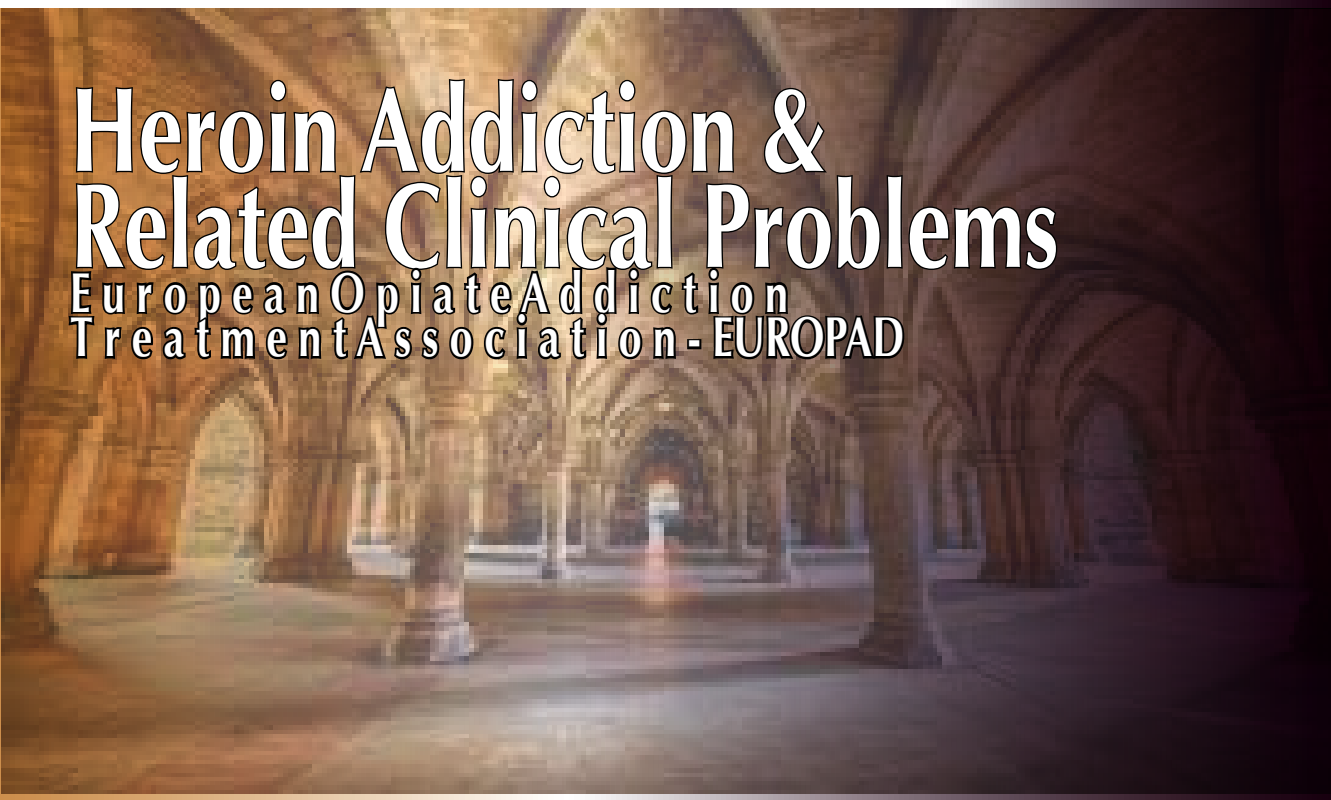
AU-CNS

Europad
European Opiate Addiction Treatment Association

World Federation for the Treatment of Opiod Dependence

11TH EUROPEAN CONGRESS ON



Heroin Addiction & Related Clinical Problems

EuropeanOpiateAddiction
TreatmentAssociation-EUROPAD

23-25 May 2014

www.europad.org
www.europadevents.org
www.heroinaddictionrelatedclinicalproblems.org

Hilton Hotel
Glasgow
Scotland-UK-EU

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

Scientific Committee

Under the Patronage of

World Federation for the Treatment of Opioid Dependence

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

WFTOD

(New York, NY, USA)

www.wftod.org

Promoted by

European Opiate Addiction Treatment Association

EUROPAD

(Brussels, Belgium - Pisa, Italy)

www.europad.org

Association for the Application of Neuroscientific Knowledge to Social Aims

AU-CNS

(Pietrasanta, Lucca, Italy)

www.aucns.org

Congress President

ICRO MAREMMANI (Pisa, Italy)

NEIL MCKEGANEY (Glasgow, Scotland, UK)

Local Scientific Committee

DUNCAN HILL (Motherwell, Scotland, UK, EU)

STEPHEN CONROY (Motherwell, Scotland, UK, EU)

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CHIMERA

FRIDAY, 23 MAY 2014

SPECIAL EVENT

Room A	ABSTRACT No	**Essential Decisions in Opioid Dependence: Outcomes Led Improvement in Care** *Chair: Icro Maremmani (Pisa, Italy)*
14:00	S00-1	ICRO MAREMMANI (Pisa, Italy, EU) - Introduction: Defining the Importance of Outcomes Measures in Determining Recovery in Opioid Dependence Management
14:05	S00-2	DUNCAN HILL (Motherwell, Scotland, UK, EU) - On-the-ground experience: increasing importance of outcome measures, prescribers to patients
14:25	S00-3	MARK GILMAN (Manchester, UK, EU) - Meeting Goals in Opioid Dependence Management: What Outcomes Matter?
14:45	S00-5	RICHARD LITTLEWOOD (London, UK, EU) - A New Approach to Measuring Success in Care: Outcomes Led Improvement in Care
15:05	S00-6	ICRO MAREMMANI (Pisa, Italy, EU) - Discussion
15:30		END

FRIDAY, 23 MAY 2014

PRE-CONGRESS ORAL PRESENTATIONS

Plenary Room		**Europad Selected Presentations** *Chair: Pier Paolo Pani (Cagliari, Italy)*
13:00	oral-01	CATHERINE DE JONG (Amsterdam, The Netherlands, EU) - Subcutaneous Naltrexone Implants for Relapse Prevention after Opiate Detoxification: A One Year Follow up Study
13:20	oral-02	JESSICA DE MAEYER (Ghent, Belgium, EU) - Same Same, but Different: Latent Classes of Quality of Life in Opiate-Dependent Individuals after Starting Methadone Treatment
13:40	oral-03	FRANCINA FONSECA (Barcelona, Spain, EU) - Evaluation of a Methadone Maintenance Program Outcome through Half-Yearly Follow-up Assessments
14:00	oral-04	CHRIS FORD (London, UK, EU) - Healthy Drug Policies Improve Health and Access to Treatment - Doctors Need to Promote Such Policies
14:20	oral-05	LIMOR GOREN (Tel Aviv, Israel) - Buprenorphine for Opiate Dependence: Clinic Based Therapy in Israel
14:40	oral-06	ANDERS HÅKANSSON (Lund, Sweden, EU) - Referral of Heroin Users from Syringe Exchange to Evidence-Based Treatment (Matris Trial): Retention in Treatment
14:20	oral-07	MARK HARDY (St Leonards, Sydney, Australia) - High-Dose Methadone to Buprenorphine/Naloxone Transfer - Is There an Easier Way?
14:40	oral-08	CHARLOTTE KLEIN (Vienna, Austria, EU) - Opioid Substitution Treatment in Austria - Coverage and Retention
15:00	oral-09	FRANCES LEHANE (Cork, Ireland, EU) - Substance User Personal Experience of Overdose, and Need for Resuscitation Skills Education
15:20	oral-10	EINAT PELES (Tel Aviv, Israel) - Methadone-Maintained Versus More Than 10 Years of Prolonged Abstinence
15:40	oral-11	JUDIT TIRADO (Barcelona, Spain, EU) - Reducing Hepatitis C Injecting and Sexual Risk Behaviours among Females Who Inject Drugs in Europe (Reduce): Translating Evidence into Practice
16:00	oral-12	WOUTER VANDERPLASSCHEN (Ghent, Belgium, EU) - Treatment Satisfaction and Quality of Care of Opiate-Dependent Individuals in Outpatient Substitution Treatment: Drug Users' Experiences and Perspectives

FRIDAY, 23 MAY 2014

PLENARY SESSION

Chair: Icro Maremmani (Italy)

Plenary Room	ABSTRACT No	
17:15	PL1a	ICRO MAREMMANI (Pisa, Italy, EU) - Conference Opening
17:30	PL1b	MARK PARRINO (New York, NY, USA) - Changing Patterns of Prescription Opioid Abuse in the United States and Patient Admissions to OTPs
18:00	L1	MARY JEANNE KREEK (New York, NY, USA) - 1st VP Dole Lecture
19:00	L2	ARTURO G. LERNER & ALEX KAPTSAN (Tel Aviv, Israel) - The Intriguing and Fascinating Relationship between Narcotic Substances and Psychosis: Clinical Topics and Treatment Approach
20:00		BREAK
20:30		**WELCOME COCKTAIL AND EUROPAD CHIMERA AWARD 2014** **TO BE AWARDED:** LORENZO SOMAINI (Italy, EU), THOMAS CLAUSEN (Norway), VLADIMIR MENDELEVICH (Russia) **CAREER AWARD:** MARY JEANNE KREEK (USA)

FORMER RECIPIENTS:

Marc Auriacombe *(France)*
Olof Blix *(Sweden)*
Didier Touzeau *(France)*
Miguel Casas *(Spain)*
Jean-Jacques Deglon *(Switzerland)*
Sergey Dvoryak *(Ukraine)*
Gabriele Fischer *(Austria)*
Gilberto Gerra *(Italy)*
Ante Ivancic *(Croatia)*
Alexander Kantchelov *(Bulgaria)*
Andrej Kastelic *(Slovenia)*
Mercedes Lovrecic *(Slovenia)*
Lubomir Okruhlica *(Slovak Republic)*
Pier Paolo Pani *(Italy)*
Luis Patricio *(Portugal)*
Slavko Sakoman *(Croatia)*
Marta Torrens *(Spain)*
Didier Touzeau *(France)*
Helge Waal *(Norway)*

FORMER CAREER AWARD RECIPIENTS:

Loretta Finnegan *(USA)*
Joyce Lowinson *(USA)*
Icro Maremmani *(Italy)*
Robert Newman *(USA)*
Marc Reisinger *(Belgium)*
Alessandro Tagliamonte *(Italy)*

SATURDAY, 24 MAY 2014

PLENARY SESSION

Chair: Marc Reisinger (Brussels, Belgium)

Plenary Room	ABSTRACT No	
9:30	L3	LORENZO SOMAINI (Biella, Italy, EU) - Genetic and Opioid Addiction
10:30		COFFEE BREAK

11:00 PARALLEL SYMPOSIA

Plenary Room	ABSTRACT No	**I - It's Time to Admit the Existence of a Psychopathology of Addiction** *Chair: Pier Paolo Pani (Cagliari, Italy)*
11:00	S01-1	PIER PAOLO PANI (Cagliari, Italy, EU) - Does the Prominent Psychopathology of Heroin Addicts Exist?
11:30	S01-2	ICRO MAREMMANI (Pisa, Italy, EU) - What is the Specific Psychopathology of Heroin Addicts at Treatment Entry?
12:00	S01-3	LUCA ROVAI (Pisa, Italy, EU) - Is PTSD Spectrum Part of the Psychopathology of Addiction?
12:30	S01-4	ANGELO G.I. MAREMMANI (Pisa, Italy, EU) - Do Methadone and Buprenorphine Have the Same Impact on Psychopathological Symptoms?
Room A		**II - Heroin Addiction and Related Clinical Problems** *Chair: Marc Reisinger (Brussels, Belgium)*
11:00	S02-1	STEPHEN CONROY (Motherwell, Scotland, UK) - High Dose Transfers to Suboxone from Greater Than 30mg Daily of Methadone
11:30	S02-2	DUNCAN HILL (Motherwell, Scotland, UK) - Prescribing of benzodiazepines to patients receiving opioid substitution therapies in NHS Lanarkshire
12:00	S02-3	DIDIER TOUZEAU (Paris, France, EU) - A Multicentre, Randomised, Open-Label, Active-Controlled Trial of the Effectiveness of Buprenorphine/Naloxone in Reducing Intravenous Buprenorphine Misuse in France
12:30	S02-4	VLADIMIR MENDELEVICH (Kazan, Russia) - Differentiated Approach to Psychosocial Interventions for Adolescents with Alcohol and Drug Dependence
Room B		**III - SEEA.net Symposium** *Chair: Nermana Mehic Basara (Sarajevo, Bosnia and Herzegovina)*
11:00	S03-1	ANDREJ KASTELIC (Ljubljana, Slovenia, EU) - Does Availability of Different AOT Medications Improve Treatment Outcome?
11:30	S03-2	NERMANA MEHIC-BASARA (Sarajevo, Bosnia and Herzegovina) - Association of DRD2 polymorphism and personality profile in development of opiate addiction
12:00	S03-3	LILJANA IGNJATOVA (Skopje, Macedonia) - Correlation between Methadone Dosage, Cortisol Plasma Level and Depression in Methadone Maintained Patients
12:30	S03-4	NUSA SEGREC (Ljubljana, Slovenia, EU) - Overdoses and Suicidality among the Patients in AOT

13:15		CONFERENCE LUNCH
14:30		**PARALLEL SYMPOSIA - SATURDAY, 24 MAY 2014**
Plenary Room	ABSTRACT No	**IV - Agonist Opioid Treatment and Dual Diagnosis** *Chair: Marta Torrens (Barcelona, Spain)*
14:30	S04-1	CARLO ALONSO RONCERO (Barcelona, Spain, EU) - Cost Management of Opioid-Dependent Patients Receiving Concomitant Treatments for Infectious or Psychiatric Comorbidities: Comparison of Buprenorphine/Naloxone Versus Methadone
15:00	S04-2	MARTA TORRENS (Barcelona, Spain, EU) - Depression and Opioid Dependence: State of the Art
15:30	S04-3	CELIA FRANCO (Coimbra, Portugal, EU) - Psychosis in Heroin Dependent Patients: Diagnostic and Treatment Difficulties
16:00	S04-4	MARC AURIACOMBE (Bordeaux, France, EU) - Anxiety, Depression, Quality of Life and Opioid Addiction
Room A		**V - What´s New in the Treatment of Hepatitis C in Addiction** *Chair: Stephen Walcher (Munich, Germany)*
14:30	S05-1	VRATISLAV ŘEHÁK (Prague, Czech Republic, EU) - A Comprehensive Medical Service for Pwid to Enhance Hcv Treatment Uptake and Outcome
15:00	S05-2	STEPHAN WALCHER (Munich, Germany, EU) - Compliance and Illicit Substance Abuse in Treating HCV: Recent Findings
15:30	S05-3	ANDRÉ-JEAN REMY (Perpignan, France, EU) - Hepatitis Mobile Team: A New Concept for Benefit toward Drugs Users with Hepatitis C and Outside Social and Medical Teams
16:00	S05-4	DANIEL FUSTER (Barcelona, Spain, EU) - Treatment Situation, Strategies and Outreach in “Old” vs. “New” Europe
Room B		**VI - The Difficult Patient: Clinical and Psychological Interventions** *Chair: Alexander Kantchelov (Sofia, Bulgaria)*
14:30	S06-1	LUIS PATRICIO (Lisbon, Portugal, EU) - Difficult Patients, Insufficient Treatment and When Stigma Cleaves Treatment
15:00	S06-2	ALEXANDER BELCHEV (Suffolk, UK, EU) - Plasticity of Treatment Interventions in the Context of Medically Assisted Recovery
15:30	S06-3	STEPHEN ANDREW (Portland, ME, USA) - 15 Strategies for Engaging Difficult-to-Reach Clients
16:00	S06-4	GIAN PAOLO GUELFI (Genoa, Italy, EU) - How to Create a Difficult Patient
16:30		COFFEE BREAK

17:00		**PARALLEL SYMPOSIA, SATURDAY 24 MAY 2014**
Plenary Room	ABSTRACT No	**VII - Where Is Polydrug Abuse Going?** *Chair: Icro Maremmani (Pisa, Italy)*
17:00	S07-1	ICRO MAREMMANI (Pisa, Italy, EU) - Is There a Differential Patter of Polyabuse in Opioid Addicts?
17:30	S07-2	PIER PAOLO PANI (Cagliari, Italy, EU) - AOT and Cocaine Use Disorder
18:00	S07-3	MATTEO PACINI (Pisa, Italy, EU) - AOT and Alcohol Use Disorder
18:30	S07-4	ANGELO G.I. MAREMMANI (Pisa, Italy, EU) - AOT and Benzodiazepines Use Disorder
Room A		**VIII - Methadone Maintenance Terminable and Interminable. When to Encourage and Discourage and How to Succeed If Patients Request a Trial of Abstinence** *Chair: Neil McKeganey (Glasgow, Scotland, UK)*
17:00	S08-1	NEIL MCKEGANEY (Glasgow, Scotland, UK, EU) - How Many Treatment-Seeking Heroin Users Want to Be Abstinent and What Do They Mean When They Say It?
17:30	S08-2	COLIN BREWER (London, UK, EU) - How Implanted and Depot Naltrexone Have Made Trials of Abstinence More Likely to Succeed When the Time Seems Right
18:00	S08-3	JAN MELICHAR (Bristol, UK, EU) - Getting to First Base: Humane, Effective and Cost-Effective Opiate Withdrawal Techniques Are Essential, Achievable and Surprisingly Easy
18:30	S08-4	CATHERINE DE JONG (Amsterdam, The Netherlands, EU) - Adapting Psycho-Social Post-Detox Counselling and Management to the Age of Naltrexone Implants
Room B		**IX -New Developments in Addiction Treatment** *Chair: Jasna Cuk (Logatec, Slovenia)*
17:00	S09-1	ANDREJ KASTELIC (Ljubljana, Slovenia, EU) - Treatment Guidelines (Addiction Treatment, Aggressive Behaviour, BZD, Hepatitis C, Pregnancy, Capability for Driving...) in Clinical Practice
17:30	S09-2	JASNA CUK (Logatec, Slovenia, EU) - Treatment of Hepatitis C - the Importance to the Support to Patients
18:00	S09-3	ANETA SPASOVSKA TRAJANOVSKA (Skopje, Macedonia) - Correlation between duration of treatment and cortisol plasma level in methadone maintained patients
18:30	S09-4	MIRJANA DELIC (Ljubljana, Slovenia, EU) - Adult attention – deficit/hyperactivity disorder and co-existing substance use disorder: diagnosis and treatment
20:00		SPEAKERS' DINNER* 200 ST VINCENT STREET, CONFERENCE AND EVENT VENUE, GLASGOW

* Tickets are available for all delegates

SUNDAY, 25 MAY 2014

Plenary Room	ABSTRACT NO	**PLENARY SESSION** *Chair: Andrej Kastelic (Ljubljana, Slovenia)*
9:30	L4	THOMAS CLAUSEN (Oslo, Norway) - Reducing Mortality in Heroin Addiction
10:30		COFFEE BREAK

11:00		**PARALLEL SYMPOSIA**
Plenary Room	ABSTRACT No	**X - Improving Efficacy, Reducing Risks** *Chair: Lorenzo Somaini (Biella, Italy)*
11:00	S10-1	EMILIO VANOLI (Milan, Italy, EU) - Methadone Cardiovascular Side Effects: The QT Interval Issue, Is There a Risk?
11:30	S10-2	PIER PAOLO PANI (Cagliari, Italy, EU) - QTc Interval Screening for Cardiac Risk in Methadone Treatment of Opioid Dependence
12:00	S10-3	LORENZO SOMAINI (Biella, Italy, EU) - Improving Efficacy, Reducing Risks
12:30	S10-4	STEPHAN WALCHER (Munich, Germany, EU) - 25 Years Experience with Levo-Methadone in Germany
Room A		**XI - Prescription Opioid Misuse: the Heroin of the 21st Century** *Chair: Douglas L.. Gourlay (Toronto, Canada)*
11:00	S11-1	ROBERT N. JAMISON (Boston, MA, USA) - Opioid Compliance: Maximizing Benefit and Minimizing Risk
11:30	S11-2	MARTIN D. CHEATLE (Philadelphia, PA, USA) - Pain and Addiction: Phenotypic and Genotypic Characteristics
12:00	S11-3	DOUGLAS L. GOURLAY (Toronto, Canada) - Pain, Dependence and Universal Precautions: A Rational Approach to the Management of the High Risk Patient
12:30	S11-4	HOWARD HEIT (Arlington, VA, USA) - Risk Management in the 21st Century: A Patient-Centered Approach to Urine Drug Testing
Room B		**XII - Heroin Addiction and Related Clinical Problems** *Chair: Marc Reisinger (Brussels, Belgium)*
11:00	S12-1	MARC REISINGER (Brussels, Belgium, EU) - E-Cigarettes and Tobacco: How to Stop Another Genocide
11:30	S12-2	ALEXANDER KANTCHELOV (Sofia, Bulgaria, EU) - 10 Years of Methadone-Assisted Therapy: New Lessons and Old Truths
12:00	S12-3	PAOLA ROSCA (Jerusalem, Israel) - Switch from Buprenorphine to Buprenorphine/ Naloxone in Medical Assisted Maintenance Treatment Centers for Opioid Addicts in Israel: A Successful Experience.
12:30	S12-4	COLIN BREWER (London, UK, EU) - Using Oral or I/M Morphine for Rapid Tolerance Assessment in Patients Starting Methadone Maintenance: A Proposal for Discussion Based on over 25 Years of Experience.

13:15	PL1c	ICRO MAREMMANI (Pisa, Italy, EU) - Conference Closing and Arrivederci ..... a .....Amsterdam, The Netherlands, May 27-29, 2016

POSTER SESSION

ABSTRACT No	
P-01	BASMA ALHARTHY (London, UK, EU) - Methadone and EDDP Ratio in Urine in Patients Receiving Methadone Treatment
P-02	MUGE BOZKURT (Istanbul, Turkey) - Relationship between Temperament, Character and Severity of Psychopathology with Aggression in Heroin Dependent Inpatient Men
P-03	FRANCINA FONSECA (Barcelona, Spain, EU) - New Trends of Prescription Drug Use in Spain
P-04	DUNCAN HILL (Motherwell, Scotland, UK, EU) - Redesign of Service Delivery and Non-Medical Prescribing Use in Substance Misuse Treatment
P-05	E. KHARITONOVA (Chicago, IL, USA) - Comparison of Healthcare Resource Use and Costs in Prescription Opioid-Dependent Patients Treated with Buprenorphine/ Naloxone and Patients without Pharmacological Treatment: Retrospective Analysis of Insurance Claims in the US Public Healthcare System
P-06	E. KHARITONOVA (Chicago, IL, USA) - Estimation of the Effect of Buprenorphine/ Naloxone Dosing on Patient Outcomes and Costs for Opioid-Dependent Patients in the Us Public Health Insurance System
P-07	A. MARGOLIS (Jerusalem, Israel) - Reaching-out and Recruitment to Suboxone Treatment of Home-Less Opioid Addicted Idus Patients Attending the Syringe-Exchange Program in Tel Aviv: A Paradigm-Shift.
P-08	ERIN M MARTINEZ (Denver, CO, USA) - Gender Differences in Patients Entering Treatment Programs in Europe
P-09	ERIN M MARTINEZ (Denver, CO, USA) - European Opiate Addiction Treatment Programs: Poly-Opioid Users Are Different Than Other Patients Seeking Treatment
P10	ERIN M MARTINEZ (Denver, CO, USA) - European Patients Entering Opioid Addiction Treatment Whose Primary Drug Is Heroin Differ from Those Whose Primary Drug Is Another Opioid
P-11	KARIN E MCBRIDE (Denver, CO, USA) - Use of Treatment History to Identify Drug Use Differences in European Patients
P-12	ALMA OLOHAN (Dublin, Ireland, EU) - Ageing and Addiction: How Much More Rapidly Do Substance Users Age, and How Do We Measure It?
P-13	MARIA CHIARA PIERI (Bologna, Italy, EU) - The Use of Agomelatina in Drug Addicted Patients with Psychiatric Disorders
P-14	SAŠA UCMAN (Ljubljana, Slovenia, EU) - Evaluation of Treatment Program for Heroin Addicted Adults in Slovenia

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L1
1st Vincent P. Dole Lecture
MARY JEANNE KREEK
Patrick E. and Beatrice M. Haggerty Professor - Laboratory of the Biology of Addictive Diseases - The Rockefeller University, New York, NY, USA

Summary: Not Available

L2
The Intriguing and Fascinating Relationship between Narcotic Substances and Psychosis: Clinical Topics and Treatment Approach
ARTURO G. LERNER and ALEX KAPTSAN
(1) Lev Hasharon Mental Health Medical Center, Pardessya, Israel
(2) Sackler School Of Medicine, Tel Aviv University, Ramat Aviv, Israel

Summary: Glaringly fascinating characteristics of narcotic substances, namely naturally occurring opiates and synthetic opioids, are their involvement in psychotic co-occurring disorders. This intriguing and unique phenomenon has been barely and scarcely studied and investigated. Legal and illegal narcotic substances potentially have the ability and capacity to precipitate or trigger, deteriorate or perpetuate and sometimes even ameliorate, help and treat substance-induced or functional psychotic disorders. Why do distinct individuals react and respond differently? How are opioid receptors and neurotransmitters involved in the development and production of such clinical occurrences? Among the vast number of narcotic substances, are they all capable of producing the same reaction? Could we predict such responses? Moreover, are there more questions than answers. The purpose of this presentation is to provide a practical clinical-oriented and concise overview for clinicians. Accentuation will be placed on Buprenorphine treatment.

L3
Genetic and Opioid Addiction
LORENZO SOMAINI
Addiction Treatment Center, Biella, Italy, EU

Summary: A growing body of evidence concerning the chronic nature of substance use disorders, in particular addictive behaviour, has been made available in recent years. Research has identified persistent changes induced by long term exposure to drugs interfering with the reward/motivational system, the emotional memory and the inhibitory control areas in the brain. Drugs of abuse are known to affect neuronal structure and function in specific brain regions, resulting in stable changes from the cellular level to the behavioural one It is still not completely clear what mechanisms are involved in initiating and establishing the changes at the neuronal level that are underlying the persistent compulsive behavioural pattern. No single factor determines whether a person will become addicted to drugs. The overall risk for addiction is impacted by the biological makeup of the individual - it can even be influenced by gender or ethnicity, his or her developmental stage, and the surrounding social environment (e.g., conditions at home, at school, and in the neighborhood). Epidemiological studies indicate that genetic factors, both those shared by addiction to several drugs of abuse and those specific for addiction to a given drug, contribute approximately 40-60% of the risk of developing heroin addiction The candidate gene approach to conducting genetic association studies focuses on associations between genetic variation within pre-specified genes of interest and phenotypes or disease state. Differently, genome-wide association studies (GWAS) compare genetic variants in very large populations of people with a particular disease with those who do not have the condition. Some of the individual genetic variability in susceptibility to the development and persistence of opiate addiction may be due to polymorphisms of the opioid receptors. Also, individual differences in responses to endogenous opioids ("physiogenetics") or pharmacotherapies ("pharmacogenetics") may be mediated by variant forms of opioid receptors. The future directions in opioid addiction treatment should include identification of clinical relevance of opioid genes, novel therapies for oppioid addiction based on genetic variation, routine genetic testing prior to therapy decision and treatment algorithms based on pharmacogenomic results.

L4
Reducing Mortality in Heroin Addiction
THOMAS CLAUSEN
Norwegian Centre for Addiction Research, University of Oslo, Oslo, Norway

Summary: Heroin dependent persons suffer from a chronic long-term condition, typically with varying intensity of symptoms with time. Periods with little or no symptoms (abstinence), and periods with massive drug taking (relapse), and all symptom intensities in between these two opposite extremes need to be expected. In addition comorbid somatic,

psychiatric and social conditions are common among heroin dependent persons. Mortality among untreated heroin dependent persons is as much as 15-25 times higher than that of the general population. Particularly among injecting heroin users, mortality is high, dominated by overdose deaths. Still, heroin dependent persons, also those who inject, are a diverse group and preventive interventions targeted towards the group need to include a range of services and strategies. In order to reduce mortality among heroin dependent persons, a society need to address this in a multifaceted manner. The main strategy needs to be provision of drug-treatment. This does not mean provision of 'a' treatment, but will need to include the provision of a range of drug-treatments. Current knowledge points towards the provision of opioid maintenance treatment (OMT) as a central element. OMT includes a long-term out-patient (hence relatively low-cost) perspective and has proven to be the preferred treatment modality in order to reduce heroin use and associated mortality. However no single treatment modality will attract all heroin users at elevated risk and there will always be a significant portion of the user population outside of OMT and other formal drug-treatments. Therefore the provision of low-threshold and also harm reduction services is needed, both as supplement services for those in OMT, but also as service points for those not in treatment. Interventions may include, drug-consumption rooms, , needle-exchange, risk information campaigns, take-home naloxone distribution, street health clinics, provision of OMT in prisons, etc. Motivation towards enrolment in drug-treatment should be standard strategy at all facilities, although all should receive services regardless of motivation for further treatment. Key to successful interventions will be; treatment provision in a long-term perspective, well planned and successful transitions between services and rapid access to treatment in symptom-intensive phases of the disorder.

PL1b

Changing Patterns of Prescription Opioid Abuse in the United States and Patient Admissions to Otps

MARK PARRINO

American Association for the Treatment of Opioid Dependence - AATOD, New York, NY, USA

Summary: The American Association for the Treatment of Opioid Dependence has been carefully tracking the changing substance abuse patterns among new admissions to 75 OTPs in more than 30 states in the United States. The work began in January of 2005 during an era of increasing prescribing of opioids to treat chronic pain in the US. A number of physicians outside of the treatment for opioid addiction were also prescribing greater amounts of methadone to treat pain. This phenomena began in the late 1990s and continues at the present time. Approximately 40% of new admissions to OTPs report being addicted to prescription opioids. More than 70,000 patients have completed such surveys upon admissions between January 1, 2005 and December 31, 2013. It is also interesting to note that of these individuals, approximately 30% report injecting their prescription opioids at time of admission to treatment. We have observed that a greater number of new admissions to OTPs are younger in age and have more current employment. We have also learned that approximately 70% of such new admissions are Caucasian, reflecting a significant change in ethnicity as compared to ten years ago. A more recent phenomena appears to be emerging, in that a number of patients who are addicted to prescription opioids are now switching to the use of intravenous heroin when their access to prescription opioids becomes more restricted. This is the result of several policy issues. The first is the fact that Prescription Monitoring Programs (statewide reporting entities that capture all prescriptions issued for prescription opioids in a centralized statewide database) as a greater number of physicians access the data from these PMPs, they are discontinuing to provide patients with such prescription opioids depending on what the report indicates. As a result, patients are losing access to prescription opioids and reverting to the use of heroin. A second change is that the Food and Drug Administration is asking pharmaceutical companies to manufacture tamper resistant formulations of their medication. The resent Purdue Pharma change in formulation, which is a true tamper resistant formulation, has also seen a change in such patterns. This presentation will focus on these changes in patient characteristics and will discuss the policy related implications for the expansion of the use of Medication Assisted Treatment for opioid addiction in the United States.

S00-2

On-the-Ground Experience: Increasing Importance of Outcome Measures, Prescribers to Patients

DUNCAN HILL

Addictions Services, NHS Lanarkshire, Motherwell, Scotland, UK, EU

Summary: Drug use represents a major public health challenge in Scotland today. There are more than 50000 people with opioid dependence in Scotland, 0.5 million prescriptions for methadone and the cost of methadone treatment was £28 million in 2012, which is equivalent to £6000 per

1000 population. 26,000 people consulted primary care for addiction related matters in 2010/11. Impact on health is significant: there were more than 500 deaths related to drugs in 2012 (National Statistics, Scotland 2013). Drug use also has an impact on families and community as a whole.
Work in NHS Lanarkshire focuses on elements to improve outcomes in opioid dependence care. Developments include non-medical prescribing, prescribing guidelines, high dose methadone to buprenorphine transfers and reducing benzodiazepine prescribing. Most of these are monitored and evaluated. The role of nurse and pharmacist non-medical prescribers and community pharmacists are well defined in the region; it is key to meeting patients' needs..
Evidence from patients describes their views on care for opioid dependence. This is important when considering future direction in terms of service development. This includes the value of non-medical prescribing for patients, the differences changing treatment makes to patients and impact of guidelines. Outcome measures are central to the decisions made about care in Scotland for opioid dependence. Future initiatives will include many areas using outcome based tools in practice (including formalising the outcome measures recorded), evaluation of services (stakeholder and patient) and continued development and review of services.

S00-3
Meeting Goals in Opioid Dependence Management: What Outcomes Matter?
MARK GILMAN
Public Health and NHS England, Manchester, UK, EU.

Summary: Measuring outcomes is important in the evolving environment for commissioning and providers of services in England. Different types of management are available for opioid dependence for different groups of people. Potentially treatment for "static" group might include lower levels of intervention compared to increased options for those aiming for change and recovery. Outcomes data is more important than ever. A recently defined outcomes model is a useful start: it immediately raises questions such as, why is the rate of employment for those in therapy so different between countries? Major changes in policy will alter those responsible and how decisions are made in opioid dependence care. Organization in England has changed from exclusively NHS-led model to include local authorities. The perspective on what matters in terms of outcomes may be different in the future. Local Authorities face spending reductions: it is not clear how investment in care will be impacted. Outside of the medical community, there are challenges to value of the medical treatment model. Other policy change such as "prison gate program" will also create need for different approaches to care. It is essential to work in partnership with all stakeholders to succeed. What are the future treatment models? The most likely outcome for success is a combination of all the tools currently employed, but it will be essential to have the outcome measures in place to guide the decisions and ensure access to right mix of appropriate services and interventions

S00-4
A New Approach to Measuring Success in Care: Outcomes Led Improvement in Care
RICHARD LITTLEWOOD
Appliedstrategic, London, UK, EU

Summary: Opioid dependence is a chronic, relapsing condition requiring lifelong management: medical assisted therapy is an important strategy. Current effectiveness measurement for care varies according to outcome measurements used for evaluation. There is no adequate tool to measure outcomes across countries and systems. A universal tool has been developed and validated to achieve robust outcomes data. Evidence was assessed to identify the main drivers of outcomes; an expert panel discussed findings. A balanced scorecard based outcomes measurement tool was built based on result. Outcomes are measured across four central domains of mortality/ health, individual, harm reduction and society. Specific measures within these groups are identified. A two stage expert survey was held to validate the proposed outcomes system. A consensus was review was completed online by an international expert panel of 122 clinicians/ policy makers with specific experience in the field of opioid substitution therapy participated. The experts were asked the extent to which they agreed that the proposed measurements were the right metrics to measure treatment outcomes in opioid dependence care. The four proposed measurement domains were validated: over 90% of experts "strongly agree" or "agree" that mortality and harm reduction are the right measurements for assessing treatment outcomes and 85% and 86% respectively, "strongly agree" or "agree" with the proposed measurements of society/ individual. Each sub-step received similar consensus. The method is a useful measurement for assessing outcomes at population and individual level, in the complex therapeutic area of opioid dependence care.

S01-1

Does the Prominent Psychopathology of Heroin Addicts Exist?

PIER PAOLO PANI

Social-Health Services, Cagliari Health Public Trust (ASL Cagliari), Cagliari, Italy, EU

Summary: The current 'official' nosology (e.g. DSM-IV) of addiction is largely limited to manifestations that can be objectively observed and suited to the maintenance of an 'atheoretial' perspective. However, addicted subjects display other psychic symptoms (in particular, those related to mood, anxiety, or impulse-control dimensions) that affect their well-being and social functioning. In practice, these symptoms are typically considered as being 'comorbid', thereby contributing to multiplying comorbid diagnoses in addiction. However, a close relationship can be detected between these symptoms and addiction, as underlined by the high frequency of their association, and by strong neurobiological and neuropsychological links. There are several reasons for taking these symptoms into account in clinical presentations of substance-use disorders. First, the pre-existence of psychic precursors (affective, anxiety and antisocial-related vulnerabilities and temperamental assets) may precede drug abuse and work as a specific risk factor in addiction. Second, psychiatric symptoms that accompany the use of specific substances, including irritability, sleep difficulties, anxiety, and attention/concentration problems, are not necessarily so intense as to warrant a 'disorder' level; however, they may substantially contribute to compromising the individual well-being and social functioning of people with addictive disorders. Third, more stable psychopathological manifestations depend on the prolonged interaction of substances with a predisposed neurobiological substrate and its active reaction. The resulting changes may not only justify the strictly behavioural presentation of addiction as a specific disorder – and psychological/psychiatric correlates such as craving and dyscontrol –, but also the onset/worsening of other psychiatric symptoms. Hypofunction of limbic dopamine circuits, hypoactivity of prefrontal brain regions, changes in the reward and stress systems, and gene expression dysregulation, are all potential candidates underlying depression, dysphoria, anxiety and impulsiveness preceding addiction, featured moreover as an outcome of addictive processes. Fourth, clinical manifestations produced as a consequence of addictive processes do not seem to merely add to those previous encounters with substances. Interactions between the above factors should be considered, particularly in view of the fact that while predisposing psychic conditions may facilitate substance use and activate addictive processes, these, in turn, by acting on the same neuronal background, induce a worsening of psychic conditions in the same domains. DSM nosology does not seem to grasp the complexity of the interaction between the psychic structures involved, and neurobiological and physiopathological processes activated by encounters with substances of abuse. On these bases, an integrative unified perspective explaining the pathophysiology and phenomenology of addiction has been proposed. The validation of an articulated clinical condition, encompassing part of the grey area of symptomatology that exists between addiction itself and other 'independent' psychopathologies, would certainly deserve special attention and specific research programmes.

S01-2

What Is the Specific Psychopathology of Heroin Addicts at Treatment Entry?

ICRO MAREMMANI (1-2-3), SILVIA BACCIARDI (1), LUCA ROVAI (1), FABIO RUGANI (1), ENRICO MASSIMETTI (1) and ANGELO GIOVANNI ICRO MAREMMANI (1-2)

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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.

S01-3

Is Ptsd Spectrum Part of the Psychopathology of Addiction?

LUCA ROVAI, FABIO RUGANI and LILIANA

DELL'OSSO
Vincent P. Dole Dual Diagnosis Unit, Department of Neurosciences, Santa Chiara University Hospital, University of Pisa, Italy, EU

Summary: Introduction: Post-traumatic Stress Disorder (PTSD) and Substance Use Disorders (SUD) frequently co-occur, with mechanisms underlying this kind of comorbidity still debated. Moving from the self-medication hypothesis of addictive disorders, some authors have supposed that substance abuse may represent, in some people, an attempt to cope with the discomfort related to traumatic events. Nevertheless, the low resilience to stress generally presented by drug addicts, raises doubts on the direction of this causal association. With this presentation we aim to study the nature of the comorbidity between PTSD and SUD, and to speculate weather these two disorders can be more properly conceptualized under a unitary perspective. Methods: We performed two studies on a sample of 82 methadone treated, heroin dependent patients. In the first study we assessed loss events and potentially traumatic events of patients before and after the dependence age of onset, and their emotional, physical and cognitive response to them, within a trauma and loss spectrum dimension. In the second study we tested the correlation between the severity of heroin addiction, the dose of opioid medications, and the severity of PTSD spectrum symptoms. Results: After the dependence age of onset, the vast majority of patients continued to experience loss and potentially traumatic events, the most important being the death of a close friend or relative, being abandoned or neglected, and divorce. Even more interestingly, we found an increase of all those emotional, physical, and cognitive behaviours, typically reported by PTSD patients (re-experiencing, avoidance and numbing, maladaptive coping, and arousal). A highly positive correlation emerged between PTSD spectrum symptoms and the severity of heroin addiction, while methadone dose turned out to be inversely correlated to PTSD spectrum severity, in our heroin addicts. Conclusions: We infer that increase of maladaptive response to life events, showed by our heroin addicts, might be the result of the addictive processes, rather than the cause. Having found strong correlations between heroin addiction and PTSD spectrum will support the idea that a PTSD spectrum should be considered as an integral part of the psychopathology of the addiction

S01-4
Do Methadone and Buprenorphine Have the Same Impact on Psychopathological Symptoms?

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Summary: Introduction. The impact of long-acting opioid treatment on the psychopathological profile of heroin addicts has not yet been fully investigated, despite the possibility that opioid agents have a specific therapeutic action on psychopathological symptoms. We reviewed the Literature concerning the effect of agonist and antagonist opioid on psychopathological symptoms from the early 1950s to nowadays. Methods. In this presentation the effect of buprenorphine and methadone on the psychopathological symptoms of heroin addicts treated at PISA-AOT programme is reported. Results. 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. Conclusions. Some suggestions could be done: (i) psychiatric conditions could predict outcome in methadone- or buprenorphine-treated patients and (ii) therapeutic opioid could be a useful tool in the treatment of psychiatric comorbidities of heroin addicts.

S02-1
High Dose Transfers to Suboxone from Greater Than 30mg Daily of Methadone

STEPHEN CONROY and DUNCAN HILL
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Summary: Transferring from daily doses of over 30mg methadone to buprenorphine can be challenging due to receptor affinity for buprenorphine, but for many patients reduction to 30mg may be impossible. Other studies have demonstrated the process is possible but have only been conducted as inpatients. This study demonstrates that the transfer from a daily dose of methadone greater than 30mg can effectively be conducted without prior dose reductions in outpatients. It provides data and analysis of the 39 transfers completed to date, examining some biophysical measurements as well as reflecting on the patients' reasons for

transfer and other social factors. It will update the progress of these patients after the transfer to demonstrate the patient successes after the transfer. In conclusion, the presentation will demonstrate that this is an option to changing between treatment choices and that the process can be conducted as an out patient and is safe and effective, and allows / encourages patients to continue on their journey to recovery. All ethical requirements have been fulfilled in accordance with the Declaration of Helsinki.

References

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S02-2

Prescribing of Benzodiazepines to Patients Receiving Opioid Substitution Therapies in Nhs Lanarkshire

DUNCAN HILL and STEPHEN CONROY

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Summary: Background. Benzodiazepines were reported in a significant number of Drug Related Deaths (DRD) in NHSL in 2010 and diazepam was the benzodiazepine named in toxicology for all DRD involving a benzodiazepine in 2009 and 2010. Concomitant consumption of benzodiazepines and opioids is a well known risk factor for overdose which may lead to respiratory depression and death. As part of the response to attempt to reduce the increasing number of DRD within Lanarkshire, the addictions service sought to reduce the risk from the co-prescribing of benzodiazepines to patients on opiate substitution. Diazepam is known to have a value on the illicit market, which depends on many factors but predominantly the strength of the tablet. Methods. A guideline was developed for the Addictions service to use for patients who were either prescribed diazepam and an opioid substitute (irrespective of prescriber) or illicit street diazepam and prescribed opioid substitute. The guideline recommended increased regime of supply and supervision of the opioid substitute to daily and an increase in the frequency at which the diazepam was to be collected (if prescribed), corresponding to the opioid substitute frequency. The guideline recommended a preferred formulation, 2mg diazepam tablets. The guideline was launched within the service and briefings conducted at each individual community addiction team. An evaluation and monitoring data collection system was introduced to assess the changes the policy made to prescribing. As discussed with the West of Scotland Ethics group, this is a service evaluation and ethical approval was not required. Results. The guideline was developed and briefings conducted before 31/3/2011 with the date for the implementation of the guideline agreed as 1/4/2011. Within first 3 months: Overall reduction in total diazepam prescribing was evident. Prescribing of 10mg diazepam nearly stopped. Prescribing of 5mg diazepam significantly reduced. Within 12 months: 16% reduction in number of prescriptions issued from the service. 35% reduction in volume of benzodiazepine prescribed from the service. This has demonstrated the guideline being used effectively and efficiently. The prescribing within the service continues to be monitored. As a result of the success the GPs in NHSL wish to adopt and use the guideline to standardise practice and reduce prescribing of diazepam. Prescribers implemented the guideline effectively and patients were made aware the appointment prior to the change, with very few complaints, and most appreciative of the change and increased safety. Conclusion. The guideline has become regular practice by the addiction teams. Significant results in reducing prescription numbers and the volume. Service changes for prescriber and patient stakeholder groups were evaluated and a report being prepared. Continued monitoring of the prescribing within the service. Expansion and monitoring of guideline to GP surgeries as adopted. Increased use of Non Medical Prescribers to deliver diazepam reduction clinic(s). There has been evaluation of both prescribers views on benzodiazepine prescribing by prescribers in the addiction service in NHS L and an evaluation of the prescribing, using an assessment tool. The prescribing assessment demonstrated a high level of adherence to the guidelines. The number of patients current receiving diazepam prescribed is now numbered at about 60 from the 2200 patients engaged in the service

S02-3

A Multicentre, Randomised, Open-Label, Active-Controlled Trial of the Effectiveness of Buprenorphine/Naloxone in Reducing Intravenous Buprenorphine Misuse in France

DIDIER TOUZEAU

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Summary: Buprenorphine is the preferred first line medication for French opioid rehabilitation patients. It comes in tablet form, but can be abused by injecting. However, as buprenorphine use has become more widespread, its misuse

has increased. This thwarts one of the aims of maintenance therapy, which is to reduce injection and its associated risks. Strategies intended to reduce the abuse liability of buprenorphine may thus have potential benefit.To deter buprenorphine intravenous misuse, buprenorphine has been combined with the opioid antagonist naloxone, i.e buprenorphine/naloxone (Suboxone®). The efficacy of buprenorphine/naloxone for treatment of opioid dependence has been shown in several countries. However, the effect of buprenorphine/naloxone on the intravenous misuse of buprenorphine/naloxone needs to be evaluated. Primary Objective: The primary objective of this trial was to establish the effectiveness of buprenorphine/naloxone (Suboxone®) in reducing intravenous misuse of buprenorphine (Subutex®) in opioid-dependent subjects receiving buprenorphine maintenance therapy in France. Secondary Objectives i) To demonstrate the efficacy of buprenorphine/naloxone in reducing use of opioids and other illicit or unprescribed drugs; ii) To determine effects experienced by subjects injecting the study drug; iii) To identify baseline subject characteristics associated with subsequent reduction of buprenorphine misuse. To further document the safety of buprenorphine/naloxone. This was a phase IV, national (France), multicentre, randomised, open-label, comparative (buprenorphine/naloxone vs. buprenorphine) trial in parallel groups of subjects. This trial involved subjects treated for opioid dependence with buprenorphine for at least 3 months prior to inclusion, who misused buprenorphine intravenously at least four times a week. This study was conducted in 20 active treatment addiction centres in France. The combination of naloxone and buprenorphine is substantially more effective than buprenorphine alone in reducing the intravenous misuse of buprenorphine in opioid dependent subjects. This was evident from the high percentage of subjects achieving at least a ≥ 30% reduction in the average weekly number of buprenorphine injections in the buprenorphine/naloxone group compared with the buprenorphine group (89.6% vs. 45.8%) between the pre-randomisation period (Day -1 to Day -7) the treatment period (Day 1 to Day 84). These results were supported by the finding of substantially lower mean number of buprenorphine injections in the buprenorphine/naloxone group compared with the buprenorphine group (3.42 vs. 16.36) during the treatment period; as well as by the finding that a substantially greater percentage of subjects stopped injecting buprenorphine in the buprenorphine/naloxone group compared with the buprenorphine group (74.2% vs. 15.9%). OOWS and SOWS results indicated no substantial changes in opiate withdrawal symptoms from baseline (at which few symptoms were observed) to Day 28, Day 56 and Day 84 in either treatment group. ASI results indicated no substantial changes in severity of addiction scores from baseline (at which most parameters were of low severity) to the end of the study in either treatment group. Safety findings indicated that the combination of naloxone with buprenorphine resulted in a slight overall increase in the number of AEs and treatment-related AEs compared with buprenorphine alone; however, most AEs were mild or moderate and severe AEs and SAEs occurred to a similarly low extent in both treatment groups.

S02-4

Differentiated Approach to Psychosocial Interventions for Adolescents with Alcohol and Drug Dependence

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Summary: Introduction. It is traditionally considered that the provision of psychosocial assistance for addicts should be based on universal principles. However, studies in the field of comparative addictology show the diversity of the mechanisms of formation of dependency, including the disparity of psychological factors. Methods. We performed psychopathological and psychological examination of 62 young men aged between 18 and 21 years. The methods of investigation used the clinical method and the Test on the predisposition to addictive behavior (V. Mendelevich, 2003). Results. In the experiment in patients with alcohol and drug dependencies significant differences ($p < 0,05$) of frequency selection answers to questions such as: «You should try everything in your life», «Often I do not expect any act from myself» have been revealed (positive answers chose the patients with drug addiction, negative – patients with alcoholism). It was found that suggestibility as an individually-psychological feature is more common and expressed for alcohol-dependent personalities. Although suggestibility indication for drug-addicted patients was significantly higher compared with the control group. Perhaps this fact can be explained by the relatively greater efficiency of psychotherapeutic intervention in alcoholism compared with drug addiction. Patients with alcoholism unlike drug addicts chose positive answers to such appeared diagnosis-significant questions as: «I believe in witchcraft and evil eye», «People should try to realize their dreams, be guided by them in their lives and take the warning from their dreams». It was also determined the specific of relationships between examine patients and their parents. Assessment method depending on the parent dependency average was 8,16 (standard deviation 3,09). Correlation analysis showed significant interaction between these parameters. Following

were the correlation coefficients between the parent dependence and predisposition to drug addiction +0,35, between parent dependence and alcoholism -0,31. I.e. the stronger provided parent dependence, the more pronounced tendency to drug-addiction behavior and less inclination to alcoholism. Conclusions. Thus, it can be concluded that drug and alcohol dependence have significant differences and different associated with the nature of the relationship with the parents and with the parent dependence.

S03-1

Does Availability of Different Ost Medications Improve Treatment Outcome?

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Summary: Medication-assisted treatment (MAT) for opioid addiction is the fundamental opioid addiction treatment programme around the world and in the Republic of Slovenia, resulting in reduction of harm associated with illicid drug use, improved public health, fewer emergencies and hospitalisations, overdoses, HIV, hepatitis and other blood-borne infections, and in reduced criminal behaviour of drug users. Though the effectiveness of MAT has been well approved in controlled studies with the use of new medical products, dosing, effectiveness in clinical practice need further research. The aim of the presented study is to establish the impact of the dose of the medication for opioid addiction treatment on quitting or reducing heroin use and the use of other drugs in the period between 1995, when the Network of Centres for the Prevention and Treatment of Drug Addiction in Slovenia was established, and 2012. The second aim is to compare the success of addiction treatment in MAT in the period when three medical products for addiction treatment have been available (methadone, buprenorphine and sustained release morphine (sr - morphine)) with the success in the period when only methadone treatment was possible. The third aim is to establish whether the prescribed doses of all MAT medications comply with recommendations. In order to evaluate the success of treatment, the Drug Addiction Treatment Efficacy Questionnaire (DATEQ) was prepared and was subsequently validated.

S03-2

Association of Drd2 Polymorphism and Presonality Profile in Development of Opiate Addiction

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Summary: Causal factors discovered until now did not completely explain why certain psychoactive substance in some people causes certain response while in others quite different in the same social circumstances and why certain mental and behavioral disorders often occur in conjunction with the abuse of certain substances, and not some other mental disorders. These questions open up the possibility of reviewing the role of hereditary factors and psychological personality factors in development of opiate addiction. The goal of this study was to investigate association of certain personality traits and genetic factors (separately and in combination) with heroin addiction. Total of 200 individuals participated in the study: 100 patients on Metadone Maintenance Treatment (MMT) and 100 age and sex matched healthy volunteers. All were medically examined, interviewed and psychologically evaluated using Eysenck personality questionnaire (EPQ) and genotyped for DRD2 (rs1800497) using PCR-RFLP method. Overrepresentation of certain personality traits (neuroticism, psychoticism and extraversion/intraversion), together with environemental risk factors such as: upbringing within incomplete families and familial history of psychotropic substances abuse, are associated with high-risk development of opioid addiction.

S03-3

Correlation between Methadone Dosage, Cortisol Plasma Level and Depression in Methadone Maintained Patients

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Summary: Opioids can affect neuroendocrine function; therefore various endocrine abnormalities can be fine in patients that use opioids witch include increased level of cortisol that can result with depression. The aim of this study is to examine correlation between methadone dosage, cortisol plasma level and depression in methadone maintained patients. The study is analytical cross sectional one that included 45 patients, divided into two groups according to the amount of daily methadone dose. The first group consists of 10 patients (4 female and 6 male) 33, 9± 2, 9 years old whose doses range from 10-55 mg. Second group consists of 35 patients (5 female and 30 male) 34, 85 ±4, 1 years

old whose doses range from 65-120 mg. For demographic characteristics we use medical records, to determinate cortisol plasma level we use Chemiluminescence Immunoassay (CLIA) method, and to determinate depression we use Beck depression inventory - BDI. The results were statistically analyzed with descriptive methods, Independent samples t-test, x^2 test, Mann-Whitney U test and Pearson coefficient of linear correlation. The obtain results show statistically significant differences between two groups in BDI scores, higher scores have patients with bigger dosages. There is statistical significances correlation between cortisol plasma level and depressions, but there is not statistical significances correlation between methadone dosage and cortisol plasma level although a larger proportion of patients have higher cortisol plasma level in the group with bigger dosages. Therefore we can concluded that methadone dosage in methadone maintained patients is not in correlation with cortisol plasma level and some other factors in the group with bigger methadone doses can influence on higher scores of BDI.

S03-4

Overdoses and Suicidality among the Patients in Ost

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Summary: Background: The main cause of mortality among people who abuse drugs - beside accidental overdose - is suicide. People who abuse drugs have a higher risk for suicide attempt and suicide compared to general population. The aim of the present study is to determine possible differences in gender, age, education, employment, marital status, religion, suicide in family, drug use among family members, overdoses, victimisation and history of criminal behaviour among patients with history of suicide attempt compared to patients without history of suicide attempt in opioid addiction treatment programs. Methods: 235 consecutive patients voluntary fulfill the questionnaire in four different addiction treatment centers in Slovenia. Results: 26, 4% of participants (62/235) reported past suicide attempt. In the group of patients with history of suicide attempt there were significantly less employed and more religious individuals, more suicide attempts and suicides among family members, more victimisation and more overdoses compared to the group without history of suicide attempt. There were no significant differences in gender, age, marital status, drug use among family members and history of criminal behaviour between both groups. Conclusion: Suicidality (and suicide attempt) presents one of most important clinical problems in population treated in addiction treatment programs. It seems that family history of suicidal behaviour and history of previous overdoses and victimisation but not demographic characteristics and criminal behaviour are associated with suicide attempts within this vulnerable population.

S04-1

Cost Management of Opioid-Dependent Patients Receiving Concomitant Treatments for Infectious or Psychiatric Comorbidities: Comparison of Buprenorphine/Naloxone Versus Methadone.

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8 Addictions Care Center of San Juan of Dios. Palencia, Spain, EU.

Summary: Introduction. Concomitant drugs for treatment of comorbidities in opiate dependence (OD) patients have potential interactions with agonist opioid treatment (AOT). The objective was to estimate the annual cost associated to interactions of AOT with buprenorphine-naloxone (Suboxone®) (B/N) or methadone, and concomitant treatments associated to infectious (HIV) or psychiatric comorbidities in OD patients. Methods. A costs analysis model was developed considering the associated cost to AOT and management interactions. The AOT cost included pharmaceutical costs (Retail Price including VAT for B/N), drug preparation, distribution and dispensing, based on intake regimen (health assistance center or take-home) and type and frecuency of dispensing

(pharmacy or health assistance center). Health resources considered were medical visits for prescribing (one every six weeks) and nursing visits (five minutes for dispensing). The cost of methadone also included single-dose bottle, monthly cost of custody at pharmacy and urine toxicology drug screenings. Unitary resources cost (€, 2013) were obtained from a national database. Potential interactions between AOT and concomitant treatments (antivirals, antibacterials/antifungals, antipsychotics, anxiolytics, antidepressant and anticonvulsants), were identified to determine the additional use of healthcare resources for each interaction management. The resource consumption was validated by an expert panel. Results. The annual cost per patient of AOT was €1,525.97 for B/N and €1,467.29 for methadone. The average annual cost per patient of interactions management was €257.07 (infectious comorbidities), €114.03 (psychiatric comorbidities) and €185.55 (double comorbidity) with methadone and €7.9 with B/N in psychiatric comorbidities. Total annual costs of B/N were €1,525.97, €1,533.87 and €1,533.87 compared to €1,724, €1,581 and €1,652 for methadone per patient with infectious, psychiatric or double comorbidity respectively. Conclusions. Compared to methadone, the total cost per patient with OD was lower with B/N (ranging from €47.45€-€198.38€ per year) derived from the differences in interactions cost management, associated to concomitant treatment of infectious and/or psychiatric comorbidities.

S04-2

Depression and Opioid Dependence: State of the Art

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Summary: Opioid dependence commonly co-occurs with other psychiatric disorders, especially mood disorders. The prevalence of the mood disorders among opioid-dependent groups varies from 9–44% depending among others on the specific population studied (e.g., general population, primary care patients, mental health service patients, addiction service patients); the availability and accessibility of treatment services; the diagnostic system used (e.g., DSM or ICD), and the diagnostic instruments used (e.g., SCID, CIDI). Opioid-dependent subjects with mood disorders have greater severity of psychopathology, medical illness and social impairments, as reflected in higher rates of psychiatric hospitalization, unemployment and homelessness and greater risk of suicidal, violent or criminal behaviour than opioid-dependent individuals without co-morbid psychiatric disorders. Comorbid individuals also have poorer treatment outcomes than individuals with either opioid dependence or a mood disorder. It is therefore crucial to assess carefully the presence of other psychiatric disorders in patients being seen for opioid use disorders and to provide them with effective pharmacological and psychological treatments. In this presentation, we will provide an overview of the state of the art on opioid dependence and depression

S04-3

Psychosis in Heroin Dependent Patients: Diagnostic and Treatment Difficulties

CELIA FRANCO

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Summary: Introduction. The diagnosis of psychotic episodes in heroin addicts is very difficult, especially the differentiation between primary psychoses and induced psychoses. In heroin addicts, the use of opioids may change symptoms and do the diagnosis more difficult. Diagnosis is important because it determines treatment, interventions and prognostic aspects. Methods. The aim of this presentation is to review some clinical cases and to reflect about them. The methodology were clinic cases analyse and bibliographic revisin of books, scientific article and work documents. Results. The author verifies that are cases of first psychotic episodes that are diagnosed as induced psychoses, what delaies the correct treatment for schizophrenia, and that are patients that only manifest schizophrenic symptoms after methadone treatment suppression. Conclusions. The author concludes that 1) the diagnoses of psychotic episodes in heroin addicts must be careful done in longitudinal observation and using diagnostic instruments. 2) Dual patients with first psychotic episodes must be treated with all cautions that are recommended for patients with first episods without substance use.

S04-4

Anxiety, Depression, Quality of Life and Opioid Addiction

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Summary: Not Available

S05-1

A Comprehensive Medical Service for Pwid to Enhance Hcv Treatment Uptake and Outcome

VRATISLAV REHAK and LAURA KREKULOVA
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Summary: Introduction. HCV treatment access and uptake is suboptimal in PWID compared to other patients group. It contrasts with the evidence of high treatment efficacy (SVR) in this group when adherence is warranted. With the goal to reach drug users and to offer timely and targeted health care services for PWIDs including the personally tailored HCV therapy a Program of Comprehensive Care in Prague has been established. The basic principles of care: low threshold access to medical services, including basic and specialized health care, blood borne and sexually transmitted diseases testing, pre and post-test counseling as well as harm reduction services such as opiate substitution treatment, psychosocial counseling and crisis intervention, individual and group psychotherapy, etc. All medical and non-medical interventions are concentrated in one location; the program is placed within the premises of outpatient health care center attended also by non-drug users, preventing segregation of patients with "stigmatizing" disease. We hope to serve as an example of "good practice" when over the years Remedis became a largest HCV treatment center in the country with a good access for PWID. SVR achieved in sample of patients as briefly described below, can also demonstrate the program efficacy. Methods. Randomly selected sample of treatment-naïve adult patients with HCV infection, former or current drug users were evaluated in single center in 2005–2010. Patients were treated with "classical" combo of PEG and RIBA according the former standards. Modified intention-to-treat analysis (ITT) was performed, evaluated were all patients who have taken at least first dose of medication. Results. n=345, 59 % males, mean age 28.4. Pretreatment ALT was normal in 27 % cases; genotype-1 in 70 %, genotype-3 in 30 %. Fibrosis stage was generally low, (Ishak) was 0 in 38 % cases, 1 in 43 %, 2 in 9 %, cirrhosis was very rare. Approximately 40 % of patients were on OST while on HCV therapy. Overall SVR was achieved in 282 (81,7 %) cases. SVR in genotype-1 was achieved in 90 (80,9%) cases while in genotype-3 in 85 (84.2 %). 9 % of patients were lost to follow-up and in 9.3 % the non-response or virologic relapse was documented. All patients who were lost to follow-up were in accordance with ITT considered as non-responders. Conclusions. PEG – RIBA treatment response in this group of PWID was very high compared to data from large published studies in "normal" populations. The explanation is the combination of favorable biological characteristics of PWID and adherence enhancing targeted psychosocial interventions under one roof provided by specialized program.

S05-2

Compliance and Illicit Substance Abuse in Treating Hcv: Recent Findings

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Summary: Background: There is still reluctance treating patients under opioid maintenance therapy for chronic hepatitis C with concomitant psychiatric disease and drug abuse being the main concern. Recent studies (M. Schaefer et al., Bruckmann et al., Robaeys et. al., Sylvestre et al.) and own data suggest excellent compliance and adherence - even in cohorts of addicted patients with psychiatric comorbidity - when closely followed in opioid substitution treatment (OST) setting (daily direct dosing) and treated for sideeffects. Little is known, however, about the effect of concomitant drug abuse on outcome of HCV-therapy under real-life conditions. Methods: From October 2005 thru July 2013, more than 3000 patients with chronic HCV who were on stable opioid maintenance due to illicit drug abuse were documented in the non-interventional study PRISMA and the ongoing German-wide NIS on chronic hepatitis C therapy PAN. In the current analysis, patients were stratified according to concomitant use of illicit drugs, none, 1-3 illicit drugs or ≥4 substances. The SVR was assessed according to the intensity of illicit drug use. Results: Overall SVR was observed in 49.9% pts. (43.4% GT-1/4 vs. 56.1% GT-2/3) in conventional treatment settings incl. PegIfN and Ribaverin. In detail SVR was observed in 54.1% pts. with concomitant use of illicit drugs and in 37.9% pts. without ($p < 0.0001$). SVR was not lower in pts. with concomitant use of ≥4 illicit drugs compared to concomitant use of 1-3 substances (76.5% vs. 53.4%; $p = 0.082$). Treatment discontinuation: no illicit drug use 39.9 %, concomitant use of 1-3 substances 24.6%, ≥4 substances 17,6%. Conclusions: These data demonstrate that patients on stable opioid maintenance with concomitant illicit drug use, psychiatric comorbidity and even polysubstance abuse can be successfully treated with Peg-IFN and ribavirin due to good adherence to therapy. Thus, multiple concomitant illicit drug use reflects rather a kind of automedication for side-effects than a typical addictive behaviour. This is especially clear for cannabinoid use having positive effect on sleep disorders, depression and appetite. The relatively low overall SVR reflects polymorbid patients in a heterogenic therapeutic landscape, most of which showing separate locations for both OST and HCV-treatment.

Once integrated in the same institution and followed closely over 90% SVRs can reached – using the conventional treatment regimens. (Waizmann et al., Rehak et. al.) Moderate changes could be achieved in recent studies incl. both Boceprivir and Telaprivir, but major additional side-effects together with a highly complicated therapy-schedule challenged the benefits of the new substances. First clinical data of PAN-NIS and int. phase2-studies strongly support the benefit of Sofosbuvir as a ow sideeffect treatment option for addicted patients.

S05-3

Hepatitis Mobile Team: A New Concept for Benefit toward Drugs Users with Hepatitis C and Outside Social and Medical Teams

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(2) Unité de Consultations et de Soins Ambulatoires, Centre Hospitalier de Perpignan, France, EU

Summary: Introduction: Treatment of hepatitis C changed in 2011 with use of 2 first antiviral direct agents, telaprevir and boceprevir. It was more difficult with tritherapy than dual therapy for drugs users to access to hepatitis care and treatment. Methods: To improve this situation, Perpinya Hospital created in july 2013 hepatitis mobile team (HMT) composed hepatologist, nurse and secretary. There were 5 goals of HMT : screening of hepatitis with blood quick tests, screening of liver fibrosis with portable FIBROSCAN*, hepatology consultation directly in each unit, psycho-educative interventions and formation of social and medical staffs. All these actions were realized outside of hospital. One referent was first choosed in each drug user care unit and also in jailhouse medical unit. Results: At 15th December 2013, 22 different units of Perpinya area were partners of HMT : low and high threshold methadon units, retention and detention center medical units, free meal programs,outside psychiatric units, emergency and medical hosting units… HMT became quickly helping unit to support hepatitis patients, specially for drug users, inmates, homeless, psychiatric patients, emigrants or patients without social insurance. HMT action completed other medical and social actions, in difficult social area. After 6 months of work outside of hospital, HMT organized 5 weekly hepatology consultations, 9 weekly or monthly nurse consultation; 92 FIBROSCAN and 99 hepatitis quick tests were realized ; 4% of quicks tests were positive and 12% of patients had cirrhosis or severe liver fibrosis; hepatologist saw 61 different patients and 14 patients had hepatitis treatment with psycho-educative interventions; 8 collective psycho-educative interventions were also realized for total of 56 patients. Conclusions: HMT was new concept of hepatitis care outside of hospital and doctor's practice. It permitted screening, liver evaluation and treatment of difficult hepatitis patients in one specific medical or social care units, which was usual and comfortable for these patients.

S05-4

Treatment Situation, Strategies and Outreach in "Old" Vs. "New" Europe

DANIEL FUSTER

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Summary: The prevalence of HCV infection among Europeans is estimated to be higher than 1%, with important geographic differences. Only 30-50% of those who are infected are aware of their status, and HCV disproportionally impacts marginalized populations. Injection drug use is the main risk factor for HCV infection acquisition in Europe, and HCV-related liver disease is a leading cause of death in an ageing opioid dependent population. HCV antiviral therapy is associated with reduction in HCV disease burden and increased survival and has proven to be effective in people who inject drugs. Current HCV treatment can cure around 75% of those who receive treatment and new interferon-free regimens will further improve effectiveness and tolerability. Despite increasing treatment efficacy, there are multiple challenges at the patient, provider, and systems levels. The majority of injecting drug users is deemed ineligible, so the population effectiveness of HCV treatment is still poor. This talk will discuss the treatment situation in different European countries, taking treatment cost and coverage under the different healthcare systems into account. Also, the talk will cover different strategies aimed to test difficult to reach populations and facilitate access to care. It is likely that the treatment paradigm will change, as interferon-free regimens allow for shorter treatment duration. Therefore, HCV treatment can be incorporated in care models that integrate other services, such as addiction treatment or HIV infection care. In addition, the session will address different strategies regarding how to monitor treatment outcomes.

S06-1
Difficult Patients, Insufficient Treatment and When Stigma Cleaves Treatment
LUIS PATRICIO and ANA NETO
Addiction Dual Diagnosis Clinic at Casa de Saúde de Carnaxide, Lisbon, Portugal, EU

Summary: Initiatory substance use can take part of group integration and the regular and continuous substance misuse can perpetuate delinquency behaviours. Within this context, heroin dependence can persist as an essay of impulse behaviour control, where opioid substitute treatment with methadone or buprenorphine+naloxone may allow for a normalization of everyday life, in addition to originally intended effects of opioid misuse. This patient, a 37 year old businessman, is heroin abstinent for the past 8 years, being on and off of opioid substitution therapy (methadone and buprenorphine+naloxone). Recently, cocaine and MDMA misuse has been introduced for gratification and pleasure seeking, in relation to the patient's mystic dimension, as an overvalued idea. It worsens the behavioural pathology and frustration tolerance. In a patient with impulse control disorder and affective bipolar disorder type II, psychodysleptic and psychostimulant substance misuse will superimpose difficulties and challenges, namely in treatment adherence.

S06-2
Plasticity of Treatment Interventions in the Context of Medically Assisted Recovery
ALEXANDER BELCHEV
CRI-Suffolk, UK, EU

Summary: The establishment of the Recovery Model drives the clinician to shift from more immediate drug related concerns to wider engagement, with more personalized and adaptive interventions across the different layers of interacting with the client. This presentation will outline the importance of clinician flexibility, brief interventions from different modalities, resolution of ruptures in the working process, and the prevention of withdrawal and confrontational encounters. Disagreements and problematic mismatches can be experienced on the level of the conceptual framework of the Recovery Model as a whole. There may be encounters in treatment that reflect the lack of perfect overlap between the recovery agenda and the contemporary culture. The individual characteristics of the drug dependent client in the modern society could presume both the patient and the clinician to meet new situations in the key areas of treatment. The interpersonal process in dyadic therapeutic interactions that unfolds across a course of treatment will be discussed through the CBT model of how the client's perspective and emotional scheme interferes with the clinician's cognitive and emotional stance. It would be highliighted how the importance of respecting the unique profile of each client can help us to communicate and address challenging issues such as co-morbidity, for example, pain treatment in the reduction phase of the opiate substitute treatment, and over extension of under clinical doses.

S06-3
15 Strategies for Engaging Difficult-to-Reach Clients
STEPHEN ANDREW
Health Education & Training Institute, Portland, ME, USA

Summary: 15 ENGAGEMENT STRATEGIES
1. Utilize naturally therapeutic qualities.
   A. Autonomy/Support
   B. Compassion & Empathy
   C. Evocation
2. Focus on engagement in the first 10 minute.
3. A strength-based approach to engagement
   A. What do you do well?
   B. How have you been able to endure so much?
   C. What do you like to do in your leisure time?
   D. What's the best thing you ever made happen?
4. Discover the person's uniqueness.
   A. If you had 3 wishes, what would they be?
   B. When are you happiest?
   C. What do you do on Saturday afternoons?
   D. Who are your heroes?
   E. What is your favorite food?
   F. What kinds of things are funny to you? Do you like to tell jokes or hear jokes?
   G. If you agreed to work with me, what do you think is important for me know about you in order to be most helpful?
5. Use practice-based evidence (Scott Miller, The Heroic Client: What Works in Therapy)
6. Explore the person's experience with counseling in the past.
7. Don't utilize stage-based interventions.
8. Be aware of contertransference reactions, "righting reflex."
9. Alter approaches within the conversation.
10. Engaging mandated clients, how?
11. Reflect with people cross-culturally.
12. Utilize recovery coaches. Involve others to support each other.

A. Pre-treatment
B. In-treatment
C. Post-treatment

13. When working with chemically dependent people honor a variety of approached to recovery.
A. Solo recovery
B. Total abstinence
C. Virtual recovery "online support groups"
D. Temporary drug substitution
E. Religious styles
F. Medication assisted
G. Harm reduction
H. 12-step recovery

14. Make contract: If this does not work…"

ADDITIONAL STRATEGIES

1. Offer a snack.
2. Stop all unsolicited advice, direction, and feedback.
3. Remember: We are responsible for the intervention and not the outcome.
4. Avoid early labels – this would activate the law of "I heard what I said."
5. Ask permission to give feedback.
6. Engage in mutual action planning.
7. Have a sense of humor.
8. Guard against burnout and compassion fatigue. (self-care)
9. Avoid power struggles.
10. Sound bites are more effective than long paragraphs when communicating with challenging people.

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S06-4

How to Create a Difficult Patient

GIAN PAOLO GUELFI (1-3) and VALERIO QUERCIA (2-3)

(1) Past President of the SITD, Italian Society of Addiction;
(2) Office of the Italian Government (Prefettura) in Rieti, Italy
(3) Member of MINT, Inc, Motivational Interviewing Network of Trainers

Summary: Patients with addiction, and more generally people who use psychoactive substances, are traditionally judged according to moral criteria which produce stigma. Traditional systems of treatment are based on the assumption that patients behave in a manner aimed at protecting their "bad habit", and that denial is the main defense mechanism ruling their lives. The condition of treatment is "bottoming out", that is the feeling by the patients that living with the habit is no more bearable. According to this view, the first step in treatment is the confrontation of denial, and the recovery process can begin only when defenses are broken. Such traditional attitudes toward addicts and people who use psychoactive substances are not acceptable for ethical (the client is considered lesser, no value at all is given to his/her view of the problem and its solution); and practical (treatment outcomes according to this view were generally poor, and confined to a small group of clients) reasons. Patients who are potentially collaborative and willing to change are rejected and turned into individuals who are difficult to treat. Several psychological approaches to treatment of addiction questioned this traditional stance. In this talk we will review Motivational Interviewing (MI) developed by Miller and Rollnick, an approach that incorporates the principles of the client-centered approach of Carl Rogers and the Transtheoretical Model of Change developed by Prochaska and DiClemente. Since the appearance of MI in the US and in Europe, it has exerted a significant influence on the attitude of practitioners and has spread to other fields beyond addiction. Yet, the old practices founded on confrontation still persist. One consequence is the idea that the treatment of diseases, including addiction, should not be negotiated with clients, but just dictated to them. The goal of this talk is to discuss this view and help overcome it.

S07-1

Is There a Differential Patter of Polyabuse in Opioid Addicts?

ICRO MAREMMANI, LUCA ROVAI, SILVIA BACCIARDI, FABIO RUGANI, ENRICO MASSIMETTI and ANGELO GIOVANNI ICRO MAREMMANI

Vincent P. Dole Dual Diagnosis Unit, Department of Neurosciences, Santa Chiara University Hospital, University of Pisa, Italy

Summary: Passing from DSM-IV-R to DSM-5 we lost polyabuse concept. Unfortunately primary and secondary polyabuse still remain and affect treatment outcome. We can consider two different typology of polyabuse: cross-addiction or cross-consumption and fusion consumption. So polyabuse is the rule and not the exception and we prefer to consider, in all patients, the primary substance of use (for which patients are seeking treatment). Three clinical pictures of polyabuse

can be considered: opioid, alcohol and benzodiazepines, opioid and stimulants, and (opioid) alcohol and stimulants. We present differential pattern of polyabuse in opioid addicts at treatment entry, according to gender and to use of prescription opioids.

S07-2
Aot and Cocaine Use Disorder
PIER PAOLO PANI
Social-Health Services, Cagliari Health Public Trust (ASL Cagliari), Cagliari, Italy, EU

Summary: Cocaine abuse and dependence affect an estimated 30% to 80% of opioid agonist maintained patients. Both cocaine and heroin, but also other drugs such as alcohol, cannabis and nicotine, act on the brain, where they share the ability of increasing the concentration of dopamine in the limbic system: specifically in the nucleus accumbens. Other brain areas, and neurobiological processes are involved in addiction processes independently on the drug chosen. Given the close communalities in the physiopathology of addiction to different substances, we may speculate that a unitary pharmacological approach could result effective. Both buprenorphine and methadone have been considered for their potential efficacy not only on opioid dependence, but also on cocaine dependence. Different studies show a dose-dependent effect of these compounds in the reduction of urinary positiveness for cocaine. A recent meta-analysis, including clinical trials carried out on dual heroin–cocaine dependents, evidenced a significant difference between methadone and buprenorphine in the achievement of sustained cocaine abstinence, but failed in showing a dose-related effect of opioids maintenance on cocaine use. From a practice point of view it is reasonable to expect, at least in part of patients with opioids and cocaine dependence, an effect of methadone or buprenorphine dosage increase in the treatment of cocaine use.

S07-3
Aot and Alcohol Use Disorder
MATTEO PACINI
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Summary: Introduction. The overlap between alcohol use disorders and heroin addiction is rather common, both as emerging clinical pictures during treatment, concurrent or previous forms of Substance abuse. Methods. Data gathered by two clinical samples from two treatment centers will be presented, as "alcohol-side" and opiate-side" viewpoints on the matter. Results and Conclusions. As many as 15% of patients applying for alcohol abuse or addiction in a large Italian sample did have a current or past history of opiate abuse, the most likely current status being "no treatment" or previous inadeguate treatment for opiate addiction. Evidence suggests that prompt reprise of agonist treatment or dose increase be effective measures in preventing the development of secondary alcohol abuse and addiction in former opioid addicts. Alongwise, treatment omission or undermedication is likely to results in seconday polyabuse, With a major impact on rehabilitation despite the apparent "toxicological" remission of opiate abuse. A subpopulation of polyabusers do not seem to become heavy drinkers as a result of inadeguate treatment, and they may be lead to do so by a bipolar spectrum related behavioral proneness, which has been indicated as common background for a variety of addictive pictures and polyabuse patterns

S07-4
Aot and Benzodiazepines Use Disorder
ANGELO GIOVANNI ICRO MAREMMANI (1-2), SILVIA BACCIARDI (1), LUCA ROVAI (1), FABIO RUGANI (1), ENRICO MASSIMETTI (1) and ICRO MAREMMANI (1)
(1) Vincent P. Dole Dual Diagnosis Unit, Department of Neurosciences, Santa Chiara University Hospital, University of Pisa, Italy, EU
(2) Association for the Application of Neuroscientific Knowledge to Social Aims (AU-CNS), Pietrasanta, Lucca, Italy, EU

Summary: Introduction. Benzodiazepines use disorders is a severe condition that rise concerns among physicians over the possibility to prescribe or not these medications to patients because of its addictive properties. These concerns increase when patients intaking benzodiazepines (BZDs) are heroin addicts in agonist opioid treatment (AOT). Literature is divided on the use of BZDs in AOT between those that privilege BDZ detoxification and those that preferred maintenance approaches. In case of BZDs addiction in AOT patients we use to combine high-threshold Methadone Maintenance Treatment Programme (MMTP) and Clonazepam Maintenance Programme (CMT). Methods. We exemplify the methodology we applied for CMT while there was no possibility to reduce BZD intaking in our AOT patients and we compared the long-term outcomes of treatment-resistant heroin addicts with and without severe comorbid BZDs de-

pendence. Results. Survival-in-treatment rates were 44% for patients without comorbid BDZ severe dependence, and 58% for patients with it (p=0.062). After 3 years of treatment such rates tended to become progressively more stable. Females with severe comorbid BDZ dependence showed a full retention rate (1.00), compared with a rate of only 0.39 for severe non-comorbid BDZ dependence ones. Conclusions. (i) In the presence of problematic non-compliant patients with severe comorbid BDZ dependence, a flexible dosing regimen that permits the administration of higher doses may lead to higher retention rates. (ii) Patients with severe comorbid BDZ dependence, when treated with higher dosages of methadone and co-treated with CMT, are likely to have outcomes that are as satisfactory as those without comorbid BDZ dependence.

S08-1

How Many Treatment-Seeking Heroin Users Want to Be Abstinent and What Do They Mean When They Say It?

NEIL MCKEGANEY
University of Glasgow, Glasgow, UK, EU

Summary: Increasing attention is being given to ensuring that drug treatment services are enabling dependent drug users to overcome their addiction and progress to a drug free state. Uncertainty remains however as to whether the goal which drug users contacting drug treatment services aspire to is to become entirely drug free including ceasing their use of prescribed opiate substitute medication or whether the continuation of such prescriptions align with individual's definition of becoming drug free. This presentation will summarise data collected in the course of a large scale survey of drug users contacting drug treatment services in Scotland which identified that by far the largest proportion of those questioned identified becoming drug free as their sole goal they were seeking to achieve on the basis of their contact with drug treatment services. The presentation will discuss the impact of such a finding on the delivery of drug treatment services including the continuing need to support those drug users who are not seeking to become drug free. The paper will identify the challenges which drug treatment services now face in delivering on the recovery agenda especially with regard to identifying when it is appropriate for treatment services to scale back their support to drug users in the expectation that increased responsibility for their recovery will be assumed by individuals themselves and their peer support networks.

S08-2

How Implanted and Depot Naltrexone Have Made Trials of Abstinence More Likely to Succeed When the Time Seems Right

COLIN BREWER
The Stapleford Centre, London, UK, EU

Summary: Introduction.Since the mid-1990s, implants and depot injections of the opiate antagonist naltrexone (NTX) have been increasingly used in opiate addiction treatment and are supported by a growing and very positive evidence-base. Conventional opiate detoxification typically has high rates of non-completion and early relapse, usually in the first month. These new NTX preparations significantly increase the likelihood that patients making a considered decision to have a trial of abstinence (perhaps after several years of successful agonist maintenance) will get through this crucial period without relapse. The longer their action, the greater the likelihood that patients will remain abstinent for long enough for it to become a habit and no longer a struggle. Methods. This presentation reviews the published research and the evidence that NTX in this setting is a powerful enhancer and reinforcer of psychological processes vital to recovery. It also contrasts the poor completion rates of conventional opiate detoxification with the very superior outcomes of more humane methods with good symptom control. Results and Conclusions. Patients who want to consider a trial of abstinence can now be given more encouragement and a more optimistic prognosis than in pre-implant days. Very long-acting polymer-based implants also protect strongly against the lethal opiate overdoses that are a risk of conventional abstinence programmes. Good symptom control in the post-detox period is important. Patients for whom the abstinence trial seems to be failing need the reassurance that a temporary or permanent return to agonist maintenance is remains an option. NTX and methadone should not be seen as competitors and NTX should not be used as an argument to reduce access to agonist programmes.

S08-3

Getting to First Base: Humane, Effective and Cost-Effective Opiate Withdrawal Techniques Are Essential, Achievable and Surprisingly Easy

JAN MELICHAR
University of Bristol, Bristol, UK, EU

Summary: Not Available

S08-4
Adapting Psycho-Social Post-Detox Counselling and Management to the Age of Naltrexone Implants
CATHERINE DE JONG
Stichting Miroya, Amersfoort, Netherlands, EU

Summary: Background: Our clinic offers AAROD (Anaesthesia Assisted Rapid Opiate Detoxification) and MADAH(Maximally Assisted Detoxification At Home) to patients who wish to stop using opiates. We admit patients only one day for AAROD and treat all our patients in an outpatient clinic. Cue exposure usually leads to relapse after patients come home from an admission to a detoxification clinic. We believe that recovery in the home situation reduces the chance of relapse due to cue exposure. Patients receive subcutaneous Naltrexone implants or naltrexone tablets, and since the summer of 2013 naltrexone injections as part of a trial. Aim: To describe the way we adapt our psycho-social post-detox counselling to the needs of patients freshly detoxified or detoxifying in the home situation. Method: Relapse Prevention (RP) consists of pharmacotherapy and psychosocial support based on Cognitive Behavioural Therapy (CBT) and Motivational Interviewing (MI). Besides the regular sessions in our outpatient clinic we have an addiction therapist on call 24/7 by telephone. During MADAH and after AAROD our therapists contact the patient and the family up to four times a day. We always include family or friends in out treatment programme. We instruct our patients to call whenever they need. We adjust the time spent on the patient and family to their needs. The therapist always knows the detail of the patient and the treatment plan that was made before detoxification. We use Skype when patients do not have money to travel to the clinic. In rare cases we do home visits. The addiction therapist can always contact the addiction doctor in case of medical problems and when change of medication is needed. We are in close contact with the patients General Practitioner (GP) and the local pharmacy provides medication prescribed by the addiction doctor. Results: Frequently, but never unnecessary, patients call in the evening or at night when a crisis occurs. The addiction therapist can always respond adequate because he/she knows the details of the patient. The relapse rate is 1.3% for patients on naltrexone receiving this form of CBT. At one-year follow-up, 58% of patients were opiate abstinent. Patient and their relatives report that the 24/7 telephone support is a great help to them. Conclusion: We believe that the unorthodox way we give psycho-social post-detox counselling using telephone, Skype, and adjusting the frequency of contact to the phase of the treatment and the needs of the patient and their family is part of our success we have, with 58% of patients opiate abstinent at one-year follow-up

S09-1
Treatment Guidelines (Addiction Treatment, Aggressive Behavior, Bzo, Hepatitis C, Pregnancy, Capability for Driving...) in Clinical Practice
ANDREJ KASTELIC and NUSA SEGREC
Center for Treatment of Drug Addiction, University Psychiatric Hospital Ljubljana, Slovenia, EU

Summary: With the development of addiction treatment and increasing number of patients a need emerged to develop besides treatment guidelines and recommendations a set of clinical pathways for treating drug users in addiction treatment programmes. The aim of the guidelines and clinical pathways is to improve the quality of treatment, unify treatment interventions with not loosing individualized approach, reduce the costs of the programmes and enable evaluation. The authors will present treatment guidelines and clinical pathways for outpatient and inpatient treatment, use of benzodiazepines in addiction treatment programmes, treating drug users with hepatitis C, treating pregnant drug users, for use of drug testing and recommendations for assessing the capability for driving.

S09-2
Treatment of Hepatitis C - the Importance of the Support to Patients
JASNA CUK RUPNIK
Center for Prevention and Treatment of Addiction of Illicit Drugs, Logatec, Slovenia, EU

Summary: The infection with HCV among patients on opioid treatment has to be detected as soon as possible. For good results of the treatment is important that every state has: a) possibilities to use opioid medications, b) Centers for opioid treatment don't have waiting list, c) Centers make and repeat testing for HCV when necessary, according to the possibilities and threats for infection for each patient and d) The stuff in the Center offers the possibilities for treatment of hepatitis C, informs patient about it, motivate the patient and support the treatment. In 2008, among first states in the world, Slovenia officially accepted the protocol for the treatment of hepatitis C. Centers play huge role in motivating patients to start the treatment and also to support the clients inspite of troubles that accompany treatment in the field of side effects. National protocol was established in good sci-

entific connection of the experts for opioid treatment and experts for infectology. It was recently updated according to new medications.

S09-3

Correlation between Duration of Treatment and Cortisol Plasma Level in Methadone Maintained Patients

ANETA SPASOVSKA TRAJANOVSKA (1) and LILJANA IGNJATOVA (2)
(1) Psychiatric Hospital Skopje, Macedonia
(2) Day Hospital for drug addiction, Skopje, Macedonia

Summary: Various endocrine abnormalities have been reported in heroin addicts and in the patients on methadone maintenance treatment (MMT) included: increase levels thyroxin(T4), tri-iodoyhyronine (T3) insulin and glucose metabolism abnormalities, increase prolactin levels and abnormalities in sexual hormone. Adrenal insufficiency decrease noradrenalin levels and increase plasma cortisol levels. Pathophysiological mechanism postulated does explain these findings included a direct action of methadone or heroin at the hypothalamic or pituitary level. The AIM of this study was to determined the correlation between duration of MMT and plasma cortisol levels in MMT patients. Methods: The study was cross section. We evaluated group of 30 patients of MMT in Day hospital for drug addiction with long time duration of MMT (> 3 years) and group of 20 patients with short duration of MMT (<3 years) . In the study the cortisol plasma level was assayed using the chemiluminescent immunometric assay(CLIA) -high sensitive methods to determination the serum cortisol level. The results in our study were determined by Pearson coefficient of linear correlation r=0,58,p=0,000; Analysis of Variance F=8,75, p=0,000036, Post-hoc Analysis p<0,05. Between duration of MMT and plasma cortisol levels in patients of MMT we got statistical significant results.(p<0,05). Patients with higher plasma cortisol levels have short time duration of MMT than patients with normal plasma cortisol level. So, short duration of MMT(< 3 years) in some patients induced higher plasma cortisol levels. Because in some patients high level of cortisol induced depressive symptoms maybe treatment in MMT patients with high plasma cortisol levels with antidepression therapy will diminished depressive symptoms. And in the end we may conclusion that long treatment with stabile methadone dose tend to stabilized hormonal balances over time.

S09-4

Adult Attention – Deficit/Hyperactivity Disorder and Co-Existing Substance Use Disorder: Diagnosis and Treatment

MIRJANA DELIC
Center for Treatment of Drug Addiction, University Psychiatric Hospital Ljubljana, Slovenia, EU

Summary: Attention-deficit/hyperactivity disorder (ADHD) is a mental health condition characterized by a persistent pattern of inattention and/or hyperactivity-impulsivity that is more frequently displayed and more severe than is typically observed in individuals at a comparable level of development. This pattern of behavior usually becomes evident in the preschool or early elementary years. For many individuals, ADHD symptoms improve during adolescence or as age increases, but the disorder can persist into adulthood (adult ADHD). Common co-existing conditions in adults include personality disorders, bipolar disorder, obsessive-compulsive disorder and substance use disorder (SUD). There is the extreme variability of the disorder over time, within the same individual, between individuals, and across different circumstances. Considering the high rate of ADHD comorbidity among SUD patients, it is crucial to promote a systematic diagnostic and therapeutic approach to this disorder in specialized addiction treatment settings. This includes drug treatment for adults, which should always form part of a comprehensive treatment programme that addresses psychological, behavioural and educational or occupational needs. The present review discusses diagnostic assessment issues, prevalence, pharmacotherapy, and psychological interventions in substance-abusing adults with ADHD

S10-1

Mathadone Cardiovascular Side Effects: The Qt Interval Issue, Is There a Risk?

EMILIO VANOLI
University of Pavia - Multimedica, Sesto San giovanni, Milano, Italy, EU

Summary: Not Available

S10-2

Qtc Interval Screening for Cardiac Risk in Methadone Treatment of Opioid Dependence

PIER PAOLO PANI
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Summary: Methadone has been implicated in the prolongation of the rate-corrected QT (QTc) interval of the electrocardiogram, which is considered a marker for arrhythmias such as torsade de pointes (TdP). Indications on the association between methadone and TdP or sudden cardiac death have been reported. On these bases, consensus and recommendations involving QTc screening of patients receiving methadone treatment have been developed to identify patients with QTc above the thresholds considered at risk for cardiac arrhythmias, and provide them with an alternative treatment. To evaluate the efficacy and acceptability of QTc screening for preventing cardiac-related morbidity and mortality in patients receiving methadone maintained treatment for opioid dependence, a systematic review was carried out.This review included randomised controlled trials, controlled clinical trials and non-randomised studies. The search strategy led to the identification of 872 records. Upon full-text assessment, no study was found to meet the applied quality criteria. Therefore it is not possible to draw any conclusions about the effectiveness of QTc screening strategies for preventing cardiac morbidity/mortality in methadone-treated opioid addicts. Research efforts should focus on strengthening the evidence about the effectiveness of widespread implementation of such strategies and clarifying the associated benefits and harms.

S10-3
Improving Efficacy, Reducing Risks
LORENZO SOMAINI
Addiction Treatment Center, Cossato, Biella, Italy, EU

Summary: Not Available

S10-4
Levo- Vs. Racemic-Methadone in Germany: 65ys of Clinical and Scientific Experience
STEPHAN WALCHER
CONCEPT, Center for Addiction Treatment, Munich, Germany, EU

Summary: After WWII, Germans lost their Patents for Amidone (Racemic Methadone 42) to the US and developed a Levo-Methadone preparation called Polamidon in 49. From 1946 on trials showed the efficacy of Methadone (in the US) and from 1950 Polamidon (in Germany) in treating pain and Opiate-Addiction. But beside a few steps made in Germany (Schader et al, Piek et al, Ullmann 50) the focus went to the US (Isbell 47, Scott/Chen 45, Karr 47, Isbell/Vogel 49), where Marie Nyswander (from 46 on) - later with Dole and Kreek - developed in the following years (until 61) a therapy-regimen called “Methadone withdrawal treatment” and “Methadone maintenance treatment”. Nowadays Millions of MMT-Patients worldwide prove this therapy to be the most successful and least harmful treatment for Opioid Addiction. R-Methadone (Polamidon) in Germany was officially licensed in 91 - after 18y of successful clinical trials (Krach, Gastpar) – followed by racemic Methadone 2y later. Both substances exist ever since on the German market, but as Polamidon is notably more expensive, most doctors preferred methadone-preparation made by local pharmacies (with two marginal exceptions: Metaddict tablets and Eptadone liquid). Studies comparing Polamidon and RS-Methadone were rare until a few y ago, but they show an interesting range of side-effects that can be related to the pharmacologically ineffective S-Methadone in racemic Methadone. Especially analgesic (addictive) power, receptor affinity and continuous action are significantly better in the R-enantiomere. (Hiltunen99, Kristensen95, Olsen76). Furthermore S-Meth seems to inhibit CYP 3A4 more than R-Meth. But what alarmed the FDA most was mainly S-Meth´s blocking capacity of the hERG-Channel and following QTc-prolongation causing potential Torsade des Pointes (TdP), which led to the ban on LAAM. In the following years comparative studies proved the beneficial effect of R-Meth in this aspect (Krantz ´03, Eap 07, Ansermot ´10), followed by clinical trials comparing patient´s satisfaction and safety in both groups (Reimer 09, Krantz 09). Clinical guidelines in the US, Germany, Switzerland and Austria now recommend to change ST-medications to lesser toxic preparations containing R-Met in case of long-QT, VT, AF or other cardiac disease - or to buprenorphine, which is least suspect for interactions. The actual market-shares in Germany today show a shift (back) to Polamidon: 26% R-Methadone, 53% R/S-Methadone, 21% Buprenorphine. With only little difference left in substance-pricing this could be a worldwide improvement of safety and efficacy for our fiel.

S11-1
Opioid Compliance: Maximizing Benefit and Minimizing Risk
ROBERT N. JAMISON
Pain Management Center, Brigham and Women’s Hospital Harvard Medical School, Boston, Massachusetts, USA

Summary: There has been a great deal of attention recently devoted to the burgeoning problem of prescription opioid abuse and addiction. Dr. Jamison will present data from a randomized controlled trial designed to improve compliance among chronic back pain patients at high risk for opioid abuse and share the results of an ongoing longitudinal controlled study within primary care (8 centers, 200 patients) that examines the benefits of close patient monitoring and increased communication to treat opioid addiction. He will also highlight the benefits of early identification of risk factors in the management of pain using reliable screening tools, discuss strategies to improve provider confidence in treating challenging chronic pain patients, and review the uses of novel computer and information technology and a smartphone pain app to mitigate risk of opioid abuse among patients prescribed opioids.

S11-2

Pain and Addiction:Phenotypic and Genotypic Characteristics

MARTIN D. CHEATLE

Center for Studies of Addiction, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA USA

Summary: Diagnosing abuse and addiction in patients with chronic pain on opioids is an arduous task. It is difficult to ascertain who will become problematic users of prescription opioids when initiating therapy. There have been attempts at mitigating this problem of predicting which patients are at risk for opioid addiction (OA), with the utilization of questionnaires and interview protocols which have been promising, but not well implemented. This session will provide an overview of the prevalence of problematic opioid use in in patients with chronic pain and the conundrum of diagnosing and treating OA in this population. Dr. Cheatle will review the literature on the behavioral and genotypic characteristics of patients with chronic pain who develop OA. There is a growing body of evidence indicating that risk for OA has substantial genetic origins and there has been considerable evidence from clinical and animal studies regarding the mu opioid receptor (MOR) gene (OPRM1) as critical to the rewarding and analgesic properties of opioid analgesics. However, any genetic predisposition is strongly influenced by psychosocial factors. A model of risk profiling based on specific psychosocial factors and genetic biomarkers will be discussed drawing on data from an ongoing NIH study. Implications for preserving patients' access to pharmacologic agents to improve pain and quality of life while identifying patients at risk for addiction will be examined.

S11-3

Pain, Dependence and Universal Precautions: A Rational Approach to the Management of the High Risk Patient

DOUGLAS L. GOURLAY

Educational consultant, Wasser Pain Management Centre, Toronto, Canada

Summary: The notion that pain and addiction are mutually exclusive phenomena has largely been replaced by a more rational paradigm of pain and addiction being part of a continuum. A pain patient with a personal or familial history of substance use disorder complicates rather than negates their complaints of pain. In fact, failure to address chronic pain in the substance use disordered population can significantly increase the risk of relapse. Unfortunately, the diagnosis of an opioid substance use disorder is particularly challenging in a population of subjects with a "legitimate" reason for the use of that class of drugs. To this end, Dr. Gourlay will explore consensus definitions relevant to this subject as well as offer a clinical approach to the assessment and management of this often challenging patient population.

S11-4

Risk Management in the 21st Century: A Patient-Centered Approach to Urine Drug Testing

HOWARD HEIT

Georgetown University School of Medicine, Arlington, VA, USA

Summary: Urine drug testing has become a "best clinical practice" in the management of chronic pain, and could easily become a standard of care when patients with chronic pain are prescribed controlled substances, such as opioids, long-term. Urine drug testing should be an important part of a patient-centered, comprehensive strategy to optimize treatment adherence while identifying and hopefully minimizing aberrant behavior and risk. Through the use of case-based teaching, the strengths and weaknesses of UDT in clinical care will be explored. Particular emphasis will be placed on the challenges associated with monitoring patient's whose samples will be legitimately positive for controlled substances with considerable abuse liability.

S12-1

E-Cigarettes and Tobacco: How to Stop Another Genocide

MARC REISINGER

EUROPAD, Brussels, Belgium, EU

Summary: A genocide is not only characterized by a high number of murders, but also by state's participation to those crimes. A high number of deaths of opiate addicts Introduction are due to unsufficient availability of those treatment. E-cigarette seems to be the most powerful way to reduce tobacco consumption and could avoid a high number of deaths. In spite of that, health authorities attitudes towards e-cigarettes are often questionable.

S12-2

10 Years of Methadone-Assisted Therapy: New Lessons and Old Truths

ALEXANDER KANTCHELOV, TSVETANA STOYKOVA, ORLIN TODOROV and ALEXANDAR BELCHEV
The Kantchelov Clinic, Sofia, BULGARIA, EU

Summary: This presentation summarizes 10 years of institutional, clinical and therapeutic experience of the Kantchelov Clinic in Sofia in developing and implementing a comprehensive integrative model of Methadone-assisted Therapy. It is based on the utilization of high-dose methadone maintenance treatment as the medical ground to achieve neurobiological stabilization and allow active psychotherapeutic inclusion of the patient, together with parallel implementation of therapeutic modalities that address the main levels of dysfunctions and spheres of individual functioning. These include motivational, cognitive-behavioral, psychodynamic and family therapy, implemented in individual and group context, case management and a wide-spectrum of adjunctive services. Thoughts, reflections and insights are shared, related to what treatment components work best, what helps and what does not, and what to avoid in clinical practice and provider-patient interactions. These are discussed in regard to structuring program design and refining therapeutic approach and clinician style. Lessons learned, successes and disappointments are also summarized with regard to developing contemporary models and core components of effective opiate addiction treatment.

S12-3

Switch from Buprenorphine to Buprenorphine/Naloxone in Medical Assisted Maintenance Treatment Centers for Opioid Addicts in Israel: A Successful Experience.

PAOLA ROSCA, ANATOLY MARGOLIS, KEREN GOLDMAN and ALEXANDER M. PONIZOVSKY
Department for the Treatment of Substance Abuse, Ministry of Health, Jerusalem, Israel

Summary: Background: Medical Assisted Maintenance Treatment Centers in Israel are under the responsibility of the Dept. for the Treatment of Substance Abuse at the Ministry of Health. There exist 14 such centers all over the country so that accessibility is good. Methadone is exclusively delivered in government run centers, while Buprenorphine is also delivered in a few strictly supervised private clinics. Buprenorphine was first introduced in 2002 in supervised dosing and due to the strict supervision minor diversion was registered. By the end of 2012 around 4000 opioid addicted patients were receiving methadone and around 500 buprenorphine. The population of opioid addicts in Israel is estimated around 15,000 people . In order to reduce diversion and misuse of buprenorphine at the beginning of 2013 Buprenorphine/naloxone was included in the national health technology basket, the first drug ever included for the treatment of addictions. The medication is now dispensed free of charge to people attending public services. Methodology: The Dept. for the Treatment of Substance Abuse took the decision to switch all patients on Buprenorphine treated in the Centers to Buprenorphine/Naloxone (500). The switch process, which was completed in a period of 6 months, was preceded by two seminars organized by the Ministry, for the medical staff and for the social workers of the centers, aiming to instruct them on a standardized switch protocol and updating their knowledge on the new technology . The regional supervisors of the Dept. gave support to the staff during the switch period. Some demographic and clinical data from all patients were retrospectively collected after the switch (age, gender, date of admission, dosage of Buprenorphine before the switch, dosage of Buprenorphine/Naloxone at switch time, after one month and after three months, urine drug detection results before ,after one month and after three months , severe side effects.) All patients filled in the WHO-QOL questionnaire and their results were compared with methadone patients` results. The results of the statistically analyzed data will be presented. Results : The results showed that all patients were successfully switched. Very few cases needed to either stop treatment or go back to methadone . No severe adverse reaction were recorded .A slight dose increase (an average of 2 mg) was needed in the majority of the patients during the first month. Most of the patients who were drug free before the switch remained drug free after. Their quality of life showed slightly better results than with methadone. Conclusions: The switch was successfully completed in a six month period in all Centers. We believe that part of the success was due to the active involvement of the Ministry of Health, the preliminary staff education program, the standardized switch protocol and

of ongoing support to the staff, as well as the strong belief of the staff that the switch was a due step in order to reduce misuse and diversion of buprenorphine and to improve the well- being of the patients population.

S12-4

Using Oral or I/M Morphine for Rapid Tolerance Assessment in Patients Starting Methadone Maintenance: A Proposal for Discussion Based on over 25 Years of Experience.

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Summary: The standard advice to 'start low and go slow' when beginning Methadone Maintenance Treatment (MMT) is intended to protect patients against overdose and death from either over-estimating tolerance to the initial dose or from cumulation after successive doses of a drug with a long half-life. While understandable historically and politically, this approach condemns many patients, particularly those with high opiate tolerance, to seriously inadequate treatment in the early stages. This, in turn, may force them to continue using illicit opiates (and thus risk arrest and incarceration) just when motivation to abandon illicit use is often high. An alternative is to use morphine to establish approximate tolerance and then convert the dose to methadone. Several studies have consistently found a 24-hr morphine:methadone dose-equivalence of between 6:1 and 8:1. The comparatively short half-life of morphine means that repeated oral or intra-muscular doses administered over a few hours can safely be used to confirm both the existence and approximate level of tolerance to opiates. MMT patients can thus receive methadone at or close to their optimal dose within a few days of their initial appointment. In some 25 years of using this technique, no patient received initial methadone doses that proved excessive. Where legislation prohibits the use of morphine for this purpose, we suggest that oral or intra-muscular dihydrocodeine, which has a similar half-life, could be used instead.

zOral-01

Subcutaneous Naltrexone Implants for Relapse Prevention after Opiate Detoxification: A One Year Follow up Study

CATHERINE DE JONG
Stichting Miroya, Amersfoort, The Netherlands, EU

Summary: Background: Since the year 2000, oral Naltrexone in combination with Cognitive Behavioural Therapy (CBT) has been implemented at our clinic for relapse prevention after opiate detoxification. Naltrexone implants were introduced in 2003. All patients receive a 6-week or 2-month implant upon detoxification and are offered 6-week, 2-month or 6–month repeat implants, depending on the patient's wish and availability of implants. A prescription for oral Naltrexone is also an option. The 6-month implants were no longer available after December 2008. Only 2-month Naltrexone implants have been available since that time. Aim: Evaluation of the efficacy of Naltrexone implants in combination with cognitive behavioral therapy in our relapse prevention program after opiate detoxification and to report of complication rate of this treatment. Method: Retrospective descriptive study: all the patients who received a Naltrexone implant after detoxification during the study period (May 2003–January 2009) were included in the study. We used patient notes, the number of implants, the duration of implant treatment. The types of implants were counted and complications were noted. Results: A total of 186 patients (148 men, 38 women) were detoxified and received at least 1 implant. We used 535 implants (74 Wedgwood 6-week implants, 99 O'Neil 6-month implants and 362 of the 2-month implants). The patients used an average of 3.3 implants each (range 1–18). The duration of implant use averaged 7.66 months (range 1.5–38 months). Patients who had 6-week and 2-month implants (N=122) were under protection of an implant for an average of 5.11 months (range 1.5–36 months). Patients with a 6-month implant (N=64) were under protection of an implant for an average of 12.25 months (range 6–38 months). The difference is significant at $p < 0.001$. Number of patient using implants at 3, 6, 9 and 12 months after detoxification were 119 (64%), 82 (44%), 56 (30%) and 32 (17%), respectively. The number of patients who switched to oral Naltrexone was 47(9%). The number of patients that relapsed during implant treatment was 7 (1.3%). At one-year follow-up, 107 (58%) patients were opiate abstinent (implant, tablets or no Naltrexone) and still in regular contact with the psychotherapists and/or addiction doctor, or they had finished treatment clean and in good condition 3 months before follow-up. The number of patients who relapsed were 39 (21%), and 40 (21%) patients were lost to follow-up and were considered to have relapsed. Database of urine samples is not complete, but is still in the process. Complications (186 patients, 535 implants): Major complications: 19 (3.6%),Incision and/or drainage abscess: 7 (1.3%), Wound infection, antibiotics prescribed: 12 (2.2%), Minor complications: 36 (6.7%), Hematoma: 11 (2.1%), Itching: 21 (3.9%), Swelling: 4 (0.7%), Relapse 7 (1.3%), ,heroin use while on implant weeks 1-4: 2 (0.4%), heroin use while on implant > week 4: 5 (0.9%), reports of

craving while on implant: 8 (1.5%). Conclusion: Patients with subcutaneous Naltrexone implants had a very low relapse rate of 1.3% while using implants. Patients who had at least one 6-month implant remained under the protection of implants significantly longer then patients who used 6-week and 2-month implants. Major and minor complications were infrequent. At one-year follow-up, 58% of patients were opiate abstinent.

zOral-02

Same Same, but Different: Latent Classes of Quality of Life in Opiate-Dependent Individuals after Starting Methadone Treatment

JESSICA DE MAEYER (1) and WOUTER VANDERPLASSCHEN (2)
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Summary: Introduction: This study aimed to identify classes of quality of life (QoL) among opiate-dependent individuals (ODI) five to ten years after starting methadone treatment in order to tailor services to the needs of this population. Methods: A cross-sectional study of 159 ODI. A face-to-face structured interview was administered based on the Lancashire Quality of Life Profile, the EuropASI, Brief symptom Inventory and the Verona Service Satisfaction Scale for Methadone Treatment. Latent class analysis was used to determine patterns of QoL. Analyses of variance and chi-square tests were used to test whether class membership was related to socio-demographic, health- and drug-related variables. Results: Based on fit criteria, a three-class model was selected. Class Low (14.5%), 'ODI living in marginal conditions', is characterised by low QoL scores on all domains. Class Intermediate (25.8%), 'stabilized, but socially excluded ODI' shows high scores on the domains 'safety' and 'living situation', but low scores on all other QoL domains. Class High (59.7%), 'socially included ODI', is characterised by high QoL scores on all domains, except for 'finances'. Conclusions: The findings of this study illustrate the existence of different profiles of QoL among ODI and the need for a continuing care approach. Insight into distinct classes of QoL can be used to design person-centred support, relevant to an individual's personal life.

zOral-03

Evaluation of a Methadone Maintenance Program Outcome through Half-Yearly Follow-up Assessments

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Summary: Introduction: Methadone substitution treatments (MST) have shown efficacy in the treatment of opioid dependence disorder. However, a significant group of patients present poor response to treatment when looking at retention and/or illegal opioid use. The main factor associated with success of an opioid maintenance treatment is the provision of a correct dose of substitution treatment, although the provision of other services has also been related to treatment outcomes. We present an evaluation program based on 6-monthly follow-up assessments of an MST carried out by a multidisciplinary team; we also present the results of these evaluations across 9 years, with regard to number of patients involved in treatment and heroin and cocaine use Methods: Every 6 months, nurse team performs the following procedures: 1/ Check-up of the number of patients in treatment by counting: total active patients, new incorporations and drop outs; and 2/ Review of weekly randomized and under direct supervision illicit opioids and cocaine urine controls. Results: We present the data of 18 assessments (a total of 2389 patients) done during 9 years (from June 2005 to December 2013) at the CAS Barceloneta. In the first one 211 patients were reviewed (151 [72%] male, mean age: 39 years old [range 23-64 years]). The number of new admissions to MST was 17, with 5 drop outs registered. From the total, 128 patients (64,3%) presented good response. Mean methadone dosage was: 77,7 mg/day [range: 5 – 400 mg/day]. In the last one 133 patients were reviewed (95 [71%] male, mean age 46 years [range: 22-70 years]). The number of new admissions to MST was 19, with 22 drop outs registered. From the total, 104 patients (82%) presented good response. Mean methadone dosage was: 67 mg/day [range: 2 – 365 mg/d]. Conclusion: It has been observed a decrease in the number of patients in MST. The rate of good response has improved across the years, however, the mean methadone dose is lower; this could be due to an increasing number of stabilised patients suppressing their MST. The follow-up task reflects the reality of an MST program and serves as a self-audit of the effectiveness of the program. Recently, new challenges to improve this effectiveness as bupernorphine-naloxone and morphine have been implemented.

zoral-04

Healthy Drug Policies Improve Health and Access to Treatment - Doctors Need to Promote Such Policies

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Summary: There is bountiful evidence that criminalizing drug use is detrimental to the health of people who use drugs and particularly so for people who inject drugs ("PWID"). With the already existing stigmatisation and discrimination suffered by PWID, criminalising drug use only serves as yet another barrier to healthcare and treatment. Health outcomes for PWID, particularly for HIV, HCV and other blood borne viruses/infections tend to be far worse in countries where more punitive attitudes and actions are adopted over easy access to Needle Syringe Programs ("NSP"), Opioid Substitution Treatment (OST), other treatment interventions and importantly all other healthcare services. Since the early 1990s, harm reduction strategies have been hugely successful in minimizing the prevalence of HIV of transmission among PWID. One only has to compare countries that adopted these strategies with those that did not. A major worldwide review of coverage in 2012 found that only 86 (45%) countries provide NSP and only 77 (38.5%) provide OST. This seems to fly directly in the face of the success enjoyed by those countries that have adopted these evidence-based interventions and made them accessible. Rates of provision vary widely and often appear to be most lacking where most needed. Political dogma often supersedes scientific evidence and stigmatization of people is used to label them as undeserving. Of great concern is the use of police oppression and other forms of structural violence to undermine efforts to deliver NSP and OST services. To optimise the healthcare of PWID – there needs to be an exposing of the harm being caused by existing drug policies. Harm that is ruining millions of lives all over the world and harm that will have dreadful consequences for society as a whole. Doctors together with teachers, police officers and others must demand policies that draw from the evidence and build services that effectively respond to both drug use and drug dependence. This paper will look at why health based drug policies are essential components of delivering evidence based, life saving interventions to some of the most marginalized in our society and why doctors should unite to promote them. It will show how good drug policies can be hugely beneficial as well as very cost effective and how bad drug polices can be both destructive and expensive. Examples of both will be given.

zOral-05

Buprenorphine for Opiate Dependence: Clinic Based Therapy in Israel

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Summary: Background: Opioid dependency is characterized by repeated use of an opioid drug despite physical dependence, behavioral impairments and social dysfunction. Therapeutic approaches for the treatment of opioid dependence are total abstinence and opioid agonist maintenance treatment (OAMT). Opiate agonist maintenance therapy is administered using opioid replacement pharmacological agents, i.e. methadone or buprenorphine. Methadone acts as a full opiate agonist while buprenorphine acts as a partial agonist. Strict supervision is necessary when dispensing methadone, because overdose can be fatal. Buprenorphine associates with opioid receptors slowly but with high affinity, and dissociation from the receptor site is (pseudo) irreversible. It is safer than opioid full agonists such as methadone. Methods: We probed the therapeutic efficacy of buprenorphine using a retrospective evaluation of numerical data in from the first private buprenorphine clinic in Israel. Data was collected for all patients attending the clinic in December 2012. Our indicator for treatment success is retention in the program. Results: During the years 2005-2012, 1399 individuals approached the clinic. 1224 (87.5%) of them attended the clinic at least twice; treatment adherence in this group was 66.5 % at the end of one year. Conclusions: The success rates of patients who are treated with buprenorphine and are able to eventually return to their families and re-enter the workforce is encouraging. Thus, the community based minimal intervention treatment model using buprenorphine for the treatment of opiate dependence is a viable treatment option in the war against opiate abuse.

zOral-06

Referral of Heroin Users from Syringe Exchange to Evidence-Based Treatment (Matris Trial): Retention in Treatment

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Summary: Introduction: Syringe exchange has been suggested as a conduit to treatment in heroin addiction, although previously not reported in Europe. The MATRIS study (Malmö Treatment Referral and Intervention Study) tested a structured referral process for out-of-treatment heroin users at a syringe exchange program into methadone or buprenorphine maintenance treatment, demonstrating high rates of succesful transfer into treatment (Bråbäck et al., 2013, Global Addictions, Pisa). This follow-up study aimed to study retention at 3 and 6 months. Methods: Clients successfully transferred into treatment in the MATRIS trial were included (N=71). Retention in treatment (maintenance treatment with either methadone or buprenorphine-naloxone) was measured at 3 and 6 months for all patients. According to national regulations, patients are discharged in the case of a continued substance use at a dangerous level, or failure to show up for medication during one week. Baseline variables (e.g. demographic data, substance use pattern and previous overdoses) were analyzed in Cox regression as potential predictors of retention. Results: Retention in treatment was 94% (n=67) at 3 months and 89% (n=63) at 6 months. No baseline variables significantly predicted retention at 3 or 6 months. Conclusions: In patients referred from an out-of-treatment setting at a syringe exchange program, into methadone or buprenorphine maintenane treatment, high rates of short-term treatment retention were demonstrated. No variables proved to predict retention statistically. Full 12-month retention numbers will be obtained in time for the Europad meeting and can be presented there. Preliminary data support the use of syringe exchange for referral into treatment for heroin dependence.

zOral-07
High-Dose Methadone to Buprenorphine/Naloxone Transfer - Is There an Easier Way?
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Summary: The management of patients on doses of methadone greater than 30mg has been hampered previously by issues related to the pharmacokinetics of methadone and its response in humans. As a long half-life pro-drug, with high levels of protein binding and slow clearance, this agent has previously been associated, in some patients, with precipitated withdrawal when transfers to buprenorphine have been considered. Other opioids with shorter half-lives and different pharmacokinetics do not exhibit the same characteristics in transitioning to buprenorphine-containing substances. This study explores novel approaches to a major clinical conundrum. If a patient on high doses of opioid agonist needs to change to partial agonist, how should we proceed? This presentation provides protocols to rotate opioids on patients taking agonists to partial agonists; with manageable symptoms during transfer. This humane approach is designed to minimise anxiety caused by a patient's perception to high-dose methadone to buprenorphine. Other studies have provided evidence of the effectiveness in using slow release oral morphine (SROM) as an alternative to methadone. This can be applied to assist with transition from high doses of methadone, to buprenorphine; without having to submit to the rigors of dose reduction, commensurate withdrawal and subsequent induction. This multi-centre retrospective cohort study follows a group of patients undergoing high-dose transfer from methadone to buprenorphine, utilising a "wedge" or bridging opioid, such as slow release oral morphine or oxycodone. It tracks their response to induction and tolerability to buprenorphine, The study will examine indications for transfer, the processes by which it happened and their subsequent progress on buprenorphine/naloxone.

zOral-08
Opioid Substitution Treatment in Austria - Coverage and Retention
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Summary: Introduction: Since the official beginning of OST in Austria threre is a registration of all substitution treatment episodes. Due to lack of data quality possibilities for analysis were very limited in former years. With the implementation of a new online registry in 2011 data quality improved a lot and there was a correction of old data also. Now it is the first time consolidated information on number of clients and treatment duration is available. Methods: Registry data was analyzed using kaplan meier survival analysis and cox regression. In addition results have been put into context of other data available (e. g. prevalence estmates, drug related deaths). Results: While prevalence of problem opioid use increased by the factor 1.5 since 1999, number of clients in OST increased by the factor 5 which means a huge improvement of coverage. There is a big number of long term clients - e. g. 33 % of clients starting their first OST in 1990 have

been in treatment (again) on 30.4.2013 after 23 years. For 2003 (ten years) the respective proportion is 63 %. Retention rate is higher for women, older clients, clients treated in the capital Vienna and clients with slow release morphine medication. There seems to be a time-lag between improvement of coverage of OST and reduction of drug related deaths. Conclusion: Registry data of adequate quality are a very valuable source of data in a naturalistic setting and partly come to different conclusions than RCT-designed studies. Putting data on OST in context of other drug related data helped a lot to understand the drug situation in Austria.

zOral-09

Substance User Personal Experience of Overdose, and Need for Resuscitation Skills Education.

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Summary: The literature revealed that internationally, patient education, including CPR education was helping reduce the incidence of fatal and non-fatal overdose in substance users. We compared our patient population before and after initiating patient education around overdose. 52 initial Questionnaires were filled out. Personal Overdose: 55.7% had suffered an OD in their lives, and 9.6% in the previous 6months. This amounted to 77 overdose incidents. Of those, 86% were accidental, but 14%were intentional. Witnessed Overdose: 55.7% reported witnessing a non-fatal overdose, and 19% reported witnessing a fatal overdose. The total overdose incidents came to 121, 97 non-fatal and 24 fatal. In the non-fatal subgroup, 52% of the recalled events were reported to have occurred in a private home, and 22% on the street. But in the fatal subgroup, 87% were reported to have occurred in a private home. 59% reported that they knew of the recovery position. 44% reported that they knew basic resuscitation. 50% would be interested in learning basic resuscitation skills. 54% reported to never/ rarely worrying about possibly overdosing. But when asked what percentage of substance users, they thought, would overdose in their lifetime, 75% indicated that over half would overdose. We implemented an educational intervention at our addiction service sites. I researched and found an appropriate DVD "Overdose, Four short films about the prevention of overdose death" by Harm Reduction Works in the UK. This short Documentary is quiet stark, but brings into focus the real danger of overdose for the substance user, and encourages them to respond appropriately when faced with an overdose, and to consider overdose response training. We played these DVDs in waiting areas for a period of 4 weeks. We re-audited with 26 substance users. 73% knew what the recovery position was. 77% would be interested in learning basic resuscitation skills. The Audit showed that there was a real need for education around the dangers of overdose, and that there was a requirement and appetite for resuscitation training for the substance using community, following overdose. It resulted in a joint resuscitation pilot in collaboration with Dr Conor Deasy, Consultant in Emergency Medicine, and Kieran Henry, Advanced Paramedic. We commenced a Resuscitation Skills Training Pilot on 14th March 2013, which is directed at both service users, and staff. It involved a number of events, where service users and staff from various aspects of the Addiction service, were taken through real life scenarios, and role play of the actions that would occur following an overdose. This included Kieran Henry taking them through a phone call to the ambulance reception, and why they may ask "lots of questions". He outlined that Gardaí were normally not called unless the ambulance staff felt unsafe. He specifically explored examples of what not to do. Further Dr Conor Deasy detailed the importantance of information when the person gets to A&E, why the information of what they were taking makes a difference, why not to leave the A&E against advice, and why it is important to stay with a buddy for 24hours after a"going over" experience, as the full effect of the substances consumed may yet return. This is most noted where a substance user goes home to "sleep it off", but does not wake up. Dr Horan would then take them through what they felt were high risk behaviours, and what was shown to put them at high risk, and how to reduce those risks. Mannequins were voluntarily provided for the pilot by the ambulance service, and Dr Deasy and Mr Henry outlined how to practice the most important aspect of CPR, namely chest compressions. They also assisted in recovery position training, and encouraged the persons themselves. Afterwards there was time for a debrief, as it was acknowledged that for many, overdose discussion and training was likely to remind them of persons they had lost/ episodes they had witnessed. We provided a certificate of attendance to add to the status and positive feelings that participants would have about the course. We asked those who attended

to evaluate the course, and welcomed any feedback. From this our colleagues in the Homeless also initiated regular resuscitation training for both staff and service users. We identified further learning needs from this audit & pilot. Local and international experience, show us that we need to consider equipping substance users with the resources to help prevent mortality, as they are usually the only people in the vicinity when an overdose occurs. Initially this should include information, and education around what to do, and to disseminate this to those persons actually using substances, and who would rarely engage actively with services, but more on an adhoc basis. Therefore the easier we can make the transfer of pertinent information, and the closer to ground zero the more effective it is likely to be. Similar to the Brief Intervention model for alcohol users, this could then be delivered at the point of contact, whether it is Accident & Emergency, Community Counselling Service, Social Workers, Public Health Staff, or General Practice. We are currently developing a simple DVD, of the training we give in the pilot, which together with the provision of basic mannequins, will enable propagation to front-line staff including non-medical staff, allowing them to educate at-risk service users in the essentials of resuscitation at the coalface.

zOral-10

Methadone-Maintained Versus More Than 10 Years of Prolonged Abstinence

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Summary: Introduction: Opiate addiction is a chronic disease, which is best treated by methadone maintenance treatment (MMT). Still, there are few (<10%) persons that succeed to live without medication. Our aims were to compare addiction history, sleep indices, chronic pain and cognitive impairment between former DSM-IV-TR opiate addicts who are either ≥10 years in methadone maintenance treatment (MMT) or ≥10 years medication-free (MF) abstinent. Methods: Former opiate addicts currently either ≥10 years MMT patients with ≥2 years of negative urine results for opiates, cocaine, benzodiazepine, cannabis, amphetamines or ≥10-year MF abstinent non-patients were compared for addiction indices history, life-time psychiatric disorders, sleep quality (PSQI), cognitive indices: Mini Mental State Exam (MMSE) and Clock Drawing Test (CDT). Results: The MMT (n = 55) and MF (n = 99) groups were similar in age (53.5±7.8 years) and education (10.1±2.9 years). The MF subjects were younger than the MMT patients when starting opioids (18.3±4.5 vs. 25±9.6 years, P < 0.0005), and had a higher lifetime opioid score (10.8± 1.7 vs. 9.7± 2.2, P = 0.003). MMT patients included more females (34.5% vs. 19.2%, P = 0.05), any Axis I DSM-IV-TR psychiatric diagnosis (49.1% vs. 21.2%, P = 0.001), chronic pain (48.9% vs. 25.0%, P = 0.01), poor sleepers (PSQI score 7.1±4.2 vs. 5.1±3.4 years P = 0.005) and worse cognitive state (MMSE score 27.6±2.0 vs. 28.7±1.6 years P = 0.001; CDT score 3.9±1.0 vs. 4.5± 0.8, P < 0.0005). Conclusions: Despite more severe and younger substance onset of MF, psychiatric comorbidity, sensitivity to pain and cognitive impairment, each of the parameters may differentiate between those who succeeded prolonged medication-free abstinence and those who need chronic treatment with methadone maintenance. Future genetic study are needed.

zOral-11

Reducing Hepatitis C Injecting and Sexual Risk Behaviours among Females Who Inject Drugs in Europe (Reduce): Translating Evidence into Practice

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Summary: Introduction: Worldwide, around 170 million people are infected with the hepatitis C virus (HCV); the majority is people who inject drugs (PWID). Being female is a predictor of HCV among PWID. Sharing injecting equipment poses the greatest risk of transmission among PWID. Females who inject drugs (FWID) report risk behaviors including sharing needles and injecting paraphernalia, having sex with males who inject drugs (MWID), having

multiple sex partners, exchanging sex for money or drugs and not using condoms – potentially putting them at greater risk of HCV. Depression among FWID has been associated with injection-related risk such as needle sharing. Research suggests a gap in transmission knowledge among PWID that may contribute to the high HCV prevalence. The aims of this project was: Develop a toolkit to measure HCV transmission knowledge and HCV risk behaviours among FWID. Determine the extent of HCV transmission knowledge and HCV risk behaviours among FWID.

Methods: A mixed methods study was undertaken to determine the level of HCV transmission knowledge and risk behaviours among FWID in 5 European countries (Austria, Italy, Poland, Spain and Scotland). After 2 systematic reviews, the REDUCE toolkit to measure HCV transmission knowledge and risk behaviours was created. A topic guide was prepared to facilitate the in-depth interviews. Females who were aged 18 years and older and who had injected heroin and/or other opiates, cocaine or amphetamines in the previous six months were eligible to participate. The mixed methods study was undertaken in two phases. In Phase 1, 231 FWID (44%-74% of whom were HCV positive) were recruited from 5 countries. In phase 2, 125 of the 231 FWID recruited in Phase 1 were invited to participate in a qualitative interview. Injecting and sexual risk behaviors, HCV transmission knowledge, psychiatric comorbidity, Intimate partner violence and reasons for continuing taking risks were assessed.

Results: Two hundred and thirty one FWID in the past six months were recruited from 5 countries. Their mean age was 33.28 years. The mean age of first injection was 21.36 years. Participants reported most frequently injecting indoors (190/231; 82.3%). Over half (121/231; 52.4%) of the participants reported that they had ever injected with a needle/syringe that had already been used by someone else. The mean number of times they had injected with a needle/syringe that had been used by someone else in the past 6 months was 11.88 (SD 46.37; range 0-300) (p=0.266), their intimate partner was the person that they injected most of the time. No sterile needles/syringes available and withdrawal were the main reasons given for injecting with a used needle/syringe. Almost half (58/121; 47.9%) stated they had ever shared needle/syringes with someone they knew was HCV positive. The majority of participants had ever used a needle/syringe exchange programme (179/231; 77.5%). The principal reasons that participants did not attend needle/syringe programmes were that they did not know they existed or where they were (n=15), that there were no needle/syringe programmes in their area or the distance to travel to one (n=13). The majority of participants had ever had a HCV test (226/231; 99.1%), of those 58.0% (131/226) were HCV positive. The majority reported that they had had vaginal sex in the previous 6 months of their current or most recent relationship (196/227; 86.3%). Anal sex was less common. Condom use was not usually used with partners for vaginal or anal sex. Over a third of participants stated their usual form of contraception was "none" (78/227; 34.4%). Participants were not aware of the risk of transmission of sharing rinse water, sharing drug preparing water, sharing tourniquets, bleaching or boiling needles is not a safe way to avoid getting HCV, touching an injection site of someone else, sharing pipes when smoking drug, snorting cocaine with shared straws, rolled money. 70.4% (159/226) of participants had experienced intimate partner violence in the past 12 months of their current or most recent relationship. The majority of participants reported at least one lifetime comorbid psychiatric disorder (200/229; 87.3%), the mean number of lifetime disorders were 3.03 (SD 2.11, range 0-7). The most common lifetime psychiatric disorders were depression (174/229; 76.0%); panic disorder (124/229; 54.1%) and PTSD (120/229; 52.4%)

Conclusion: The REDUCE project's findings suggest the high prevalence of HCV infection among this population is a result of regular risk behaviours for HCV transmission. In addition there was limited knowledge about HCV transmission risk behaviours and important gaps and misconceptions were identified. Gender sensitive HCV prevention interventions, such as the REDUCE intervention, are required to address the specific needs of FWID

zOral-12

Treatment Satisfaction and Quality of Care of Opiate-Dependent Individuals in Outpatient Substitution Treatment: Drug Users' Experiences and Perspectives

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Summary: Introduction: Patient-reported outcomes (e.g. treatment satisfaction, Quality of Life) have become an important source of information to guide service provision. The increasing emphasis on empowerment and shared decision making has resulted in growing attention for clients' perspectives to enhance the quality of health care and to address their needs and expectations adequately. However, drug users' perspectives are still underrepresented in drug use prevention, treatment and research, since they are sel-

dom seen as important actors in designing services and in setting goals and evaluating treatment. Opiate substitution treatment (OST) is the standard treatment for heroin dependent individuals that is widely available in most EU countries. Despite the proven effectiveness of OST, a disproportionate number of clients drop out and leave treatment prematurely. Also, individuals who want to quit OST have reported many difficulties in coming off methadone and buprenorphine. Until recently, relatively few studies have focused on the organization and quality of substitution treatment from a client's perspective. Since empirical evidence shows that additional psychosocial support enhances OST outcomes, the aim of this paper is to assess clients' satisfaction with various aspects of substitution treatment, their relationship with staff involved in OST provision and their subjective experiences and expectations regarding psychosocial support. Methods: A multi-centre, cross-sectional study using a mixed methods design was set up to analyse the quality of OST in four cities (Gent, Antwerp, Brussels and Charleroi) in Belgium. The study sample consisted of 77 opiate-dependent individuals who had been involved in outpatient substitution treatment for at least three months. Qualitative interviews were used to assess clients' experiences with OST staff and available psychosocial support and to identify their expectations concerning (psycho)social support and OST in general. In addition, a quantitative measure of treatment satisfaction was administered, the Verona Service Satisfaction Scale for Methadone treatment (VSSS-MT). Results: Quantitative analyses showed that about half of the participants received some form of psychosocial support in the past three months. About 3 in 4 clients thought this psychosocial support was sufficient. They were rather satisfied about OST in general, but a third of the participants was not satisfied with the provision of specific services (e.g. housing support, individual therapy). In fact, clients deemed the provision of social support more important than the availability of psychological support. During the qualitative interviews, respondents stressed the importance of a positive working alliance and of having a key worker in substitution treatment. They further mentioned the need for flexibility in the provision of services (e.g. voluntary participation, tailored interventions). Also, clients pointed at the important role pharmacists have as a source of emotional support. Conclusion: Assessment and monitoring of patient-reported outcomes like treatment satisfaction is crucial to enhance the quality of OST. Despite its potential benefits, relatively few OST clients receive psychosocial support. Clients emphasized the importance of a designated case worker throughout the treatment process, as well as the need for more client-driven goal-setting.

zPoster-01

Methadone and Eddp Ratio in Urine in Patients Receiving Methadone Treatment

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Summary: Background. For heroin dependence, methadone is acknowledged as an effective pharmacological substitution treatment. Methadone is metabolized to an inactive metabolite 2-ethylidene-1, 5-dimethyl-3, 3-diphenylpyrrolidene (EDDP) by the liver enzymes CYP3A4 and CYP2B6. Measuring the ratio concentration for EDDP/methadone in urine could be used as a potential index for methadone metabolism among patients receiving methadone replacement treatment. This research explored whether establishing an expected ratio of EDDP/methadone at different stages of methadone treatment could be helpful as clinical tool to help assess methadone treatment and for assessing patients' compliance and treatment efficacy. Methods. Patients receiving methadone treatment were recruited from an outpatient drug treatment clinic. In total the remaining 59 subjects, who were more than two weeks into treatment, were divided into sub-groups based on their alcohol use: the 30 participants whose AUDIT scores were lower than 8 were assigned to the methadone maintenance group (MMT) and the remaining 29 participants, whose AUDIT scores indicated hazardous alcohol use (scored 8 or more), were assigned to the alcohol interaction group (AI). Patients were asked to complete a self-report questionnaire covering demographic, illicit drug use, and methadone treatment information. A urine sample was collected once a week for four weeks at trough (before administration of daily dose of methadone). Methadone and EDDP concentrations were quantified using high-performance liquid chromatographic assay with ultraviolet detection. Results. The mean methadone concentration in urine in the MMT group at trough was 4615.3 ng/L (SD=5561.4 ng/ml, range: 11.0 ng/ml - 20351.8 ng/ml). Mean EDDP concentration at trough was 15781.546 ng/ml (SD=20212.5 ng/ml range: 6 ng/ml - 110545.8 ng/ml). Methadone concentration was divided by EDDP concentration to produce urine methadone/EDDP ratio. The mean methadone/EDDP ratio was 0.513 (SD=0.62, range: 0.0- 4.0). The mean methadone concentration in urine in the AI group at trough was 12310.382 ng/ml (SD=36669.7 ng/ml, range=21.9 ng/ml- 302940.2 ng/ml). Mean EDDP concentration at trough was 4075.177 ng/ml (SD=10125.0837 ng/ml range: 49.7 ng/ml- 82761.7 ng/ml). Methadone concentration was divided by EDDP concentration to produce urine methadone/EDDP

ratio. The mean methadone/EDDP ratio was 0.87 (SD=01, range: 11.51). Conclusions. This study sought to investigate the relationship between methadone and EDDP during fixed daily dosing and at different key times during treatment. There was a linear relationship observed between dose and methadone but not so with EDDP. The amount of EDDP found in urine was variable between the nine subjects undergoing methadone maintenance and presented with hazardous alcohol use which affected the EDDP/methadone ratio. The use of alcohol is an important confounder and further analysis and data collection will follow to enhance the results. Further investigations will explore the effect of acute and chronic alcohol consumption on the ratio compared to those patients that are stable but not using alcohol.

zPoster-02

Relationship between Temperament, Character and Severity of Psychopathology with Aggression in Heroin Dependent Inpatient Men

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Summary: Introduction: The relationship between substance use disorders and aggression is complex and not only limited to direct effect of thge drugs. Aggression increases the likelihood of substance abuse and is suggested to be a long term individual characteristics which is probably in association with personality traits preexisting before the substance use. The aim of this study was to evaluate the relationship of personality dimensions with aggression among heroin dependent inpatients and to control the effect of psychiatric symptoms severity on this relationship. Methods: Participants were consecutively admitted male heroin (n=78) dependent inpatients. Patients were investigated with the Buss-Perry Aggression Questionnaite (BPAQ), the Temperament and Character Inventory (TCI) and the Symptom Checklist-Revised (SCL-90-R). Results: Character dimensions self-directdness (SD) and cooperativeness © were negatively and self-transcendence (ST) and severity of psychiatric symptoms were positively correlated with severity of aggression and its dimensions. Low SD and C, which are indicative of a personality disorder, were predictors of aggression. Other predictors for aggression in heroin dependent were higher persistence Ⓟand ST. Severity of psychiatric symptoms predicted aggression together with low C, and high P: Conclusions: Aggression was more closely related with character dimensions rather than temperament dimensions. Nevertheless, low C and high P predicted the severity of aggression even when the severity of psychopathology was controlled

zPoster-03

New Trends of Prescription Drug Use in Spain

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Summary: Background: Governments and public health organizations worldwide are increasingly aware of drug abuse-related issues and eager to receive systematically-collected surveillance data, which may assist in formulation and solidification of their plans to address this emerging epidemic. Through the coordinated research efforts of the Italian-based Associazione per l'Utilizzo delle Conoscenze Neuroscientifiche a fini Sociali (AU-CNS), Denver Health Rocky Mountain Poison and Drug Center (RMPDC) in the U.S., and European opioid treatment program physicians, this study will provide for proof of concept for developing an international drug surveillance system as well as feasibility of the pilot study's methods, data collection/aggregation, and related study materials. Methods: Cross-sectional study. The rates of prescription drug misuse have been assessed using patient self-report at treatment program intake. The data has been collected in four countries: France, Germany, Italy and Spain. Patients have been asked to self-report the use of use and injection history for European-market prescription opioids, prescription stimulants, and heroin, during the past 30-day. Also, basic demographic information, treatment history, and health care worker status have been recorded. Results: We present results for Spain. From the total sample of

125 subjects (78% males; 39+10 years old), 79% were from Spanish origin; 94% were in treatment for heroin dependence; the rest (7 subjects) has as a main drug methadone, tramadol, codeine, pethidine and opium. From the total sample, 31 subjects (25%) were referred from other centers or prison and they were not using substances "to get high"; 64 subjects (51%) were using one substance, 25 subjects (20%) were using 2 substances, 4 subjects (3%) were using 3 substances and 1 subject (0.8%) was using 4 substances during the last month. The main abused drug during the last month was heroin (63%), followed by methadone, tramadol, codeine, pethidine, fentanyl, buprenorphine, morphine and metylphenidate. Conclusions: Preliminary data show that besides heroin, in Spain, there is a concomitant abuse of prescription opioids (methadone, tramadol, codeine). The knowledge of drug use patterns can provide useful information to develop effective prevention and treatment.

zPoster-04

Redesign of Service Delivery and Non- Medical Prescribing Use in Substance Misuse Treatment

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Summary: Background. Non Medical Prescribing is used in a limited number of countries worldwide. It allows prescriptions to be written and patients to consult with trained professionals other than medical staff. This has allowed nurses, pharmacists and other allied health professionals to be trained and developed as non medical prescribers. Non medical prescribing has been a service delivery option since 2004. The advent of NMP coincided in NHSL with the new GP contract implementation and cessation of GPs prescribing to patients on opiate substitution. To maximise service delivery from Addiction Services in NHSL, pharmacist prescribers were offered positions to work with a clinical caseload. NHSL offers several Non-Medical Prescriber (NMP) clinics. The redesigned "Community Prescribing Service (CPS)" employs a full time and part time pharmacist, a number of qualified Nurse NMPs and some qualified community pharmacists in addition to the contracted medical prescribers. These developments have allowed the CPS to evolve with a skill mix of prescribers and a different model to many other addiction services. As patient numbers continue to increase, demands on the service have increased, but the CPS development has allowed increased capacity and improved service for patients with no loss of efficiency, clinical effectiveness or increased staffing costs. Methods. The use of NMP increases the number of practitioners working within the CPS, producing a greater balance and mix of prescriber types. A "vision" of the prescribing service with the aim of providing clearer guidance on the development of the CPS and its impact on the delivery and care of patients has been produced. Allocation of patients to the most suitable prescriber and beneficial level of care and support. To ensure service delivery remains consistent and clear, whilst also providing a high standard of care and support for the prescribers, there has been a review and development of protocols and guidelines for use by the CPS. Results. Recruitment of appropriate and experienced prescribing staff to CPS, plus succession planning and training of other nurses and pharmacists to ensure sustainability of the model. The medical support level is at the maximum level attainable with the budget restrictions and is supplemented by pharmacist and nurse NMP. The presentation demonstrates how the redesign is being used to allocate the patient to the level of support and prescriber they require which is a benefit of the redesign for patients. Patients can be transferred between addiction team members and prescribers depending on need and level of support required. A checklist of key components has been developed to assess each patient against the criteria annually, the key components include sexual health and dental checks, BBV testing etc. and the checklist ensures documentation on the patient's health and well being. The medics within the CPS have more of a consultant role with increased time for medical patient review and lower patient caseload. The CPS as a whole is delivering a higher level of service with increased levels of co-ordination and clinical governance with improved levels of adherence to guidelines, while the service is providing greater level of support and safety for the patients and prescribers involved. Conclusion. The redesign of the prescribing service (CPS) within addictions services is demonstrating many benefits. The redesign is maximising treatment and prescribing by matching the levels required and providing the most appropriate prescriber to deliver care to the patient. The use of NMP should be encouraged in other areas/services and brings increased diversity, knowledge and multidisciplinary patient care to services. All ethical requirements have been fulfilled in accordance with the Declaration of Helsinki.

References

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zPoster-05

Comparison of Healthcare Resource Use and Costs in Prescription Opioid-Dependent Patients Treated with Buprenorphine/Naloxone and Patients without Pharmacological Treatment: Retrospective Analysis of Insurance Claims in the Us Public Healthcare System

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Summary: Introduction. The buprenorphine/naloxone combination is used in the treatment of prescription opioid dependence (OPD). Objective of this study was to determine if there were health economic and patient outcome advantages related to treatment compared to no pharmacological treatment. Methods. A retrospective cohort analysis was performed using claims extracted from the US MarketScan Medicaid public health insurance database from January 2007 to December 2012. Two groups were considered: 1) OPD patients treated with buprenorphine/naloxone and 2) OPD patients with no pharmacological treatment. Final study groups were selected with one-to-one matching on demographic characteristics, comorbidities at baseline and cost of outpatient and inpatient care over six months before index date. Resource use (pharmacy claims, outpatient claims, emergency room admission and hospital admission) and corresponding costs over twelve months after index date were compared between groups. Results.The two matched groups each included 2,789 patients, followed over 14.7 months on average. Amounts of resources used and costs were higher for the group without pharmacological treatment in all categories but pharmaceuticals. Total costs over 12 months were $13,782 and $16,731 in groups with and without pharmacological treatment, respectively (p = 0.0012). The differences originated from visits and admissions related to mental disorders, skin and musculoskeletal disorders and injuries and poisonings. Hospitalization costs were twice as high in untreated patients (p<0.0001). Conclusion. Untreated patients have significantly more claims for outpatient and emergency room visits, non-psychiatric admissions, and longer hospital stays than treated patients. Untreated patients have higher costs in all categories except medication.

zPoster-06

Estimation of the Effect of Buprenorphine/Naloxone Dosing on Patient Outcomes and Costs for Opioid-Dependent Patients in the Us Public Health Insurance System

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Summary: Introduction. Opioid drug dependency is a chronic, persistent, and relapsing brain disease characterized by the individual's inability to stop using opioids. The buprenorphine/naloxone (BUP/NAL) combination is available for the treatment of opioid dependence. The dose of BUP/NAL should be adjusted to a level that retains patients in treatment. The objective of this study was to estimate the impact of BUP/NAL dosing on treatment persistence, resource utilization and healthcare costs in the US public health insurance system. Methods. A retrospective cohort analysis was performed using administrative medical claims extracted from the TruvenHealth MarketScan® database from January 2007 to June 2012. Patients initiating treatment with BUP/NAL were classified into two groups based on the prescribed average dose over the entire treatment period (excluding the last treatment month), and matched by multiple baseline characteristics. The threshold for separating dose groups was set to 15mg/day. Discontinuation was defined as a gap of at least 30 days without prescription renewal following the theoretical end date of the previous prescription. Resource utilization and related costs were calculated over the 12-month period after the date of treatment initiation. Results. After matching patients, each dose group included 1,041 patients, with 27% of male patients and average age of 34 years. Patients treated with doses over 15mg/day had 11% lower instantaneous probability of discontinuation compared to the patients treated with doses below 15mg/day, after adjustments (p=0.0377). In the year after treatment initiation, the number of psychiatric inpatient days was 17% lower in the high dose group (p=0.0218). Total health care costs over the same period were comparable between the two groups (p=0.6486). Conclusions. Patients receiving doses above 15 mg/day were less likely to discontinue treatment. Despite higher medication acquisition costs associated with doses above 15mg/day, total health care costs were similar between the two groups and they had fewer inpatient hospital days.

zPoster-07

Reaching-out and Recruitment to Suboxone Treatment of Home-Less Opioid Addicted Idus Patients Attending the Syringe-Exchange Program in Tel Aviv: A Paradigm-Shift.

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Summary: Background: Syringe-exchange programs are delivered in Israel in five different towns, the main and critical center is in Tel Aviv, near the central bus station ,an area where most IDUs , prostitutes and homeless population is concentrated. Nearby the Lewinsky Out-patient service for Infectious Diseases is also connected with the syringe exchange program. Most of these patients are reluctant to refer to opioid maintenance treatment although the staff is actively involved in recruiting them to treatment. In April 2013 the Dept. for the Treatment of Substance Abuse at the Ministry of Health started a one-year pilot project aiming to recruit IDUs patients into Suboxone treatment. In the Tel Aviv area there exist two different centers delivering Suboxone maintence treatment. It was decided to concentrate this special population in the Tzur Aviv Center due to its proximity to the program and to the flexibility of the staff. The Pilot Intervention: Since April 2013 a social worker from the Tzur Aviv Center started to visit the syringe-exchange program three times weekly on a regular basis, in order to approach patients, explaining them about treatment ,encouraging them to join treatment and answer to their questions. The aim was to increase their trust in the treatment establishment and to recruit them. Patients in medically assisted maintenance treatment pay a differential co-payment fee whether clean from street-drugs or not up to 80 Euros per month. In order to encourage this new population to join treatment the Ministry decided to give them access to treatment free of charge for the first 6 months. 95 patients were recruited and 45 are actually on treatment. Most of them before recruitment were injecting either heroin or buprenorphine and Hagigat (a designer drug including a mixture of methamphetamine and cathinone). The age range of such population is 26-64 and the majority of them are male and HIV patients. Results: Demographic and clinical data from the pilot intervention will be presented including the profile of compliant patients versus non- compliant ones. The results of the intervention are promising and an effort is being made to extend this intervention to other exchange programs in the Country. Conclusions: In order to increase the recruitment of home-less IDUS into maintenance suboxone treatment a paradigm-shift is needed, including reaching-out in the streets at night time and in syringe-exchange programs. After the initial effort many patients are encouraged to join treatment by other patients who benefited from the intervention. One of the main problems affecting the success of the program seems to be the lack of cooperation of the Local Government and the Ministry of Welfare in giving housing and shelters solutions to this population.

zPoster-08
Gender Differences in Patients Entering Treatment Programs in Europe

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Summary: Introduction: Several studies have shown inconsistent results in gender differences for prescription opioid and heroin misuse. Opioid misuse is a growing problem in Europe and other countries. This study aims to describe gender differences in patients entering treatment programs for opioid addiction in four European countries. Methods: Data from a pilot project conducted by the RADARS® System in conjunction with Europad was utilized to describe gender differences in patients entering a treatment program for opioid addiction. Patients were surveyed at intake on several measures including demographic data, primary drug, drug endorsements of past 30-day use "to get high", and route of administration. For this analysis gender was compared by age, self-determined health care professional (Y/N), past opioid addiction treatment, primary drug of abuse, number of drugs endorsed, and endorsements of past 30-day use of prescription opioids as well as heroin in four European countries: Germany, Italy, Spain, and France. Statistical significance was assessed at the 0.05 level, using Fisher's exact test for categorical variables and t-tests for continuous varia-

bles. Results: In Germany there were 158 respondents (68% male), 309 in Italy (67% male), 123 in Spain (77% male), and 144 in France (77% male). Male respondents outnumbered females in all four countries. In Germany males were older than females but endorsed significantly fewer drugs. There was also a lower proportion of males endorsing past 30-day use of fentanyl and heroin. In Italy there was a lower proportion of males endorsing past 30-day use of codeine compared to females. In Spain there was a higher proportion of males endorsing past 30-day use of heroin compared to females. There were no significant gender differences in France. Conclusions: In Germany, Italy and Spain proportionally fewer males endorsed past 30 day use "to get high" of prescription opioids than females. Other proportional differences between genders were not consistent across countries. It is unclear if a gender bias exists of all users as this study only reflects those seeking treatment for addiction and who responded to the survey.

zPoster-09

European Opiate Addiction Treatment Programs: Poly-Opioid Users Are Different Than Other Patients Seeking Treatment

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Summary: Introduction: Opioid abuse is on the rise not only in the United States but worldwide. Patients entering treatment for opiate addiction are a valuable source to understand characteristics and behaviors in an otherwise difficult population to study. With different opioid products available with varying active ingredients, poly-opioid use "to get high" is common among subjects entering treatment for opiate addiction. This study aims to describe differences between patients who endorse poly-opioid use versus others in hopes of identifying intervention opportunities. Methods: Patients entering treatment for opiate addiction were surveyed on their past 30-day use of substances "to get high", primary drug "to get high", opioid addiction treatment history, health care professional status, and demographic information. These data were used to compare Poly-Opioid Patients (defined as patients who endorsed past 30-day use of more than one opioid substance, either an active ingredient found in prescription drugs or heroin, "to get high") to Other Patients (defined as patients who endorsed past 30-day use "to get high" of none or only one opioid substance, either one active ingredient found in prescription drugs or only heroin). Significance was defined at the 0.05 alpha level using Fisher's exact test, as well as t-tests. Comparisons were made within each of four European countries: France, Italy, Spain, and Germany. Results: There were 144 respondents in France (9% Poly-Opioid), 309 in Italy (19% Poly-Opioid), 123 in Spain (23% Poly-Opioid), and 158 in Germany (49% Poly-Opioid). In France, Poly-Opioid Patients had a lower proportion who reported previous treatment for opioid addiction and a higher proportion who endorsed past 30-day use of morphine, buprenorphine, tramadol, and heroin "to get high". In Italy, Poly-Opioid Patients were significantly younger than Other Patients and reported a higher proportion of methadone, buprenorphine, and heroin use "to get high". In Spain, Poly-Opioid Patients reported a higher proportion of methadone, tramadol, codeine, and heroin use "to get high". In Germany, Poly-Opioid Patients were significantly younger and more often female than the Other Patients and were more likely to have previously been in treatment for opioid addition. They also reported a higher proportion of fentanyl, methadone, and heroin use "to get high" in the past 30-days. Conclusions: Poly-Opioid Patients entering treatment for opioid addiction appear to have different characteristics than Other Patients. These differences vary between the four countries studied and offer insight on potentially vulnerable or "at-risk" populations. Of particular concern is the higher proportion of endorsements for methadone, and sometimes buprenorphine "to get high", as these drugs are an essential part of medically assisted opioid addiction therapy. Additional studies are warranted to further understand this dynamic and ensure safe use of these important medications for all patients.

zPoster-10

European Patients Entering Opioid Addiction Treatment Whose Primary Drug Is Heroin Differ from Those Whose Primary Drug Is Another Opioid

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Summary: Introduction: Opioid abuse and misuse is a growing problem worldwide. Studies suggest that in the US prescription opioid abuse is most prevalent among young adults, and those of White race. Prescription opioids are only part of the picture with heroin typically being cheaper and easier to find and buy. In the US there is less of a stigma associated with misusing prescription opioids compared to heroin, however this may not hold true in other countries as in some instances heroin is used to treat opioid addiction. This study aimed to describe patients entering treatment programs for opioid addiction in Europe who use heroin as their primary drug and those who report use of some other opioid as their primary drug. Methods: Patients entering a treatment program for opioid addiction were surveyed to gather demographic information, primary drug "to get high", endorsement of past 30-day use of other drugs "to get high", and whether or not drugs used in the past 30-days were injected. In this analysis we compared patients who indicated heroin as their primary drug of choice "to get high" to patients who indicated some other opioid as primary drug with respect to gender, age, whether or not the patient was a health care professional, whether or not the patient had previously attended an opioid addiction treatment program, number of drugs endorsed "to get high", and endorsements of past 30-day use of opioids "to get high". Sites from 4 European countries participated, including Spain, Italy, Germany, and France. Statistical significance was assessed at the 0.05 level, using Fisher's exact test for categorical variables and t-tests for continuous variables. Results: Heroin was reported as the primary drug by 116 (97%) of 120 patients in Spain, 157 (59%) of 268 in Italy, 99 (63%) of 156 in Germany, and 83 (58%) of 142 in France. In Spain, heroin primary drug patients were no different than others in terms of gender, age, being a health care professional, having previously attended an opioid treatment program, or the number of drugs endorsed "to get high". As a point of internal validation, heroin use in past 30-days was higher in the heroin primary drug patient group. In Italy, heroin primary drug patients were younger with a lower proportion endorsing past 30 day use of buprenorphine and codeine and a higher proportion endorsing use of heroin. Also in Italy, a higher proportion of those who indicated some other opioid as their primary drug were health care professionals than those who indicated heroin. In Germany, a lower proportion of heroin primary drug patients had previously been in opioid addiction treatment. The heroin primary drug patients also had a lower proportion of endorsements of past 30-day use of methadone and buprenorphine, and a higher proportion endorsing heroin. In France, the heroin primary drug patients endorsed significantly less drugs than patients indicating some other opioid as their primary drug. Conclusions: This study found within country differences between heroin primary drug patients and patients reporting another opioid as their primary drug "to get high", but these results were not always consistent across countries. These data suggest strong localized influences and the absence of a universal pattern. However this study is limited by the sampling design (not all sites represented in each country, small sample size) and should be supplemented with additional research to better understand the intricacies of this patient population in hopes of designing targeted, localized prevention and treatment interventions.

zPoster-11

Use of Treatment History to Identify Drug Use Differences in European Patients

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Summary: Introduction: Individuals seeking treatment for opioid dependence are a valuable source of information, particularly about their drugs of choice. As part of a European pilot study in 4 countries, we aim to describe drug use differences between people who are entering substance abuse treatment for the first time and those who previously received treatment for substance abuse. Methods: Data from the Europad pilot program were used to describe differences in patients who had previously attended a treatment program and those who were entering treatment for the first time. For this analysis we assessed gender, age, self-reported status as a health care professional, primary drug used "to get high," number of drugs endorsed, and endorsements of past 30-day use of opioid drug substances as well as heroin. Participating sites were located in France, Germany, Italy, and Spain. Statistical significance was assessed at the 0.05 level using Fisher's exact test for categorical variables and t-tests for continuous variables. Results: There were 144 survey respondents in France, 158 in Germany, 123 in Spain, and 309 in Italy. Of the patients surveyed during the pilot phase of this study, 45% of patients in Italy reported first-time treatment for opioid dependence, whereas this percentage was much lower in Spain (14%), Germany (23%), and France (28%). In France the proportion of patients endorsing past 30-day use of buprenorphine "to get high" was lower for those who had previously been in treatment compared to those who had not ($p=0.0394$), and they also had a lower mean number of drugs endorsed ($p=0.0382$). In Germany, those who had previously been in treatment were less likely to endorse heroin ($p<0.0001$) as their primary drug and significantly more likely to endorse buprenorphine ($p=0.0032$) and methadone ($p<0.001$). There was a higher proportion who endorsed past 30-day use of methadone ($p<0.0001$) and heroin ($p=0.0349$), and a lower proportion who endorsed past 30-day use of morphine ($p=0.0246$). In Italy and Spain, those who had previously been in treatment were significantly older than those entering treatment for the first time ($p<0.0001$, and $p=0.0002$ respectively). There were no differences in primary drug or drugs endorsed in Spain, however, in Italy a lower proportion of those previously in treatment endorsed codeine and a higher proportion endorsed heroin. Conclusions: Although heroin was the most endorsed drug in every country regardless of treatment history, those who were previously in treatment in Spain, Germany and France endorsed a higher number of prescription opioids than those seeking treatment for the first time. However, more patients who had never been in treatment in Italy endorsed more prescription drugs than those who had received treatment previously. These data suggest that patient demographics and drug endorsements vary based upon history of substance abuse treatment; however, the differences themselves are not universal and may vary in different regions of Europe.

zPoster-12

Ageing and Addiction: How Much More Rapidly Do Substance Users Age, and How Do We Measure It?

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Summary: Introduction. Premature ageing within the Heroin using population is well documented (1,2). There is an internationally recognised need to be pro-active in identifying and managing premature morbidity and mortality in drug users, and for appropriate interventions for older heroin users contingent on empirical research that adequately describes mental and physical health needs (2). In 2011 the Irish Longitudinal Study on Ageing in Ireland (TILDA) (3) published the first wave of a unique study of a representative cohort of over 8500 people resident in Ireland age 50+, with a second wave in 2014. TILDA is unique amongst longitudinal studies internationally in the breadth of physical, mental health and cognitive measures collected. We have collaborated with TILDA to develop a reproducible, low-threshold assessment tool that is practical and highly feasi-

ble for community-based settings in which older Substance Users are accessing services. Subjects: Patients aged over 40 in a Methadone Maintenance program in community-based treatment centres, in Dublin Ireland. Methods. Physical assessments scored: Hand Grip Strength test: predicts Frailty (5). Timed Up and Go test (TUG) : a cost-free, low-threshold global ageing health assessment tool (5). Blood pressure, BMI, and Mini Mental State Examination: global physical and cognitive health. Results. Preliminary results from our pilot study suggest that reduced Hand Grip Strength, impaired MMSE and prolonged Timed Up and Go are positively correlated with HIV status, with co-morbidity, and may be associated with a history of injecting drug use, poly-drug use and problematic alcohol consumption. Conclusions. Although ECDDM has reported that 40 is the age at which the drug user can be considered "elderly" (6), this definition is extrapolated from observational evidence on the basis of the health status of the over-40 drug user as a quantitative measure of the number of chronic physical diseases (1). Trends in the demographic of patients in treatment for opiate dependency are likely to spread internationally as treatment programs develop, prolonging life past the high mortality associated with lack of treatment and maintaining of dependant opiate users into their 50s, 60s and beyond. An empirical understanding of the different parameters of "old" and "elderly" in drug users could enhance collaboration with general hospital physicians, public health, psychogeriatric and social services, contributing to a needs-based model of bio-psycho-social care in this vulnerable population. The Substance Use Disorder Older Persons Assessment Tool (SUDOPAT) is a unique global ageing health assessment tailored to the older drug-using patient. Using validated components common to the Irish Longitudinal Study on Ageing (TILDA) (3), and Fried's Frailty Index (5), we are piloting a scoring technique that is highly predictive of Frailty and premature ageing, and is feasible and appropriate for use in Substance Use Disorders. Frailty is recognized to have a biologic basis and to be a distinct clinical syndrome including unintentional weight loss, self-reported exhaustion, weakness (grip strength), slow walking speed, and low physical activity (5). The SUDOPAT identifies empirically patients who are Frail or Pre-frail, is simple to apply in clinical settings, technical, non-invasive, and highly reproducible in low-threshold facilities.

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zPoster-13

The Use of Agomelatina in Drug Addicted Patients with Psychiatric Disorders;

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Summary: introduction. Agomelatine is an innovative antidepressant with new mode of action: it's an agonist of melatoninergic receptors MT1 and MT2 and 5HT2c antagonist. The idea of this study was to assess the use of agomelatine in patients treated in our center for drug addiction in Bologna (SERT), and in particular: i) patients with heroin abuse treated with full/partial opioid agonists (methadone, buprenorphine, Buprenorphine /naloxone) ii) patients treated for alcohol abuse iii) patients who failed to antidepressants and treated with oppioid agonist• patients treated for benzodiazepines abuse Objective of the study is to evaluate the improvement of mood, anxiety and sleep disorders in patients treated with agomelatine and affected by drug addiction (heroin, alcohol and benzodiazepine). The efficacy of agomelatine was assessed by investigator at T0 and at monthly visit up to 6 months using HAM-A, HAM-D for anxiety and depression disorders, VAS for craving of drug, VAS for the quality of sleep. Weight, number of hours slept and quality of life were evaluated • Blood parameters were assessed at T0 and T6 • Heroin, cocaine and cannabinoid metabolites were evaluated. Conclusion. We evaluated the efficacy of agomelatine on top of conventional treatments for drug addiction in 3 different groups (heroine, alcohol and sedatives addiction)In all three groups we've observed the improvement over time in depressive symptoms and anxiety symptoms. We've noticed an important reduction of

cravingThe quality of sleep and the time of sleeping have markedly improvedThe quality of life was increased in all patients treated with agomelatine

zPoster-14

Evaluation of Treatment Program for Heroin Addicted Adults in Slovenia

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Summary: Findings in contemporary literature on evaluation treatment programes for addiction revealed, that long-term success is based on reconstruction of psychological aspects like self-concept/self-esteem/emotional skills, not just on attaining the abstinence. Psychotherapeutic tehniques and longer treatment could provide higher levels of self-concept, self-esteem and emotional skills. In our study we try to evaluate a hospital treatment programe for heroin addicted adults with selected psychological measures. In our research design we compare the level of three psychological constructs (self-concept, self-esteem, emotional competencies) in the group of heroin addicted adults before and after hospital psychotherapeutic treatment. Results are mainly in concordance with conclusions in literature. Patients who complete the treatment have statistically significant higher level of self-concept and global self-esteem in comparison with their levels at the beginning of the treatment. On the area of emotional competencies there was statistically significant differences before/after treatment just in one dimension (Management and regulation of emotions), levels of Perception and comprehension of emotion and Expression and naming of emotion remain relatively unchanged. We also try to clarify gender differences regarding the level of treatment. We can conclude, that psychotherapeutic treatment of heroin addiction improves psychological well-being of the patients and have longer positive effect on maintaining the abstinence


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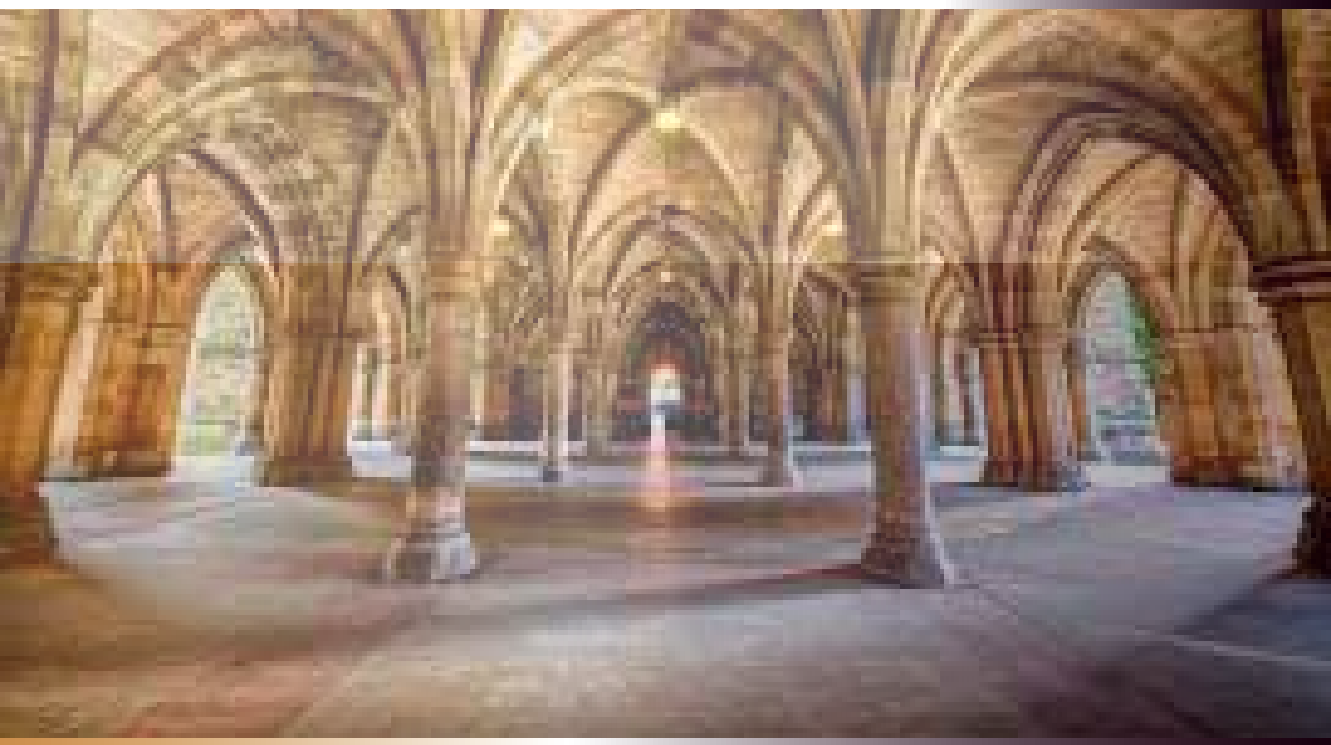

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