

Methods: Non-systematic review of the literature with selection of scientific articles published in the last 5 years; by searching the Pubmed and Medscape databases using the combination of MeSH descriptors. The following MeSH terms were used: Opioid Use Disorder; Stigma; Opioid Substitution Therapy

Results: OST providers should actively bring up the topic of stigma in clinic appointments to determine whether the patient is experiencing stigma, and if so, whether it is adversely affecting their ability to continue in the treatment. More active measures need to be taken to help reducing the stigma through public awareness campaigns at local levels, continuing education of health care providers regarding substance OST, and greater incorporation of family members into the program.

Conclusions: In conclusion, further research is required to understand and address this issue.

Disclosure: No significant relationships.

Keywords: methadone; opioid use disorder; Stigma; opioid substitution therapy

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Oneiroid catatonia due to the usage of spice: The case study

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Introduction: Designer drugs, as a term, first came about in the 1980s. Most of these “designer drugs” have synthetic cannabinoids and other psychoactive formulas difficult to detect.

Objectives: A 28 year man was referred to the hospital.

Methods: CT brain and EEG were also normal.

Results: Among 7 days before attending the hospital the patient had a strange behaviour. He was staying like in changed reality. The day before admission he got irritable in the evening was reporting that he could hear animal’s imperative voices “we together with squirrel, dolphin visited giraffe, that someone told to jump from the window”. That symptoms were temporary after that he was shocked when realized that he was in a room. The patient has the history of marihuana use in the past 5 years, periodically. There is no evidence data about the usage of other narcotic substances. On examination he was alert, sitting on a same place looking at one point, sometimes trying to find something or suddenly standing and trying to go somewhere. He has a change of catatonic stupor and excitement. The psychomotor activity was changeable. While observing the patient during few days several times he disrobed all his clothes, staying or laying on a bed or suddenly freezing in one pose.

Conclusions: Taking into account clinical symptoms, the patient developed, the conclusion was made about connection of patients’ oneiroid catatonia with the usage of “Spice” or “Designer drug”. Thus, designer drugs may sound like a safer alternative, but often can lead to serious mental disturbances.

Disclosure: No significant relationships.

Keywords: Designer drugs; oneiroid catatonia; synthetic cannabinoids

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Emotional disorder dynamics for patients depending on psychoactive substances at the stages of psychosocial rehabilitation

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Introduction: Objective laws of emotional disorder formation, their frequency along with clinic and psychopathological structure have been poorly studied until now. 3 groups of patients have been observed: 200 people with alcohol addiction, 180 people with opioid addiction, and 90 people with psychostimulant addiction.

Objectives: All these have influenced our research which goal is to study patients’ emotional state at the stages of psychosocial rehabilitation.

Methods: Signs of psychological and physical addiction, specific personality disorders and decrease in social functioning level have been found for all of the observed patients. Psychodiagnostic research (performed according to Hamilton, Spielberger and Hanin, Buss-Durkee methods) has shown significant increase of depression and anxiety parameters, as well as aggression level for all the patients.