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Europad

European Opiate Addiction Treatment Association

World Federation for the Treatment of Opiod Dependence

10th European Congress on

Heroin Addiction & Related Clinical Problems

European Opiate Addiction Treatment Association

25-27 May 2012

www.europad.org

Program and abstract book

Barcelò Sants

Barcelona

Spain

Europad

European Opiate Addiction Treatment Association

EUROPAD formerly EUMA was founded in Geneva (Switzerland) on September 26, 1994. It shall remain independent of political parties and of any government.

The vision

EUROPAD exists to improve the lives of opiate misusers and their families and to reduce the impact of illicit drug use on society as a whole. The Association works to develop opiate addiction treatment in Europe but also aims to make a major contribution to the knowledge of, and attitudes to, addiction treatment worldwide

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Under the Patronage of

World Federation for the Treatment of Opioid Dependence

NGO with Special Consultative Status with Economic and Social Counsil (ECOSOC)

WFTOD

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Promoted by

European Opiate Addiction Treatment Association

EUROPAD

(Brussels, Belgium - Pisa, Italy)

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Association for the Application of Neuroscientific Knowledge to Social Aims

AU-CNS

(Pietrasanta, Lucca, Italy)

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CHIMERA

FRIDAY, 25 MAY 2012

PRE-CONGRESS ORAL PRESENTATIONS

Room A	ABSTRACT No	**Special event - Research Reports** ***Chair: Icro Maremmani (Pisa, Italy)***
12:00	10001	MARTA TORRENS (Barcelona, Spain) - 20 years of MMP in Spain: past and present.
12:30	10002	INMACULADA RIVAS (Barcelona, Spain) - Cumulated experience of the MMP in metropolitan Barcelona from 1992 to 2010
13:00	10003	FRANCISCO GONZALEZ-SAIZ (Cadiz, Spain) - Clinical assessment of opiate induction: The Opiate Dosage Adequacy Scale Induction Form (O.D.A.S.-IF)
13:30	10004	STEPHAN WALCHER (Munich, Germany) - Preliminary results of the Methode Study in Germany
14:00		***BREAK***
Room A		**I - Voluntary discontinuation of OMT – should it be encouraged and how should it be done? An analysis of the evidence** ***Chair: Helge Waal (Oslo, Norway)***
15:00	10201	HELGE WAAL (Oslo, Norway) - Voluntary discontinuation of OMT: Should it be encouraged and how should it be done? An analysis of the evidence
15:30	10202	THOMAS CLAUSEN (Oslo, Norway) - To end an OMT program participation: a risky undertaking. Evidence from longitudinal studies
16:00	10203	LINE EIKENES (Oslo, Norway) - Detoxified and happy
16:30	10204	AMBROS UCHTENHAGEN (Zurich, Switzerland) - Maturing out of heroin use? Ex users voluntarily abstinent after participation in heroin assisted treatment

FRIDAY, 25 MAY 2012

PRE-CONGRESS ORAL PRESENTATIONS

Room B		**II - Drug related deaths and psychopathology in Slovenian heroin addicts** ***Chair: Rok Tavcar (Ljubljana, Slovenia)***
15:00	10201	ROK TAVCAR (Ljubljana, Slovenia) - Drug related deaths and psychopathology in heroin addicts
15:30	10202	JOZICA SEMERL SELB (Ljubljana, Slovenia) - Drug related deaths in Slovenia
16:00	10203	BARBARA LOVRECIC (Ljubljana, Slovenia) - Suicides among all illicit drug related deaths
16:30	10204	MERCEDES LOVRECIC (Ljubljana, Slovenia) - Anxiety-depressive mental status in heroin addicts entering treatment
Room C		**III - Europad Hot Topics** ***Chair: Icro Maremmani (Pisa, Italy)***
14:00	10302	BODIL MONWELL (Jönköping, Sweden) - Target group for OST. Validating patient drug history
14:30	10303	HAIM MELL (Jerusalem, Israel) - Group therapy and support on the internet and the challenges confronting online providers
15:00	10304	NEIL MACKEGANEY (Glasgow, Scotland, UK) - From harm reduction to abstinence: A journey in United Kingdom drug treatment policy
15:30	10305	DAVID BEST (Melbourne, Australia) - From harm reduction to recovery: not such a massive leap?
16:00	10306	PASCAL COURTY (Clermont Ferrand, France) - How to establish a good therapeutic alliance
16:30	10307	DUNCAN CAIRNS (London, UK) - Therapeutic alliance from a patient's perspective

FRIDAY, 25 MAY 2012

PLENARY SESSION

Chair: Icro Maremmani (Italy) and Miguel Casas (Spain)

Room A	ABSTRACT No	
17:15		ICRO MAREMMANI (Pisa, Italy) AND MIGUEL CASAS (Barcelona, Spain) - Conference Opening
17:30	10401	MARK PARRINO (New York, NY, USA) - Medication Assisted Treatment for opioid addiction: challenges and opportunities
18:00	10402	LORETTA FINNEGAN (Avalon, NJ, USA) - Pregnancy and heroin addiction: forty years of research and clinical experiences
19:00	10403	ROBERT NEWMAN (New York, NY, USA) - Maintenance treatment of addiction 40 years later: A glass half-full.... and half empty
20:00		BREAK
20:30		**WELCOME COCKTAIL AND EUROPAD CHIMERA AWARD 2012** **TO BE AWARDED:** PASCAL COURTY (France), HELGE WAAL (Norway), MIGUEL CASAS (Spain) **CAREER AWARD:** ROBERT NEWMAN (USA)

FORMER RECIPIENTS:

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Loretta Finnegan *(USA)*
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Icro Maremmani *(Italy)*
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Tagliamonte Alessandro *(Italy)*

SATURDAY, 26 MAY 2012

PLENARY SESSION

Chair: Marc Reisinger (Brussels, Belgium)

Room A	ABSTRACT No	
9:30	10404	MIGUEL CASAS (Barcelona, Spain) - The self medication hypothesis in opiate addiction
10:30		BREAK

11:00 PARALLEL SYMPOSIA

Room A	ABSTRACT No	**IV - Heroin addiction and related clinical problems** *Chair: Icro Maremmani (Pisa, Italy)*
11:00	10501	RICHARD SOYER (Linz, Austria) - Cost economy: Public health costs versus law enforcement costs in opiate addiction
11:30	10502	EUGENE KRUPITSKY (St. Petersburg, Russia) - Naltrexone for opioid dependence: oral, implantable and injectable
12:00	10503	NATALIA BARANOK (Murmansk, Russia) - Behavioral intervention aimed to treat co-dependence in relatives of opiate addicts improves treatment outcomes
12:30	10504	ROBERT LUBRAN (Rockville, USA) - A global update on medication assisted treatment for heroin and opioid dependence
Room B		**V - New perspectives in the opiate-dependent patient´s treatment** *Chair: Miguel Casas (Barcelona, Spain)*
11:00	10601	MIGUEL CASAS (Barcelona, Spain) - The evolution of the maintenance programs with opiate in Spain
11:30	10602	CARLOS RONCERO (Barcelona, Spain) - Psychotic symptoms in opiate self-injectors vs cocaine self-injectors in a harm reduction program
12:00	10603	GIEDONI FUSTE (Barcelona, Spain) - Severity of addiction and follow-up in opiate-depedent patients
12:30	10604	JOAN COLOM (Barcelona, Spain) - New proposal of maintenance of opiate addicts with oral diacetylmorphine
Room C		**VI - Psychological strategies and interventions in the treatment of opiate addiction** *Chair: Alexander Kantchelov (Sofia, Bulgaria)*
11:00	10701	ALBRECHT ULMER (Stuttgart, Germany) - The central Importance of trust and confidence
11:30	10702	RIK BES (Hilversum, the Netherlands) - Addiction and motivation: what works?
12:00	10703	RAGNHILD KJOSNES (Oslo, Norway) - Treatment of trauma and dissociation in opioid dependent patients
12:30	10704	ALEXANDER KANTCHELOV (Sofia, Bulgaria) - Partnership with the patient as a key to treatment effectiveness

14:30		**PARALLEL SYMPOSIA - SATURDAY, 26 MAY 2012**
Room A	ABSTRACT No	**VII - Treating opioid-dependent women: new horizons** *Chair: Ingunn Olea Lund (Oslo, Norway) and Hendree Jones (Research Triangle Park, NC, USA)*
14:30	10801	INGUNN OLEA LUND (Oslo, Norway) - Pregnant women in opioid maintenance in Norway: prescription drug use before and during pregnancy
15:00	10802	IRMA KIRTADZE (Tbilisi, Georgia) - Developing women-specific drug treatment services in Georgia: understanding the barriers to treatment
15:30	10803	MARJORIE MEYER (Burlington, Vermont, VR, USA) - Induction onto Buprenorphine during Pregnancy: Evidence from Real Life Experience
16:00	10804	KAROL KALTENBACH (Philadelphia, USA) - The MOTHER study: wIthdrawal during induction and dosing profiles of methadone and buprenorphine across trimesters
Room B		**VIII - Drug related mortality in Europe** ***Chair: Linn Gjersing (Oslo, Norway)***
14:30	10901	BENGT EIDE-OLSEN (Bergen, Norway) - Opiate addiction, regulated substitution and associated deaths. The likely importance of a high threshold in an environment with elevated detoxification pressure. Norway as a case study
15:00	10902	LINN GJERSING (Oslo, Norway) - Three years overdose mortality in Oslo. An investigation of types of overdose deaths and preventive efforts in a high level city. What went wrong and what can be done?
15:30	10903	MARCEL BUSTER (Amsterdam, The Netherlands) - Estimation of number of lives saved. A analysis of benefits from injection room and other low threshold measures
16:00	10904	ALESSANDRO PIRONA (Lisbon, Portugal) - Current developments and future challenges in addressing drug-related deaths in Europe
Room C		**IX - Can genetics help in Opioid Treatment?** ***Chair: Marta Torrens (Barcelona, Spain)***
14:30	11001	MARTA TORRENS (Barcelona, Spain) - Utilization of pharmacogenomics for methadone management
15:00	11002	CHIN EAP (Prilly-Lausanne Switzerland) - Genetics of methadone pharmacokinetics and cardioticity: an update
15:30	11003	JOSÉ PEREZ DE LOS COBOS (Barcelona, Spain) - 2D6 genetic polymorphisms and patient satisfaction with methadone maintenance treatment
16:00	11004	FRANCINA FONSECA (Barcelona, Spain) - Pharmacodynamic genetic variability and response to methadone maintenance treatment

17:00		**PARALLEL SYMPOSIA, SATURDAY 26 MAY 2012**
Room A	ABSTRACT No	**X - European Quality Audit of Opioid Treatment (EQUATOR), Insights on the current state of treatment provision in Europe** *Chair: Heino Stover (Frankfurt, Germany)*
17:00	11101	HEINO STOVER (Frankfurt, Germany) - Variation in treatment delivery and outcomes across Europe - What are the knowledge gaps?
17:30	11102	GABRIELE FISCHER (Vienna, Austria) - How does the quality of patient care vary across Europe?
18:00	11103	ANNETTE DALE-PERERA (London, United Kingdom) - How do patient and public health outcomes vary across Europe?
18:30	11104	AMINE BENYAMINA (Paris, France) - How has public policy shaped clinical practice across Europe? Case studies from the EQUATOR project
Room B		**XI - OMT with buprenorhine-naloxone. State of the art and clinical practices in Portugal, France and Spain** *Chair: Luis Patricio (Lisbon, Portugal)*
17:00	11201	DIDIER TOUZEAU (Paris, France) - Suboxone in France: Long is the Road, first step
17:30	11202	PASCAL COURTY (Clermont Ferrand, France) - Suboxone in France: Long is the Road, second step
18:00	11203	ANTONIO TERAN (Palencia, Spain) - Opiate Addiction Treatment with Buprenorphine-Naloxone: current situation in Spain. An unquestionable reality
18:30	11204	LUIS PATRICIO (Lisbon, Portugal) - OMT: Understanding and Promoting the best treatments. Buprenorphine-Naloxone, 5 years of clinical practice
Room C		**XII - Is it possible to treat psychopathology of heroin addicts only with Agonist Opioid Treatment** *Chair: Pier Paolo Pani (Cagliari, Italy)*
17:00	11301	PIER PAOLO PANI (Cagliari, Italy) - Does the prominent psychopathology of heroin addicts exist?
17:30	11302	ICRO MAREMMANI (Pisa, Italy) - What is the specific psychopathology of heroin addicts at treatment entry?
18:00	11303	LUCA ROVAI (Pisa, Italy) - Affective temperaments and substance abuse
18:30	11304	ANGELO GIOVANNI ICRO MAREMMANI (Pisa, Italy) - Do methadone and buprenorphine have the same impact on psychopathological symptoms of heroin addicts?

SUNDAY, 27 MAY 2012

Room A	ABSTRACT NO	**PLENARY SESSION** *Chair: Andrej Kastelic (Ljubljana, Slovenia)*
9:30	11401	HANNU ALHO (Helsinki, Finland) - Strategies to reduce the diversion of maintenance medications
10:30		BREAK

11:00		**PARALLEL SYMPOSIA**
Room A	ABSTRACT No	**XIII - SEEA-Symposium** *Chair: Andrej Kastelic (Ljubljana, Slovenia)*
11:00	11501	LILJANA IGNJATOVA (Skopje, Republic of Macedonia) - Insomnia and gender differences in sleep problems during methadone maintenance treatment
11:30	11502	NUSA SEGREC (Ljubljana, Slovenia) - Challenges in treatment of patients with complex needs in Slovenia
12:00	11503	ANTE IVANCIC (Porec, Croatia) - Twenty years of OMT in Croatia - no threshold, decentralized and successful
12:30	11504	ANDREJ KASTELIC (Ljubljana, Slovenia) - Developing treatment programs in communities and prisons in SE-Europe
Room B		**XIV - Heroin Addiction and Related Clinical Problems** *Chair: Isabelle Demeret (Liege, Belgium)*
11:00	11601	JOSE' PEREZ DE LOS COBOS (Barcelona, Spain) - Psychometric properties of the Cocaine Selective Severity Assessment in cocaine-dependent methadone-maintained patients
11:30	11602	MARTA TORRENS (Barcelona, Spain) - Development of a group intervention to reduce intimate partner violence among female drug users. A pilot study to in two outpatient drug dependency centres
12:00	11603	JEĻENA KOĻESŅĪKOVA (Riga, Latvia) - Relationship of drug-addicted patients' personality disorders to social problem-solving changes during the rehabilitation process
12:30	11604	ISABELLE DEMARET (Liege, Belgium) - Did the Belgian heroin-assisted treatment, TADAM, included the expected target group of severe heroin addicts?
Room C		**XV - Heroin Addiction and Related Clinical Problems** *Chair: Lorenzo Somaini (Biella, Italy)*
11:00	11701	LORENZO SOMAINI (Biella, Italy) - Buprenorphine and naltrexone combination in the treatment of cocaine dependence
11:30	11702	MARC REISINGER (Brussels, Belgium) - How should methadone and buprenorphine treatment be organized and regulated? A comparison of two systems in Europe
12:00	11703	PIETRO CASELLA (Rome, Italy) - A comparison of socio-demographics and clinical status between native Italian and immigrant opiate dependent
12:30	11704	PIERGIOVANNI MAZZOLI (Fano, Italy) - Key elements to guide the choice of drug treatment in heroin addiction


CHIMERA

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10001:
20 Years of MMP in Spain: Past and Present
MARTA TORRENS
Institute of Neuropsychiatry and Addictions, Hospital del Mar, Autonomy University of Barcelona, Spain

Summary: In Spain, the history of opioid substitution treatment has been linked to changes in legislation regarding the use of opioids. Before legislation change in 1990, accessibility to substitution treatment was very restricted. However, because the HIV epidemic hit drug addicts in Spain so hard and the growing evidence that opioid substitution treatment were effective in decreasing the spread and morbidity of HIV infection, changes in national drug strategy were done. Following legislation passed in January 1990 many existing and new public drug treatment centres included substitution treatment, being methadone the opioid used for substitution. To be able to provide MT these centres needed accreditation and had to provide the Region with a monthly list of all patients included in MT and their current status. Such centres were the only settings where MT was available in Spain (Farrell et al., 1996) and were run by specialized professionals (psychologists, psychiatrists and physicians). This latest legislation did not provide specific guidelines for practice, but constituted a general frame within which the different Regions ought to develop their own regulations. Different policies and previous health services structures by Region have favoured a wide diversity of structural characteristics of networks between Regions. Patients receiving methadone maintenance treatment (MMT) increase quickly since 1991 (about 5.000 patients) to a maximum in 2007 (about 82.000 patients). At present, is estimated that around 79.000 patients are receiving MMT in Spain. In this presentation will present the main characteristics of the MMT provided in Spain during this period.

10002:
Cumulated Experience of the MMP in Metropolitan Barcelona-1992-2010
INMACULADA RIVAS
Municipal Drug Addiction Centre, Barcelona, Spain

Summary: Not available

10003:
Clinical Assessment of Opiate Induction: The Opiate Dosage Adequacy Scale Induction Form (O.D.A.S.-If)
FRANCESCO GONZALES SAIZ
Andalusia Foundations for Drug Abuse Attendance (F.A.D.A.), Information Systems and Research Area, Regional Government of Andalusia, Spain, EU

Summary: Not available

10004:
Preliminary Results of the Method Study in Germany
STEPHAN WALCHER
Concept, Munich, Germany

Summary: The correct adaption of medication-dose to patients needs has an important impact on efficacy and security in Medication assisted Treatment (MAT) Higher doses show a strong correlation to better outcomes like retention rate, reduction in Heroin-consumption and reduction of opioid-craving. (1). But which dose individually is to be used is hard to guess: Galenics, pharmacogenetics and –dynamics have an additional influence on this decision – along with the complex needs of the patients and necessary security issues.
A well adapted dosing should suppress withdrawal and craving for opioids but also block reward-effects resulting from illicit opioid-use (narcotic block). Therapists have to navigate between toxicity and ineffectively. (5, 6) High- and even more through-levels can be helpful (fast/slow-metabolizers), but dosing decisions still remain mostly a clinical issue between doctor and patient. Craving-measurements like OOWS and COWS (4, 2, 3) are useful but only highlight a part of the complex process.
Experiencing this and knowing many aspects of the treatment-process the Spanish MAT-therapist Francisco Gonzales-Saiz developed an adequacy-scale for opioid dosing in the nineties (ODAS), which ever since is broadly used in Italy, Spain, and now also in Germany – embedded in a clinical phase 4-trial. It´s a short, semi structured clinical interview, that can be done in only 10 min, covering 6 important components of adequacy in MAT:
1) Illicit opioid-intake
2) Narcotic blockade
3)-4) objective and subjective withdrawal
5) Craving for opioids/Heroin
6) Overdose
We translated ODAS into German in 2009. Now in the setting of METHODE-study we started a validation-process against EASI and elements of other scales used in addiction. And finally the De Rogatis score (DRSF, male and female) is used the first time to document sexual functioning in MAT in relation to other scores. First results are presented from the on-going METHODE-study.
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10101:
Voluntary Discontinuation of OMT: Should It Be Encouraged and How Should It Be Done? An Analysis of the Evidence
HELGE WAAL
Oslo University Hospital, OMT program, Oslo, Norway

Summary: Some users prefer to end OMT-programs for different reasons. Some have reached a stage in treatment that abstinence is preferable and possible. Some tire of participation in treatment and want to try abstinence as a better alternative. Some have other reasons. But to end several years of regular opioid administration might be difficult. The presentation is a review of approaches and of documentation for the different methods.

10102:
To End an OMT Program Participation: A Risky Undertaking. Evidence from Longitudinal Studies
THOMAS CLAUSEN and HELGE WAAL
SERAF, University of Oslo, Norway

Summary: Reductions in mortality, morbidity and criminality and increase in life quality during OMT is documented in several longitudinal cohort studies. Most studies do however, also document increase in negative effects and decrease in positive effects post treatment. Evidence from longitudinal studies in Norway documents that in some respects the user might be even worse off after OMT. The presentations analyse and discuss the evidence from these and other longitudinal studies.

10103:
Detoxified and Happy
LINE EIKENES
Rusmisbrukernes interesseorganisasjon –RIO (Drug users interest organization), Oslo, Norway

Summary: Some ex OMT participants succeed in terminating the opioid treatment – and some of them give evidence of improved life quality. Some of the user organizations in Norway have criticised the program for insufficient support. The presentation is a summing up of experiences from Norwegian abstinent ex-program participants.

10104:
Maturing out of Heroin Use? Ex Users Voluntarily Abstinent after Participation in Heroin Assisted Treatment
AMBROS UCHTENHAGEN
Research Institute for Public Health and Addiction at Zurich University, Zurich, Switzerland

Summary: The Swiss heroin assisted treatment HAT monitor publishes systematic data on all entries and discharges. After an average stay of 3 years on HAT, 2/3 of patients prefer to switch to conventional treatments , drug-free rehabilitation (up to 12%) or methadone maintenance (up to 50%). 6-year follow-up data document the social situation and substance use of those who continue HAT and those who have left with or without follow-up treatment, demonstrating the sustainability of improvements during participation in HAT.

10201:
Drug Related Deaths and Psychopathology in Heroin Addicts
ROK TAVČAR
University Psychiatric Clinic of Ljubljana, Ljubljana, Slovenia

Summary: Drug-related mortality, as a special part of mortality, is a complex phenomenon that accounts for a considerable percentage of deaths among young people. The major part of the mortality is attributable to acute deaths due to intoxication, which represent the most tragic and dramatic complication of illicit drugs use and accounts about 4% of deaths among those aged 15-39 years in Europe. During the 1990 to 2010 period, between 6,500 and 8,500 overdose deaths have been reported each year in Europe, the majority of victims are men between 20 and 40 years. In Europe direct DRD (overdose), accounts for up to 50-60% of all deaths among injectors in countries with low prevalence of HIV/AIDS.
The intentionality of overdoses could be accidental, intentional (suicide) and those of undetermined intent. In recent cohort studies in Europe, suicide accounted from 6% to 11% of deaths among problem drug users, the suicide rate among heroin users was 14 times higher than among the general population. In illicit drug addicts suicide typically occur before the age of 40 and 50% of all suicides of illicit drug addicts occur before the age of 28. Data on suicide

among heroin users indicates that deliberate heroin overdose is unusual, with non-opioid overdose and violent means being the most common methods employed.
There are some peculiarities of Slovenia: high suicide rate and cirrhosis rate in last decades (both exceeded 30 cases per 100 000 per year in some years), and low prevalence of HIV infection (less than one infected individual per 1000 population, most endangered are men who had sex with men). Suicides among general population in Slovenia shorten life by an average of 20 years, men commit suicide 3.5-times more frequently than women, 2/3 of people committing suicide decide to hang themselves. Drug polyabuse (sedatives, hypnotics, alcohol) represent another risk factor for suicide in heroin addicts, causing disinhibition of self-aggressive behaviours and/or increasing neurodepressive effects of heroin.
In addition, the data from Slovenian research showed that the patients with unreported double frequency (which refers to the simultaneous attendance of different health services, while therapists are left uninformed), who had withdrawal symptoms were treated with antipsychotics, other unspecified drugs and benzodiazepines; and patients with depressive mood who were not given a prescription of methadone received antidepressants and benzodiazepines. The poor cooperation between health services can lead to addiction being under diagnosed and to withdrawal symptoms being mistreated.
Considering the interplay of mental symptoms in heroin addiction, clinicians should be able to identify all psychotic and psychomotor symptoms in heroin addicts demanding treatment as it is likely that they present also addiction independent mental disorder. On the other side depressive anxious symptoms are more likely to be addiction dependent and not part of another mental disorder.
There are similarities, but also differences in subgroup of illicit drug addicts committing suicide and therefore further researches are needed in way to highlight the topic of suicides among illicit drug addicts, especially when intention for intoxication remain unclear.

10202:
Drug Related Deaths in Slovenia
JOZICA SELB SEMERL
National Institute of Public Health, Ljubljana, Slovenia

Summary: Introduction Mortality of a population is an important health indicator, mortality rates and causes of death are the consequences of the most serious diseases or injuries and poisonings within a population. Among young people drug-related deaths (DRD), as a special part of mortality, account for a considerable percentage of deaths. According to the recommendation of European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon, DRD are split into two groups: direct and indirect deaths. From 1990 to 2006, between 6 500 and 8 500 deaths directly related to drug use are reported each year in Europe. In the time period from 2004 to 2010 direct DRD were ranging from 2,6 to 4,7 deaths per 100 000 population aged 15 to 64 years. Besides knowledge on direct deaths there is a need to explore indirect DRD and especially their causes of death. For this reason a cohort study of treated illicit drug users was invented in Slovenia and its results are presented here. Methods For retrospective cohort study data on Treatment demand indicator (TDI), and General mortality register (GMR) were used. Treatment demand population was represented by clients who were registered for treatment, first or repeated time in a year, at 17 Treatment demand centres in Slovenia in the three years period from 1st January 2004 till 31st December 2006. They were enrolled into a study at first entering to treatment in the recruiting period 2004 to 2006, and followed up till 31st of December 2009.To recognize those clients who died during follow up period data linkage between TDI and GMR was performed. Personal identification number (PID) of deceased, and sounded index of clients on treatment, together with sex and date of birth for both groups were used to make a new ID that was a platform for linkage two data bases. A vital status of clients at the end of follow up was checked, and data were labelled to data on survivors or deceased. Mortality rates for specific groups and causes of death were calculated per 1000 or 100 000 person years (PY); SPSS and Xls statistical packages were used for calculations. Results There were 3803 survivors and 141 persons who died in the time period from 2004 to 2009. The follow up gives us 20077,48 person years of observation ending up by 7,0 deaths per 1000 years of observation. Proportion of men to women was 5:1. The age of survivors was concentrated in the 25 to 34 age group, but deceased was more expanded. Mortality rates in 17 centres correlated to: mortality due to suicides (Correlation Coefficient =0,5678), and deaths with undetermined intent (CC =0,6164). 73% of deaths were due to injuries and poisonings and ¼ due to natural causes of death. Among violent deaths the majority of them were due to poisonings of undetermined intent (27,5%), suicides (25,7%), and accidental poisonings (27,5%), the rest was due to traffic accidents, assaults, and the other accidents. Among natural causes of death alcoholic liver cirrhosis was prevailing, followed by cardiovascular and infectious diseases. The deceased illicit drug population was in average younger than the rest of Slovene deceased persons. Conclusions On the base of cohort data it was possible to determine indirect causes of death among treated illicit drug users. By this method indirect causes of death of untreated population remained unknown. It was found that mortality rates of cohort members were, in spite of treatment, three times higher than that of Slovene population of the same age. For the future it is needed to extend follow up to the next years for getting even better insight to indirect causes of death, to classify

more undetermined death to accidental poisonings or suicides, and to pay more attention to early signs of possible suicide or suicide attempts to diminish mortality in centres with the highest mortality rates.

10203:
Suicides among All Illicit Drug Related Deaths
BARBARA LOVRECIC
National Institute of Public Health, Ljubljana, Slovenia

Summary: Educational Objectives: In illicit drug addicts suicide typically occur before the age of 40 and 50% of all suicides of illicit drug addicts occur before the age of 28. Data on suicide among heroin users indicates that deliberate heroin overdose is unusual, with non-opioid overdose and violent means being the most common methods employed. Purpose: The aim of the study was to find out the extent and characteristics of illicit drug related deaths (DRD), especially suicides, in Slovenia in the period from 2003 to 2006. Methods: Mortality data were obtained from General Mortality Register of the Republic Slovenia and special mortality registers (Institute of Forensic Medicine of Medical Faculty of Ljubljana, General Police Administration of Slovenia). DRD included direct (when the fatal concentration of the illicit drug is present at the moment of the death) and indirect deaths (there is no fatal concentration of the illicit drug in the blood at the moment of the death). The differences among subjects were analysed using t-tests and Chi-square tests, statistical analyses were carried out using the SPSS package. Results: In Slovenia in time period from 2003 to 2006 there were 240 DRD (191 M, 49 F). Direct deaths represented 65% of all DRD, among these: 30% were unintentional intoxications, 25% intentional intoxications (suicides) and 40% of cases the intention remained unknown. Among indirect deaths the most frequent were suicides (especially hanging, CO inhalation, injury caused by sharp object and firearms). Suicides represented almost the half of all indirect deaths, followed by traffic accidents (20%), concurrent diseases (cancer, heart disease, pneumonia…) (15%), homicides (10%) and injuries (5%). Conclusions: There is some peculiarity of Slovenia: high suicide rate and cirrhosis rate in last decades (both exceeded 30 cases per 100 000 per year in some years), and low prevalence of HIV infection (less than one infected individual per 1000 population, most endangered are men who had sex with men). Suicides among general population in Slovenia shorten life by an average of 20 years, men commit suicide 3.5-times more frequently than women, 2/3 of people committing suicide decide to hang themselves. There are similarities, but also differences in subgroup of illicit drug addicts committing suicide and therefore further researches are needed in way to highlight the topic of suicides among illicit drug addicts, especially when intention for intoxication remain unclear.

10204:
Anxiety-Depressive Mental Status in Heroin Addicts Entering Treatment
MERCEDES LOVRECIC
National Institute of Public Health, Ljubljana, Slovenia

Summary: Educational Objectives: The psychopathology of addiction is characterized by craving, a withdrawal or a fear of withdrawal symptoms to come. Thus psychiatric symptoms are generally the rule among heroin addicts and not always are expression of "non-substance use" mental disorder. This presentation underlines the phenomenon. Purpose: The aim of the study was to explore the interplay of mental symptoms in heroin addiction, clinical and socio-demographic differences among heroin addicts with and without double diagnose who seek help in outpatient drug treatment service. Methods: Socio-demographic, clinical and addiction-related information were collected by use of the Drug Addiction History Rating Scale (DAH-RS), a multi-scale questionnaire including: demographic data, physical health, mental health, substance abuse, treatment history, social adjustment and environmental factors, clinical characteristics as frequency of drug use, patterns of use, previous treatments, and current treatments. Diagnoses were made according to ICD-10 criteria. To describe the mental status, we used the following DAH-RS items: awareness of illness, consciousness disturbances, memory deficits, anxiety states, depression, sleep and eating disturbances, excitement, violence, suicidality, delusions, hallucinations; a factor analysis was performed on these items. The differences among subjects were analysed using t-tests and Chi-square tests, statistical analyses were carried out using the SPSS package. Results: The study included 591 heroin addicts. Among the symptomatic heroin addicts, the largest group was the depressive-anxious (20.5% of heroin addicts), and depressive-anxious symptoms dimension, built in as a factor, was the most represented (23.9% of total variance) also, but only 18.2% of this group presented dual diagnosis. The second most frequent symptomatic group was a psychotic state group (16.9% of heroin addicts), psychotic state dimension was covering 16.1% of total variance, but in this case the 91.0% of dual diagnosis indicate that these heroin addicts are likely affected by another mental disorder (dual diagnosis). The less frequent, a psychomotor excitement state group (18.8% of heroin addicts) with psychomotor excitement dimension factor, covering 12.3% of total variance, presented dual diagnosis in 71.2% of heroin addicts. In the major asymptomatic group (43.8% of heroin addicts) only 0.4% heroin addicts presented double diagnosis. The data show us that only psychotic and psychomotor excitement state group presented another mental disorder (double diagnosis). It is likely that symptomatic heroin addicts with psychotic and psychomotor excitement symptoms are affected by addiction independent mental disorder. Conclusions:

Clinicians should be able to identify all psychotic and psychomotor symptoms in heroin addicts demanding treatment as it is likely that they present also addiction independent mental disorder. On the other side depressive anxious symptoms are more likely to be addiction dependent and not part of another mental disorder.

10302:
Target Group for OST. Validating Patient Drug History
B. MONWELL, M. BRATTROK and O. BLIX
Addiction Medicine Unit, Dep of Psychiatry, County Hospital Ryhov, Jönköping, Sweden

Summary: The regulation for inclusion to Opiate Substitution Treatment (OST) in Sweden was changed on March 1 2010. Previously a 2 years history of Opioid dependence was required. This was reduced to one year. At the same time the target group for OST was reduced to individuals addicted to heroin, opium or morphine. Applicants addicted to synthetic and semi-synthetic opioids were excluded. The typical addict in our catchment area is a poly-drug user, with both opioids and opiates in addition to various other substances.
When investigating the OST applicants drug history it is crucial to judge whether or not opiates are dominating the abuse. In the traditional interview, the clinician asks the applicant which drugs he/she has used. This gives a limited, and often insufficient picture of the actual drug history.
In May 2011 we developed a structured list where most known substances used in our area are listed. The two ways of interviewing were consequently administered, and the results compared.
We found significant differences in the picture given by the traditional interviewing compared to the structured list except for two substances: heroin and amphetamine.
Significant differences of clinical importance were found among others for
alcohol, phentanyle, steroids, sedatives, inhalable solutions.

10303:
Group Therapy and Support on the Internet and the Challenges Confronting Online Providers
HAIM MELL and ARTHUR S. TROTZKI
The Israel Anti-Drug Authority, Jerusalem, Israel

Summary: Most businesses and consumers use the Internet on a daily basis. Utilizing the online medium for providing therapy and support services is a rapidly growing phenomenon. In the past, professionals and organizations have maintained telephone hotlines for addressing many crisis situations such as: battered women, suicide prevention, rape, AIDS , and youth in distress. For some time, counselling and therapy have been provided on the Internet via email or chat and most recently, with the technological advances taking place, through the use of video and audio transmissions. This latest development allows for the one to one or group videoconference. The Israel Anti-Drug Authority prefers and is utilizing the group videoconference, which allows all participants to see and hear one another simultaneously. This presentation will explore the advantages and disadvantages of using this technology both theoretically and from our personal experiences. The methodology involved in transporting face to face therapy to the online medium, maintaining confidentiality of client information and providing secure and encrypted communication services will be examined. The ethical considerations involved in online work will be discussed as well as recommendations for the professional organizations.

10304:
From Harm Reduction to Abstinence: A Journey in United Kingdom Drug Treatment Policy
NEIL MACKEGANEY
Centre of Drug Misuse Research at Glasgow University, Glasgow, UK

Summary: Harm reduction has been the single most influential idea impacting upon the drug treatment policy field over the last twenty-five years. From an initial concern to reduce the risk of HIV infection amongst injecting drug users harm reduction has grown to become a global social movement. As the fears over HIV have receded harm reduction has increasingly concerned itself with a broader range of drug harms including those harms that are claimed to arise from drug legislation itself. More recently drug treatment policy within the UK has shifted from emphasising the goal of reducing drug related harm to stressing the importance of ensuring that drug treatment services are working towards enabling individuals to become drug free. Abstinence in this sense has become the central idea underpinning drug treatment policy. This talk will explore the journey from harm reduction to abstinence and considers the case for combining the two approaches as the drug treatment world within the UK comes to terms with likelihood of reduced government funding

10305:
From Harm Reduction to Recovery: Not Such a Massive Leap?
DAVID BEST
Turning Point Alcohol and Drug Centre, Monash University, Melbourne, Australia

Summary: Recovery and harm reduction are often

presented as the opposite ends of a spectrum, separated by irreconcilable differences of philosophy and belief. The paper will argue that, while there are two main differences – the role of maintenance medication and the role of 12-step mutual aid groups – there are significant overlaps. These include shared assumptions about the central importance of client empowerment and choice, the importance of community-based activities, the key role of peers in shaping change and a social focus that extends addiction knowledge beyond the medical realm. The paper will conclude by presenting a developmental recovery model, based on consistent empirical evidence that can readily incorporate both the beliefs and the practices of harm reduction without losing the aspirational and hope-based principles that are central to a recovery approach.

10306:
How to Establish a Good Therapeutic Alliance
PASCAL COURTY
Centre Hospitalier Universitaire, Clermont Ferrand, France

Summary: Drug users are said to be difficult patients to treat. On one hand, for the last ten years, some real progresses have been realized in the field of addiction.
But on the other hand, it seems always the hard way. One might consider the three actors of this play. First comes the patient. Who is he ? Just another patient or a little bit more. Does he really want to be treated ? Does he understand he's suffering a chronic condition ? What kind of help does he expect ? What is the proper medication ? Then comes the medication. Is this the best for the patient at this very moment ? Does he understand the way to take it properly ? Nothing is really possible without the prescriber or shall I say the educator. He is more than a conductor. Whoever he is, his main role is to make the patient welcome. We will explain the different steps to establish a good therapeutic alliance with patients that are more often partners than enemies.

10307:
Therapeutic Alliance from a Patient's Perspective
DUNCAN CAIRNS
The Aurora Project Lambeth, London, UK

Summary: The importance of the Doctor and the councillor/ key worker relationships in addiction treatment are fundamental to a successful outcome
Trust and honesty from all parties is built over time and this can only be built on the foundations of an equitable relationship.
Issues such as patients feeling they are being judged can lead to a break down in effective communication. Relationship breakdown and how to re-engage a patient once they have dropped out of treatment. This should be carried out by using non punitive approach towards the patient, reviewing why the relationship broke down any trying to address the cause of the break down.
The good bedside manner is key in drug treatment, when a patient may have major reservation around treatment these fears must be allayed through the practitioner's good knowledge of OST.

10401:
Medication Assisted Treatment for Opioid Addiction: Challenges and Opportunities
MARK PARRINO
American Association for the Treatment of Opioid Dependence, New York, NY, USA

Summary: The history of using medications to treat chronic opioid addiction has travelled a difficult path over the course of the past 50 years. In spite of extraordinary challenge, the treatment programs and practices for treating opioid addiction has increased throughout the world. We have learned a great deal about treating chronic opioid addiction, including medications, which have proven to be effective over the course of many years. There is renewed interest in expanding access to this life saving treatment intervention in many countries throughout the world and we have the opportunity to build upon our evidence-based knowledge to ensure that patients receive good quality care as they access and remain in treatment. This presentation will also focus on recent challenges to treatment in the United States and what has been done to overcome them.

10402:
Pregnancy and Heroin Addiction: Forty Years of Research and Clinical Experiences
LORETTA P. FINNEGAN
Finnegan Consulting, LLC, Avalon, NJ, USA

Summary: Nearly five decades have passed since physicians and other medical professionals began to treat and study the effects of heroin addiction on pregnant women and their new-borns. Prior to this slow development of interest in addiction in pregnant women by care providers, many pregnant heroin addicts received no prenatal care and morbidity and mortality in them and their foetuses and new-borns was prevalent. Heroin addiction in pregnant women resulted in infection, premature birth and intrauterine growth restriction in the new-borns. In the 1960's, pioneers in the field of obstetrics and neonatology began to provide medical care and medication-assisted treatment with methadone for pregnant women. Since these women often manifest

anxiety, depression, low self-esteem and a history of past and current physical abuse and sexual assault, special services for these problems were established. It was shown that a successful outcome can best be obtained within a comprehensive, supportive, non-judgmental environment. Services focused on the multidimensional needs of pregnant women, which offered a unique opportunity to restructure their lives in a positive direction permitting them to prepare for the birth of the child, physically, psychologically and nutritionally. Although pregnant women when provided with methadone experienced many benefits, in utero exposed babies had a 60-90% chance of suffering from Neonatal Abstinence Syndrome (NAS). However, when contrasting methadone with heroin, many outcomes are improved such as decreased fetal and neonatal complications, increased term births and birth weights. Assessment and treatment of NAS is easily accomplished if established protocols are followed. Successful outcomes for pregnant women on heroin were soon found to be less effective as the nature of drug use changed over the decades with the use of cocaine, methamphetamine and currently prescription opioids. The chaotic lives of women addicted to multiple drugs with frequent lack of consistent medical care put them and their babies at risk for medical and obstetrical complications, in addition to the pharmacological effects of the individual agents, licit and illicit. Over the past several decades, evidence-based studies have added to the basis of treatment during pregnancy and for the new-born. Recent data from the MOTHER Study has reported the use of buprenorphine and some advantages over methadone, however not without published critical reviews. The MOTHER Study and other evidenced based reports continue to enhance the basic treatment principles for treating pregnant opioid dependent women. The evidence does show that, by addressing the complexity of medical and psychosocial problems, along with providing medication-assisted treatment, the maternal-infant dyad affected by opioid addiction can be successfully rehabilitated.

10403:
Maintenance Treatment of Addiction 40 Years Later: A Glass Half Full.... And Half Empty
ROBERT NEWMAN
Baron Edmond De Rothschild Chemical Dependency Institute of Beth Israel Medical Centre, New York, NY, USA

Summary: In 1965 Drs. Marie Nyswander and Vincent Dole introduced "methadone maintenance" in their JAMA article, "A medical treatment for diacetylmorphine (heroin) addiction." Two years later the same authors theorized about the possible explanation for the unexpectedly good response to the daily oral doses of methadone they observed among their initial group of patients; that paper was entitled "Heroin addiction – a metabolic disease."

Much progress has been made since, both experimental and empirical, and today over one million patients in 73 nations receive maintenance treatment. And yet, the key challenges to provide an effective alternative to illicit drug use to opioid-dependent individuals remain. Stigmatization of the treatment, the patients and the providers is greater than ever, and "capacity" (a concept that generally does not exist in the case of life-and-death medical care) is disgracefully low in most countries.

The situation can be summarized by the metaphor of the glass that is half full . . . but also half-empty. What the "glass" contains is grounds for pride - but not complacency! It is most imperative that we focus on what's missing, and what needs to be corrected.

10404:
The Self-Medication Hypothesis in Opiate Addiction
MIGUEL CASAS
Department of Psychiatry, Vall Hebron Hospital. CIBERSAM. Autonomy University of Barcelona, Barcelona, Spain

Summary: Not available

10501:
Cost Economy: Public Health Costs Versus Law Enforcement Costs in Opiate Addiction
RICHARD SOYER
Johannes Kepler Universität Linz, Austria

Summary: In times of (predicted) recession cost economy is of utmost interest. However, there seems to be a lack of reliable data on the costs of reacting on criminal delinquency of opiate addicted persons. How to treat those persons as offenders and/or as patients? What is more (cost) efficient?
Based on several national and transnational studies the presentation aims to prove that the purposes of punishment will usually be better and more cost efficiently achieved by applying health related measures instead of, or at least in addition to, punishment.
By doing so the contribution presents data on public health costs and law enforcement costs in opiate addiction. Those data is not only gained by desktop research, but also by own empirical research. Therefore, the presentation brings together data from European countries as well as the United States, but also addresses the need for a better-cost transparency.

10502:
Naltrexone for Opioid Dependence: Oral, Implantable and Injectable
EUGENE KRUPITSKY, E. ZVARTAU, E. A. BLOKHINA, E. V. VERBITSKAYA and G. E. WOODY
Bekhterev Research Psychoneurological Institute, St. Petersburg, Russian Federation
Pavlov State Medical University, St. Petersburg, Russian Federation
University of Pennsylvania, Philadelphia, PA, United States.

Summary: Aims: The presentation will review results of five randomized double blind placebo controlled randomized clinical trials of different drug formulations of naltrexone we have been doing within the last 12 years: Oral, implantable and injectable.
Methods: 1st study: Double blind placebo controlled randomized clinical trial of oral naltrexone vs. placebo. 2nd study: Four cell double blind double dummy placebo controlled randomized clinical trial of combination of naltrexone with fluoxetine vs. naltrexone, fluoxetine, and double placebo. 3rd study: Four cell double blind double dummy placebo controlled randomized clinical trial of combination of naltrexone with guanfacine vs. naltrexone, guanfacine, and double placebo. 4th study: Three-cell double blind double dummy placebo controlled randomized clinical trial of naltrexone implant vs. oral naltrexone and double placebo (oral and implantable). 5th study: Double blind placebo controlled randomized clinical trial of injectable naltrexone vs. placebo.
Results: Oral naltrexone in Russia is more effective for relapse prevention and abstinence stabilization than placebo – basically due to family involvement in the control of compliance. Combining naltrexone with antidepressants or guanfacine does not improve outcome significantly. Long acting sustained release naltrexone formulations (injectable and implantable) are substantially more effective than oral naltrexone or placebo for relapse prevention in opiate addicts as they make control of compliance easier.
Conclusions: Extended release formulations of naltrexone are the most effective non-agonist pharmacotherapy formulations for opiate dependence.

10503:
Behavioural Intervention Aimed to Treat Co-Dependence in Relatives of Opiate Addicts Improves Treatment Outcomes
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Summary: Aim: To evaluate the effect of behavioural intervention aimed to treat co-dependence in relatives on remission of opiate addicts.
Methods: 142 opiate addicts (age 26,3±2,1 years, 96 males, 46 females) during their participation in the 12 month outpatient treatment program were randomly assigned to one of two groups: Relatives of the patients of first group participated in the 12 month program of individual and group behavioural intervention aimed to treat co-dependence while relatives of the patients of second group received only a few sessions of routine counselling for relatives of drug addicts. Patients of both groups were treated alike with opiate antagonist (naltrexone) and cognitive behavioural intervention.
Results: Patients of the first group demonstrated significantly better treatment outcomes: Better retention in the treatment program, higher rate of abstinence, improved social functioning and stronger motivation to stay clean.
Conclusion: Behavioural intervention aimed to treat co-dependence in relatives is effective way of remission stabilization and relapse prevention in opiate addicts.

10504:
A Global Update on Medication Assisted Treatment for Heroin and Opioid Dependence
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Summary: Illicit drug abuse and dependence are global problems of major medical importance. Based on the 2010 World Drug Report from the United Nations Office on Drug and Crime (UNODC) estimate between 175- 250 million people from almost every country, or 5 per cent of the global population age 15-64, have used illicit drugs at least once in the last 12 months. While most individuals occasionally use or have causally tried illicit drugs, UNODC estimates that there are between 18-38 million problem drug users. These individuals consume most of the drugs and likely fulfil the criteria for a diagnosis of drug abuse or dependence. Thus, understanding the burden of illness due to drug abuse and dependence provides a window into the need for medical interventions and treatment paradigms to reduce drug use and dependence. There are significant medical problems are associated with opioid use, abuse and dependence. These include a high prevalence of co-occurring psychiatric illness, as well as hepatitis virus infection and HIV infection. These medical co-occurring conditions are specifically prevalent in injection drug users (IDU). Estimates for IDU's are available for at least 130 countries with approximately 78% of the 13.2 million IDU's living in developing or transitional countries. Forty-one countries have reported a high prevalence (>5%) of HIV infection in these high-risk population which accounts for at least 10% of all new HIV infections, estimated at 5 million per year. Epidemiological data show that generalized

HIV epidemics can result from diffusion transmission of HIV from high-risk groups, such as IDUs. Thus, it becomes important for countries and regions to undertake surveillance studies to identify current illicit drug use patterns and develop best practices for the treatment of individuals who use and abuse illicit drugs, particularly opioids.

Medication assisted treatment for opioid abuse and dependence using buprenorphine or methadone is increasingly available globally. In only a limited number of countries are both medications are available such as the United States, countries of Western Europe, Israel, Iran, Indonesia, Taiwan, Ukraine and Australia. More importantly, each medication is not uniformly available in every country, which has led to varying treatment outcomes. For example, there has been a broad scale-up of methadone treatment in the Peoples Republic of China, while buprenorphine treatment has been provided in piloted treatment programs. Suboxone® is widely used in the United States to reduce diversion. A four year study of diversion in the United States has shown this formulation to be very successful in limiting diversion; while in the Republic of Georgia street use and diversion of subutex® from Europe has resulted in epidemic of abuse of buprenorphine. For methadone, there is considerable variation in the dispensing of methadone in drug treatment programs both in country as well as among countries . Variations also occur in policies detailing dosage and time limitations for treatment, program entry criteria, staffing of programs, as well as urine testing. Thus, availability of medication-assisted treatment does not indicate continuity of care and treatment across programs or countries. Treatment demand provides some insight into the global drug abuse problem and is somewhat correlated to the availability of medication-assisted treatment for opioid dependence . The region with highest treatment demand is Asia, and the recent implementation of methadone treatment in China, as a component of their nationwide HIV prevention program, has greatly augmented the treatment capacity of the region. This coupled with the use of methadone in Thailand, buprenorphine and methadone in Indonesia, and a growing use of naltrexone and methadone in Vietnam indicates an acceptance of medication-assisted treatment as a tool to address drug abuse and regional HIV transmission. The United States, India, Australia and South Africa utilize medication-assisted treatment to address their growing epidemics of opioid abuse and dependence. Australia has a growing abuse problem with morphine and the Russian Federation has a growing problem with designer drug abuse using codeine. The use of medication-assisted treatment in South Africa highlights the growing problem of injection drug use in Eastern African countries in connection with their on-going HIV epidemic. In the United States there is an epidemic of prescription opioid drug abuse and dependence that is treated with both methadone and buprenorphine. Estimates of the number of individuals globally, receiving medication assisted treatment for opioid dependence reveals is a progression of treatment programs with countries having large national programs down to counties having small pilot treatment programs. In summary, while the use of medication assisted treatment is increasing globally, the needs to be stronger efforts for individual nations to scale up treatment service programs to meet national needs.

10601:

The Evolution of the Maintenance Programs with Opiate in Spain

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Summary: Not available

10602:

Psychotic Symptoms in Opiate Self-Injectors Vs. Cocaine Self-Injectors in a Harm Reduction Program

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Summary: The presence of psychotic symptoms after cocaine use is frequent. Different studies have shown prevalence between 53% and 80%. The most frequently reported psychotic symptoms caused by cocaine use are temporary: delusions (especially paranoid), hallucinations, which can occur simultaneously and with varying levels of seriousness, and stereotypical behaviour. The associated risk factors for psychotic symptoms in drug users are not well known. Much attention has been focused on the route of consumption, probably associated with absorption speed, concentration in the blood and duration of the effects. In a sample of 21 self-injectors that self-injected cocaine 375 times psychotic symptoms were observed in 62% of the patients and 21% of the self-injections; delusions observed in 9.3%, psychotic self-reference with insight in 9.1%, illusions in 6.4%, and hallucinations in 5.3% (Roncero et al, 2012). In the other hand, mental symptoms are common in heroin addiction. In a large sample of opiate-dependent patient 14.95% patients demonstrated a psychotic state (Maremmani et al, 2007).

However opiate dependence has related, with a minor risk of psychosis in comparison with cocaine dependence. It is not well known the psychotic symptoms prevalence and clinical characteristics of the opiate self-injectors.

The aim of this work is study the prevalence and

clinical characteristics of the psychotic symptoms in opiate self-injectors of the injection room of the harm reduction program of the outpatient drug clinic Vall Hebron in Barcelona (Spain).

MATERIAL AND METHODS

We evaluated 39 patients that self-injected opiate 200 times. 32 were heroin self-injectors and 7 were cocaine plus opiate "speedball" self-injectors. They self-injected heroin 168 times and "speedball" 32 times, respectively.

The inclusion criteria were: opiate dependence according to DSM-IV-TR, use of heroin intravenously in the drug consumption room and having signed a consent form. The exclusion criteria were: not heroin intravenous self-injection. The Committee of Ethics of the University Hospital Vall Hebron gave previous authorization for this study. The patients received no financial reward.

The supervised drug consumption room is part of the harm reduction program in Outpatient Drug Clinic (CAS) of the University Hospital Vall d'Hebron, in Barcelona (Spain). The room is open free access to all users who want to take drugs intravenously in supervised and hygienic conditions (Daigre et al, 2010).

The nurses and social educators who had received previous training to identify psychotic symptoms observed the patient. The registering of psychotic symptoms and features of the consumption in self-injectors was performed using an ad hoc questionnaire.

RESULTS

Only one heroin self-injector showed any psychotic symptoms in 2 self-injections. One time he showed stereotyped movements, behavioural alterations after 0.15 mg and in the second, hallucinations and stereotyped movements were detected after self-injected 0.25 mg. 5 patients showed psychotic symptoms after the heroin plus cocaine self-injections.

DISCUSSION

Detected prevalence (2/168) after opiate self-injections and (1/32) in heroin self-injectors are clearly minor than (5/32) after opiate plus cocaine self-injections and in "speedball" self-injectors (5/7). Furthermore, psychotic symptoms in opiate self-injectors are minor than cocaine self-injectors, previously reported (13/21) (Roncero et al, 2012). We confirm that heroin self-injection is related with psychotic symptoms in a very level; however heroin plus cocaine self-injection is clearly related with psychotic symptoms.

CONCLUSIONES

Psychotic symptoms prevalence in heroin self-injectors is low 3.2 %. Being very much minor that that of heroine plus cocaine self-injectors (71.4 %). We confirm the increasing risk of appearance of psychotic symptoms, if cocaine is added.

Psychopathological consequences should be after drug self-injections, because they are frequent and potentially dangerous.

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10603:

Severity of Addiction and Follow-up in Opiate-Dependent Patients.

GIEDONI FUSTE

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Summary: Introduction: There are no specific instruments to measures opiate addiction severity. General measures such as EuropAsi or the Addiction Severity Index 6th Version are useful measures to identify monitor and rate the patient's problems, allowing to improve the answer to the patient's needs and to monitor those interventions. Our aim was to describe the severity of addiction in our sample of opioid dependent patients attending our Drug Outpatient Clinic from its start till 2012

Methods: Descriptive study including patients over 18 years and with a diagnosis of opiate dependence according to DSM-IV-TR criteria. An interview including demographic variables, EuropASi and the Structured Clinical Interview for DSM-III-R Disorders (SCID I and II) was conducted in order to confirm the clinical diagnosis.

Results: 318 patients fulfilled the inclusion criteria, but EuropASI1 data were obtained only from 134 patients (74% men, 38± 8,10 years, 90% Spanish). Client's rating scores and interviewer's severity ratings respectively were: 0,32 ± 0,34 and 2,59 ± 2,36 for medical status, 0,61 ± 0,30 and 4,63 ± 2,40 for employment & Support Status, 0,13 ± 0,19 and 1,85 ± 2,15 for alcohol use, 0,29 ± 0,16 and 5,26 ± 2,30 for Drug use, 0,16 ± 0,24 and 1,81 ± 2,39 for legal status, 0,33 ± 0,31 and 3,81 ± 2,38 for family/social relationships, 0,34 ± 0,23 and 4,09 ± 2,90 for psychiatric status. 46,2% and 51 % were HIV and HVC positive respectively slightly different than the Proteus Data2 from the Spanish Population (36,5 % HIV and 82 % HCV). 15% worked, 41% were unemployed and 22% were retired. 15% took opiates alone, compared with a 49% of polydrug

users and 36% with 2 drug dependencies diagnosis (comorbidity mainly with cocaine). The age at onset was 20,44 ± 6,57, and the age at regular use 21,77 ± 7,06. Data on SCID-I (n=92) showed comorbidity with mood, psychotic, and anxiety disorders of 45,8%, 25% and 20,7% respectively. Data on SCID-II (n=99) showed comorbidity with Cluster B mainly. 44%, from whom 33,7% was from antisocial and 9,8% from Borderline.
Conclusion: EuropAsi has shown to be a useful measure to identify problems and to improve treatment of opioid patients. Despite the high rates of medical comorbidities, the areas shown to be more affected are the employment &support status, the Drug use and the psychiatric status areas.
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10604:
New Proposal of Maintenance of Opiate Addicts with Oral Diacetylmorphine
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Summary: Aims: To evaluate the feasibility of conducting double blind controlled randomized clinical trials using b.i.d. immediate release oral diacetylmorphine (DAM) in heroin dependent patients, by means of measuring the capacity of oral DAM to block opiate withdrawal and clinicians' ability to distinguish it from morphine and methadone.
Design: Randomized phase II, double blind, multicentre pilot study.
Setting: Inpatient regime in substance abuse units in general hospitals in Catalonia, Spain.
Participants: Forty-five heroin-dependent patients that had relapsed after one methadone maintenance treatment.
Intervention: The study compared immediate release oral DAM, slow-release oral morphine and oral methadone; administered twice a day (b.i.d. regime). Participants were randomly assigned to these three treatment groups.
Measurements: the Subjective Opiate Withdrawal Scale and the Objective Opiate Withdrawal Scale, craving by a 10 cm Visual Analogue Scale, global improvement by the Clinical Global Impression, depressive symptoms by the Beck Depression Inventory, anxiety symptoms by the State-Trait Anxiety Inventory and addiction severity by the Addiction Severity Index, assessed opiate withdrawal symptoms. Clinicians also registered dosages and prescriptions. In order to evaluate blinding, at the end of the study both patients and staff were required to guess which substance had been used.
Findings: Patients were stabilized (b.i.d. regime) with a mean of 350 (SD=193) mg of immediate release oral DAM, 108 (SD=46.2) of slow release oral morphine and 40 (SD=17.9) mg of methadone. No statistically significant differences were found between any studied medications on any clinical outcome. Neither patients nor clinicians were able to identify the administered medication.
Conclusions: This study shows the feasibility of double blind clinical trials using
b.i.d. immediate release oral DAM allowing further phase III clinical trials in the process of introducing DAM as a medication for heroin dependent patients who do not respond to other current standard maintenance treatments.

10701:
The Central Importance of Trust and Confidence in the Treatment of Addictions
ALBRECHT ULMER
German Society for Addiction Medicine, Stuttgart, Germany

Summary: Opiate Substitution Treatment (OST) is a very sensitive therapy. Drugs are illegalized. Addicts therefore are forced to make illegal deals and other forbidden things, to lie, more than in other addictions, to have wrong friends, to mistrust a lot and to live as outsiders. Contrary, the society is mistrusting them. The OST regulations in many countries represent this mistrust. But is this mistrust the adequate attitude?
Mistrust is always inducing contrary mistrust. Mistrusting controls induce to look how to outsmart it. Mistrust is a gap between persons, a bad condition for treatment.
Our addicted patients have a wounded soul. They are suffering from this mistrust and the lack of confidence. A good treatment takes all this into a central account. It's assuming that nobody is a "bad" person by choice. Each soul is primary good and craving for uncovering of the good.
If we organize OST with a lot of mistrust and controls, we heavily violate all these aspects.
In many countries, there are only a few, but central elements, where we violate central rights of the OST patients and of a normal, good therapy. It is not really difficult to change it. But we need a lot of reflection on what we are doing and what the souls of our

patients really need.

10702:
Addiction and Motivation: What Works?
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Summary: Over 20 years of research into the effectiveness of motivational interviewing (MI) as a method to assist addicted people to find their own motives to quit their dependency on addictive substances, has shown that this method is consistently effective. This presentation will first of all give an overview of the evidence found in numerous RCT's over the past decades.
Secondly, since MI is indeed an effective method, the question could be raised what could be reasons that not much more people are helped effectively through this method?
Possible answers will be explored:
- Some professionals might have unrealistic expectations about the method
- Some professionals might have unrealistic views about their own competency in the method
- Some treatment organizations and/or national policy frameworks might have motives and/or policies, which are not consistent with how motivational interviewing works
Examples from international practice will be given to illustrate the exploration of above-mentioned possible answers.
Conclusion will be that MI is an evidence-based method to work effectively with addicted people. However, the level of its effectiveness will largely depend upon a correct perception of how the method works on a practitioner's level and on good quality basic training, followed by continued coaching, to obtain an expert level of competency.
Last, but not least, the implementation of the method within any given treatment organization or society will need continued attention and support from managers, policy makers and MI experts, to ensure the method is applied to its full potential.

10703:
Treatment of Trauma and Dissociation in Opioid Dependent Patients
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Summary: Introduction: People with a history of childhood trauma constitute a significant proportion of opioid users, and most patients in Opioid Maintenance Treatment (OMT) have a history of trauma. Many OMT-patients struggle with PTSD and other trauma-related symptoms, and continue to use drugs as a coping strategy. In order to increase knowledge about trauma reactions and trauma-related disorders, clinical staff at our unit attended a one-year educational program called "Safer Trauma Therapists". Experiences: To screen for trauma symptoms and diagnose trauma-related disorders is important for understanding patient's reactions and for delivering treatment. To identify dissociative symptoms is crucial in the treatment of patients with dissociative disorders. One of the main issues in working with dissociation is establishing safety in the therapeutic relationship. Psychoeducation on the fight-flight-freeze response helps the patient to understand their own reactions, and reduces guilt and shame. Exploring drug use and what function each drug has in affect- and self-regulation gives valuable information about symptom pressure. Detailed information about drug use helps us to distinguish between truly unsafe drug use and drug use aimed at self-regulation. It is important to identify triggers (external and internal) that set off PTSD symptoms in addition to triggers for substance use. Stabilization techniques help the patient to increase his/her consciousness and to regulate affect without using drugs. Conclusion: Knowledge about trauma reactions, trauma-related disorders and stabilization techniques are highly relevant in the treatment of opioid dependent patients. To understand drug use as a coping strategy in order to regulate stress-reactions is helpful and complements other models of drug abuse and addiction.

10704:
Partnership with the Patient as a Key to Treatment Effectiveness
TSVETANA STOYKOVA and ORLIN TODOROV
The Kantchelov Clinic, Sofia, Bulgaria

Summary: Effective treatment models involve an interactive, collaborative relationship between the clinician and the patient, and respect to the role patients have in their own treatment. Such an attitude reflects a belief in the importance and the benefits of patients becoming increasingly involved in managing their own condition.
Partnership with patients is essential in implementing treatment and as a basic tool in the therapeutic process. Research data and clinical evidence suggest that OTP patients show a higher level of satisfaction and better outcomes with their participation in treatment programs that, together with comprehensive treatment, provide a possibility for active participation of patients in the choice of therapeutic model.
Partnership with patients is seen as a basic philosophy, a style of interaction of clinicians with clients, and a position and attitude of staff and institution towards clients in the common endeavour to overcome

addiction and progress in the process of recovery.
Ways to develop partnership at different levels – assessment and case formulation, engaging the patient in a collaborative effort toward change, participation in the therapeutic process, defining and working together to achieve shared treatment goals, are explored.
The material presented is based on the experience of the Kantchelov Clinic in Sofia in implementing a methadone-assisted therapeutic model, combining 3 main therapeutic modalities, namely Motivational interviewing, Cognitive-behaviour therapy and Psychodynamic therapy, integrated with methadone maintenance treatment.

10801:
Pregnant Women in Opioid Maintenance Treatment in Norway: Prescription Drug Use before and During Pregnancy

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2 Department of Epidemiology, Norwegian Institute of Public Health, Oslo, Norway
3 Department of Public Health and Primary Health Care, University of Bergen, Norway

Summary: Aims: The aim of this study was to describe the use of prescribed drugs among women in Opioid Maintenance Treatment (OMT) both prior to and during pregnancy. Design: This cohort study was based on data from two nationwide databases: the Medical Birth Registry of Norway and the Norwegian Prescription Database. Setting: Norway. Participants: Pregnant women in Norway during 2004 to 2008, inclusive, focusing on women that were dispensed OMT drugs (n=95) during their pregnancies. Three months prior to pregnancy 53 % of the women were dispensed OMT drugs. During first trimester 49 %, second trimester 96 % and during third trimester 87 % were dispensed OMT drugs. Measurements: Prevalence of prescription drugs dispensed to women in OMT three months prior to and during pregnancy, including amount of benzodiazepines, z-hypnotics, and opioid analgesics dispensed during pregnancy. Neonatal outcomes in the OMT new-borns were identified. Findings: The prevalence of prescription drug use by pregnant women in OMT was generally high both prior to and during pregnancy. The percentage of women who were dispensed drugs acting on the nervous system (43%; 95% CI: 33% to 53%) and anti-infectives (52%; 95% CI: 41% to 63%) during pregnancy was especially high. Use of prescription drugs with abuse potential was reduced from 18% the last 3 months prior to pregnancy to 4 % during the last trimester. Only 3% of the OMT women were dispensed antidepressants during pregnancy. Neonatal Abstinence Syndrome was registered in 26 % of the neonates. Conclusion: A higher proportion of pregnant women in OMT in Norway are dispensed drugs prior to pregnancy and during all trimesters of pregnancy compared to pregnant women in the general population, but they reduce their use of prescription drugs with abuse potential when they become pregnant. Low use of antidepressants indicates that pregnant women in OMT in Norway are likely undertreated for depression.
Supported by the Norwegian Research Council

10802:
Developing Women-Specific Drug Treatment Services in Georgia: Understanding the Barriers to Treatment

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Summary: Aims: Drug-using women represent a seriously understudied and underserved segment of the drug-using population in the Republic of Georgia. Women constitute less than 1% of patients in Georgian drug treatment centres. Understanding the treatment needs and barriers impacting women's access to drug-related treatment services represents an extremely important public health objective in Georgia. Setting: Tbilisi, Georgia. Participants and Measurements: In-depth structured interviews with 55 drug-using women and 34 health-service providers who provided services to drug-using women were conducted and analysed using nVivo. Findings: Drug treatment services were rarely accessed by drug-using women largely due to the lack of perceived need on their part. Moreover, perceived stigma, a lack of confidential treatment services, and hostile attitudes of service providers served as barriers that prevented drug-using women from seeking and even receiving medical or social assistance. Drug use among women is less tolerated than drug use among men, as drug use by women compromises their abilities to perform their primary role of family care giving. General beliefs among service providers indicate a worse profile for drug-using women compared to drug-using men, including the fact that addiction develops more quickly, the course of the illness progresses with more severe symptoms, and negative personality changes appear to be more lasting.

Conclusions: Major obstacles impeding women's treatment seeking include lacking knowledge about addiction's harms, and valid fears of compromised confidentiality and anonymity. Providing culturally relevant information on the illness of addiction and the benefits of women-specific drug treatment both hold promise to increase entry into and engagement of drug-using women in drug treatment. Combining women-specific drug treatment services with general and sexual health education, violence reduction intervention, vocational opportunities, and life-skills-building activities are likely to enable drug-using women in Georgia to become economically, socially, and psychologically self-reliant. Finally, health service providers who come in contact with drug-using women would benefit from education regarding the etiology of drug addiction, prevention approaches, and treatment strategies.
Supported by NIDA grant R01DA029880Contraception in Opioid Maintenance Treatment:
Access and Knowledge Can Overcome Barriers to Use

10803:
Induction onto Buprenorphine During Pregnancy: Evidence from Real Life Experience
MARJORIE MEYER, ANNE JOHNSTON, SARAH HEIL and ABIGAIL MS. CROCKER
University of Vermont, Burlington, USA

Summary: Introduction: The initiation of buprenorphine for the treatment of opioid dependence during pregnancy can create anxiety related to fears of withdrawal and fetal loss.
Methods: We have employed a standardized approach to the initiation of buprenorphine and alteration of dose over the course of pregnancy since 2006. We maintain a database for quality purposes for all women who received agonist maintenance (either methadone or buprenorphine) during pregnancy and delivered at our hospital. We received IRB approval to examine our experience with induction during pregnancy. Patients inducted onto buprenorphine during pregnancy were identified. Comparisons of relevant data were made with (1) women inducted onto methadone during pregnancy or (2) women who were maintained on buprenorphine prior to pregnancy. Women inducted onto medication after conception had viability confirmed by ultrasound prior to initiation of medication. All women were assessed weekly for withdrawal symptoms and dose adjustment.
Results: Of the 505 women identified in the database, 246 underwent induction with methadone (n=119) or buprenorphine (n=127) during pregnancy. No patient receiving either medication experienced a pregnancy loss within a month of initiation of treatment. The gestational age at the time of induction was higher for methadone (19 (13, 28) weeks) compared to buprenorphine (13 (9, 20) weeks)). A subset of women treated with buprenorphine during pregnancy had detailed chart review to quantify withdrawal symptoms (n=45). Women initiated on buprenorphine during pregnancy had increased prevalence of withdrawal symptoms per visit and were more likely to have their dose adjusted during each trimester compared to women on a stable dose prior to pregnancy. Over the course of pregnancy, a majority of women required dose changes during pregnancy; dose adjustments were more common in the mid trimester compared to later gestation in both groups, with an average increase in dose over the course of gestation of 3.1+2.0 mg for women maintained on a stable dose prior to pregnancy versus 11.3+4.5 mg for women that were started in treatment during pregnancy.
Conclusions: Buprenorphine induction and maintenance are well tolerated during pregnancy, with dose adjustments occurring most frequently with increased volume expansion during pregnancy. There is no evidence that the mild withdrawal symptoms necessary for proper initiation and dosing of buprenorphine are deleterious to pregnancy outcome.

10804:
The Mother Study: Withdrawal During Induction and Dosing Profiles of Methadone and Buprenorphine across Trimesters
KAROL KALTENBACH
Thomas Jefferson University, Philadelphia, PA, USA

Summary: Aims: Research has only recently begun to examine treatment of opioid-dependent pregnant women with buprenorphine. One issue that has emerged from this research is how to best induct opioid-dependent pregnant women onto buprenorphine. Moreover, the process of dosing and dose adjustments during the course of pregnancy for both methadone and buprenorphine has not been investigated. This presentation will report the results of two secondary analyses of the MOTHER study that provide insights into both of these issues. The first study will report on withdrawal symptoms in a sample of opioid-dependent pregnant women who were inducted onto either methadone or buprenorphine. The second study will report on dosing profiles and dose adjustments between study enrolment and delivery in a sample of opioid-dependent pregnant women maintained on either methadone or buprenorphine. Design: The MOTHER study is a double blind, double-dummy, flexible–dosing, parallel-groups randomized clinical trial investigating the safety and efficacy of maternal and prenatal exposure to methadone and buprenorphine (Jones et al., 2010). Settings: University hospitals in 6 US cities and in Vienna, Austria. Study 1 Participants: The 175 opioid-dependent pregnant women enrolled in the MOTHER study, who were randomized to either

methadone or buprenorphine treatment. Study 1 Measurements: Withdrawal was assessed with the Clinical Institute Narcotics Assessment (CINA; Peachey & Lei, 1988), which was administered every six hours during induction onto study medication, and after each requested comfort dose. Study 1 Findings: The first analysis describes withdrawal symptoms during the induction phase in the 175 enrolled participants. Factors that predict discontinuation of buprenorphine treatment between completers and dropouts among the 86 participants randomized to buprenorphine treatment are also examined. Study 2 Participants: The 131 participants who were stabilized on either methadone or buprenorphine and completed the MOTHER study. Study 2 Measurements: A double blind method was used for all dose adjustments, with increases of 2 mg for buprenorphine and 5-10 mg for methadone. The use of dose adjustments was directed according to study protocol with a flexible dose range of 2-32 mg of buprenorphine and 20-140 mg of methadone. Study 2 Findings: The second analysis details the dosing patterns throughout pregnancy of the 131 completers. Conclusions: Findings will provide further insight into reasons for attrition associated with buprenorphine induction in the MOTHER study, and a deeper understanding of effective management of opioid dependence during pregnancy with the use of a full agonist or partial agonist.

10901:
Opiate Addiction, Regulated Substitution and Associated Deaths. The Likely Importance of a High Threshold in an Environment with Elevated Detoxification Pressure. Norway 1990-2010
BENGT EIDE-OLSEN
Addiction Clinic, Bergen, Norway

Summary: AIM : The goal of the project is to use available information to constitute a model that can be applied for understanding lethal overdose in any environment. The Key parameters being loss off tolerance, Threshold to substitution, Detoxification pressure, and strict adherence to prescription rules on drugs that might cause addiction. The Result that will be presented is the efficiency curve of regulated substitution i.e. the lives saved, mounted in Haraldsens Mortality figure. The Method will be presented as it is based on a Mortality study and a Special report published in 2009 that gives detailed information on the substitution programme. The discussion will emphasize the importance of a threshold i.e., a 5-10 % yearly uptake to substitution of the addicted population, which makes the remaining 90-95 % non substituted addicted vulnerable to detoxification either in prison or alternative treatment inducing loss of tolerance.
The Article 4 of present regulation that states that alternatives to Substitution always should be sought and, the cumbersome application will be dealt with briefly, as it make The likelihood of detoxification far greater than the likelihood of substitution. Ms Ravndals result that documents the loss of tolerance importance for rise in Lethal overdose will be used to calculate the resulting associated deaths if every non substituted has an attempt at detoxification, given a prevalence between 0,25 % -0,35 %. Ms Skurtveits survey on one-year prescription of weak opioids, showing strict adherence to tight prescription rules will be commented briefly.

10902:
Three Years Overdose Mortality in Oslo. An Investigation of Types of Overdose Deaths and Preventive Efforts in a High Level City. What Went Wrong and What Can Be Done?
LINN GJERSING
SIRUS-Norwegian Institute for Alcohol and Drug Research, Oslo, Norway

Summary: The city of Oslo is seriously concerned about a persistently high-level overdose mortality. On request from the city of Oslo, SERAF has analysed the overdose mortality from 2006-2008 by examination of all autopsy reports and information from hospitals and contacts in social services, emergency services and from the families of the deceased. On this basis the types of overdose deaths are investigated and the types of contacts and life situation of the individuals in the time predicting their deaths. Possible improvements in the health and social services are discussed.

10903:
Estimation of Number of Lives Saved. A Analysis of Benefits from Injection Room and Other Low Threshold Measures
MARCEL BUSTER
Public Health Service, Department of Epidemiology, Documentation and Health Promotion, Amsterdam, The Netherlands

Summary: Amsterdam has a particularly low-level overdose mortality. The presentations is a statistical analyses of the contribution from different harm reduction measures. Marcel Buster has been the principal investigator in this research. Buster will be approached in case of approval of this proposal.

10904:
Current Developments and Future Challenges in Addressing Drug-Related Deaths in Europe
ALESSANDRO PIRONA and ISABELLE GIRAUDON
EMCDDA, Lisbon, Portugal

Summary: The task of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is to monitor the drug situation and responses to the drug problem in the 27 EU Member States, Croatia, Turkey and Norway. Alessandro Pirona, assisted by Isabelle Giraudon, will be presenting recent epidemiological trends and the health and social responses that Member States have implemented to reduce and prevent drug-related deaths. The focus of the presentation will be on current developments and future challenges in addressing mortality due to drug use.

11001:
Utilization of Pharmacogenomics for Methadone Management
MARTA TORRENS
Neuropsychiatric and Addictions Institute, Hospital del Mar, Autonomy University, Barcelona, Spain

Summary: Opioid substitution treatment has demonstrated high rates of efficacy in the treatment of the opioid dependence disorder. Since 1964, methadone has been extensively used as substitution drug, and methadone maintenance treatment (MMT) have demonstrated high rates of efficacy in the treatment of the opioid dependence disorder. Nevertheless there is still a non-negligible proportion of patients that present poor response to MMT programs. Pharmacogenetics refers to a blend of genetics and pharmacology concerned with genetically determined modifications of individual pharmacological responses. Studies on pharmacogenetics of MMT might provide relevant information about how to manage MMT in a more efficient way, according individual characteristics of subjects. In the present symposium we will summarized the state of the art of genetics and MMT mainly focusing in a) pharmacokinetics variability in relation to dose response and also some relevant side effects as cardiotoxicity and satisfaction of patients with the treatment and b) pharmacodynamic genetic variability and response to treatment in respect to illicit opioid use.

11002:
Genetics of Methadone Pharmacokinetics and Cardiotoxicity: An Update
SEVERINE CRETTOL-WAVRE, NICOLAS ANSERMOT, CHANTAL CSAJKA and CHIN B. EAP
Unit of Biochemistry & Clinical Psychopharmacology, University Department of Psychiatry-CHUV, Hospital of Cery, Prilly-Lausanne, Switzerland

Summary: Methadone is administered as a racemic mixture but its therapeutic activity is mostly due to (R)-methadone. Methadone plasma levels vary widely for a given dose, so contributing to interindividual variability in response to treatment. CYP2B6 and CYP3A4 are the main CYPs involved in methadone metabolism. Methadone inhibits the cardiac potassium channel hERG, causing prolonged QT intervals, which are associated with risk of torsade de pointes and sudden deaths. (S)-methadone was shown in vitro to block the hERG current 3.5-fold more potently than (R)-methadone. In vivo, as CYP2B6 slow metabolizer (SM) status results in a reduced ability to metabolize (S)-methadone, the mean heart-rate-corrected QT (QTc) interval was higher in CYP2B6 SMs than in extensive metabolizers. The CYP2B6 SM status was associated with an increased risk of prolonged QTc (odds ratio of 4.5). Selective administration of (R)-methadone could reduce the risk of QTc interval prolongation and related arrhythmias. Accordingly, a decrease in QTc interval was observed after switching from (R,S)-methadone to (R)-methadone in maintenance patients. Finally, simulations of methadone dose-QTc interval relationships stratified by genetic polymorphism will also be shown.

11003:
2d6 Genetic Polymorphisms and Patient Satisfaction with Methadone Maintenance Treatment
JOSÉ PEREZ DE LO COBOS, J. TRUJOLS (1-2), N. SIÑOL (1), J. SALAZAR (1-3) and M. BAIGET (1-3)
1-Hospital de la Santa Creu i Sant Pau, Barcelona, Spain
2- CIBERSAM
3-CIBERER

Summary: The Verona Service Satisfaction Scale for methadone treatment (VSSS-MT) assesses patient satisfaction with overall services received from MT centres, such as staff's skills and psychosocial interventions. We hypothesized that the activity of cytochrome P-450 enzyme 2D6 (CYP2D6) could be related to patient satisfaction with MT. CYP2D6 activity is key for MT, because it is particularly involved in clearance of the active methadone R-enantiomer. Because CYP2D6 gene is polymorphic, individuals may be grouped as poor metabolizers (PM), extensive metabolizers (EM), and ultra rapid metabolizers (UM), depending on the number of functional alleles they carry. Consistent with our hypothesis, heroin-dependent patients who are CYP2D6 UM report deficient satisfaction with their MT. Thus, UM patients having low satisfaction with MT could benefit from upward adjustment of their racemic methadone dose or treatment with opioids barely metabolized by CYP2D6 enzyme, such as buprenorphine. The projection of general patient satisfaction with medications onto the entire treatment experience probably contributes to the association between VSSS-MT scores and CYP2D6 genetic polymorphisms. For this reason, we are interested in evaluating the

phenotype consisting of heroin-dependent patient satisfaction with methadone as a medication. As a step in this direction, we have explored the psychometric properties of the Spanish version of the Treatment Satisfaction Questionnaire for Medication (TSQM), a widely used generic measure of satisfaction with medication, in a sample of methadone-maintained patients. Our results strongly suggest the TSQM value as a brief, generic, and psychometrically sound instrument to assess satisfaction with methadone as a medication in a multidimensional manner.
Supported by the Government Delegation for the Spanish National Drug Abuse Plan, the Spanish Ministry of Health (FIS: PI06/0531 and 09/01072), and the Substance Abuse Programme of the Department of Health of Catalonia.

11004:
Pharmacodynamic Genetic Variability and Response to Methadone Maintenance Treatment
FRANCINA FONSECA
Neuropsychiatric and Addictions Institute, Hospital del Mar, Autonomy University, Barcelona, Spain

Summary: Although the well-established efficacy of methadone maintenance treatment (MMT) in the opioid dependence disorder, there is a group of patients that are poor responders. The study of the influence of methadone pharmacodynamics in dose requirements and program outcome remains still controversial.
The aim of this presentation is to present the pharmacodynamic factors involved in the methadone maintenance treatment efficacy.
A revision of the new developments published in the literature will be presented, and also results of own studies. Specifically, differences in response status depending on different single nucleotide polymorphisms of SNPs of genes encoding for BDNF, MYOCD and GRM6 will be presented and clinical and future implications will be discussed.

11101:
Variation in Treatment Delivery and Outcomes across Europe - What Are the Knowledge Gaps?
HEINO STÖVER
Faculty of Health and Social Work, University of Applied Sciences, Frankfurt, Germany

Summary: Treatment approaches for opioid dependence and delivery of opioid maintenance treatment vary significantly across national borders despite the fact that the underlying problem (i.e., opioid dependence) is inherently similar. The consequences and implications of such variability from a clinical and public health perspective remain unclear, due to a lack of pan-European studies that have assessed patient-reported outcomes (PRO) using a common methodology. The European Quality Audit of Opioid Treatment (EQUATOR) project is designed to characterise the current state of treatment provision in Europe, by exploring the attitudes and experiences of treatment among physicians, patients and out-of-treatment opioid users using PRO methods. EQUATOR involves a combined analysis of survey data collected from physicians (n≈900), patients (n≈2600) and out-of-treatment opioid users (n≈1100) collected between 2009 and 2012 in 11 participating countries: Germany, Italy, Portugal, Austria, Greece, France, Denmark, Norway, Sweden, the UK and Switzerland. Surveys in each country included a core set of common questions adapted from the original Project IMPROVE initiative in Germany. EQUATOR provides a unique pan-European dataset and the opportunity to arrive at new insights regarding the different strategies that have been employed to address opioid dependence in different countries, the degree of success achieved by those strategies in maximising the benefits of treatment and minimising the potential for harm, and the relevant implications for future health-policy decision-making. This presentation will review the key knowledge gaps regarding variation in treatment implementation for opioid dependence across Europe and how EQUATOR will seek to address these.

11102:
How Does the Quality of Patient Care Vary across Europe?
GABRIELE FISCHER
Medizinische Universität Wien, Universitätsklinik für Psychiatrie und Psychotherapie, Vienna, Austria

Summary: Opioid maintenance treatment is delivered in a variable manner across Europe, however the implications of this variation in terms of the quality of care patients receive have not been adequately characterised in multi-country studies. This presentation will present key findings from the European Quality Audit of Opioid Treatment (EQUATOR) project regarding the quality of care provided to opioid-dependent patients undergoing maintenance treatment in Europe. Survey data from patients and physicians in up to 11 European countries will be used to address key questions including: (1) which medications are patients likely to be offered, choose and receive? (2) how commonly is supervised dosing employed and does it prevent misuse and diversion? (3) how often do patients cycle in and out of treatment? (4) how frequently does psychosocial care accompany pharmacological therapy and is it considered effective? and (5) how satisfied are patients and physicians with current treatment approaches? By addressing these questions, EQUATOR may help to illuminate key opportunities for optimisation of patient care based on current treatment practices. In addition to examining pan-European results,

this presentation will address quality-of-care issues applicable to specific countries, including the role of slow-release oral morphine in Austria.

11103:
How Do Patient and Public Health Outcomes Vary across Europe?
ANNETTE DALE-PERERA
Central and North West London NHS Foundation Trust, London, United Kingdom

Summary: In addition to benefiting individual patient recovery through improvements in health and quality of life, opioid maintenance treatment offers broader social and public-health benefits encompassing reductions in demand for illicit drugs, abuse of prescribed medications , blood-borne virus transmission and associated risk behaviours, and crime. To assess the impact of current treatment systems as a whole, it is therefore beneficial to consider the behaviours and attitudes of opioid users, including both patients currently in treatment and out-of-treatment users. This presentation will present key findings from the European Quality Audit of Opioid Treatment (EQUATOR) project, which involves 11 European countries, including: (1) use of illicit drugs or diverted prescription medications; (2) self-reports of serious health comorbidities such as HIV or HCV; (3) frequency of cycling in and out of prison; and (4) employment status. Comparisons will be made between patients and opioid users out of treatment, to establish if these represent distinct populations with potentially different needs, or similar individuals at different stages of the treatment–relapse cycle. This presentation, in addition to examining pan-European results, will include specific data from the UK where there is considerable on-going discussion regarding the importance of measuring social and health-related outcomes of treatment.

11104:
How Has Public Policy Shaped Clinical Practice across Europe? Case Studies from the Equator Project
AMINE BENYAMINA
Centre Enseignement, Recherche, Traitement des addictions, Hopitaux universitaires Paris-Sud (AP-HP), Paris, France

Summary: The European Quality Audit of Opioid Treatment (EQUATOR) project seeks to provide a new evidence base regarding the current state of opioid maintenance treatment provision in Europe, by capturing the perspectives of physicians, patients, and out-of-treatment opioid users in 11 countries. Using new insights generated by this important new data set, this presentation will explore the extent to which current variations in treatment approaches and outcomes across different countries have been shaped by public policy at the national level. Important policy variations known to exist throughout Europe encompass issues such as how rapidly opioid maintenance treatment was introduced and expanded, the existence of national clinical guidelines or prescribing laws, the role of specialist clinics versus general practitioners, requirements for supervised versus unsupervised dosing, and access to psychosocial care as a mandatory or voluntary aspect of treatment. The different policy decisions and initiatives that have been implemented in each European country represent natural experiments, providing an opportunity to understand how effective these policy frameworks and the resulting treatment delivery systems have been.

11201:
Suboxone in France: Long Is the Road, First Step
DIDIER TOUZEAU
Clinique Liberté, Paris, France

Summary: France has been the first country to get high dose buprenorphine (HDB, Subutex®) in 1996. On the opposite, it has been such a long road to get buprenorphine/naloxone (Suboxone®) as we are the 47th country in early 2012. We will analyse the evolution of HDB prescription. Through legal, social and political aspects we will develop the story of use, misuse and the reasons why. In that context, Suboxone® appears to be a new alternative for heroin users willing to be treated appropriately.

11202:
Suboxone in France: Long Is the Road, Second Step
PASCAL COURTY
Centre Hospitalier Universitaire, Clermont Ferrand, France

Summary: A new medication could be a chance for more people to be treated. Bup/nx arrives in France in a field where buprenorphine has the main position for 15 years. The experience of other countries has shown its interest and safety. Nevertheless, to be successful the emergence of new molecule has to be linked with good clinical practices and we need to be back with fundamentals. So will we penlight what is to be done by professionals to ensure the best care for patients.

11203:
Opiate Addiction Treatment with Buprenorphine-Naloxone: Current Situation in Spain. An Unquestionable Reality
ANTONIO TERAN

Centro ambulatorio de atencion a drogodependientes "San Juan de Dios", Palencia, Spain, EU

Summary: Drug addiction is one of the most serious health problems in our society. The European Observatory of Drugs (OEDT) indicates that more than one million Europeans consume opiates in our continent, mainly heroine. Spain does not escape from this reality, according to reports from the National Drug Plan. In spite of this harsh reality, addictions have limited possibilities for treatment. They are considered to be "orphan diseases" for the lack of pharmacological resources with scientific evidence that supports their efficiency, which has complicated their management, resolution and final prognosis. Since 2008 we have a new alternative treatment for opiates addicts in our country: buprenorphine/naloxone, which improves the poor offer of maintenance programs with opiates agonists, basically methadone. Three years of its existence, have demonstrated its safety and efficiency in reducing the craving and the consumption of heroine, if administered in an outpatient maintenance treatment. In spite of it the current use in Spain does not overcome 5 % of the patients in treatments with agonists opiates when the forecasts were reaching 25 %. We expose the history of the implantation of the new treatment and the reality of the moment.

11204:

OMT: Understanding and Promoting the Best Treatments. Buprenorphine-Naloxone, 5 Years of Clinical Practice.

LUIS PATRICIO
Addiction Dual Diagnosis Clinic at Casa de Saúde de Carnaxide, Lisbon, Portugal

Summary: Opiate Maintenance Treatment with Methadone is available in Portugal since 1977, it's only prescribed at Health Ministry national network agencies, always free of charge, and private practitioners cannot prescribe it.
Since 1999, also we prescribe high dose Buprenorphine, Subutex®. It has been well accepted by patients, their families and practitioners. Buprenorphine is prescribed by private and public agencies. It's reimbursed by Social Security by 37%. Cautions were taken to avoid the misuse problems that have been detected abroad. Starting Buprenorphine the more usual doses was not sufficient to patient's well being and to avoid heroin relapse.
Since 2007 the association Buprenorphine Naloxone, Suboxone®, is available in Portugal. .
Last two years, under economic difficulties, there are patients that have several difficulties to go on Opiate Maintenance Treatment.
In 2006, 27% of opiate maintenance treatment patients were under Buprenorphine and 73% under Methadone.
In 2012 there is a quite big difference.
It's important to enhance the good and the high adequate flexibility of Buprenorphine Naloxone treatment and the contribution to enlarge the number of patients under treatment and to reduce misuse and diversion of opiate medication.

11301:

Does the Prominent Psychopathology of Heroin Addicts Exist?

PIER PAOLO PANI
Social-Health Services, Health District 8 (ASL 8) Cagliari, Sardinia, Italy, EU

Summary: Current "official" nosology (e.g. DSM IV) is largely limited to physical manifestations of addiction that can be objectively observed and are suited to the maintaining of an "atheoretical" perspective. However, addicted subjects display additional psychiatric symptoms that affect their well being and social functioning and, in accordance with DSM IV, are typically relegated to the domain of psychiatric "comorbidity." We contend that the relationship of these psychiatric symptoms with addiction is very close, as demonstrated by the high frequency of association observed. We further assert that substance use may modify pre-existing psychic structures such as temperament and related sub threshold conditions and lead to addiction as a specific mental disorder, inclusive also of symptoms pertaining to mood/anxiety, or impulse control dimensions. The present contribution addresses the weaknesses of the current DSM based nosology of addiction-related mental comorbidity. We highlight the overlap of the biological substrates and the neurophysiology of addictive processes and psychiatric symptoms associated with addiction, and propose the inclusion of specific mood, anxiety, and impulse control dimensions in the psychopathology of addictive processes. We postulate that addiction reaches beyond the mere result of drug-elicited effects on the brain and cannot be peremptorily equated only with the use of drugs despite the adverse consequences produced. We infer that mood, anxiety and impulse-control dysregulation is at the very core of both the origins and clinical manifestations of addiction and should be incorporated into the nosology of the same, emphasising how addiction is a relapsing chronic condition in which psychiatric manifestations play a crucial role. To conclude, addictionology cannot be severed from its psychopathological connotations, in view of the undeniable presence of symptoms, of their manifest contribution to the way addicted patients feel and behave, and to the role they play in maintaining the continued use of substances.

11302:
What Is the Specific Psychopathology of Heroin Addicts at Treatment Entry?
ICRO MAREMMANI, MATTEO PACINI, ANGELO GIOVANNI ICRO MAREMMANI, LUCA ROVAI, FABIO RUGANI and PIER PAOLO PANI
"Vincent P. Dole" Dual Diagnosis Unit, Department of Neurosciences, "Santa Chiara" University Hospital, Pisa, Italy

Summary: Addiction is a relapsing chronic condition in which psychiatric phenomena play a crucial role. Psychopathological symptoms in patients with heroin addiction are generally considered to be part of the drug addict's personality, or else to be related to the presence of psychiatric comorbidity, raising doubts about whether patients with long-term abuse of opioids actually possess specific psychopathological dimensions. Using the Self-Report Symptom Inventory (SCL-90), we studied the psychopathological dimensions of patients with heroin addiction at the beginning of treatment, and their relationship to addiction history. This presentation supports the hypothesis that mood, anxiety and impulse-control dysregulation are the core of the clinical phenomenology of addiction and should be incorporated into its nosology. From therapeutically point of view this presentation will stress the importance of a correct Agonist Opioid Treatment to treat the psychopathology of patients at treatment entry

11303:
Affective Temperaments and Substance Abuse
LUCA ROVAI (1), ANGELO GIOVANNI ICRO MAREMMANI (1-2), SILVIA BACCIARDI (1), FABIO RUGANI (1) and ICRO MAREMMANI (1-2-3)
(1) "Vincent P. Dole" Dual Diagnosis Unit, Santa Chiara University Hospital, Department of Psychiatry, NPB, University of Pisa, Italy
(2) Association for the Application of Neuroscientific Knowledge to Social Aims (AU-CNS), Pietrasanta, Lucca, Italy, EU
(3) "G. De Lisio", Institute of Behavioural Sciences Pisa, Italy, EU

Summary: Background: Substance abuse disorders and bipolar spectrum disorders often co-occur. In our clinical experience more than 50% of heroin addicts present an adjunctive diagnosis of bipolar disorder, while among social phobic alcoholic patients bipolarity seems to facilitate alcohol abuse. These correlations observed at a clinical level induced us to consider bipolar disorder and addictive disorders under a unitary perspective. We supposed that patients whose disorders fall under the bipolar spectrum are at increased risk for substance use and addiction through exposure to intrinsically dependence-producing substances. Affective temperaments, initially considered as lifelong, early-onset, attenuate, subclinical forms of manic-depressive psychosis, are now viewed as the softer expression of bipolar spectrum. Aim: Given the belonging of affective temperaments to the bipolar spectrum, we speculated if the relationship between substance abuse disorders and bipolarity can be extended from the full blown to the temperamental level. Methods: We studied affective temperaments of heroin addicts and alcoholics, using the self-questionnaire version of Akiskal and Mallya criteria (The Temperament Evaluation of Memphis, Pisa, Paris and San Diego). With regard to heroin, 59 consecutive stabilized methadone treated heroin addicts were compared with 58 healthy volunteers. As to alcohol, 94 consecutive responders to treatment alcoholics were compared with 50 healthy volunteers. Subjects belonging to the control groups shared similar social and regional demographics of patients. Results: The analysis of data showed that cyclothymic temperament represents the temperamental profile of both group of patients, with the coexistence of irritable traits among heroin addicts, and of depressive traits among alcoholics. These characteristics are unrelated to the presence of dual diagnosis. Conclusions: The cyclothymic temperament appears to be a central dimension that determinates the individual proneness to addictive disorders. We propose that this correlation is due to the biological mechanisms that, among cyclothymic subjects, underlie both emotional instability and the capacity to find comfort in substances.

11304:
Do Methadone and Buprenorphine Have the Same Impact on Psychopathological Symptoms of Heroin Addicts?
ANGELO GIOVANNI ICRO MAREMMANI (1-2), SILVIA BACCIARDI (1), LUCA ROVAI (1), FABIO RUGANI (1) and ICRO MAREMMANI (1-2-3)
(1) "Vincent P. Dole" Dual Diagnosis Unit, Santa Chiara University Hospital, Department of Psychiatry, NPB, University of Pisa, Italy
(2) Association for the Application of Neuroscientific Knowledge to Social Aims (AU-CNS), Pietrasanta, Lucca, Italy, EU
(3) "G. De Lisio", Institute of Behavioural Sciences Pisa, Italy, EU

Summary: The idea that the impact of opioid agonist treatment is influenced by the psychopathological profile of heroin addicts has not yet been investigated, and is based on the concept of a specific therapeutic action displayed by opioid agents on psychopathological symptoms. In this presentation the effect of buprenorphine and methadone on the psychopathological symptoms of heroin addicts treated at PISA-AOT programme is reported. We found that heroin-dependent patients with psychiatric

comorbidities may benefit from opioid agonist treatment not only because it targets their addictive problem, but also, precisely due to this, because it is effective against their mental disorder too.

11401:
Strategies to Reduce the Diversion of Maintenance Medications
HANNU ALHO
University of Helsinki, Medical Faculty, Helsinki, Finland, EU

Summary: In this paper the Finnish experience with medications aiming to prevent diversion of maintenance drugs is described. In Finland, street buprenorphine is most widely abused opiate and IV drug, second widely are amphetamines. In order to curb this problem, many treatment centres have begun to transfer their buprenorphine patients onto the bup/NX combination tablet. If patients try to misuse this combination, the naloxone component may induce precipitated withdrawal signs – as such it may have deterrent effect. The retrospective data was gathered from 70 opiate-dependent patients who had undergone a switch from buprenorphine to bup/NX from five different treatment centres. Follow-up data were collected up to 4 months post-transfer. The analysis suggests that: transfer from buprenorphine to bup/NX does not increase withdrawal symptoms. Dose adjustments are not necessary when patients are transferred from high dose buprenorphine (average 22 mg). Patients do not abuse bup/NX intravenously, but may still abuse buprenorphine. The majority of reported adverse events and discontinuations were related to anxiety surrounding drug transfer The survey study indicated that the street price of Suboxone is one third of that Subutex, and that 80 % of the persons that have tried iv use of Suboxone reported it as a bad experience. Overall, findings from this study suggest that the bup/NX combination has a favourable safety profile and is well tolerated when administered to patients previously treated with buprenorphine alone.

11501:
Insomnia and Gender Differences in Sleep Problems During Methadone Maintenance Treatment
LILJANA IGNJATOVA, NADA ALEKSOSKA, ANETA SPASOVSKA TRAJANOVSKA and VIKTORIJA VUJOVIC
Rakovoditel na Centar za prevencija i lekuvanje na zavisnost od droga, Skopje, Republic of Macedonia

Summary: Sleep disturbances affect up to half of the population, and up to 15% of those afflicted persons have underlying substance abuse problems. Persons who abuse alcohol and other drugs are at high risk for sleep disorders. This is due to the negative effects of those substances or their withdrawal on normal sleep patterns. Sleep is not immediately recovered even if drug or alcohol abstinence is achieved and, in fact, more normal sleep may require months or even years to return. Specifically relating to opioid drugs, the primary effect on sleep of short-term opioid administration is to hasten falling asleep, but the restfulness of sleep and total sleep time are reduced. Long-term opioid abuse may lead to tolerance of some negative effects on sleep, although more serious insomnia may develop. Of some concern, many patients in methadone maintenance treatment appear to have serious sleep disturbances. This can be of great concern, since lack of sleep can upset daytime activities and possibly influence drug relapse. It is believed that methadone may contribute to insomnia by disrupting normal sleep phases during the night; however, the exact reasons for this are unknown. Subjective sleep complaints occur in 75-84% of methadone maintained patients (Peles et al., 2006; Stein et al., 2004; Wang et al., 2008). In one study, difficulties with prolonged sleep latency and poor sleep efficiency were the most common symptoms, and more than 50% of methadone-maintained patients reported use of medications to help with sleep (Peles et al., 2006). Subjective sleep complaints in methadone maintained patients have been corroborated by polysomnographic studies demonstrating sleep abnormalities such as decreased REM and decreased slow wave sleep (Sharkey et al., 2009; Wang and Teichtahl, 2007).Patients on methadone also have a high prevalence of depression and anxiety disorders, which independently and negatively affect sleep. Small studies have indicated increased disruptions of sleep, including disturbed breathing (apnea), among methadone-maintained patients. Aim of the study is to determine the gender differences in sleep problems among patients in mixed gender methadone maintenance treatment in the Centre for prevention and treatment of drug abuse and abuse of other psychotropic substances, a part of Psychiatric Hospital ,,Skopje" in Skopje. Material and methods: Two groups of methadone-maintained patients with different gender, 73 male mean age 34,36±4,57 receiving average methadone doses of 89,65 mg/day an average of 106.83 ±49.93 mounts in treatment and 14 female mean age 36,28±4,95 receiving average methadone doses of 83,39 mg/day and average of 103.35 ±55.97 mounts in treatment were included in the study with an intended choice. Patients who were currently experiencing psychotic symptoms or being treated for bipolar disorder, schizophrenia, schizoaffective disorder, or schizophreniform disorder, as wall pregnant women and trans-gender population were excluded. Eighty-seven (14 female and 73 male) methadone- maintained patients were evaluate for sleep problems with Bergen insomnia Scale (filed for all 87 participants) and Insomnia Severity Index scale (filed by 77 participants, 12 female and 65 male). The data were statistically analysed. The results show

that 62 (85%) male and 13(95%) female patients reported some sleep problem in Bergen insomnia Scale. Mean value of the total composite score for the Bergen insomnia Scale was 11,9 for male and 16,2 for female. The total score for the Insomnia Severity Index scale show statistically significant differences (p= 0.017) between two groups, the total score for males was 6, 56 and for females 12, 25. There is statistically significant differences (p= 0.046) between two groups in total score categories of ISI, 44 male (67,69%) compared with 3 female (25%) patients have no clinically significant insomnia, 10 male (15,38%) compared with 4 female (33,33%) patients have sub threshold insomnia, 8 male(12,31%) compared with 4(33,33%) female have clinical insomnia (moderate severity) and 3 male(4,62%) compared with 1 female (8,33%) have clinical insomnia (severe). Forty two patients (48,3%) reported self-medication to help with sleep, this percentage is bigger in female 57,14% then in male 46,58%. In 90,5 % used medication to help with sleep was benzodiazepine. Female patients use statistically highly significant (p<0,001) bigger dosages of benzodiazepine than male patients. Last mount 29(39,73%) male patients compared with 3(21,43%) female patients also used some illegal drugs or alcohol. Conclusion: Since opioids including methadone appear to affect sleep, patients on methadone may have to accept some degree of sleep disturbance as a normal part of the addiction recovery process. However, it is vital to also consider that a return to more normal sleep patterns would require stabilized methadone maintenance and may take a great deal of time. Use/ abuse of benzodiazepines in methadone maintained patients are potential lethal. Benzodiazepines dose not resolve the problem of insomnia and lead to long life abuse of benzodiazepines and addiction as wall long life insomnia in vas majority of patients in methadone maintenance treatment.

11502:
Challenges in Treatment of Patients with Dual Disorders/Complex Needs
NUSA SEGREC
University Psychiatric Clinic, Ljubljana, Slovenia

Summary: Patients with dual disorders have more difficulties to be included into the treatment programmes. They are often rejected by the programmes that are oriented towards addiction treatment because of comorbid mental disorder (in clinical praxis often appears that they have difficulties to cooperate in highly structured addiction programmes – they seems to be arduous and to demanding for them). Also in the treatment of comorbid psychical disorder (psychosis) addiction disorder often stays underestimated or even unthreaded.
At the Centre for treatment of drug addiction Ljubljana we strive to attract patients in the daily hospital programme. Despite initial considerations, clinical praxis in daily hospital has shown successful simultaneous treatment of patients that are drug free and patients that are taking substitution therapy. Since the treatment concerns the patients with complex needs, it focuses on broader areas of patient's functioning and needs. With such approach the programme for treatment of this specific target group also encourages and enables the additional treatment of problems of which the patients have difficulties to speak about (side effect of therapy, e.g. sexual disorders). Additionally, we are also focusing in family work, community work and we try to involve various of relevant services to cooperate in our programmes.
It is the fact that we are dealing with the population that is multiple stigmatized – both because of substance use disorders, as well as mental illness, taking substitution therapy and potential infectious diseases that are associated with hazardous lifestyle. The possibility of comprehensive treatment of illness also indirectly contributes to the reduction of stigma of this vulnerable group of population.

11503:
Twenty Years of OMT in Croatia - No Threshold, Decentralized and Successful
ANTE IVANCIC
General Practitioner, Porec, Croatia

Summary: Croatia was one of the first European countries that have introduced Opiate Maintenance Treatment (OMT) on the large scale twenty years ago. The philosophy of the Croatian approach is that heroin addiction is not substantially different from any other disease , or at least any other addiction. Consequently, addiction treatment, which includes OMT, is based on Primary Health Services .
The key determinants of the model are:
- "low threshold" , or no threshold at all for commencing and maintenance in the treatment. The only inclusion criteria is heroin addiction itself while exclusion criteria are similar to any other treatment: persistent non-compliance or aggression to the personal.
-decentralization - OMT is provided only by GP offices , thus it is available in "every village" . As a result there are literally no waiting lists for treatment.
- prescribing and dispensing of OMT is not strictly regulated. The regulation protocol is practically clinical guidelines that allows a lot of independence for individual practice. The dispensing and take home protocol are rather best practice recommendation than strict rules.
Today the outcomes and indicators related to heroin addiction treatment are in line with the best outcomes among European countries: mortality and overdose mortality, HIV and HCV rate among addicts,

treatment coverage, retention rate, imprisonment rate, etc.
Moreover, given the fact that the model is integrated in the existing treatment structure with limited specialized services, it is very economical. There is no doubt today that OMT in Croatia is a 20 yearlong story of success.

11504:
Developing Treatment Programs in Communities and Prisons in Se Europe
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Summary: Not available

11601:
Psychometric Properties of the Cocaine Selective Severity Assessment in Cocaine-Dependent Methadone-Maintained Patients
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Summary: Introduction: The Cocaine Selective Severity Assessment (CSSA) measures cocaine withdrawal. The present study was aimed to examine the factor structure and reliability of CSSA in cocaine-dependent methadone-maintained patients.
Methods: Participants were 83 heroin- and cocaine-dependent patients receiving cocaine detoxification treatment in an inpatient addiction unit. All participants were on methadone maintenance treatment from beginning to end of admission. A chart review was performed for collecting the data about the CSSA. One CSSA per participant was randomly chosen for exploratory factor analysis.
Results: we obtained a 4-factor structure of CSSA that accounted for 54.7% of the total variance. The names given to factors 1 through 4 were: 'Depression and Anxiety' (10 items), 'Cocaine and Carbohydrate Craving' (3 items), 'Hyposomnia' (2 items), and 'Paranoia' (2 items), respectively. These factors showed unacceptable to good internal reliabilities (Chronbach's alpha: 0.82, 0.73, 0.48 and 0.22, respectively), and fair to excellent test-retest reliabilities (Intraclass Correlation Coefficients: 0.87, 0.83, 0.43 and 0.40, respectively). Conclusion: The CSSA has good psychometric properties for measuring cocaine withdrawal in cocaine-dependent methadone-maintained patients, except for the internal consistency of factors Hyposomnia and Paranoia.

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11602:
Development of a Group Intervention to Reduce Intimate Partner Violence among Female Drug Users. A Pilot Study to in Two Outpatient Drug Dependency Centres
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Summary: Intimate partner violence (IPV) is defined as a pattern of assaultive and coercive behaviours that includes the threat or infliction of physical, sexual, or psychological abuse that is used by perpetrators for the purpose of intimidation of and/or control over the victim.
Although numerous studies have observed that the prevalence of Intimate partner violence among female drug users is high, there are few studies aimed at developing and evaluating psychosocial interventions to address this problem.
Objectives: To adapt and estimate the efficacy of a psycho-behavioural group intervention in reducing intimate partner violence (IPV) among female drug users attending in two-outpatient drug dependency centres.
Methods: A randomized controlled trial was conducted. 14 women were randomly assigned to either TBM intervention (n=7) or a one-session informational control condition and standard treatment (n=7). Eligibility criteria included women who (a) were aged 10 or older (b) were currently enrolled in an outpatient drug dependency centres, (c) reported IPV in the past month. Manualized intervention was adapted from previous (1, 2). The intervention consisted of 10 2-hour group sessions, were conducted one weekly for 10 weeks. Each session is a different module. The sessions include: Building relationship safety, identifying triggers for drug use and relationship conflict, reconstructing anger, identifying triggers for HIV and hepatitis C risks, identifying strategies for reducing HIV risk, strategies to recover from lapses, management of negative mood, coping skills, assertiveness, etc. The evaluation of the intervention is carried out, 1, 3 and 12 months post intervention. All patients gave informed consent to participate in the study.
Results: We included 14 women, average age is 42 years, and the main drugs are alcohol (4), cocaine (3) and heroin (2). In the experimental group participation in the sessions has been variable: an average of 3 patients per session (min= 2 patients, max= 5 patients) and patients have come to group session an average of 5 sessions (minimum

attendance = 0, maximum assistance = 9). The session with the largest assistance was session 5 (Conversion of anger). The sessions 2, 9 and 10. (2: Construction of a safe, 9: Avoid unsafe sex: identify triggers for risk of HIV / Hepatitis C, 10: Strategies for recovery from relapses and celebrate the successes), have been less assistance.
Conclusions: At the present time has not yet conducted, the analysis of the complete results, to draw conclusions. The participation of women at the group sessions has been variable, which may be the main limitation of the study.
References
(1). Gilbert, L et al. Women's Wellness Treatment Manual. 2005. Nova York.
(2). Carpenter, K.M et al. Behavioural therapy for depression in drug dependence (BTDD). Nova York.

11603:
Relationship of Drug-Addicted Patients' Personality Disorders to Social Problem-Solving Changes During the Rehabilitation Process.
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Summary: The aim of the study is to assess whether personality disorders predict social problem-solving abilities after 12 months in a drug addiction rehabilitation program. Post-test measures of rehabilitation effects were collected at the end of 6 and 12 months in rehabilitation. At the end of 12 months the sample consists of 31 drug-addicted patients from the Latvian rehabilitation centres aged 21 to 35 (females 21%, males 79%). Two inventories were used: Social Problem-Solving Inventory-Revised (SPSI-R) (D'Zurilla, Nezu, & Maydeu-Olivares, 2002) and Millontm Clinical Multiaxial Inventory – III (Millon, Millon, Davis, & Grossman, 2006) adapted in Russian language. Results of the study indicated that some personality disorders (PD) namely, Avoidant PD positively predicted SPSI-R Negative problem orientation, Histrionic PD negatively predicted SPSI-R Avoidance style, and Dependent PD positively predicted with Negativistic (passive-aggressive) PD negatively predicted SPSI-R Impulsivity/Carelessness style at the end of 12 months in rehabilitation. The other personality disorders do not predict SPSI-R measures. The results of the study suggest that personality disorders are relevant in developing social problem solving abilities that promote drug-addicted patients' skills for functioning in society. Hence it is important to consider the implications of particular personality disorders to enhance successful delivery of the social problem-solving rehabilitation program.

11604:
Did the Belgian Heroin-Assisted Treatment, TADAM, Included the Expected Target Group of Severe Heroin Addicts?
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Summary: Background: TADAM is a randomised controlled trial comparing heroin-assisted treatment (HAT) to existing methadone maintenance treatment. This trial began in Belgium in January 2011 in the city of Liège. The inclusion phase ends January 16th, 2012 and the experimental treatment in 2013. It was developed in order to treat severe heroin addicts. We will examine if the Belgian HAT trial included the target group as the other HAT trials.
Methodology: In this open-label randomised controlled trial, each patient must fulfil inclusion criteria before entering the trial and must sign an informed consent form. By randomisation, the patient is allocated either to the experimental group (HAT) or to the control group (methadone maintenance treatment in existing centres). The patients were interviewed at baseline (and every three months) with standardised instruments such as EuropASI, MAP-HSS and SCL-90-R.
Results: About 70* patients were included and randomised between the two groups. A typical patient is over 40 years old, has been taking heroin for 20 years and methadone for 15 years. He is male, Belgian, long-term unemployed, with physical, mental and/or social problems.
Conclusion: Patients are older and slightly more severe addicted than in other HAT trials.
* The inclusion will end in 3 weeks: the 16th of January, 2012.

11701:
Buprenorphine and Naltrexone Combination in the Treatment of Cocaine Dependence.
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Summary: Buprenorphine is a partial μ-opiate agonist and κ-opiate antagonist with established efficacy in the treatment of opiate dependence. However, buprenorphine was found to reduce cocaine self-administration in monkeys without interfering with appetitive behaviours. Furthermore preliminary evidence suggest the effectiveness of buprenorphine

(BUP), and BUP in combination with naltrexone (NAL), in reducing cocaine consumption among heroin addicts but the medication has never been used in the treatment of primary cocaine dependence.
In the present study BUP and NAL were combined during a 12 weeks protocol, theoretically cancelling the mu-opioid effects of the partial agonist medication. Two groups of patients were studied: Group A included twenty cocaine dependent subjects receiving naltrexone 50 mg/day; Group B included twenty cocaine dependent subjects receiving naltrexone 50 mg/day plus sublingual buprenorphine 12-16 mg/day. The endpoints of the study were: retention in treatment, negative urinalyses, changes in psychological symptoms (Symptom Checklist-90 Revised: SCL-90) and craving scores (visual analysis scale (VAS).
Although obtained in a small sample of subjects, the findings of the present study seem to indicate a potential role for the non-mu-opioid effects of BUP in the treatment of cocaine dependence. It is difficult to understand, at this stage, if the positive outcome should be attributable to the antagonist effects of BUP on kappa receptors, with possible improvement of mood, or to the agonist action of the drug on orphanine receptors. In any case, the concomitant use of NAL permitted to experiment in this area without the risk of inducing a secondary opioid dependence in patients primarily addicted to cocaine.

11701:
How Should Methadone- and Buprenorphine-Treatment Be Organized and Regulated? A Comparison of Two Systems in Europe
MARC REISINGER
EUROPAD Vice-President, Brussels, Belgium

Summary: Opiate Agonist Treatment (OAT-providing) physicians and pharmacists from the southwest region of Germany and the Wallonian part of Belgium came together with international experts to compare their two different sets of OAT regulations. Both countries mostly rely on methadone, but with an increasing use of buprenorphine, besides a much less frequent recourse to other opioids. German OAT is rather strictly regulated. The aim of these regulations was to ensure quality. That effect is, however, questionable. The regulations make it difficult and legally dangerous to provide OAT. Physicians and patients suffer from these regulations. Most doctors avoid getting involved. No successors are available. The future scenario will be OAT provision at only a few clinics, with a large array of controls and with a customary setting of crowds of addicted people. The Belgian system runs without these regulations. The consequence is not greater chaos, but a much more normal integration of patients into normal medical practice and into society itself. The take-home message of the conference held under the auspices of EUROPAD was that most special regulations point in the wrong direction, and lead into a costly dead end. The whole treatment procedure works better and much more effectively if we treat the patients as normally as possible, with nothing more complicated than normal diligence. Connection with a good support system, networking, regular education and periodic evaluation of how the system functions - all these factors go to constitute a guarantee of the best possible outcome for patients.

11702:
A Comparison of Socio-Demographics and Clinical Status between Native Italian and Immigrant Opiate Dependent.
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Summary: Introduction: This epidemiologic study compared clinical features and drug use patterns between a sample of Italian and a sample of immigrants from different regions affected by opiate dependence. Little is known about the use habits and the clinical features in the immigrants as compared to native Italian patients. Methods: Data regarding patients history and addiction habits and related diseases have been collected from clinical records from an out-patient unit in Rome specialized in treating opiate addiction in immigrant people. The patients were divided in four groups according to the place of origin: Western Countries (N=70 50.7%), Africa (N=38 27.5%), East Europe and Former Soviet Union (EE-FSU) (N=24 17.4%) and Asia (N=6 4.3%). These groups were compared regarding age of first and continuous use, drug use patterns and related infectious diseases. Statistical analysis were performed using SPSS 18. Data were analysed applying $\chi 2$ tests for categorical variables, t-tests for continuous variables, non-parametric tests when appropriate. All patients gave their consent for treating the data. Results: Data regarding 70 immigrant patients and 68 native Italian collected were from clinical records. The majority of the sample was male 80.9% for natives and 92.9% for immigrants (p 0.037 $\chi 2=4.36$). Age of first drug use was 23.8 years in the immigrants and 21.3 years in the Italian patients (p 0.006 U=1734); age of continuous use of opiate was 26.1 years and 23.3 years respectively (p.013 U=1797). Analysis comparing intravenous (i.v.) versus not-intravenous use showed a difference between the Italian (n°44 64,7% vs. n°24 35.3%) and the immigrants (n°33 47.1% vs. n°37 52.9%) statistically significant (p 0.038 $\chi 2$ 4.31). Patients from western countries (n°46 65.7%) and EE-FSU (n°20 83.3%) showed an higher use of intravenous path compared to patients from Africa (n°9 23.7%)

and Asia (n°2 33.3%) statistically significant (p <0.001 χ2 27.29 df 3). The prevalence of HCV a drug related infectious diseases was higher in western countries patients (n° 29 41.4%) and EE-FSU (n°20 83.3%) compared to patients from Africa (n°12 31.6%) and Asia (n°2 33.3%) reaching a significantly statistical difference (p 0.002 χ2 20.49 df 6). Conclusion: This is the first study, to our knowledge, comparing drug use habit and related disease between native Italian and immigrant patients. Albeit we compared people coming from different countries there is a consistency among areas of origin. The results show a younger age of first use for western countries patients. It is relevant that HCV infection follows use of intravenous path; injective use among Italian and Eastern Europe patients is a major public health problem.

11703:
Key Elements to Guide the Choice of Drug Treatment in Heroin Addiction

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Summary: The observational catamnestic work, , examines a group of heroin addiction patients (primary substance), followed for 24 months, at the Ser.T. of Fano (PU)- ASUR Marche – Area Vasta 1. The target under consideration was chosen as a significant sample of cases on its population of heroin addicts (Region Marche). Patients were divided into two groups, the first in treatment with methadone hydrochloride (methadone)- syrup, the second with buprenorphine + naloxone (Suboxone) - cpr. sublingual. The two groups have the characteristics of homogeneity for age range, drug dose taken, and gender. Both groups have had an outcome or treatment retention, with negative urine tests for opiates, or agreed discharge to end of treatment. The study, by a statistical analysis, aims to examine possible correlations with the following anamnestic variables: schooling, kind of original family , work situation, time of drug addiction, kind of secondary substance of abuse. The work aims to discover if it is possible to have indications to propose a treatment with Methadone or Suboxone, according to the characteristics examined, having a better chance of positive outcome. It's a first pilot study, whose overall design provides its replication, according to the results obtained and any adjustments, on a larger number of cases.


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