# Bölüm 21

# SENTETİK KANABİNOİDLER

**Ejder Saylav BORA**

## Giriş

Doğal kannabis (Δ9-tetrahidrokannabinol), hint keneviri bitkisinden elde edilen esrar maddesidir. Santral sinir sistemi (SSS)'ne etki eden ana psikoaktif bileşen Δ9 tetrahidrokannabinol (THC)'dür (1). Sentetik kannabinoidler (SK) ise kannabinollerin bir alt grubu olup, son yıllarda uyuşturucu maddeler içinde en çok tercih edilen psikoaktif etkili yeni maddeler içinde yerini almıştır (2). K2, spice, Bonzai, Jamaika, armageddon, black mamba, dream, mad hatter, Mr. Nice Guy gibi farklı ülkelerde farklı isimlerle bilinenSK'ler birden fazla farklı sentetik içeriğe sahip olup içeriğine her geçen gün yeni maddeler eklenmektedir (3,4). 2014 yılında European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 30 adet yeni SCs bildirirken (3) 2015 yılında EU Early Warning System SK çeşidinin 137 ye ulaştığını gözlemledi (4). Bu artan içerik bağımlılık insidansı ile birlikte kannabnoidin etkinliğini de artırmaktadır. Ve bunun sonucunda birçok ülkede sentetik kanabinoidlerin (SCs) kullanımı maruana ve benzeri keyif verici maddelere alternatif olarak hızla artış göstermiştir (5). Kullanımı yasal olmayan Türkiye' de, ulusal polis departmanı raporuna göre 1 yıl içinde (2011-2012) bu ürünle ilişkili olarak tutuklanan kişi sayısı

19 kat artış saptanmıştır (6). Bu kadar yaygın olmasının nedenleri arasında etkinliğinin çok çeşitli maddelerle güçlendirilmiş olması ve taşiflaksi etkisine karşı sürekli yeni maddelerle destekleniyor olmasının yanında ucuz olması ve internet gibi denetimden uzak satış yollarıyla satılabiliyor olması ve başlangıçta birçok ülkede yasal olması da sayılabilir.

Artan ve sürekli değişen bir içeriğe sahip olan SK'ler çok geniş spektrumlu bir yan etki yelpazesini de beraberinde getirmektedir. Daha çok öfori, anksiyete, panik atak, halüsilasyon (7) gibi noro-psikiatrik yan etkileriyle seyretse de günümüzde serebrovasküler sistemi etkileyerek iskemik (8) ve hemorojik serebrovasküler hastalıklara (9) ve nöbetlere (10), multisistemik olarak koma ve ölüme (11), akut böbrek hasarına (12), respiratuvar sistemi etkileyerek akut (13) ve kronik diffuz alveolar hasara (14) ve daha fazla olarak da kardiovasküler sistemi etkileyerek hipotansiyon ve bradikardiye (15), myokard enfarktüsüne (16), P-dalga dispersionu ve atrial fibrilasyona eğilime (17), uzamış QTc ve mobitz tip 2 antrioventriküler bloğa (18), ventriküler fibrilasyona (19) neden olabilileceğini bildiren olgu sunumları mevcuttur.

Bu konu, kannabinoidlerle akut zehirlenmenin epidemiyolojik, farmakolojik, toksik klinik belirtileri ve sentetik yönetimini tartışacaktır.

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