

Programme and Abstract Book

ADDICTION — OPIOIDS — COCAINE — SMOKING — ALCOHOL —
INTERNET — SEX — GAMBLING — DUAL DIAGNOSIS



Global Addiction 2011 5-7 December 2011

www.globaladdiction.org
LISBON

*Chairs: Dr A Kastelic (SI)
Dr Luis Patricio (PT)*

Over **40** years of experience in the opioid field

**Reckitt Benckiser Pharmaceuticals (RBP) is proud
to support the 2011 Global Addiction Conference**

By working in partnership with healthcare professionals, governments and the wider addiction treatment community, RBP is committed to its mission of ensuring all patients around the world have unrestricted access to high quality addiction treatment.



Welcome to Global Addiction 2011, incorporating the 6th European Association of Addiction Therapy Congress. Addiction represents one of the areas of medicine that is least understood, yet generates an enormous burden on society, medical professionals, carers and individual sufferers. Global Addiction is a knowledge sharing facility for all involved in the understanding and treatment of addiction.

Global Addiction aims to cover all topics relating to the understanding and treatment of addictive disorders. This includes pre-clinical, neurophysiological mechanisms through diagnostic and treatment strategies to societal guidelines and health economics.

Global Addiction has evolved from the European Association of Addiction Therapies series of conferences. All subjects relevant to the understanding and treatment of all addictions

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1. Acknowledgements

Global Addiction is proud to be working with the following organizations/societies on an informal basis



Addiction Today



Canadian Society of Addiction Medicine



Amsterdam Institute for Addiction Research



European Psychiatric Review



European Opiate Addiction Treatment Association



European Addiction Research and Psychopathology



Centro de Estudos e Investigação Aplicada



European Society for Biomedical Research on Alcoholism (ESBRA)



The Finnish Association of Addiction



European Monitoring Centre for Drugs and Drug Addiction



International programme of Addiction Studies - Master of Science in Addiction Studies - The University of Adelaide



International Society of Addiction Medicines - ISAM



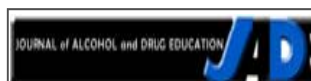
South Eastern European and Adriatic Addiction Treatment Network



Toxicomanies Europe Echanges Etudes



The University of Sao Paulo - School of Medicine of Ribeirao Preto Dept. Neurosciences and Behavior - Div. Psychiatry Child & Adolescent Psychiatry and Mental Health Alcohol & Drugs Program - PAI-PAD



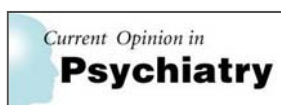
Journal of Alcohol and Drug Education (JADE)



The Mentor Foundation



The Portuguese Society of Psychiatry and Mental Health (PSPMH)



Current Opinion in Psychiatry

The **Global Addiction** Secretariat is proud to announce the support of:

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2. Organising Secretariat

Conference Director:	Mr Russell Pendleton BSc (Hons) MBA MloD
Exhibition & Sponsorship Manager:	Mrs Jane Wicks
Logistics Manager:	Mrs Julie Ribeiro
Speaker Liaison Manager:	Miss Jackie Ashmenall

Address:	Cortex Congress Lion House 51 Sheen Lane London, SW14 8AB United Kingdom
Telephone:	00 44 20 8878 8289
Websites:	www.irbd.org www.cortexcongress.com

3. Delegate information

Conference language:	The official language of the conference is English.
Mobile phones:	Please switch your mobile phone off or to silent during the conference.
Smoking:	Smoking is not permitted in the conference venue.

Dates for your diary:

International Review of Bipolar Disorders 2012
May 2012, Nice, France
www.irbd.org

Winterworkshop in Psychoses 2013
March 2013, Marrakech, Morocco
www.wwpsych.org

4. Advisory Committee

Co Chairs: Dr Andrej Kastelic (Slovenia)
Dr Luis Patricio (Portugal)

Members:

Prof H Alho (Finland)	Prof S Giacomuzzi (Austria)	Dr G Reinicke (Bolivia)
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Prof M Casas (Spain)	Mr Kazim Khan (UK)	Dr S Rozman (Slovenia)
Prof A Charles-Nicolas (Martinique)	Prof M Lejoyeux (France)	Dr N Segrec (Slovenia)
Prof J Chick (UK)	Prof G Macedo (Portugal)	Dr R Simon (Portugal)
Dr A Costa (Portugal)	Prof J Machado Vaz (Portugal)	Dr N Szman (Spain)
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Prof C De Jong (Netherlands)	Dr E McCance-Katz (USA)	Dr D Touzeau (France)
Prof Ioannis Diakogiannis (Greece)	Prof R Murray (UK)	Prof A Uchtenhagen (Switzerland)
Prof G Dom (Belgium)	Prof D Neto (Portugal)	Dr S Walcher (Germany)
Prof A Dunlop (Australia)	Prof D Nutt (UK)	Prof T Williams (USA)
Prof M Farrell (UK)	Prof C O'Brien (USA)	Dr K Wolff (UK)
Prof M L Figueira (Portugal)	Dr J Padua (Portugal)	
Dr L Finnegan (USA)	Prof A Palha (Portugal)	
Dr L Gamito (Portugal)	Mr M Parrino (USA)	
Prof R Gelb (USA)	Dr F Pascual (Spain)	
	Prof J Racz (Hungary)	

5. Programme Overview

Day 1: Monday 4 December 2011

08.30	Registration POSTER SET UP	
Venue:	AUDITORIUM	
09.45	Introduction and Welcome Opening Plenary	
10.30	EMCDDA	
11.30	Refreshments	
12.00	EQUATOR	
13.20	Lunch	
14.00	Training Session 1 Room: Sala Sony (1st Floor)	Training Session 2 Room: 417, Sala Descobrimentos
Venue:	AUDITORIUM	Room: 417, Sala Descobrimentos
15.00	CEIA-ISEC (Portugal)	The Portuguese Society of Psychiatry and Mental Health
16.00	Refreshments	
Venue:	AUDITORIUM	
16.30	Reckitt Benckiser Pharmaceuticals Grant Funded Session 1	
18.30	FORMAL POSTER SESSION WITH REFRESHMENTS	
19.30	Close of Day 1	

Day 2: Tuesday 5 December 2011

08.30	Coffee	
Venue:	AUDITORIUM	
09.15	Plenary 1	
09.45	Plenary 2	
10.15	Refreshments	
10.45	Lundbeck Pharmaceuticals Grant Funded Session 2	
Venue:	AUDITORIUM	Room: 417, Sala Descobrimentos
12.00	Oral Platform Session I	Oral Platform Session II
13.10	Lunch	
14.10	Special Lecture	Special Lecture
14.45	Oral Platform Session III	Oral Platform Session IV
15.45	Refreshments	
16.15	EUROPAD	SEEAA
17.45	ESBRA	International Khat Research
Venue:	AUDITORIUM	
19.15	EVENING CLINICAL FOCUS	
19.30	Close of Day 2	
20.30	Conference Dinner	

5. Programme Overview

Day 3:
Wednesday 7 December 2011

09.00	Refreshments
Venue:	AUDITORIUM
09.30	Plenary 3
10.00	Plenary 4
10.30	Plenary 5
11.00	Refreshments
11.30	IDHDP
12.30	Plenary 6
13.00	Prize Giving and Closing Address
13.30	Conference Close



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Dr Luis Patricio (PT)

Day 1 - Monday 5 December 2011

08.30

Registration

POSTER SET UP

09.45

Introduction and Welcome Address - Chairpersons

Dr A Kastelic (SI) and Dr Luis Patricio (PT)

Opening Plenary: The pathogenesis of addictive disorders: policy implications

Speaker: Dr G Gerra (AT)

10.30

EMCDDA Session - Innovation & Quality

Chair: Dr R Simon (PT)

Speakers: **Standards and guidelines to improve treatment quality**

Dr R Simon (PT)

Treatment for an aging cohort

Dr A Pirona (PT)

Drug users and heroin assisted treatment

Ms T Groshkova (BG)

11.30

Refreshments

12.00

Barriers to Opioid Substitution Treatment Access, Entry and Retention: A Survey of Opioid Users, Patients in Treatment, and Treating and Non-Treating Physicians

Prof Dr H Stöver (DE)



European Quality Audit of Opioid Treatment (EQUATOR): Access to Quality treatment in Europe

Dr João Goulão (PT)

Panel Discussion: Prof Dr H Stöver (DE) and Prof Dr G Fischer (AT)

13.20

Lunch

14.00

Training Session 1:

Maintenance therapy and sexual behaviour (1 hr)

Leader: Prof S Giacomuzzi (AT)

Room: Sala Sony (1st Floor)

Training Session 2:

Pathological dependencies prevention & Risk behaviors prevention (1 hr)

Leader: Dr L Patricio (PT)/ Dr J Padua (PT)

Room: 417, Sala Descobrimentos

FORMAL

POSTER SESSION

*(Authors — please stand by
your posters)*



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Day 1 - Monday 5 December 2011

15.00	<p>Society Workshop: CEIA -ISEC (Portugal) Chair: Prof H Lopes (PT)</p> <p>Synthesis of the epidemiological studies re: gambling dependence in Portugal made in the last 4 years Prof Prof H Lopes (PT)</p> <p>The panorama of illegal gambling in Portugal - relation between illegal gambling and gambling dependence Dr Dr A Alegria (PT)</p> <p>Action for gambling recovery addiction Dr P Marques (PT)</p> <p>Posters presentations:</p> <ol style="list-style-type: none"> Couple therapy with pathological gamblers Dr D Cunha (PT) Online and offline Portuguese Pathological Gamblers: Characterizing and Comparing. Dr P Hubert (PT) Characterization of online gambling consumption among university students of technological sciences and social sciences Dr R Magalhães (PT) 	<p>Society Workshop: The Portuguese Society of Psychiatry and Mental Health Chairs: Prof A P Palha (PT)/Prof J Relvas (PT)</p> <p>Topic: Neurocognition, drugs and HIV</p> <p>Speakers: Dr J Marques Teixeira (PT) Dr M Bragança (PT)</p>
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16.00 Refreshments

16.30	<p>Grant-funded session 1: Four presentations on aspects of maintenance pharmacotherapies in the treatment of opioid dependence</p> <p>Chair: Prof I Maremmani (I)</p> <p>Medically Assisted Recovery Within the Context of the UK Drug Strategy: Methadone and Suboxone Clients Compared Prof N McKeganey (UK)</p> <p>QoL aspects of treatment with methadone and Buprenorphine Prof I Maremmani (I)</p> <p>Misuse of buprenorphine: The role of pharmacology, patients and physicians Prof S Walsh (US)</p>	
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18.30 Formal Poster Session with Refreshments (Authors - please stand by your posters)

19.30 Close of Day 1



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Chairs: Dr A Kastelic (SI)

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Day 2 - Tuesday 6 December 2011

08.30

Coffee

09.15

Plenary 1: Definitions and Diagnosis

Chair: Dr L Patricio (PT)

Speaker: Dr Raju Hajela (CA)

09.45

Plenary 2: Methods for Protecting the Fetus Exposed to Maternal Addiction

Chair: Dr L Patricio (PT)

Speaker: Prof L Finnegan (US)

10.15

Refreshments

10.45

Grant-funded session 2: Identification and management of alcohol dependence

Chair: Prof Jürgen Rehm (CA)

Alcohol dependence- Burden of the disease

Prof Jürgen Rehm (CA)

Early detection of alcohol problems in health care settings

Prof Hannu Alho (FI)

The benefits of reduction in alcohol dependence

Prof Karl Mann (DE)



12.00

Oral Platform Presentations I Chair: Prof Dr G Fischer (AT)

Sexual dysfunctions among patients with dependence

Authors: Okruhlica Lubomir, Alexandercikova Zuzana, Slezakova Silvia

Open - placebo in treatment of alcohol dependence

Authors: Okruhlica Lubomir, Tejova Michala, Alexandercikova Zuzana, Slezakova Silvia

Cannabis: An ethnographic exploration of individual trends and socio-cultural context

Authors: F S Aaslid

Illicit drug policies and HIV epidemics

Authors: Kasia Malinowska-Sempruch, Director, Global Drug Policy program, Open Society Foundations, Alexandra Kirby-Lepesh

Mental Problems among Injecting Drug User with HIV at Kiosk for Health Information Atma Jaya Catholic University of Indonesia

Authors: Astri Parawita Ayu

Perception of Private University Student in Jakarta towards Harm Reduction in Drug Addiction Control Program

Authors: Astri Parawita Ayu, Dharmady Agus, Satya Joewana

Patterns of drug use among treatment-seeking illicit drug abusers in Finland: 1997 - 2008

Authors: Ifeoma N. Onyeka, Hanna Uosukainen, Maarit Jaana Korhonen, Caryl Beynon, J. Simon Bell, Kimmo Ronkainen, Jaana Föhr, Jari Tiihonen, and Jussi Kauhanen.

Oral Platform Presentations II Chair: Dr Raju Hajela (CA)

Poly substance use and mental health among alcohol and drug users presenting for treatment

Authors: Wouter Vanderplasschen, Jessica De Maeyer, Kathy Colpaert, Eric Broekaert

Methamphetamine neurotoxicity: a tale on striatal glutamatergic/GABAergic homeostasis disruption

Authors: Frederico C. Pereira, Sofia Viana, Sara Nunes, Teresa Cunha-Oliveira, Ana S. Travassos, Carlos Silva, A. Cristina Rego, Syed F. Ali and Carlos Fontes Ribeiro

Alcohol dependence in later life

Authors: Julia F. van den Berg, PhD

Behaviour determines behaviour - implications for smoking prevention

Authors: Paulo D. Vitoria - Faculdade de Ciencias da Saude da Universidade da Beira Interior, Covilha, Maria de Fatima Salgueiro, Silvia A. Silva, Hein de Vries

Comorbidity of Mood and Substance Use Disorders in Obese Patients with Binge-Eating Disorder

Authors: Carlos M. Grilo, Ph.D.

Alcohol and Substance Use Patterns of Adolescents: A Sample from Turkey

Authors: Simge Kircan

The Risk Starvation Theory of Alcoholism

Authors: Dr. Robin Pope



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Day 2 - Tuesday 6 December 2011

13.10

Lunch

14.10

The NHS Lanarkshire experience of using suboxone and methadone to treat opiate addiction

Dr S Conroy (UK), Dr G Tanner (UK), Mr D Hill (UK)

Naltrexone for opioid dependence: oral, implantable, and injectable

Dr E Krupitsky (Ru)

14.45

Oral Platform Presentations III Chair: Prof S Giacomuzzi (AT)

Avoiding unintended consequence of aggressive pain management in chronic pancreatitis

Authors: B. Vasae Burdick, MA, J. Steven Burdick, MD

Bioethical differences between drug addiction treatment professionals inside and outside the Russian Federation

Authors: Vladimir Mendelevich, MD, PhD, Professor

A model for treating HCV hepatitis in patients receiving methadone maintenance therapy.

Authors: Stephen Malnick, Victoria Sheidvasser, Alon Basevitz, Shabtai Levit

Dopamine D3 receptor antagonists as highly promising anti-addiction, anti-craving, anti-relapse pharmacotherapy medications for treating addiction

Eliot Gardner

Persistent decision making deficit in medication overuse headache

Authors: B. Biagianti, S. Usai, L. Carissimi, R. Muffatti, L. Grazi, S. Scarone, O. Gambini, G. Bussone

The US military as a natural experiment: drinking age, military environment, alcohol treatment episodes among Veterans

Authors: Amy E. Wallace, MD, MPH

Oral Platform Presentations IV Chair: Dr E Krupitsky (Ru)

Whanau Ora: An Indigenous Concept and Strategy to Address Intergenerational Patterns of Addictions

Authors: Dyall L

Randomized comparative study of cyanamid and disulfiram in females with alcoholism

Authors: A.G. Sofronov, A.Y. Egorov

Assessment of the prevalence and treatment needs of alcohol use disorders presenting to clinic services for older adults: A feasibility study for Educational Intervention

Authors: Dr Shamir Patel and Dr Caroline Flisher

Late onset female ("widow") alcoholism in Russia

Authors: Alexey Y. Egorov

Do spiritual add on intervention improve outcomes among methadone clients?

Authors: Dr. Rusdi AR, Professor Dr. Hussain Habil

Adolescent Pathological Gambling (PG): Amino Acids-Natural Molecules in care & cure

Authors: R C Gupta

15.45

Refreshments



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Day 2 - Tuesday 6 December 2011

16.15

Society Workshop: Europad

Chair: Prof I Maremmanni (I)

Topic: "Europad hot topics"

PISA-AOT effectiveness in dual diagnosed patients

Icro Maremmanni (I)

Abstinence oriented OMT - what is the difference?

Lorenzo Somaini (I)

Buprenorphine in maintenance treatment: experience among Italian physicians in drug addiction centers

Paolo Mezzelani (I), Fabio Lugoboni (I)

Unique treatment standards of opioid addiction in Russia: are based on a science or bioethics?

Vladimir Mendelevich (Ru)

Society Workshop: South Eastern European and Adriatic Addiction Treatment Network

Chair: Dr A Kastelic (SI)

Developing New Treatment Programmes

Dr Nusa Segrec (SI)

Treating problematic drug using youngsters, barriers and limitations

Dr Liljana Ignjatova (Mk)

FINAL POSTER SESSION

(Authors please stand by your posters)

17.45

Society Workshop: ESBRA

Alcohol Dependence - how to bridge the gap between basic and clinical research

Chairs: Prof H Walter (AT)/Prof G Colombo (I)

Aims and Activities of ESBRA

Prof H Walter (AT)

Craving and relapse - what can we learn from basic research

Prof G Colombo (I)

Alcohol dependence - bipolar disorders and temperaments - important subgroups for basic research

Prof A Erfurth (AT)

Withdrawal and relapse prevention medications in Alcohol Dependence

Prof O Lesch (AT)

Discussant: Prof S Pombo (PT)

Symposium Title: The international Khat Research Program (KRP): Progress and Future Directions

Chair: Prof Mustafa al'Absi (USA)

Introductory remarks and updates on ongoing KRP activities

Prof Mustafa al'Absi (USA)

Khat and emotion regulation: cross-sectional and pilot studies in Yemen and in Germany

Dr S Bongard and Dr B Pieck (DE)

The validation of self-reported khat chewing amongst khat chewers in London

Dr S Kassim (UK)

Effect of khat chewing on population blood pressure

Prof F Tesfaye (Ethiopia)

Khat chewing; an emerging threat to the cardiovascular system

Dr J Al Suwaidi (Qatar)

Effects of khat chewing on oral health

Dr N Al-hebshi (Yemen)

Khat abuse and schizophrenia treatment outcome in an assertive community-based treatment: a pilot follow-up study in Somalia.

Dr M Odenwald (DE)

19.15

Evening Clinical Focus: Women, Children and Addiction

Chair: Prof Dr G Fischer (AT)

Maternal Opioid Addiction and Newborn Outcomes: Clinical Considerations

Prof L Finnegan (US)

Psychiatric Issues in Addicted Women

Prof Dr G Fischer (AT)

20.00

Close of Day 2 - Conference Dinner 20.30 at Cervejaria Trindade, Rua Nova da Trindade 20C, Chiado, Lisboa



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Chairs: Dr A Kastelic (SI)

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Day 3 - Wednesday 7 December 2011

09.00	Refreshments
09.30	Plenary 3: Making sense of addiction: from drugs and brain mechanisms to new treatments Chair: Dr L Patricio (PT) Speaker: Prof D Nutt (UK)
10.00	Plenary 4: Building Integrated Drug Dependence Treatment Systems Chair: Dr A Kastelic (SI) Speaker: Prof M Trace (UK)
10.30	Plenary 5: Diagnosis and treatment of relationship and sexual addictions Chair: Dr A Kastelic (SI) Speaker: Dr S Rozman (SI)
11.00	Refreshments
11.30	International Doctors for Healthy Drug Policies (IDHDP) The need to challenge unhealthy drug policies to improve drug treatment Dr C Ford (UK) Impact of drug court policies on access to treatment for opiate dependency in New York State: Preliminary results Dr H Catania (US)
12.30	Plenary 6: Smoking treatment in Public Health Chair: Dr L Patricio (PT) Speaker: Dr F Pascual (ES)
13.00	Prize Giving and Closing Address
13.30	Conference Close

7. Presentation Abstracts: Monday 5 December 2011

Introduction and Welcome Address

Chairs: Dr A Kastelic (SI)/Dr L Patricio (PT)

Opening Plenary: The Pathogenesis of addictive disorders: policy implications

Chair: Dr A Kastelic (SI)



Dr. Gilberto Gerra

Gilberto Gerra, born on 24 May 1956, Parma - Italy
Medical Doctor degree at the University of Parma in 1981
Specialist in Internal Medicine 1986
Specialist in Endocrinology 1989

Member of the College on Problem of Drug Dependence (CPDD)

Member of the International Society of Psychoneuroendocrinology (ISPNE)

Member of the Board of the Italian Society on Drug Addiction (SITD)

Member of the scientific committee of the Federation of Dependence Treatment professionals in Italy (Feder.Ser.D) Professor at numerous universities in Italy, on Neurology and Addiction Medicine.

Consultant to the ministries (Ministry of Health, Ministry of Interior, and Ministry of Social Affairs) in the field of substance abuse, amphetamine-derivatives and treatment in Italy.

Director of the Drug Addiction Treatment Centre in Parma from 1995 – 2002.

Director of the Addiction Research Centre of Parma from 1993 – 2002.

2003-2006: Consultant of the National Department on Drugs Policy, Rome.

2004-2007: A member of International Narcotics Control Board (INCB) at the United Nations.

2007-present: Chief of Drug Prevention and Health Branch, Division for Operations, United Nations Office on Drugs and Crime, Vienna.

He is Author and/or Co-Author of many articles in the field of psychobiology of substance abuse, psychoneuroendocrinology and clinical pharmacology (more than 100 on scientific peer reviewed journals).

Epidemiological and clinical data show frequent associations between adverse childhood experiences (ACEs) and substance abuse susceptibility particularly in adolescents. A large body of evidences suggests that the possible dysregulation of neuroendocrine responses as well as neurotransmitters function induced by childhood traumatic experiences and emotional neglect could constitute one of the essential biological changes implementing substance abuse vulnerability. Moreover, genotype variables and its environment interactions have been associated with an increased risk for early onset substance abuse. In this presentation we underline several data that support the hypothesis of the involvement of hypothalamus-pituitary-adrenal (HPA) axis in mediating the combined effect of early adverse experiences and gene variants affecting neurotransmission. The presented data also confirm the relationship between basal plasma levels of cortisol and ACTH, on the one hand, and retrospective measures of neglect during childhood on the other hand: the higher the mother and father neglect (CECA-Q) scores are, the higher the plasma levels of the two HPA hormones are. Furthermore, such positive relationship has been proved to be particularly effective and important when associated with the "S" promoter polymorphism of the gene encoding the 5-HTT transporter, both in homozygote and heterozygote individuals.



Standards and guidelines to improve treatment quality

Roland Simon

Head of unit • Interventions, best practice and scientific partners
European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)
Cais do Sodré, 1249-289 Lisbon, Portugal • www.emcdda.europa.eu

Treatment for an aging cohort

Alessandro Pirona, MSc, PhD

Scientific analyst - Health and social responses (EMCDDA)

Drug users and heroin assisted treatment

Teodora Groshkova

Senior Scientific Analyst - Health and Social Responses (EMCDDA)

Synopsis

Today treatment of addiction to illicit drugs is available all over Europe. The legal basis has been created in nearly all countries for substitution treatment, the number of substitution substances has increased and some countries have started to make heroin supported treatment a second line option. In addition to this “normalisation” of treatment provision for drug addicts, the variety of treatments offered has increased with the complexity of needs. Today not only heroin addiction is treated all over Europe, but also substance use disorders with a focus on cocaine or cannabis. In parallel to the expansion of treatment provision aspects of quality have come more and more into the focus of interest. While “evidence based” approaches today have become a standard request, adequate treatments for these different types of substance use disorders have to be developed and evaluated carefully. This session is looking into some aspects of this process, which is still ongoing.

The session starts with an general overview by **Roland Simon** from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on the question, why and how in Europe standards and guidelines have developed in this field. One main questions here is, how far they reflect consensus only and how much they are based on scientific evidence. The implementation and its practical consequences are further aspects which will be covered in this presentation. But standards are not only a topic of scientific debate today in Europe. The last part of the presentation will inform about policy developments around EU “minimum standards”.

Older drug users in treatment are a very specific group, which has become more visible only recently. Special needs and special conditions of life make treatment and care for this group different. An increasing number of cases, which is expected to further grow in the coming years, underline the importance of this target group. On the basis of an EU wide study, **Alessandro Pirona** (EMCDDA) presents national findings and approaches towards this group of clients. For therapists and managers of treatment facilities it will be important to be prepared for upcoming needs.

In the third presentation of this session **Teodora Groshkova** (EMCDDA) is discussing the state of the art with respect to diamorphine (heroin) assisted treatment. After a number of trials which were conducted successfully in Switzerland, the Netherlands, Spain, Germany, Canada and the UK the body of evidence is quite solid already with respect to this second line intervention for opiate addicts. With the support of the main researchers from the trials the EMCDDA has recently published an overview on the evidence. In addition to that questions of implementation will be discussed, looking into the situation in different EU member states.

European Quality Audit of Opioid Treatment (EQUATOR): Access to Quality Treatment in Europe



Barriers to Opioid Substitution Treatment Access, Entry and Retention: A Survey of Opioid Users, Patients in Treatment, and Treating and Non-Treating Physicians

Prof Dr H Stöver (DE)

European Quality Audit of Opioid Treatment (EQUATOR): Access to Quality treatment in Europe

Dr João Goulão (PT)

Panel Discussion: Prof Dr H Stöver (DE) and Prof Dr G Fischer (AT)



Prof Dr Heino Stöver is a social scientist, PhD and Professor of Social Scientific Addiction Research at the Faculty of Health and Social Work, University of Applied Sciences, Frankfurt, Germany. hstoever@fb4.fh-frankfurt.de

Heino Stöver has been director of the Archive and Documentation Centre for Drug Literature and Research at the University of Bremen since 1987. He is co-founder of the Bremen Institute for Drug Research (BISDRO), president of the national umbrella organisation working in the field of harm reduction for drug users called akzept e.V. (Bundesverband für akzeptierende Drogenarbeit und humane Drogenpolitik). He is also director of the Institute of Addiction Research of the University of Applied Sciences in Frankfurt am Main. Heino Stöver's main fields of research and project development expertise are health promotion for vulnerable groups, drug services, prisons and related health issues (especially HIV/AIDS, Hepatitis C and drug dependence). His research and consultancy expertise includes working as a consultant for the European Commission, United Nations Office on Drugs and Crime (UNODC), WHO, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), International Committee of the Red Cross (ICRC) and Open Society Institute (OSI) in various contexts. He has published several articles in peer reviewed international journals and books on preventing and treating infectious diseases adequately (HIV/AIDS, hepatitis, STIs, and TB), opioid substitution programmes (including the provision of heroin) in the community and in prisons, and general health care issues in prisons. He is co-founder of the International Journal of Prisoner Health.



João Augusto Castel-Branco Goulão

Presidente do Conselho Directivo, Instituto da Droga e da Toxicodependência, I.P. Praça de Alvalade, nº 7 - 12º, 1700-036 Lisboa - Portugal <http://www.idt.pt>
joao.goulao@idt.min-saude.pt

1971/1978, Graduation in Medicine by the Lisbon Medicine University (Santa Maria Hospital)

1983, Admission as General Practitioner

1987, Training in the field of Drug Addiction (Taipas Center)

1992, President of the Installing Committee of the Algarve Treatment Centre for Drug Addicts

1995, Algarve's Drug Addiction Prevention and Treatment Service (SPTT) Regional Director

1997/2002, Chairman of the Board of Directors of SPTT

Portuguese Representative in the Scientific Committee of the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA).

Portuguese Representative in the Committee of the European Programme for the Prevention of Drug Addiction

Insignia of the Order of "Infante D. Henrique"

2005, Chairman of the Board of Directors of the Institute on Drugs and Drug Addiction and National Coordinator for the Fight Against Drugs

Member of the National Commission for the Fight Against AIDS

Member of the Committee for the National Strategy on Drugs

2007, Chairman of the Horizontal Drugs Group, Council of the European Union during the Portuguese Presidency of the European Union

European Quality Audit of Opioid Treatment
(EQUATOR): Access to Quality Treatment in Europe



Prof Dr Gabriele Fischer qualified from the Medical University of Vienna in 1984, where she went on to specialise in psychiatry and neurology, with a fellowship at Washington University Medical School, St. Louis; US (1986-1989). In 1994, she became the Medical Director of the Addiction Clinic at the Medical University Vienna, Austria. gabriele.fischer@meduniwien.ac.at

Prof Fischer has been involved in many epidemiological and psychopharmacological studies in substance dependence, as well as her pioneering work in the research of substance dependence and pregnancy, which resulted in many scientific publications in addition to national & international funding eg: NIH/NIDA funding on the topic of a prospective multicentre trial on methadone versus buprenorphine in pregnancy (MOTHER). She is a consultant for several international and national groups including the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO), and is also a board member of the Quality Control Commission in Medicine in Austria. To date she has given over 400 scientific presentations and has over 150 scientific publications. Prof Fischer is also involved in editorial and review work for many psychiatric journals, is a board member of several addiction societies and is currently the President of the CPDD International Committee.

Barriers to Opioid Substitution Treatment Access, Entry and Retention: A Survey of Opioid Users, Patients in Treatment, and Treating and Non-Treating Physicians

Prof Dr H Stöver (DE)

Background/Aims: Although the number of patients in opioid substitution treatment (OST) in Germany has increased constantly in recent years (50% more patients in 2009 than in 2003), many dependent opioid users remain out of treatment. Project IMPROVE assessed attitudes and beliefs regarding barriers to OST. **Methods:** Data were collected from opioid-dependent individuals (using self-complete questionnaires) currently in treatment (n = 200) or not in treatment (n = 200), and OST-accredited physicians (using computer-aided telephone interviewing) who currently provided (n = 101) or did not provide OST (n = 51) from different regions in Germany. **Results:** Key results showed that OST was perceived as valuable and effective by physicians, patients and users but that OST access and provision were inadequate, especially outside of major cities. **Conclusion:** These findings are consistent with national data indicating a worsening imbalance between patient demand for treatment and the supply of available physicians accredited to provide it (doctor-patient-relationship 1:27 (2008) vs. 1:20 (2003)). Many physicians and patients were not aware of, or were not utilizing, therapeutic strategies that may help reduce misuse and diversion. Improvements in the regulatory framework for OST, and identifying additional sources of support and training, would encourage more accredited physicians to actively provide treatment and thus help to fully realize the benefits of currently available treatment options.

**European Quality Audit of Opioid Treatment
(EQUATOR): Access to Quality Treatment in Europe**



European Quality Audit of Opioid Treatment (EQUATOR): Access to Quality treatment in Europe

Dr João Goulão (PT)

Authors: Dr João Goulão, Professor Dr Heino Stöver, Professor Dr Gabriele Fischer

Objective: Opioid maintenance treatment is recognised as the most effective intervention for opioid dependence, but is delivered in a heterogeneous manner across Europe. Differences exist across Europe in terms of the availability and ease of access to treatment, participation of GPs in treatment delivery, utilisation of a range of pharmacotherapies, the quality of patient care, the medication doses received, requirements for supervised dosing, levels of medication misuse and diversion, continuity of treatment among imprisoned individuals, and appropriate outreach and education for out-of-treatment drug users. However, the consequences and implications of such variability from a clinical and public health perspective remain unclear, due to a lack of studies that have simultaneously assessed treatment delivery across European country borders. The European Quality Audit of Opioid Treatment (EQUATOR) was designed to explore the attitudes and experience of treatment among physicians, patients and out-of-treatment opioid users across Europe.

Method: A survey involving telephone or face-to-face interviews of physicians and questionnaires self-completed by patients and opioid users was conducted simultaneously during 2011 in 10 different countries including Italy, Portugal, Austria, Greece, France, Denmark, Norway, Sweden, the UK and Switzerland. This research was modelled after the IMPROVE study completed in Germany in 2009 by AKZEPT and Professor Heino Stöver. Topics addressed encompassed treatment practices (e.g., ease of access, therapeutic goals, medications, doses, counselling, regulations and guidelines) and experiences (e.g., satisfaction, barriers to entry and retention), clinical and public health outcomes (e.g., drug use, treatment retention, misuse and diversion), and demographic characteristics of users and patients.

Results: In total, data from 900 physicians, 2600 patients and 1100 out-of-treatment opioid users across 11 countries will be collected, compiled and analysed. Full results of the European-level combined analysis are due to be released in 2012, following publication of country-level data. This presentation will (a) outline the rationale and methodology for EQUATOR and (b) explore the implications of the availability of this information via an expert panel discussion of selected highlights from interim analyses.

Conclusion: EQUATOR is one of the largest pan-European investigations of opioid maintenance treatment conducted to date, providing a contemporaneous assessment of treatment practices and attitudes across 11 countries. The results of this analysis will provide new insights into the variability of treatment delivery systems with regard to clinical and public health outcomes, and thereby provide a new body of evidence to guide effective future decision-making.

Additional Information: Funding for EQUATOR was provided by Reckitt Benckiser Pharmaceuticals.

Training Session 1: Maintenance therapy and sexual behaviour (1 hr)
Room: Sala Sony (1st Floor)
Univ. Prof. DDr. S. Giacomuzzi (AZ)



Univ. Prof. DDr. S. Giacomuzzi Salvatore.Giacomuzzi@i-med.ac.at

Free University of Bolzano; Italy;

Discipline(s) : Addiction Research; Cognitive Science; Quality of Life in Drug Addiction; Forensic Science; Addicted children's and child development under complicate conditions; MMT; Treatment Issues; Neuropsychopharmacology, Psychotherapy in Addiction; etc.

Member of the Editorial Advisory Board: The Open Addiction Journal

Reviewer for the following Journals:

The Scientific World, BMC Public Health, Health and Quality of Life Outcomes, Addiction Drug and Alcohol Dependence, Canadian Medical Association Journal, Israel Science Foundation, CMAJ, JAMA

Maintenance therapy and sexual behaviour

Sexual dysfunction has been reported as an adverse effect of opioids including methadone and buprenorphine maintenance treatment.

In recognition of this, this workshop aims to present specific problems and facts regarding this issue. Furthermore, the workshop presents own results regarding sexual behaviour and dysfunction prevalence within maintenance treatment. This workshop therefore provides some basic information about the main physical illnesses and impairments which can interfere with human sexual functioning regarding addiction.

Training Session 2: Pathological dependencies prevention & Risk behaviors prevention (1 hr)
Room: 417, Sala Descobrimentos
Dr Luis Patricio (PT)/Dr José Manuel Pádua (PT)



Dr Luis Patricio is the psychiatrist co-founder and board member of Lisbon Centro das Taipas (Centre for the Treatment of Drug Addicts) and a past director and consultant in addictions for the Portuguese Ministry of Health.

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Dr Patricio was the Ministry of Health Delegate in the E.C: Ad Hoc Addiction Group 1990/1992 and in the Observatory Group, Health Group 1990/1992. He was a member of the board of the National Drugs Treatment Network SPTT - Ministry of Health from 1990 - 94 and national co-ordinator for the 1st and 3rd European Drug Prevention Week - U.E. 1991/92 and 1997/1998. Luis Patricio was the founder of the first Portuguese Health Professionals NGO Therapeutic Community in 1986 - the first including pharmacotherapies - and founder and former president of the National Association of Drug Workers - ANIT in 1989. He was co-founder and member of the Technical and Scientific Council of T3E - Drug Addiction Europe Exchanges Studies in 1991 and co-founder and former president of the European Federation of National Drug Workers Associations - ERIT in 1992. Dr Patricio was a collaborator of the Lisbon Harm Reduction Emergency Plan in 2000 and author of Projects of Harm Reduction 2001/2002. He was also the designated expert and consultant in the elaboration of the Law of Harm Reduction and Damage minimization (1983/2001). Dr Patricio was a consultant to the Cape Verde Republic in 1997 & 2009 and Social Affairs Secretary of the Azores from 2003 - 2008 and the Andin Nations Community, Synthetics Drugs Prevention in 2009. Dr Patricio was the Portuguese representative to the Scientific Committee of EMCDDA 2006/2007 and has been a member of the Scientific Board of EUROPAD since 2006. He is also a member of Sociedad Científica Española - Socidrogalcohol. In 2008 he was awarded a Silver Medal for Distinguished Services by the Portuguese Ministry of Health. Dr Patricio is also the author of the following books: Os Profissionais de Saúde e a droga, Droga de Vida, Vidas de Droga, Face à droga com Re(agir), Droga para que se saiba, Droga. Aprender para Prevenir, Tratamento da dependência de heroína. A manutenção opioide. Luis Patricio also produced an 80 minute film entitled "Drugs - Risks and Dependencies", as an audiovisual aid to be delivered in DVD format to Portuguese family physicians, intended to update knowledge about risk behaviours, substance abuse (legal or illegal) and therapeutic options.

Cont./...

Training Session 2: Pathological dependencies prevention & Risk behaviors prevention (1 hr)
Room: 417, Sala Descobrimentos
Dr Luis Patricio (PT)/Dr José Manuel Pádua (PT)



José Manuel Pádua, born in Lisbon, finished Medical School of Lisbon University in October 1978. He is a Hospital Psychiatrist since December 1986, at this present time with the degree 'Chefe de Serviço'.

At Oporto, in June 1987, he obtained the title 'Specialist in Psychiatry' by the Portuguese College of Physicians.

Since June 1987 he worked in a clinic for the treatment and rehabilitation of drug addicts in downtown Lisbon, Centro das Taipas, an integrated centre functioning in several areas as primary prevention, treatment, social and professional reintegration of drug addicts and training of professionals. He was active in the outpatient clinic, the emergency service and the inpatient clinic, where he acted as team coordinator for two years.

Since October 1997 he worked in another centre for treatment and rehabilitation of drug addicts, in an east Lisbon poor district, CAT de Xabregas, mainly in the outpatient clinic, with a special concern on pregnant drug addicted women.

From May 2006 to June 2011 he was the Director of Treatment and Reintegration Department of the coordinative structure of the Portuguese Institute for Drugs and Drug Addiction.

He also has worked and made research and epidemiological studies in several areas, beyond drug addiction: high blood pressure, psychosocial determinants of cardiovascular diseases, health prevention and promotion of healthier behaviors in the community, social network and social support, and cessation of tobacco smoking.

He was Professor of Psypathology and Psychosocial Needs in the Superior School for Nurses 'Francisco Gentil' for 15 years.

Pathological dependencies prevention & Risk behaviors prevention
Drug Prevention Case© Pedagogical Case

The Drug Prevention Case is an instrument designed to stimulate reflection about the value of the promotion of education to health and welfare, putting in relief the prevention of pathological dependencies and risk behaviors for individual and family and social health.

Objectives

- To empower adequate information in order to carry out training with established criteria, and thus to contribute to education for citizenship
- To demystify the concept of 'drugs'
- To stimulate capacities to observe, learn, think and choose
- To understand the concept of 'psychoactive substances'
- To recognize the psychoactive substances those are around
- To understand the concept of damaging or harmful consumption
- To increase the knowledge about the misuse and abuse of substances and also to promote the capacity to recognize and face harm behaviors to health.
- To increase the valuation and respect for health, the responsibility of the one that educates and the ones who take on the apprenticeship.

The Drug Prevention Case contain a number of utensils, objects, games, books, pedagogical videos with statements from professionals of several countries, pedagogical cards and slides in informatics support, legal substances and replicas of illegal substances.

Applying to the individual and group interaction, with the support of real objects, we try to promote the reflection.

Through the spontaneous or directed play or role play, we look for solutions for a concept, in order to pass from the real to the symbolic, and we promote with dynamism education concepts to health face the consumptions and risk behavior

Society Workshop: CEIA -ISEC (Portugal)
Chair: Prof H Lopes (PT)



Synthesis of the epidemiological studies re: gambling dependence in Portugal made in the last 4 years

Prof H Lopes (PT)

The panorama of illegal gambling in Portugal - relation between illegal gambling and gambling dependence

Dr A Alegria (PT)

Action for gambling recovery addiction

Dr P Marques (PT)

Posters presentations:

1. Couple therapy with pathological gamblers

Authors: Cunha, D. & Relvas, A.P.

2. Online and offline Portuguese Pathological Gamblers: Characterizing and Comparing.

Authors: Hubert, P*; Griffiths, M** & Sommer, M* *Autonomous University of Lisbon **Nottingham Trent Uni.

3. Characterization of online gambling consumption among university students of technological sciences and social sciences

Author: Rui Magalhães, ISCTE & ISEC/CEIA



Synthesis of the epidemiological studies re: gambling dependence in Portugal made in the last 4 years

Henrique J. C. Lopes, PhD

Director do Centro de Estudos e Investigação Aplicada

Chair of research and development

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The study of the epidemiology of gambling dependence begun in a systematic way, with a co-operation between Portuguese Catholic University and State Portuguese gambling operator (SCML) in 2003. Later, in 2010 it was created a specific research line of the matter at CEIA/ISEC connected with the work of UCP/SCML. During the period it was produced different researches from gambling consumption among Portuguese population to epidemiology of gambling addiction in specific population groups. Methodological research works was equal be done.

The global evaluation is that the Portuguese population are in line with the rest of the western Europe, in terms of incidence and prevalence, as well in co-morbidities. Between young adults the gambling problem seems have a concerning evolution, mainly among university students in consequence of the online gambling.

Online Poker is the most recent wave of gambling with dozens of thousands applicant gamblers. Studies are under work about this issue, as well about gambling relation in upper secondary students. Research made over online gaming at adolescents lets anticipate potential future problems if admitted some relation between online gaming and online gambling.

Portugal continuing to present deep lack of research in the gambling dependence clinical field.

Keywords: Portugal, Epidemiology, Gambling



The panorama of illegal gambling in Portugal - relation between illegal gambling and gambling dependence

Dr A Alegria (PT)

According to the Portuguese law, the right to operate games of chance or betting is reserved to the State and may only be exercised by companies or other entities to which the Government grants the respective concession by law or administrative contract.

So, whoever operates games of chance in places other than those legally authorized shall be punished.

The illegal gaming and betting has in Portugal two different types of supply, one focused on the provision of a physical platform, usually a gambling machine with a random data generator that defines the outcome of the game, most of the times by tampering with amusement game machines which are incorporated with casino games. These equipments are usually installed in coffee shops, clubs and neighbourhood associations.

And another one, which results from the evolution of gambling technologies, is based on virtual platforms which allows the access to games of chance or betting in any place or time, using a computer with a communication link.

The suppliers of the mentioned gambling and betting are usually individuals or companies connected to illegal economic activities who have purchased licenses to operate entertainment equipment and tamper them as described.

These players are often people who are prohibited from entering or have no condition for the regular frequency of licensed casinos and bingos, and choose to experience those places. There are also players who have knowledge on technologies that allows them to access gambling sites on the internet.

The demand for offline gambling relates mostly to full aged people but also includes young and teenagers who are searching for fun games and are confronted with games of chance. On the other hand the demand for online gambling is located amongst low aged people, mostly students attending high school and university.

Some studies on gambling addiction suggest a significant increase of the problem gambling also amongst adolescents.

A lack of law and regulation for the online gambling causes weakness in the supervision.

In Portugal, in order to improve the control of illegal gambling and betting and to protect addicted players, it's priority:

- Development of a specific law to regulate online gambling and betting;
- Set a different classification for some illegal practices in order to free the courts of minor offenses;
- Sharing of information amongst EU Member States;
- Harmonization of practices amongst EU Member States in the prosecution and restraint of illegal gambling and betting.

CEIA-ISEC (Portugal) Poster Presentations



1. Couple therapy with pathological gamblers

Authors: Cunha, D. & Relvas, A.P.

The literature highlights the important role of the family/couple's dynamics in the treatment of the pathological gambling (PG) (Lee, 2009). However, the systemic approaches to this problem are scarce (Garrido et al., 2004). To fill this lack of approaches, the present project consists in the development, application and study of a couple therapy protocol for PG. It aims to 1) analyze the therapeutic process and its results; 2) describe the pathological gamblers's family/couple dynamics. In order to achieve the first aim, we will analyze variables such as PG symptomatology; family, couple and individual functioning; and the therapeutic alliance, through a quantitative methodology (n=30 couples). To perform the second goal, a qualitative methodology (narrative analysis) (n=8) will be used. After the therapeutic protocol administration we expect a decrease of the PG symptomatology and an increase of the adapted family, couple and individual functioning. Probably, the therapeutic alliance and the therapeutic results will be strongly associated. We believe that some patterns of couple functioning (e.g., control) and several maintenance factors (e.g., gambler's tasks replacement) will be identified. Sex differences are also expected. Furthermore, we hope to develop an efficient tool to the clinical practice with PG and to improve the systemic conceptualization of this problem in an empirically-based way.

Key-words: pathological gambling, systemic couple therapy, therapeutic process, therapeutic results, family/couple dynamics

2. Online and offline Portuguese Pathological Gamblers: Characterizing and Comparing.

Authors: Hubert, P*; Griffiths, M**. & Sommer, M* *Autonomous University of Lisbon **Nottingham Trent Uni.

This study attempts to build the profile of the Portuguese online and offline gambler in three categories: recreational; abusive and (in particular) pathological. Online and offline gamblers are compared and characterized to see which is more addictive (and why). Two different questionnaires for online and offline gamblers were placed on a site to collect information on several levels: socio-demographics; gambling behaviors; motivations; co-morbidities; coping strategies; values and a gambling screen (SOGS) to assess their degree of pathology. Our data follows some international recent findings, showing that online and offline pathological gamblers may not be so different than expected. In this sample, more Offline Pathological Gamblers (OFPGs) were represented than Online Pathological Gamblers (ONPGs). Online abusive gamblers were more represented than offline abusive gamblers. ONPGs seem to be similar to OFPGs in some areas: they play more at same hours of the day; they feel gambling increases skills of decision taking and concentration; they report time goes very fast; they particularly enjoy the feeling of euphoria and secondly escape; they substitute activities like work and/or sex with gambling; they have significant association with anxiety; depression and hyperactivity, and OFPGs are different in the following areas: they have less stability in relationships with father and mother, they have more suicidal ideation and also play more online than ONPGs play offline.

3. Characterization of online gambling consumption among university students of technological sciences and social sciences Author: Rui Magalhães, ISCTE & ISEC/CEIA

Introduction: It has been noted that the introduction of the Internet to gambling activities brought significant changes in some of the fundamental gamblers characteristics. This study examined some of the differences between Internet gamblers and non-Internet gamblers, carried out on a group of university students studying technological sciences and social sciences

Hypothesis: (H1) Characteristics statistically differentiating Internet gamblers from non-Internet gamblers;

(H2) Dependence between online gambling prevalence and study area;

(H3) Dependence between online gambling problem prevalence and study area;

(H4) Relationship between Internet use intensity and online gambling intensity;

(H5) Relationship between Internet use intensity and online gambling problem;

(H6) Difference between the monthly average expenditure on online gambling made by students studying technological sciences and students studying social sciences.

Method: The methodology supporting the research is based on an online questionnaire, done to a previously determined set of individuals, from two Universities, which provided the research sample (n=1.422). On the data provided from this query, statistical analysis was applied, both descriptive and cross tabulation, as well as multivariate statistical analysis.

Results: Data was analyzed from a group of 1.422 students who attended the online survey. Two hypotheses were confirmed: H1 e H3. The online gambling prevalence's between 1,5% – 5,5% and the gamblers online gambling problem prevalence is 12,2% for pathological gamblers and 26,8% for risk gamblers. Our findings indicated that the college student who gambles online is male, young adult with age between 21 – 23 years old, single, is primarily a student, declared family annual income between 15.000€ – 25.000€, an undergraduate and originally from Lisbon.

Conclusion/Discussion: The present study aimed to contribute for a deeper knowledge on the online gambling phenomena among university students. No disregarding to some of the research limitations, it is admissible that this study can mitigate some of the knowledge gap on the prevalence rates, demographic characteristics, preferences, patterns, behavior's and online gambling problem. The conclusions are aligned with the results of the majority of similar literature publications. Due to the size of the sample (n=1.422), representing one of the biggest studies regarding online gambling among university students, the research contributed for the boldness of the online gambling consumption characterization.

Society Workshop: The Portuguese Society of Psychiatry and Mental Health
Chairs: Prof A P Palha (PT)/Prof J Relvas (PT)
Neurocognition, drugs and HIV



Dr J Marques Teixeira (PT)
Dr M Bragança (PT)

Grant-funded session 1: Four presentations on aspects of maintenance pharmacotherapies in the treatment of opioid dependence
Chair: Prof I Maremmani (I)



Icro Maremmani is Professor of Addiction Medicine at the University of Pisa and University of Siena, "Vincent P. Dole", Dual Diagnosis Group, Santa Chiara University Hospital, Department of Psychiatry, NFB University of Pisa, Italy. He graduated at the Medical School of the University of Pisa, Italy in 1979 and went on to specialize in Psychiatry, taking his second degree cum laude in 1983. He is currently on the Board of Directors of the Department of Psychiatry at the Santa Chiara Hospital of the University of Pisa, Italy. He is Professor of Drug Addiction Medicine at the School of Psychiatry of the Universities of Pisa and Siena. He has been President of the European Opiate Addiction Treatment Association (EUROPAD) since its foundation in Geneva, Switzerland in 1994. As President of EUROPAD he has organized international symposia in the USA during the Conferences of the American Association for the Treatment of Opiate Dependence (AATOD) and Conferences in several European cities (Saint-Tropez, 1995; Lubljana, 1997; Arezzo 2000; Oslo 2002; Paris, 2004; Bratislava, 2006; Sofia, 2008). He received the Dole-Nyswander Award in Washington (DC), USA in 1994 and was the first non-American winner of that award. In 2004 he received the "Chimera Award" in Paris. In 1990 (Cagliari, Italy) he became a founding member of the Società Italiana Tossicodipendenze - Italian Society of Addiction Medicine (SITD-ItSAM), and is currently on its Board of Directors. He is author of the chapters on Drug Abuse and Aggression in the second edition of the Trattato Italiano di Psichiatria. To date he has 500 scientific publications and has given over 300 scientific presentations. He is Editor of Heroin Addiction and Related Clinical Problems, the official journal of EUROPAD, and board member of Journal of Maintenance in the Addictions, Italian Journal on Addictions, Addictive Disorders and their Treatment, and Odvinosky.



Prof McKeganey is the founding director of the Centre for Drug Misuse Research of Glasgow and has directed the research programme since 1994. Neil McKeganey graduated from the Universities of Sussex, London and Aberdeen. For the last fifteen years he has concentrated on research within the drug misuse field and has undertaken work on drug injectors and HIV, prostitution, and drugs and young people. Professor McKeganey led the research team which undertook a pilot of the ADAM methodology of interviewing and drug testing arrestees. He is a member of the Greater Glasgow Drug Action Team. He has acted as an advisor to the UK Home Office, the World Health Organisation and the United States Department of Justice. He is the author of many published books and articles and his most recent book, co-authored with Professor James McIntosh, is "Beating the Dragon: the recovery from dependent drug use". Neil McKeganey has also recently published work on pre-teen drug misuse, the impact of parental drug use on children, and drug users' views of methadone.

Medically Assisted Recovery Within the Context of the UK Drug Strategy: Methadone and Suboxone Clients Compared. Professor Neil McKeganey Dr Uday Mukherji Centre for Drug Misuse Research www.drugmisuseresearch.org cdmres@gmail.com

This presentation reports the results of research comparing the impact of Suboxone and methadone prescribing on two samples of drug users in contact with drug treatment services within Scotland. Over the last few years within the UK there has been a major shift in drug treatment policy that has seen increasing attention being given to ensuring that drug treatment services are working towards drug users becoming drug free. Within policy terms there is a recognition that in the past significant numbers of drug users have become stuck in treatment, failing to progress towards the full potential of their recovery to abstinence and remaining for many years on substitute prescribing regimes. In the research reported here we compared the impact of two drugs (Suboxone and methadone) most closely associated with the notion of medically assisted recovery. Drug users prescribed Suboxone or methadone were both shown to have made impressive progress in their recovery although the greatest improvements were identified on the part of those prescribed Suboxone. On the basis of the research we have undertaken here there is a strong case for identifying which drug users currently participating within opiate substitution prescribing regimes may benefit from shifting from methadone to Suboxone in order to maintain the momentum in their recovery.

Grant-funded session 1: Four presentations on aspects of maintenance pharmacotherapies in the treatment of opioid dependence

Chair: Prof I Maremmani (I)



Sharon Walsh, Ph.D., is a Professor in the Departments of Behavioral Science and Psychiatry, and Director of the Center on Drug and Alcohol Research in the College of Medicine at the University of Kentucky. Dr. Walsh earned her M.S. and Ph.D. from Rutgers University in Behavioral Neuroscience and completed her postdoctoral studies at Johns Hopkins University School of Medicine. She remained at Johns Hopkins for 13 years as a faculty member of the Behavioral Pharmacology Research Unit before leaving at the rank of Professor for the University of Kentucky in 2005.

Dr. Walsh's clinical research is focused on pharmacological issues in opioid and cocaine dependence and has been supported by the National Institute on Drug Abuse, private foundations and the pharmaceutical industry. She has conducted studies on the pharmacodynamic and pharmacokinetic characteristics of opioid treatment agents, including buprenorphine, methadone, LAAM and lofexidine, has conducted abuse liability evaluations of opioid analgesics, and has evaluated potential pharmacotherapies for efficacy and safety in the treatment of cocaine dependence. Dr. Walsh was the recipient of the Presidential Early Career award for Scientists and Engineers (1997) and the Joseph Cochran Young Investigator Award (2000). She has served on numerous review and advisory boards, including grant review panels for NIDA and the VA, advisory panels for the Food and Drug Administration, the National Institutes of Health and American Society for Addiction Medicine. She has served as President of the College on Problems of Drug Dependence and has published more than 80 manuscripts and book chapters on substance abuse.

Misuse of buprenorphine: The role of pharmacology, patients and physicians.

Professor Sharon L. Walsh
University of Kentucky
Lexington, Kentucky USA

Buprenorphine and/or buprenorphine/naloxone are approved for use in the treatment of opioid dependence in approximately 40 countries throughout the world. While their efficacy in the treatment of opioid dependence has been clearly demonstrated, their availability is also associated with abuse and misuse. This presentation will explore the medical consequences of misuse and evaluate the role that pharmacology, patients and physicians may play in increasing or decreasing the likelihood of misuse. Buprenorphine, despite its partial agonist profile, has known abuse liability and has become a primary drug of dependence in countries with restricted access to heroin (e.g., Finland). Buprenorphine/naloxone was designed as an abuse deterrent medication. The extent to which this abuse deterrent feature is effective is dependent upon a number of factors, including dependence state of the individual, the route of administration, and the background opioid on which they are dependent. This presentation will review data that reveal the extent to which the abuse deterrent feature is active after sublingual, intravenous and intranasal administration. Recent data indicate that naloxone may have substantial intranasal bioavailability, and the implications of this will be presented. Finally, the role that prescribing practices in unsupervised dosing settings play in fueling misuse and diversion of buprenorphine and buprenorphine/naloxone will be discussed along with some recent data on an intervention aimed at physicians to help them reduce misuse and diversion of these treatment agents by their patients.

8. Presentation Abstracts: Tuesday 6 December 2011

Plenary 1: Definitions and Diagnosis

Chair: Dr L Patricio (PT)



Dr. Raju Hajela, CD, MD, MPH, CMRO, CCSAM, CISAM, FASAM, FCFP, DABAM
Dr Hajela is the President and Medical Director of H.U.M. Health Upwardly Mobile Inc., in Calgary, Canada. He received his MD from Dalhousie University in 1982 and Master of Public Health (MPH) from the Harvard School of Public Health in 1988. He is a past President of the Canadian Society of Addiction Medicine. He is the current Region IX (International) Board Member of the American Society of Addiction Medicine. He is a past Vice President and Board Member of the International

Society of Addiction Medicine.

His undergraduate studies were in Physics, an interest he has maintained, especially as the concepts relate to consciousness and health. He has practiced Transcendental Meditation (TM) since 1986, completed training in Maharishi Ayurveda in 1994 and provided Continuing Medical Education (CME) programs for physicians regarding the benefit of TM personally and for patients.

Dr Hajela served in the Canadian Forces from 1979 to 1995. His assignments included a Field Medical Officer, United Nations (Golan Heights), Flight Surgeon, Canadian Forces Europe, Staff Officer - Occupational Health/Surgeon General's Office and Director, Addiction Rehabilitation Centre in Kingston, Ontario. He is a retired Major.

Dr Hajela is a Certificant of the College of Family Physicians of Canada (CFPC), the American Society of Addiction Medicine (ASAM), the Canadian Society of Addiction Medicine (CSAM) and the International Society of Addiction Medicine (ISAM); and is a Fellow of ASAM and CFPC. He is a Certified Medical Review Officer (CMRO) and a former Civil Aviation Medical Examiner (CAME). He has held faculty appointments in Family Medicine and Psychiatry at Queen's University (1992-2001), and has taught medical students and residents at the University of Toronto, Queen's and the University of Calgary. He is a Diplomat of the American Board of Addiction Medicine (ABAM).

Definitions and diagnoses: the evolution in addiction medicine

Addiction is a word that means different things to different people. Although the common perception of this term is associated with excessive use of substances and some behaviours, the advances in neurosciences over the last several decades have identified the brain reward, motivation, memory and related circuitry that delineate the biological underpinnings of this disease that are related to genetics and environmental exposure.

This presentation will review historical concepts and models that underscore how substance-related and addiction-related problems are viewed in society around the world. These concepts, definitions, terminology and diagnoses govern policy, funding and treatment decisions. The similarities and differences between the International Classification of Diseases (ICD) and the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association will be reviewed in context of the definition of Addiction developed by the Canadian Society of Addiction Medicine (1999), adopted by the International Society of Addiction Medicine (2002) and further refined by the American Society of Addiction Medicine (2011). Implications for practice, policy and future research will be discussed.

Plenary 2: Methods for Protecting the Fetus Exposed to Maternal Addiction

Chair: Dr L Patricio (PT)



Loretta Finnegan, MD, LLD (Hon.), ScD (Hon.), is President of Finnegan Consulting, LLC and Former Medical Advisor to the Director, Office of Research on Women's Health, NIH, DHHS. She consults in the areas of education, research, and treatment issues relating to women's health and perinatal addiction. She is recognized nationally and internationally as an expert in these fields and is credited with the development of an assessment tool for neonatal opioid abstinence which is used widely in the USA and abroad. As Founder and Former Director of Family

Center at Thomas Jefferson University in Philadelphia, PA and Professor of Pediatrics, Psychiatry and Human Behavior, Dr. Finnegan developed a landmark program that provided comprehensive services for drug-dependent women and their children. She has authored or co-authored 173 scientific publications and has spoken at scientific conferences where she has given nearly 1000 presentations on topics related to health issues in women and children, and has participated in international symposia, conferences and technical consultations as a visiting professor in 27 countries.

Methods for Protecting the Fetus and Newborn Exposed to Maternal Addiction

Maternal addiction places the woman at increased risk for medical and obstetrical complications with the most frequent and damaging to the fetus including: septicemia, hepatitis, nutritional deficiencies, pneumonia, urinary tract infection, sexually transmitted diseases, abruptio placentae, amnionitis, placental insufficiency, pre-eclampsia and eclampsia, premature labor, and premature rupture of the membranes. Factors that should be considered when attempting to improve the outcome of drug exposed infants are the amount of prenatal care, prevention of maternal medical and obstetrical complications and assuring stabilization of maternal treatment medication dosage to prevent episodes of withdrawal or overdose. As a result of the problems encountered by opioid addicted pregnant women, the potential medical problems seen in their neonates are prematurity, asphyxia neonatorum, intrauterine growth restriction, meconium aspiration and HIV/AIDS. The complexity of the medical problems in the pregnant opioid addicted woman is mirrored in the attendant psychosocial problems seen in this population including anxiety, depression, and low self-esteem. Many addicted women share a history of past and current physical abuse and sexual assault. Perinatal effects may reflect pharmacological effects of opioids used by the women or the combined effects of multiple drugs. The need for pharmacological intervention in the treatment of opioid addiction has been shown to be efficacious, however, when prescribing medications to pregnant women, the risk-benefit ratio for the woman as well as her fetus and newborn must be considered. Numerous research studies have shown that methadone has positive effects when utilized during pregnancy preventing fluctuation of drug levels and decreasing morbidity and mortality for the mother, fetus and newborn, however, neonatal abstinence is frequent and prolonged. Numerous case reports and clinical trials in Europe and the United States have shown buprenorphine to be useful for pregnant opioid dependent women. A recent randomized controlled study has shown buprenorphine to be comparable to methadone for pregnant women; however challenges have come forth with regard to the fetus and the potential for intrauterine abstinence syndrome which can occur if the medication is not well controlled during induction or maintenance in preventing abstinence. The complex matrix of intertwining medical and psychosocial risk factors that usually characterize heroin use during pregnancy dictate that a successful outcome can best be obtained within a comprehensive, supportive, non-judgmental environment that focuses on the multidimensional needs of the women. Pregnancy offers a unique opportunity to restructure the women's life in a positive direction.

Identification and management of alcohol dependence



JÜRGEN REHM

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HANNU ALHO

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KARL MANN

Head of Department of Addictive Behaviour and Addiction Medicine, Central Institute of Mental Health, University of Heidelberg Mannheim, Germany

PROGRAMME

- Alcohol dependence- Burden of the disease, Jürgen Rehm, Canada (chairman)
- Early detection of alcohol problems in health care settings, Hannu Alho, Finland
- The benefits of reduction in alcohol dependence, Karl Mann, Germany

Lundbeck Satellite Symposium

6th December 2011, 10:45-12:00 hrs
Global Addiction 2011; Biennial Meeting



Identification and management of alcohol dependence

Alcohol dependence- Burden of the disease

Jürgen Rehm, Canada (chairman)

Early detection of alcohol problems in health care settings

Hannu Alho, Finland

The benefits of reduction in alcohol dependence

Karl Mann, Germany



Prof Jürgen Rehm is a Professor and Chair of Addiction Policy in the Dalla Lana School of Public Health at the University of Toronto, Canada. He is also Professor, Dept. of Psychiatry, Senior Scientist and Co-Head, Section Public Health and Regulatory Policies, Centre for Addiction and Mental Health (CAMH) in Toronto, and Director of the Social and Epidemiological Research (SER) Department at CAMH. He is also Scientist and Head of the Population Health Research Group within SER. Jürgen Rehm is a leader in generating and analyzing the scientific data needed to

inform policy makers of strategies to reduce alcohol- and tobacco-related harm. He and his team evaluate the economic costs of substance use and abuse. Dr Rehm was the Principal Investigator on the report "The Costs of Substance Abuse in Canada 2002" released in 2006 that estimated the effects of tobacco, alcohol and illegal drugs in terms of death, illness and economic costs. His current research is focused on estimating avoidable burden and costs of alcohol in Canada, and on conducting Comparative Risk Assessments on the burden of different risk factors in different countries. Dr Rehm is a recipient of the Jellinek Award, a WHO expert committee member for Substance Abuse and a member of the scientific committee of the European Monitoring Centre for Drugs and Drug Addiction.

Alcohol dependence: burden of disease

Prof J Rehm (CA)

Alcohol consumption has been identified in the Comparative Risk Analyses of the Global Burden of Disease Studies as one of the major risk factors for global burden of disease and injury. In the latest overview of Global Health Risks by the World Health Organization alcohol attributable disease burden surpassed the burden of risk factors such as tobacco, high blood pressure, cholesterol or overweight.

However, there is scarce information on the specific burden associated with alcohol dependence, the most important of the many diseases caused by alcohol consumption. Based on a review of publications since the most recent meta-analysis on mortality and morbidity attributable to alcohol dependence we will present new estimates on the burden or mortality associated with alcohol dependence in the EU. These estimates clearly indicate that the majority of the mortality burden of alcohol is associated with alcohol dependence. In addition to the mortality burden, we will also present estimates on the overall burden of disease and injury, due to alcohol dependence.

Identification and management of alcohol dependence
Jürgen Rehm, Canada (chairman)



Hannu Alho, Medical School, University of Helsinki, University of Helsinki, Finland
Hannu Alho received his medical degree at the University of Tampere, Finland, in 1981, and a research Ph.D. in 1984. He began his specialty in addiction medicine in 1996. Dr. Alho has been working as Fogarty International Scholar at NIMH and was an assistant professor at Georgetown University in Washington DC in 1984-1989. Currently he is Professor of Addiction Medicine at University of Helsinki, and Research Professor, Department of Mental Health and Substance Abuse, at the National Institute of Health and Welfare, and Chief Physician, Department of Substance Abuse Medicine at Helsinki University Hospital, Finland.

Professor Alho's main research interests include the clinical research on pharmacological treatment of alcoholism, harm reduction of alcohol-related health problems, and treatment opiate addiction. Professor Alho's research team was one of the first to demonstrate that targeted opiate antagonist treatment is effective in reducing alcohol consumption and since has been active in the development and testing of related treatments. Professor Alho is a (co)author of 190 peer-reviewed scientific papers (179 PubMed listed), and he has several publications and books on Addiction Medicine in Finnish. He is chairman of the guideline committee of the Current Care of Alcohol Problems and Current Care of Drug Dependence in Finland.

Professor Alho is the current President Elect of the International Society for Addiction Medicine (ISAM), Immediate Past Chairman of the Finnish Society of Addiction Medicine, and a Delegation Member of the A-Clinic Foundation in Finland.

Early detection alcohol problems in health care settings

Hannu Alho, Finland

Despite the heavy burden of alcohol, patients with alcohol dependence are currently under-diagnosed and under-treated. Furthermore alcohol remains as one of the most stigmatised risk factors for global burden of disease and injury.

Despite the fact that early detection of alcohol problem plays important role in preventing alcohol related harms and that a number of guidelines and recommendations have been implemented over the last years in order to improve screening of alcohol problems, detection rates do not look very promising yet. The obstacles for screening alcohol problems can be found in negative attitudes, lack of skills and daily routines of primary health care work. Factors such as government support, management efforts, incentives and workplace programs are needed, but at the same time it is very important that health care professionals themselves take the initiative to improve their skills in order to ensure proper detection of alcohol problems.

Identification and management of alcohol dependence
Jürgen Rehm, Canada (chairman)



Prof Karl Mann is the current chair in Addiction Research at the University of Heidelberg, Germany and has been the Deputy Director of the Central Institute of Mental Health at the university since 2006. He is the president of the International Society for Biomedical Research on Alcoholism (ISBRA). He Prof Mann studied medicine at the University of Mainz with a semester abroad in Innsbruck and Vienna 1973-1974 and two studies in the United States 1974-1975, obtaining his medical degree in 1977. He was a Research Fellow in Paris from 1978/79; Resident in Psychotherapy, University of Mainz, from 1979/80; Resident in Psychiatry and Neurology, University of Tuebingen, from 1980/88 and Consultant Psychiatrist, University of Tuebingen, from 1988/90. Prof Mann's research includes treatment of alcohol and nicotine dependence, addiction to prescription drugs and gambling, as well as neuroimaging, neurophysiology and psychopharmacology. He has undertaken 22 projects concerning dependence on alcohol, drugs and nicotine, supported by the German Research Foundation (DFG), the Federal Ministry of Education and Research (BMBF), the European Union (EU), the industry and the state of Baden-Wuerttemberg. Since 1980 he has published approximately 160 original papers in international journals, more than 200 published abstracts, 14 books and 97 book chapters. Prof Mann was awarded the Research Prize of the German Society for Biological Psychiatry in 1992, the German Addiction Research Award 2004 and the Hermann Simon Prize for Health Services Research 2007. He was a member of the Selection Committee of the 2006 International Jellinek Award for Alcohol Research; Associate Editor (Europe) of *Alcoholism: Clinical and Experimental Research* and a member of the editorial board of *Addiction*, *European Addiction Research*, *European Psychiatry* and *Journal of Studies on Alcohol*. Prof Mann has been a member of the European Psychiatric Association (EPA) since 1990 and is also a member of the European College of Neuropsychopharmacology (ECNP); European Society for Biomedical Research on Alcoholism (ESBRA); German Society for Psychiatry, Psychotherapy and Neurology (DGPPN) and was president of the German Society for Addiction Research and addiction treatment from 2007-2010. He is currently president of the International Society for Biomedical Research on Alcoholism (ISBRA).

The benefits of reduction in alcohol dependence

Karl Mann, Germany

Controlled drinking vs. abstinence orientation marks one of the wildest debates we ever had in addiction theory and treatment development. While the idea of abstinence goes back more than 100 years to the period of moral treatment and was supported by the disease model of alcoholism, the idea of controlled drinking developed following the advent of learning models of alcohol consumption and behavioural treatment of alcoholism. In the 1970ies several studies predominately done in North America investigated the predictive validity of the concept. Critical appraisals stressed methodological shortcomings in these studies together with power issues and inadequate control conditions. Although a consensus about the long-term outcome of these studies was never reached the issue lost most of its appeal over the next decades.

In recent years the strategy of harm reduction proved very successful in patients addicted to illegal drugs. At the same time, large clinical trials in alcoholism both in psychotherapy as well as in pharmacotherapy showed a significant proportion of patients with a considerable reduction in alcohol consumption. In longitudinal studies a clear correlation between the amount of alcohol consumed and physical consequences such as some forms of cancer and liver diseases could be established.

Recently attention was given to significantly reducing alcohol consumption in alcohol dependent patients. The European Medicines Agency (EMA) has declared reduction as an intermediate but valid goal on the way to later abstinence. Apart from improving patients' health it could also help getting many more patients into treatment. The impact of the new diagnostic system in DSM-5 on the treatment goals will be discussed.

Oral Platform Presentations I
Chair: Prof Dr Fischer (AT)

SEXUAL DYSFUNCTIONS AMONG PATIENTS WITH DEPENDENCE

Authors: Okruhlica Lubomir, Alexandercikova Zuzana, Slezakova, Silvia, pvitoria@fcsaude.ubi.pt

Objective: The aim of the study was to detect the prevalence of sexual dysfunctions among the patients entering addiction treatment, with respect to different primary substances.

Method: The Arizona Sexual Experience scale (ASEX) was administered to 426 patients at the time of admission into addiction treatment. The patients, all with diagnosis of dependence, were divided into the groups according to the type of their addiction: alcohol users (n = 175), methamphetamine (n = 83), opiate (heroin) users (n = 58), cannabis users (n = 51), and pathological gamblers (n = 59). The whole group consisted of 426 patients with average age 35.8 years (min. 17 and max. 68 years, SD ± 12.9), 74.4 % were males.

Results: The highest prevalence of sexual dysfunctions was in the group of the patients with heroin dependence " 32.8 %. Methamphetamine was the next with 19.5 %, followed by alcohol users 18.3 %, gambling 3.4 % and cannabis, where 2 % of the patients had dysfunction. The significant differences were also in the age and gender compositions of the groups. Females had higher proportion of sexual dysfunctions than the males.

Conclusion: The heroin users with dependence had the highest rate of sexual dysfunction, followed by methamphetamine and chronic alcohol users. Patients with cannabis dependence and gambling had the lowest rates, which might be partially attributable to the under-representation of the females in these groups of patients. Gender is also playing an important role in this respect.

OPEN - PLACEBO IN TREATMENT OF ALCOHOL DEPENDENCE

Authors: Okruhlica, Lubomir, Tejova, Michala , Alexandercikova, Zuzana, Slezakova, Silvia, alexandercikova@gmail.com

Objective: The aim of the study was preliminary assessment of the application of the open placebo administration in the treatment of the patients with alcohol dependence.

Method: Simple descriptive statistical methods were used in the clinical, naturalistic study to explore the usefulness of so cold open - placebo as a part of the complex treatment of the patients with alcohol dependence. Disulfiram with expired registration was replaced by off label metronidazol and later on this was replaced by tabs made of saccharose with the identical dosing schedule. All as an addition on the top of regular therapy with acamprosate and cognitive-behavioral individual and/group sessions. Patients were informed about non-pharmacological mode of action of the placebo in advance. Informed consent was required. Uptake into and compliance with this component of treatment were compared between placebo and metronidazol.

Results: There were 30 patients on metronidazol in the Centre for Treatment of Drug Dependencies in Bratislava in the last week of its administration in May 2010, versus 96 patients on placebo in the last week of the September 2011. While 1 patient per week on average was put on metronidazol in the past (82 pts. in 86 weeks), 4 entered placebo treatment per week (187/46). However drop-out as it is showed by life-tables was significantly higher among patients on placebo.

Conclusion: Open-, add on-placebo to regular treatment seems to be applicable element in the complex treatment of patients with alcohol dependence. It has some advantages four times higher uptake due to less contraindication in comparison with aversive medications, but also lower treatment compliance in larger, but less preselected group of the patients. More evidence is expected from rigorous evaluation in the future.

CANNABIS: AN ETHNOGRAPHIC EXPLORATION OF INDIVIDUAL TRENDS AND SOCIO-CULTURAL CONTEXT

Authors: F S Aaslid, flore.aaslid@svt.ntnu.no, Department of Social Anthropology, Norwegian University of Science and Technology, Trondheim, Norway

Objective: This project examines the relationship between socio-cultural context and individual trends in shaping different cannabis consumption patterns among experienced adult users. The aim is to gain a deeper, holistic appreciation of the contextual dynamics underlying problem use and dependency, compared to more recreational and counter-cultural patterns of use.

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Cont./... Method: The data for this project is based on ethnographic fieldwork, semi-structured open-ended interviews and participant observation among experienced adult cannabis users (at least 10 years of continuous use, aged 30+). Both well integrated recreational users and more problematic, marginalized users are included. Participant observation, informal interviews, conversations and observations from public spaces as well as private spheres provide the point of departure for relevant themes. A purposive sampling of 12 adult cannabis users with dissimilar lifestyles, regular (at least monthly) to heavy (daily) patterns of use, and varying degrees of integration/marginalization were interviewed in-depth to further assess trends, patterns and recurring themes. Results: Preliminary findings indicate that individual trajectories of cannabis consumption are deeply embedded in complex, dynamic systems that evolve or devolve interdependently, resulting in adaptive or maladaptive patterns of use. These patterns of use are not static, but often change and vary for the same individual at different phases in their lives. Most respondents reported user patterns that reflect recreational as well as heavy and/ or problematic patterns of use at different stages in their lives. Also, the extent to which respondents experienced their own use as problematic was not based primarily on the amount of cannabis consumed but on a range of individual and contextual dynamics related to fluctuations in fundamental protective systems that play a key role regarding the manner in which individual users respond to, assimilate and integrate cannabis consumption over time. These protective systems are comprised of several key factors including (but not limited to) attachment relationships, agency and mastery motivation, stress and emotion regulation, social inclusion and interaction with core groups as well as the ability to find meaning, coherence and continuity in ones current situation.

Conclusion: Operational protective systems seem to play a key role in shaping cannabis consumption patterns, in addressing the multidimensional and dynamic nature of these systems, social policy, treatment, and prevention efforts might improve their effectiveness substantially. This will require a full-scale collaborative and multidisciplinary agenda to integrate ways of understanding and responding appropriately.

ILLCIT DRUG POLICIES AND HIV EPIDEMICS

Authors: Kasia Malinowska-Sempruch, Director, Global Drug Policy program, Open Society Foundations, [Alexandra Kirby-Lepesh](mailto:Alexandra.Kirby-Lepesh@kmalinowska@sorosny.org), kmalinowska@sorosny.org

Objective: This presentation will highlight the linkages between illicit drugs policies and the global HIV epidemic and discuss what more can be done in terms of international advocacy to improve drug policy at a national and international level so that it is directly supportive of HIV prevention and treatment.

Method: In many countries worldwide, restrictive drugs policies hamper availability and access to evidence-based drug treatment and interventions, such as needle exchange and opioid substitution treatment (OST), leading to high HIV levels among injecting drug users (e.g. in Vietnam, Ukraine, Russia, Malaysia, and China). Yet high coverage of OST, needle exchange programs and anti-retroviral treatment in combination can reduce the incidence of HIV infection in injecting drug users (IDUs) by more than 50%. This presentation will draw from a range of scientific evidence, including studies published in a special issue by The Lancet on HIV in people who use drugs (June 2010). Results: In 2001, Portugal decriminalized the possession of illegal drugs for personal use, resulting in a considerable drop in new HIV cases and mortalities among IDUs. More drug users were also willing to enter treatment. In the early nineties, France and Germany introduced and rapidly scaled up OST, successfully avoiding an HIV epidemic among IDUs. In recent years, Switzerland and Canada have introduced heroin-assisted treatment for certain opioid-dependent patients with excellent results. Countries such as Germany and Denmark have since followed their examples.

Conclusion: The 2010 Vienna Declaration signed by Heads of UNAIDS and the Global Fund to fight HIV, Malaria, and Tuberculosis clearly states that the criminalization of illicit drug users is fuelling the HIV epidemic and has resulted in overwhelmingly negative health and social consequences, and calls for a full policy reorientation. The Global Commission on Drug Policy “ a group that includes four ex-presidents, a former UN Secretary General, and a Nobel Prize laureate also highlights the linkages between prohibitionist illicit drug policies and HIV epidemics. Governments around the world are under increasing pressure to ensure that drugs policies are rooted in public health and human rights principles, however this pressure needs to be sustained.

MENTAL PROBLEMS AMONG INJECTING DRUG USER WITH HIV AT KIOSK FOR HEALTH INFORMATION ATMA JAYA CATHOLIC UNIVERSITY OF INDONESIA

Authors: Astri Parawita Ayu, parawitayu@gmail.com

Objective: The objective of the study was to know the prevalence of the mental problems (psychopathology) among Injecting Drug User (IDU) with HIV and what kind of psychopathology do they have.

Method: The study was a cross sectional study. Respondents were IDU with HIV from health clinic of Kiosk for Health Information Atma Jaya Catholic University of Indonesia. Respondents were asked to fill the Symptom Checklist 90 questionnaire (SCL 90). The questionnaire is a self report instrument to evaluated mental problems. The result of the questionnaire is psychopathology of the respondents.

Results: There were 40 patients that became respondents of this study, 35 (87.5%) males and 5 (12.5%) females. All of the respondents have history of injecting drugs and 6 (15%) of them were still active injecting drug by the time they join this study. The respondents are HIV positive and 19 (47.5%) of them were on anti retroviral (ARV) treatment. Most of the respondents did not have any mental problem based on SCL 90 questionnaire result. Thirty (75%) respondents did not have psychopathology. Only 10 (25%) respondents that have psychopathology and six of them have more than one psychopathology. Most of the respondents (10%) have problem in additional items of the SCL 90 which primarily focus on disturbance in appetite and sleep pattern. Psychopathology that the respondents have were obsessive compulsive (8%), depression (5%), somatization (5%), interpersonal sensitivity (5%), hostile (5%), paranoid ideation (5%) and psychotic (5%).

Conclusion: From this study, we found that most of the IDU with HIV did not have mental problems. This result related with the condition that most of the respondent were not injecting drug anymore and they were already on ARV treatment. However, there were some respondent that have psychopathology. Those respondents need to get follow up clinical examination and intervention based on that examination. The evaluation of mental health condition among IDU with HIV is needed to give optimal treatment for them.

Additional Information: Kiosk for health information (Kiosk) is a non-profit organization under HIV/AIDS Research Centre of the Atma Jaya Catholic University of Indonesia. Since 2002, Kiosk have been doing many programs in HIV/AIDS prevention and treatment for IDU and their family. One of the program is health clinic for IDU.

PERCEPTION OF PRIVATE UNIVERSITY STUDENT IN JAKARTA TOWARDS HARM REDUCTION IN DRUG ADDICTION CONTROL PROGRAM

Authors: Astri Parawita Ayu, Dharmady Agus, Satya Joewana, parawitayu@gmail.com

Objective: The objective of this study was to evaluate the perception of private universities student in Jakarta about Harm Reduction in Drug Addiction Control Program

Method: The study was cross sectional. The respondents were student from 4 (four) private universities in Jakarta. The universities are Atma Jaya Catholic University of Indonesia (UAJ), Veteran University of National Development (UPN), Krida Wacana Christian University (Ukrida), University of Islamic Hospital Foundation. Respondents were asked to fill the questionnaire about Harm Reduction Program to evaluate their perception about the program.

Results: There were 484 students from all universities as respondents, 299 (61.8%) respondents were never heard about Harm Reduction and 185 (38.2%) knew about Harm Reduction. The perception about the activities of Harm Reduction program among the respondents was varies. Most of the respondents were agree with substitution program, i.e. substitution with methadone (66.5%), substitution with buprenorphine (60.3%) and substitution with combination buprenorphine-naloxone (58.5%). The respondents mostly agree with save injecting site (52.7%) and free condom program (56.6%). Most of the respondents did not agree with needle bleaching program (54.5%) and free needle program (68%).

Conclusion: This study found that a lot of university students did not know about harm reduction program. The students have different perception about different activities. They did not agree with program that related to drugs use, such as needle bleaching program and free needle program. But they support free condom program, methadone maintenance program and safe injecting site.

Education and information for the student in university about harm reduction program is still needed. The information and education will gain the knowledge of the students about Harm Reduction. Therefor they can support this program.

PATTERNS OF DRUG USE AMONG TREATMENT-SEEKING ILLICIT DRUG ABUSERS IN FINLAND: 1997 - 2008

Authors: Ifeoma N. Onyeka, Hanna Uosukainen, Maarit Jaana Korhonen, Caryl Beynon, J. Simon Bell, Kimmo Ronkainen, Jaana Fahr, Jari Tiihonen, and Jussi Kauhanen. ifeoma.onyeka@uef.fi

Objective: The epidemiological part of the HUUTI study is the first large-scale longitudinal study of illicit drug abusers in Finland. We aimed to describe drug use patterns of treatment-seeking clients at their first visit to the treatment centre.

Method: We carried out a cross-sectional analysis of baseline data of 4817 clients (3365 males and 1452 females) aged 11- 65 years who sought treatment for drug abuse between 1997 and 2008 at Helsinki, Finland. At first visit, hospital staff interviewed clients using a structured questionnaire to obtain self-reported lifetime and current information on different areas of functioning. Items on the questionnaire were adapted from the European Addiction Severity Index (EuropASI), the Treatment Demand Indicator Protocol (TDI) and other questions which were relevant for evaluation of treatment needs and clinical monitoring of the clients. Using SPSS 17, we analyzed drug use characteristics in terms of gender and age-group and Chi-square (χ^2) test was used to compare categorical variables. We obtained approval from the Hospital District of North-Savo Research Ethics Committee, the Ethics Committee of Helsinki Deaconess Institute, the Ministry of Social Affairs and Health of Finland and relevant municipal authorities.

Results: Many clients were aged between 15 - 24 years (56%), educated at the elementary school level (75%) and unemployed (57%). Opiates (30%) were the primary drugs of choice. The primary drug was mainly injected and was used daily during last month. At 34%, cannabis was the most commonly used secondary drug. Secondary drug was either smoked or consumed orally and was used once per week or less during last month. Age at initiation of illicit drug use ranged from 5 years to 49 years. Poly-drug use was common, with a mean consumption of 3.5 drugs, which were combined from 3 or more drug classes. Overall, cannabis (78%) was the most common illicit drug abused by all clients. The prevalence's of lifetime and last month intravenous drug use were 64% respectively and 13% reported sharing injecting equipment during the previous month.

Conclusion: Early initiation, poly-drug use and risky consumption of illicit drugs were major areas of concern among the study population. Injecting drug use could place a considerable burden on health services in view of complications and transmission of infectious diseases.

Oral Platform Presentations II **Chair: Dr Raju Hajela (CA)**

POLY SUBSTANCE USE AND MENTAL HEALTH AMONG ALCOHOL AND DRUG USERS PRESENTING FOR TREATMENT

Authors: Wouter Vanderplasschen, Jessica De Maeyer, Kathy Colpaert Eric Broekaert, Wouter.Vanderplasschen@UGent.be

Objective: Poly substance use has become the rule rather than the exception. Poly substance use, and simultaneous use in particular, may cause aggravated (physical and mental) health consequences. It is assumed that the prevalence of co-morbid psychiatric disorders is higher among poly substance users than among persons who just use one substance. Consequently, the aim of this study is to compare the prevalence of DSM IV Axis I and II disorders among a sample of alcohol and drug users accessing treatment and to identify correlates of poly substance use.

Method: The total sample consisted of 329 treatment seeking individuals. All of them had a substance use disorder. Based on the presence or absence of recent (= last 30 days) poly substance use, the sample was split up in two subgroups. Poly substance use was defined as the use of more than one substances during the same day (cf. EuropASI). The Addiction Severity Index was used to measure the severity of drug related problems. The MINI was used to assess Axis I-disorders, while we used the ADP IV to screen for Axis II-disorders. Logistic regression analysis was used to identify factors (continuous and categorical) independently associated with recent poly substance use.

Results: 64% percent of the sample (n=211) reported recent poly-substance use (last 30 days). Poly substance users reported significantly worse scores for "employment", "drug problems", "legal problems" and "psychological health" and had more often mood and/or anxiety disorders. More than half of the poly substance users reported at least one personality disorder, which is significantly higher compared with 30.4% of the single substance users. Three variables emerged in the best fit model as significant determinants for clients to belong to the poly substance use group: employment status ($p = .008$), the ASI composite score for psychological health ($p = .001$) and the ASI composite score for drugs ($p = .000$).

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Cont./... Conclusion: The results of this study demonstrate that poly drug users generally have more severe problems than single drug users. These difficulties are not limited to their drug use, but affect a large number of life domains (e.g. family situations, legal status, employment) which often interfere with their recovery process. Given the omniprevalence of poly substance use, in particular in users of illicit drugs, one might question the tendency to focus on individuals' primary substance dependence in some treatment settings as this may underestimate the complexity of their situations and may obscure high risk situations for relapse.

METHAMPHETAMINE NEUROTOXICITY: A TALE ON STRIATAL GLUTAMATERGIC/ GABAERGIC HOMEOSTASIS DISRUPTION

Authors: Frederico C. Pereira¹, Sofia Viana¹, Sara Nunes¹, Teresa Cunha-Oliveira², Ana S. Travassos¹, Carlos Silva¹, A. Cristina Rego², Syed F. Ali³ and Carlos Fontes Ribeiro¹, fredcp@ci.uc.pt

¹Pharmacology and Experimental Therapeutics/Biomedical Institute for Research on Light and Image (IBILI), Faculty of Medicine; ²Center for Neurosciences and Cell Biology, University of Coimbra, Portugal; ³Neurochemistry Laboratory, Division of Neurotoxicology, National Center for Toxicological Research, Food and Drug Administration (NCTR/FDA), Jefferson, Arkansas, USA

Objective: Methamphetamine (METH) abuse could lead to functional and structural changes in basal ganglia that are linked to impaired motor coordination. It was recently shown that a single high-METH injection induced dopaminergic, glutamatergic and astrocytic changes in rodent caudate nucleus. However striatal GABAergic as well as serotonergic profile remain elusive under this METH regimen. Moreover, participation of alpha-synuclein, involved in neurotransmitter homeostasis and the receptor for advanced glycation end-products (RAGE), which is overexpressed upon synaptic dysfunction and glial response, on striatal dysfunction imposed by METH is virtually unknown. The aim of this work was to characterize the monoamines, amino acids and astrocytic changes as well as alpha-synuclein and RAGE levels in the striatum underlying the mice motor coordination profile following a single-high dose of methamphetamine(METH).

Method: Adult C57BL/6 mice were sacrificed and caudate nucleus was dissected at 72 h following METH injection (30 mg.kg⁻¹ i.p.) for the evaluation of the following parameters: i) dopaminergic markers - DA, DOPAC and HVA total content and TH expression; ii) serotonergic markers 5-HT and 5-HIAA total content; iii) excitatory markers " glutamate (GLU) and aspartate (ASP) total content; iv) inhibitory markers - GABA total content, GAD65 and GAD67 expression and v) astrocytic markers " glutamine (GLN) total content, glial fibrillary acidic protein (GFAP) and glutamine synthetase (GS) expression. Monoamines and amino acids were evaluated by HPLC-ED and HPLC/fluorescence, respectively. Protein expression levels were assessed by Western blot. Mice motor coordination was assessed 24, 48 and 72h following METH dosing by using a rota-rod test set at 16 rpm. Statistical differences were evaluated by unpaired Student's t-test. Significant effects were set at p

Results: METH evoked striatal dopamine (DA), dihydroxyphenyl acetic acid (DOPAC) and homovanillic acid (HVA) depletion, which was consistent with a decrease in tyrosine hydroxylase (TH) levels. The stimulant drug also decreased glutamine, glutamate and GABA levels and glutamine/glutamate ratio, but left serotonin (5-HT) and 5-hydroxyindoleacetic acid (5-HIAA) levels unchanged. Additionally, GFAP as well as glutamine synthase overexpression occurred. However, METH failed to change GAD65 and GAD67, alpha-synuclein and RAGE levels or motor activity.

Conclusion: Our results show that profound changes in the striatal neurochemical homeostasis along with astrogliosis coexist with normal alpha-synuclein and RAGE expression. Moreover this striatal dysfunction does not translate into motor uncoordination in mice exposed to a single-high dose of METH.

ALCOHOL DEPENDENCE IN LATER LIFE

Authors: Julia F. van den Berg, PhD, j.vandenberg@parnassia.nl

Objective: Alcohol dependence in elderly persons is a rapidly growing problem. Numbers have substantially increased over the last 10 years. Treatment of this patient population is very challenging and relapse rates are high. However, research that specifically focuses on elderly persons with alcohol dependence is scarce. The aim of this study was to make an inventory of various problems that co-occur with alcohol dependence in elderly patients.

Method: A total of 100 patients with alcohol dependence were interviewed with the Addiction Severity Index and several additional questions, upon admission to the specialized detox ward of the inpatient clinic for geriatric psychiatry at Parnassia, The Hague, The Netherlands. Medical information was provided by the medical doctor of the ward. In addition, a large subgroup of patients underwent a set of neuropsychological tests.

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Cont./... Results: Of the 100 patients with an average age of 62.2 years, 40% were women. On average, these patients had a very long history of alcohol dependence, and also a long history of addiction treatments. In addition to their alcohol dependence, the patients had numerous other problems. The most prominent were chronic and often severe somatic problems, psychiatric symptoms, a family history of problematic alcohol use, cognitive impairment, and social problems. Conclusion: Alcohol dependence is a multi-faceted problem, especially at a higher age. It seems likely that the high occurrence of comorbid problems as well as the consequences of alcohol use contribute to the high relapse rate. Treatment should not only be geared towards achieving abstinence or controlled drinking but should aim at improving general physical, psychological and social quality of life of these patients.

BEHAVIOUR DETERMINES BEHAVIOUR - IMPLICATIONS FOR SMOKING PREVENTION

Authors: Paulo D. Vitoria - Faculdade de Ciencias da Saude da Universidade da Beira Interior, Covilha, Portugal

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Silvia A. Silva, IUL-ISCTE, Lisboa, Portugal, Hein de Vries, University of Maastricht, Netherlands

Objective: Behaviour is a main cause of behaviour. This statement is still more relevant if the focused behaviour is linked with an addictive substance as tobacco is. The objective of this presentation is to present some Portuguese data that support the importance of behaviour on behaviour and to discuss implications for tobacco use prevention.

Method: A sample of 578 students were followed between the beginning of their 7th scholar year till the end of their 9th scholar year. A model including parents behaviour, peers behaviour and own behaviour were used to study tobacco use onset. Other motivational and socio-demographic variables were also included in the model.

Results: Among all the variables included in the model, peers' smoking behaviour, parents' smoking behaviour and intention to smoke were the main determinants of smoking onset. After smoking initiation, the own smoking behaviour was the main determinant do smoking.

Conclusion: These results have some important implications for smoking prevention. It is important to address parents and to increase their awareness that their use of tobacco could be a bad influence for their children. Regarding adolescents, it is important to raise their awareness of this process of influence and to raise as much barriers as possible to their smoking behaviour. The idea that tobacco smoking is highly addictive must be reinforced in campaigns addressed to adolescents.

COMORBIDITY OF MOOD AND SUBSTANCE USE DISORDERS IN OBESE PATIENTS WITH BINGE-EATING DISORDER

Authors: Carlos M. Grilo, Ph.D. (Yale University School of Medicine), carlos.grilo@yale.edu, Daniel F. Becker, M.D. (University of California, San Francisco)

Objective: Binge eating disorder (BED) is associated with elevated rates of co-occurring mood and substance use disorders. However, the significance of such diagnostic comorbidity is ambiguous. In this study, we compared personality disorder symptom levels, psychological functioning, eating attitudes, and eating behaviour in four subgroups of patients with BED: those with mood disorders, those with substance use disorders, those with both mood and substance use disorders, and those with neither.

Method: Subjects were a consecutive series of 347 treatment-seeking patients (259 women, 88 men) who met DSM-IV research criteria for BED. All were reliably assessed with semi-structured interviews in order to evaluate: 1) lifetime DSM-IV axis I psychiatric disorders (Structured Clinical Interview for DSM-IV Axis I Disorders " Patient Edition); 2) dimensional measures of DSM-IV personality disorders (Diagnostic Interview for DSM-IV Personality Disorders); and 3) eating disorder psychopathology (Eating Disorder Examination).

Results: Among this study group, 129 (37%) had a co-occurring mood disorder, 34 (10%) had a co-occurring substance use disorder, 60 (17%) had both, and 124 (36%) had neither. These groups differed significantly with respect to personality disorder pathology ($p < .001$), across all personality disorder clusters, with the BED patients who had both mood and substance use disorders showing the highest personality disorder symptom levels. Compared to the other two groups, the groups with comorbid mood disorder and with both mood and substance use disorders demonstrated significantly higher levels of negative affect and lower self-esteem ($p < .001$). Although groups did not differ significantly with regard to body mass index or binge eating frequency, they did differ on eating attitudes

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Cont./... "with the groups having comorbid mood disorder and both mood and substance use disorders demonstrating higher eating psychopathology levels than the groups having only substance use disorder or neither comorbidity. While no differences were observed between groups with respect to ages of onset for specific eating behaviors, some differences were observed with regard to ages of disorder onset.

Conclusion: Mood and substance use disorders occur frequently among patients with BED. Compared with previous work, the additional psychiatric comparison group (those with co-occurrence of both mood and substance use disorders) and the control group (those with co-occurrence of neither) afforded better discrimination regarding the significance of psychiatric comorbidity among patients with BED. These comorbidities separately and in combinations are associated with clinically meaningful differences with respect to personality psychopathology, psychological functioning, and eating psychopathology. The findings suggest approaches to sub-typing BED patients based on psychiatric comorbidities, and may also have implications for treatment.

Additional Information: Request oral session - either format (rapid 10 minute or regular 30 minute) would be fine.

ALCOHOL AND SUBSTANCE USE PATTERNS OF ADOLESCENTS: A SAMPLE FROM TURKEY

Authors: Simge Karcan, Psychological Counselor, M.A., Maltepe University Medical Faculty, Psychiatry Department, Drug and Alcohol Addiction Treatment Unit, Fatos Erkman, Assoc.Prof., Bogazici

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Kultegin AAgel, Prof., Aabadem Univesrity Medical Faculty, Psychiatry Department

Objective: The objective of this research is to evaluate adolescents' substance use patterns and compare the findings with previous and further research.

Method: This research was done with 678 10th grade students from different regions in Istanbul. For data collection, Demographic Information Form and Substance Use Survey were used.

Results: The adolescent sample consisted of 316 female (46.6%) and 362 (53.4%) male 10th grade students from different regions of Istanbul. The age range was between 15-17 with a mean age of 15.85. Lifetime prevalence of nicotine use at least once was 55.3%, alcohol use was 68.1% and substance use was 9.4%. Cannabis was the most frequently used substance and lifetime prevalence was 5.5%, benzodiazepine use was 4.6%, inhalant use was 3.4%, ecstasy use was 2.9%, cocaine use was 0.9%, heroin use was 0.3% and ketamine use was 0.1%.

Conclusion: In this study, adolescents' substance use characteristics were examined. There are other prevalence studies done in Turkey, and this study had generally similar findings with some studies, but some studies displayed higher or lower results. In this research, alcohol use at least once in lifetime had increased since 2001. In 2001, it was 45%, in 2004 it increased to 62%, and in 2006 it reached 68% (gel, 2001; Topuz, 2004). Heroin use had decreased, in 2001 it was 2.5%, 0.3 % in 2006 and in 2009 it was 0.9%. Hard drug use seemed to be declined in those 8 years period. This might be as a result of campaign against drugs in Turkey. Cannabis and inhalant use results seemed to be different from each other (5.5% in 2006, and 1.4% in 2009). This gap might be a result of regional differences or differences between the sample size. About nicotine use, it increased during those years it was near 30% in 2002, and it became near 55% after 2005 (Karan, 2002; Karcan, 2006).

As a conclusion, it could be stated that alcohol and nicotine are the mostly frequently used substances. It can be said that in a comprehensive prevention program, both the results of alcohol and nicotine use and results have to be targeted. This is because, hard drug use might be in a relation to alcohol and nicotine use. Other substance use also might be considered carefully and prevention programs must become widespread.

Turkish Drug Report (2010), Ministry of Interior Turkish National Police Anti-Smuggling and Organized Crime Department: New Developments, Trends and in-depth information on selected issues, Ankara: Turkish Monitoring Centre for Drugs and Drug Addiction
Additional Information

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Cont./... **THE RISK STARVATION THEORY OF ALCOHOLISM**

Authors: Dr. Robin Pope, robin.pope@uni-bonn.de

Objective: Compare the risk starvation theory of alcoholism with chemical imbalance and bad happenings accounts

Method: Use a decision making framework of risky choice SKAT (Stages of Knowledge Ahead Theory) to perform the comparison

Results: Use a decision making framework of risky choice SKAT (Stages of Knowledge Ahead Theory) to perform the comparison

Conclusion: A questionnaire can be used to identify the relative importance of the ignored factors for different sub-cultures to aid in devising new prevention and therapeutic treatments

Additional Information: Within the umbrella of SKAT the paper presents the sub-theory that good decision making arises from facing "whiffs of danger", namely sets of frequent small varied chances and challenges. It coins the name "risk starvation" for those deprived of whiffs of danger and illustrates how overly protective parents risk their offspring becoming alcoholic.

The NHS Lanarkshire experience of using suboxone and methadone to treat opiate addiction

Authors: Dr Stephen Conroy, Dr Gary Tanner, Mr Duncan Hill

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Objective: To provide patients who have opiate addiction a choice of substitution treatment through the use of Buprenorphine or methadone. To provide a better range of treatments for the patients to improve outcomes, to change prescribing behaviour, evaluate progress and implementation of local guidelines and improve medication selection choice using agreed criteria.

Method: Introduction of the option of using Buprenorphine in the health board area to be prescribed as an alternative to methadone. Initial introduction of Subutex; at that point the sole product on license in UK. When Suboxone licensed for use in UK and recommended by Scottish Medicine Committee as preferred product, all patients previously prescribed Subutex were switched to the new formulation. Qualitative research in comparing Suboxone and methadone in treatment settings conducted to demonstrate advantages and themes of outcomes of prescribing Suboxone and methadone. Subsequent to this, to continue to improve outcomes, to increase patient choice and implement more appropriate prescribing, guidelines were developed and approved; taking into consideration possible interactions and cautions for both medications and other drugs used in the patients treatment.

Results:

1. Commence prescribing of buprenorphine
2. Transfer of all patients from Subutex to Suboxone
3. Comparison of methadone and Suboxone in applied treatment settings with results showing benefits of Suboxone prescribing (published article: Journal of Substance Use, June 2011; 16 (3): 171-178). Qualitative data response from methadone and Suboxone patients produced themes of treatment options in comparing medications used;
 - More positive about Suboxone than methadone
 - Clarity of mind is big advantage
 - participants mentioned the clear-headedness achieved with Suboxone, although this was not considered necessarily a good thing by those choosing methadone ("made everything too bright")
 - Greater confidence and self-esteem
 - Less stigmatisation
 - Self-assurance
 - Lack of support within services around Suboxone
 - Psychosocial support
4. Need for psychosocial support as part of the "package of care"
5. Guideline development creating more informed medication selection
6. Reduced prescribing of Benzodiazepines
7. Reduction in Drug Related Deaths
8. Consistent approach to drug use between all 10 addiction teams within NHS Lanarkshire.

Conclusion: When Suboxone was licensed for use in the UK all patients previously prescribed Subutex were switched, with no issues reported. Since the switch to prescribing Suboxone there have been new patients accessing service because of treatment choice as well as established patients requesting Suboxone. From comparing the medications in situ with patients, the key issue identified was that Suboxone is a key part of the recovery journey; it has a role in the social reintegration process of recovery and it needs to be offered in conjunction with psychosocial support. Introduction of the guidelines has standardised practice at multiple sites in NHS Lanarkshire and has improved the identification of the "recommended" substitute medication for the patient by prescribers and workers as well as providing informed choice for the patient. Additional benefits have occurred as the guidelines also address supervision and take home guidelines and benzodiazepine use, which have resulted in a reduction in diazepam prescribing and possible impact in reducing drug related deaths. The guidelines and prescribing are continually reviewed to ensure that costs are kept within current budgets. All of the above are starting points for further work, but have already begun to improve the recovery opportunity for patients by offering a choice of treatment and engaging the patient in their treatment. In many ways NHS Lanarkshire is leading the way and setting standards for treatment in Scotland.

Naltrexone for opioid dependence: oral, implantable, and injectable

Authors: Evgeny Krupitsky, Edwin Zvartau, George Woody
St Petersburg Bekhterev Research Psychoneurological Institute, Bekhtereva st, 3 St Petersburg
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Objective:

The presentation will review results of five randomized double blind placebo controlled randomized clinical trials of different drug formulations of naltrexone we have been doing within the last 12 years: Oral, implantable and injectable.

Method:

1st study: Double blind placebo controlled randomized clinical trial of oral naltrexone vs placebo. 2nd study: Four cell double blind double dummy placebo controlled randomized clinical trial of combination of naltrexone with fluoxetine vs. naltrexone, fluoxetine, and double placebo. 3rd study: Four cell double blind double dummy placebo controlled randomized clinical trial of combination of naltrexone with guanfacine vs. naltrexone, guanfacine, and double placebo. 4th study: Three cell double blind double dummy placebo controlled randomized clinical trial of naltrexone implant vs. oral naltrexone and double placebo (oral and implantable). 5th study: Double blind placebo controlled randomized clinical trial of injectable naltrexone vs. placebo.

Results:

Oral naltrexone in Russia is more effective for relapse prevention and abstinence stabilization than placebo basically due to family involvement in the control of compliance. Combining naltrexone with antidepressants or guanfacine does not improve outcome significantly. Long acting sustained release naltrexone formulations (injectable and implantable) are substantially more effective than oral naltrexone or placebo for relapse prevention in opiate addicts as they make control of compliance easier.

Conclusion:

Extended release formulations of naltrexone are the most effective abstinence oriented pharmacotherapies for opiate dependence.

Additional Information:

These are some of the first, and largest, studies of extended release implantable and injectable naltrexone. They have used double blind, double dummy placebo-controlled, randomized designs, have studied naltrexone with and without antidepressant and withdrawal-suppressant medication, and show that sustained release naltrexone produced better outcomes over the 6-month periods of active treatment than oral naltrexone or placebo.

Oral Platform Presentations III
Chair: Prof S Giacomuzzi (AT)

GHRELIN AND DRUG REWARD

Authors: J.A Engel(1); S. Landgren(1); E. Egecioglu(2); S.L. Dickson(2); E. Jerlhag(1),
jorgen.engel@pharm.gu.se

(1) Department of Pharmacology, and (2) Department of Physiology/Endocrinology, Institute of Neuroscience and Physiology, The Sahlgrenska Academy at the University of Gothenburg, Gothenburg, Sweden.

Objective: The mechanisms involved in alcohol use disorder are complex and involve various signaling systems and could be viewed as that multiple neurotransmitters and peptides collectively orchestrate the reward symphony in the brain. The fact that there appears to be a neuro-chemical overlap between the reward circuits and those regulating energy balance prompted us to investigate the hypothesis that the orexigenic peptide ghrelin could be another player in the brain symphony orchestra. Method: Locomotor activity

Conditioned Place Preference: Two bottle free choice (between water and 10% alcohol) drinking paradigm, In vivo microdialysis in awake freely moving mice and rats

Results: In a series of experiments we obtained results implicating ghrelin signaling as a novel player in the reward orchestra. We found that ghrelin, an orexigenic peptide, activated the mesocorticolimbic dopamine system, an effect that could be antagonized by a nicotinic acetylcholine antagonist indicating that ghrelin, like alcohol, can activate the cholinergic-dopaminergic reward link. Support for our hypothesis of an important role for ghrelin on the reward scene was given in experiments showing that ghrelin increased and ghrelin receptor antagonists (GHS-R1A) decreased alcohol intake in a two bottle choice paradigm. In addition the dopamine-enhancing (in nucleus accumbens) effect, the locomotor stimulating effect as well as the rewarding effect in a conditioned place paradigm of alcohol was significantly reduced in animals with suppressed ghrelin signaling by means of GHS-R1A knock-out mice or mice treated centrally or peripherally with GHS-R1A antagonists. Our findings that reduced ghrelin signaling also attenuated the rewarding and dopamine enhancing effect of amphetamine and cocaine suggest that ghrelin may be of general importance in increasing the incentive value of signals associated with motivated behaviours such as drug-seeking.

Conclusion: Conclusively, this study provides further evidence for that the ghrelin signaling system, specifically GHS-R1A, is implicated in the rewarding and neurobiological effects of alcohol as well as for other drugs of abuse. Taken together, these data imply that the GHS-R1A may constitute a novel therapeutic target for treatment of addictive behaviours, such as alcohol and other drug use disorders.

AVOIDING UNINTENDED CONSEQUENCE OF AGGRESSIVE PAIN MANAGEMENT IN CHRONIC PANCREATITIS

Authors: B. Vasae Burdick, MA, J. Steven Burdick, MD, vasae.lynn@gmail.com

Objective: Since the American Pain Society established "Pain as a Fifth Vital Signal" in 1995, US physicians are encouraged to aggressively manage pain. Pain associated with chronic pancreatitis is notoriously difficult to objectively measure and adequately manage, hence well meaning clinicians may create iatrogenic opioid dependence in chronic pancreatitis sufferers who might be better managed with non-narcotic treatments.

Method: Using case examples, we offer differing approaches to pain management for two patients with similar clinical presentations. Both patients have underlying psychiatric symptoms either preceding or resulting from their physical symptoms that confound the clinical distinction between physiologic and psychological pain and generate the substrate for resulting substance use disorders.

Results: In both cases, aggressive pain management with opioid analgesics leads to dependence, drug seeking, worsening of both physical and mental conditions, and spiralling functional status. For one patient, the psychiatric factors are evaluated and appropriately treated. For the other, only the physical manifestations of his pancreatic disease are addressed.

Conclusion: The difference in clinical approaches to these patients results in distinctly different clinical outcomes. These contrasting approaches shed light on the unintended consequences of aggressive pain management for chronic pancreatitis, and provide practical guidance for producing optimal clinical outcomes.

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Cont./... **BIOETHICAL DIFFERENCES BETWEEN DRUG ADDICTION TREATMENT PROFESSIONALS INSIDE AND OUTSIDE THE RUSSIAN FEDERATION**

Authors: Vladimir Mendelevich, MD, PhD, Professor, mend@tbit.ru

Objective: There are cardinal differences in current scientific views on the nature of dependency, its neurobiological or psychopathological bases, and on standards of therapy and how best to organize narcological care inside and outside of Russia

Method: This presentation provides an overview of a sociological study of the views of 338 drug addiction treatment professionals. A comparison is drawn between the bioethical approaches of Russian and foreign experts from 18 countries.

Results: It is concluded that the bioethical priorities of Russian and foreign experts differ significantly. Differences involve attitudes toward confidentiality, informed consent, compulsory treatment, opioid agonist therapy, mandatory testing of students for psychoactive substances, the prevention of mental patients from having children, harm reduction programs (needle and syringe exchange), euthanasia, and abortion.

Conclusion: It is proposed that the cardinal dissimilarity between models for providing drug treatment in the Russian Federation versus the majority of the countries of the world stems from differing bioethical attitudes among drug addiction treatment experts.

A MODEL FOR TREATING HCV HEPATITIS IN PATIENTS RECEIVING METHADONE MAINTENANCE THERAPY.

Authors: Stephen Malnick, Victoria Sheidvasser, Alon Basevitz, Shabtai Levit, stephen@malnick.net

Objective: To treat substance abusers infected with chronic HCV hepatitis receiving methadone, with standard care for HCV hepatitis

Method: The treatment program was carried out at a single methadone maintenance center (MMC). Routine testing for HCV seropositivity is standard in MMCs. A supervising hepatologist volunteered his services to a multi-disciplinary team at the MMC, on the basis of one 3 hourly session every 4-6 weeks, in addition to open access telephone consultation with the physician of the MMC (VS). Patients were not using illicit drugs or alcohol and continued to receive their regular treatment of methadone.

The program consisted of 4 stages:

1. An initial explanatory lecture concerning HCV with a question-and-answer session made available to all HCV seropositive clients (50/114 attended).
2. 25 of the 50 presented for a standard HCV hepatitis work-up including HCV RNA, genotype and viral load.
3. HCV treatment with pegylated alfa-interferon-1b and ribavirin on a standard weight-based regimen.
4. The MMC physician and staff aided the clients' medical compliance.

Results: 50 of 114 HCV seropositive clients attended the initial group meeting and 25 (50%) were candidates for treatment. 20 of these 25 received treatment.

Genotype 1 9

Genotype 2 1

Genotype 3 10

Gender 19 males, 1 female

Age 43.8±2.8

SVR 8/20 40%, intention-to-treat

1 relapse

1 treatment failure (HCV + after 24 weeks)

2 treatment stopped due to depression

4 treatment stopped for social reasons (3 difficulty in working, 1 imprisoned)

Conclusion: We present a model for the successful treatment of HCV hepatitis in patients receiving methadone. The results obtained are similar to treatment of chronic HCV hepatitis in the community. The existing treatment infrastructure is utilized in addition to the volunteering of the services of a hepatologist. The use of pro bono professional services is established in the legal profession among others. The American Bar Association, for example, recommends 50 hours of pro bono service per year.

Many patients with HCV hepatitis could be successfully treated in Israel by the deployment of a similar model at other MMPs. In larger countries, telemedicine could be employed in order to provide hepatology supervision.

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Cont./... **DOPAMINE D3 RECEPTOR ANTAGONISTS AS HIGHLY PROMISING ANTI-ADDICTION, ANTI-CRAVING, ANTI-RELAPE PHARMACOTHERAPY MEDICATIONS FOR TREATING ADDICTION**

Eliot Gardener EGardner@intra.nida.nih.gov

A consistent body of research – stretching over more than 50 years, and from hundreds of laboratories world-wide – has identified the dopaminergic (DA) circuitry originating in the ventral tegmental area (VTA) of the limbic midbrain and synapsing in the nucleus accumbens (NAc) of the limbic fore-brain as the core brain-reward circuitry (activated by addictive drugs to produce the “high” that the drug user seeks) and the core relapse-to-drug-seeking circuitry (activated to re-exposure to addictive drugs to induce drug craving and consequent relapse to drug-taking behavior). The dopamine D3 receptor is remarkable in its restricted neuroanatomic distribution. It is found only in the core reward, craving, and relapse circuitry. Furthermore, due to its neuronal location and linkage to specific post-receptor transduction cascades, antagonism at the D3 receptor produces slight augmentation of dopaminergic neural tone within that core reward, craving, and relapse circuitry. If addiction is a reflection of a “reward deficiency syndrome” (as postulated in the 1960s by Dole and Nyswander during the development of methadone pharmacotherapy for opiate addiction, and more recently by Blum and others as an explanatory rubric for all addictions), slight segmentation of DA tone within the VTA-NAc neural axis may be expected to be therapeutic. Other considerations of neural location and post-receptor transduction suggest that highly selective D3 receptor antagonism may reduce addictive drug-induced reward, drug-induced craving, and relapse to addictive drug-seeking behavior. Here, we summarize 15 years of work in laboratory animals with two lead D3 antagonists – SB277011A and NGB2904 – showing beyond doubt that highly selective D3 receptor antagonism blocks addictive drug-enhanced brain-reward, addictive drug-induced place conditioning, intravenous drug self-administration, incentive motivation to self-administer addictive drugs, drug-triggered relapse to drug-seeking behavior, stress-triggered relapse to drug-seeking behavior, environmental cue-triggered relapse to drug-seeking behavior, drug sensitization, incubation of craving for addictive drugs, and withdrawal dysphoria. Remarkably, these effects are seen across a wide range of addictive substances – including opiates, cocaine, methamphetamine, nicotine, and alcohol – suggesting that selective D3 antagonists act on a final common neural pathway for reward, craving, and relapse. Recent work with D3 gene-deleted (knock-out) mice confirms that these pharmacological effects are mediated by the D3 receptor. Recent development of two additional highly selective D3 antagonists – YQA14 and GSK598809 – has permitted this anti-addiction medication development strategy to advance to Phase I human trials. Beyond any doubt, the D3 antagonist anti-addiction medication development strategy is the most promising pharmacotherapeutic strategy for treatment of addiction that currently exists. As drug addiction causes more medical morbidity and mortality than cancer and heart disease combined (and contributes markedly to both cancer and heart disease), any pharmaceutical firm not pursuing this medication development strategy is doing itself a major disservice.

PERSISTENT DECISION MAKING DEFICIT IN MEDICATION OVERUSE HEADACHE

Authors: B. Biagiatti, S. Usai, L. Carissimi, R. Muffatti, L. Grazzi, S. Scarone, O. Gambini, G. Bus-sone, bruno.biagiatti@gmail.com

Objective: Overuse of symptomatic therapies for chronic migraine may paradoxically increase the attacks frequency and chronicity, developing medication overuse headache (MOH). These patients show dependency-like behaviours such as loss of control over analgesics and high rates of relapse after withdrawal. We hypothesize that MOH could share with addiction a persistent decision-making deficit, linked to previously described functional alterations in fronto-striatal networks.

Method: 50 patients suffering from MOH before withdrawal underwent psychiatric and neurological clinical interview, Structured Clinical Interview for DSM-IV TR Axis II Personality Disorders, Anxiety and Depression Hamilton Scales, Severity of Dependence Scale, MIDAS questionnaire. Iowa Gambling Task (IGT) has investigated neuropsychological assessment of fronto-striatal circuits. Patients were monitored for any relapses into medication overuse in a 12 months-follow up.

Results: Our sample showed a deficit in IGT performance, high rates of disability and dependency-like behaviors. Notwithstanding the neurological and psychiatric improvement at 12 months follow up, patients showed a persistent IGT deficit.

Conclusion: These results suggest that MOH seems to share with addiction a persistent decision making deficit. Relative fronto-striatal dysfunction could represent in these patients a condition of vulnerability, influencing the clinical onset of medication overuse and recurrent relapses. We propose that IGT could be used to identify chronic migraine patients with higher risk for medication overuse and relapses.

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Cont./... **THE US MILITARY AS A NATURAL EXPERIMENT: DRINKING AGE, MILITARY ENVIRONMENT, ALCOHOL TREATMENT EPISODES AMONG VETERANS**

Authors: Amy E. Wallace, MD, MPH, aw9858@me.com

Objective: In 1982, the U.S. military reversed a long-time tradition of allowing all soldiers to use alcohol legally by establishing that the drinking age on military bases would correspond to that of the State in which the base was located. By 1984, every State, and therefore the entire US-based military population, became subject to a minimum legal drinking age of 21. To compare trends in alcohol use disorder (AUD) treatment for veterans who were exposed to more and less restrictive drinking ages to those seen in the general population, for the period 1992 to 2003, the period after the changes were made.

Method: Using data from 475,222 AUD-related admissions for veterans and 4.8 million AUD-related admissions for civilians obtained from the U.S. Department of Health's Treatment Episode Data Set that occurred between years 1992 and 2003 among patients ages 25 to 49 and veteran and civilian population figures derived from the U.S. Census over the same time period, we calculated rates of alcohol use treatment episodes for veterans and civilians. To compare veteran and civilian trends in AUD admissions over the time period of interest, we calculated odds ratios for AUD admissions for veterans versus civilians, using civilian treatment episode rates as the reference group for each 5-year age group category.

Results: Alcohol treatment rates were similar for same-aged male veterans and civilians in 1992; however, by 2003, treatment rates fell by 60% for veterans ages 25-34 compared to a 20-25% reduction for same-aged civilians. In 1992, odds ratios for veterans compared to civilians treatment episodes were greater or equal to 1.0 for all ages. However, by 2003 odds ratios for male veterans entering treatment compared to male civilians fell to between 0.80 and 0.60.

Conclusion: The increase of the drinking age to 21 years old appeared to discourage early abuse among a vulnerable subgroup of veterans - late adolescents - thereby reducing their later demand for AUD treatment. For countries with younger or non-existent minimum drinking ages, increasing the minimum drinking age may accrue societal and financial benefits by reducing long-term costs associated with legal alcohol use among adolescents.

Additional Information: Amy Wallace, MD, MPH is Senior Scholar, Veterans Rural Health Resource Center--Eastern Region, and Associate Professor of Psychiatry at Dartmouth Medical School. Her research areas of interest include an examination of the epidemiology and effects of changes in the U.S. Minimum Legal Drinking Age.

Oral Platform Presentations IV
Chair: Dr E Krupitsky (Ru)

WHANAU ORA: AN INDIGENOUS CONCEPT AND STRATEGY TO ADDRESS INTERGENERATIONAL PATTERNS OF ADDICTIONS

Authors: Dyall L, l.dyall@auckland.ac.nz

Objective: Introduce the concept of Whanau Ora as a strategy and intervention to address intergenerational patterns of addictions, using problem gambling as an example.

Method: Qualitative interviews of family members affected by problem gambling and the impact and cycle of destruction it has on family members and their interactions with each other will be presented, along with other research conducted in New Zealand from an indigenous worldview on the effects of gambling across generations.

Results: The impact of gambling as an addiction and impact over time on a whanau as an extended family group will be presented and the various strategy taken by family members to protect those who are vulnerable and to limit damage created.

Conclusion: Whanau ora is now a new program and strategy led by Maori supported by a number of government agencies to empower the indigenous population of New Zealand address the destructive intergenerational patterns of addiction consistent with Treaty of Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples'.

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Cont./... **RANDOMIZED COMPARATIVE STUDY OF CYANAMID AND DISULFIRAM IN FEMALES WITH ALCOHOLISM**

Authors: A.G. Sofronov, A.Y. Egorov, draegorov@mail.ru

Objective: Aversive therapy of alcoholism remains wide enough popular in Russian Federation. Up to JC Brust [2004] from 150 000 to 200 000 patients in the US take disulfiram containing drugs in the course of year.

Method: Six month follow up comparative randomized study has been conducted to estimate the efficacy of cyanamid and disulfiram in females with alcoholism criteria up to ICD-10. Drug efficacy was estimated by the number of failures, relapses and program quits. Depression and anxiety rates were estimated by HAM-D and HAM-A scales. Patients were randomized into two groups: cyanamid (22 patients) and disulfiram (23 patients). Cyanamid was administrated 50 mg daily divided in two draughts. Disulfiram was administrated 500-1000 mg daily.

Results: The results have shown both cyanamid and disulfiram efficacy in relapse prevention in alcoholic females. Clinical effects of cyanamid and disulfiram to alcohol was as a whole comparable.

Meanwhile the therapeutic results of cyanamid were found in aggregate higher then of disulfiram.

Cyanamid patients better kept in therapy program besides of relapses, while disulfiram patients predominantly left the program after relapse and totally refused to take the drug.

Conclusion: Positive cyanamid effects may be explained by the following: 1. Patients interpret cyanamid as a new drug for alcoholism treatment with a new intake method. 2. Patients better resume cyanamid intake because of its less aversive effect than in disulfiram.

Additional Information: Conflict of Interests: The research was partly sponsored by Masterpharm company.

ASSESSMENT OF THE PREVALENCE AND TREATMENT NEEDS OF ALCOHOL USE DISORDERS PRESENTING TO CLINIC SERVICES FOR OLDER ADULTS: A FEASIBILITY STUDY FOR EDUCATIONAL INTERVENTION

Authors: Dr Shamir Patel and Dr Caroline Flisher, carolineflisher@hotmail.com

Objective: To establish the prevalence of alcohol use disorders in older adults (>65 years) attending Central and North West London NHS Addiction Services and Old Age Psychiatry Services in the London Borough of Ealing and Hillingdon, and the treatment needs of this population.

Method: Data will be collected by structured face-to-face interview of patients (by experienced Psychiatrists) within CNWL Addiction Services (estimated at over 50) and new referrals to Old Age Psychiatry Services in Ealing and Hillingdon identified as potentially having an alcohol related problem over a period of two years. The structured interview will be conducted by clinical staff and gather data on concurrent illicit and prescription drug use, smoking and co-morbid physical and mental health conditions to establish levels of harm. Routes of referral and previous treatment interventions will also be recorded to establish barriers to treatment, awareness of drinking limits and alcohol related health problems. The referral agency (expected for the most part to be GPs) will also be asked about factors perceived to be barriers to treatment and how they feel that identification or access to treatment might be improved in this patient group. This data will provide evidence to guide future interventions directed at improving identification or access to treatment in this patient group.

Results: We are currently at the data collection stage and results will be available shortly.

Conclusion: Information from the data collected will guide future interventions directed at improving identification or access to treatment in this patient group. Recommendations will be made for treatment in this age group.

GETTING PLUGGED IN: AN OVERVIEW OF INTERNET ADDICTION

Dr Caroline Flisher, Child and Adolescent Psychiatrist carolineflisher@hotmail.com

Objective: To give an overview of internet addiction a growing trend amongst child and young adults.

Method: A review of some of the emerging evidence from papers which have been written in China and Korea where Internet addiction is recognised as a public health problem.

Results: Internet addiction has physical symptoms of a compulsive-impulsive disorder and can interfere with emotional development and social interaction. Internet addiction is a growing public health concern, yet it is not recognised as a clinical disorder. Internet addiction clinic now exist in the Netherlands, USA, China and Korea. Parents should take control of internet usage in the family home.

Conclusion: Internet addiction should be classified as a clinical disorder and included in DSM-V.

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Cont./... **LATE ONSET FEMALE ("WIDOW") ALCOHOLISM IN RUSSIA**

Authors: Alexey Y. Egorov draegorov@mail.ru

Objective: According to Russian official statistics the average life period in males is about 59 years while in females it is about 73. The average marriage age for males is 24.4 and 22.2 for females. Thus statistically average woman in Russia lives in widowhood more than 15 years.

Method: 17 females aged 43 - 76 who began alcohol abuse in the second life period after (or during) social stress were studied. Specially elaborated Alcohol Intake Motive Self-esteem (AIMSE) scale was used.

Results: According to ICD-10 criteria alcohol intake in all females conformed to F10.1 Alcohol Dependence, in 13 it conformed to F10.3 Alcohol Withdrawal. Duration of alcohol misuse before first appeal to addiction specialist varied from 1 to 8 years (mean $3,3 \pm 1,2$ years). Mean duration of addiction forming was $1,8 \pm 1,1$ years; mean daily 100% ethanol tolerance was 100-150 ml. The stress situation was: 1) A long-term husband illness which terminated lethally (7 persons); 2) An unexpected death of a husband or constant partner (5 persons); 3) Relation rupture with a husband or partner (4 persons). The highest scores in AIMSE-scale have been obtained in the motives solitude, low mood, bad physical health and heed deficit from children and relatives.

Conclusion: The data have shown the phenomenon typical to the late onset female alcoholism in Russia. Widow alcoholism occurs in women in the second half of their life, when emotional bereavement situation and solitude are main provoking factors *Key words: Late onset alcoholism, gender aspects, factor of solitude*

DO SPIRITUAL ADD ON INTERVENTION IMPROVE OUTCOMES AMONG METHADONE CLIENTS? Authors: Dr. Rusdi AR, Professor Dr. Hussain Habil, rusdi@um.edu.my

Objective: To investigate the outcomes of spiritual enhancement on substance use outcomes among clients seeking treatment in methadone clinic in Malaysian mosque.

Method: 24 weeks, open-label randomised controlled trial comparing substance use outcomes among spiritually enhanced methadone clients and treatment as usual (methadone alone) among methadone clients in University of Malaya settings. The intervention group consist of the subjects who are receiving methadone in mosque and the control group receiving methadone alone in hospital setting. The outcomes measures are retention rate in treatment, substance use, percentage of urine negative, HIV risk behaviour and quality of life. Results: We expect the spiritual enhancement group has better outcomes compare to standard treatment in most of the outcomes domain. Conclusion: Spiritual add on intervention is possible to improve outcomes among methadone clients. Additional Information: This is a investigator initiated research under UMCAS called Spiritual Enhancement Drug Addiction Rehabilitation (SEDAR) program which recently awarded by WHO as "Best practice in Asia and the first of its kind in the world".

ADOLESCENT PATHOLOGICAL GAMBLING (PG): AMINO ACIDS-NATURAL MOLECULES IN CARE & CURE Authors: R C Gupta, rameshgupta1954@yahoo.com

Objective: Adolescent is a transition state which has much influence of happening, hence prone to act quickly. Gambling is as old as our planet but with time it has acquire several dimensions. In the process of gambling it is observed that certain individuals become habituated to it and develop certain characters which put gambling at front place in their motivational priorities such situation get classified as pathological gambling (PG). Adolescent with impulsive, high sensation seeking personalities and exhibit emotion "focused coping styles are more susceptible to gambling. Anxiety, depression, ADHD, poor academic records, substance abuse and delinquency are the added features for adolescent gambling. Epidemiological studies suggest, especially in male, that adolescence is a more vulnerable time and the majority of future PGS is set in at this stage. The cause of PG is several, where sociologists think it is social problem but psychologists analyses it a personality based condition, apart from these, scientists believe, a number of biological factors may contributes to the development of adolescent gamblers, including specific brain state, neuro-chemical levels, physiological arousal tendencies and genetic predispositions, leading to brain chemical imbalance. Thus technically PG is not a disease but a impulse control disorder. Alteration in brain chemical levels provides a role for neurotransmitters which are responsible for creating different physiological conditions. Currently such known neurotransmitters are, Noradrenalin (NA), serotonin (5HT) and dopamine (DA), their role in PG are more or less establishes. Besides these neurogenic amines, there are several amino acids which play important role in brain physiology, some of them like, Tryptophan, Tyrosine and Phenyl Alanine are precursor of 5HT, NA & DA. In addition to this many inhibitory & excretory amino acids like GABA, Taurine, Aspartic and Glutamic acid concentration has been recorded significantly altered in CSF of PGS. For current treatment options however no pharmacological treatment for PG in children, adolescent or adults are approved by FDA hence to utilize

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Cont./... pharmacological agents for such disorders is risky, however many of amino acids have beneficial actions in number of CNS problems, one of such amino acid a sulfur containing Taurine is now is much in news for its beneficial actions in brain to heart and from memory to learning. On this basis as most of these amino acids are natural and atoxic such amino acids can be used as supplementary/complimentary medicine in PG therapy. Method: Pubmed search for 25 years and personal communication. Results: Addition /supplimentation of Amino acids has provided positive results. Conclusion: Adolescent is a stage where brain activities seem to be much more in transition and because of this one can easily get prone to certain addiction like PG. Nutrients play an important role in brain growth and development, Amino acid like taurine has been recognised to have several beneficial activity in brain hence addition of taurine and other amino acids in PG therapy as subpliment/compliment may provide enhanced results.

RESPONSE INHIBITION AS A MODERATOR OF THE RELATIONSHIP BETWEEN IMPULSIVITY AND ALCOHOL USE Authors: L. Dinc, A. Cooper. psp01ld@gold.ac.uk, 1. PhD candidate. Goldsmith's College, University of London, London, UK, 2. PhD. Goldsmith's College, University of London, London, UK

Objective: Problem alcohol use is often associated with broader diagnoses of impulse control related disorders and mood disorders. The present study aims to provide a better understanding of the link between impulsivity as measured by self-report and behavioural tasks, and alcohol use.

Purpose: The study aims to investigate the potential moderators of the relationship between alcohol use and trait impulsivity.

Method: Correlational design was employed in the study. Participants were 62 Goldsmith's College students and volunteers from the community. They all completed measures of self-reported alcohol use, audit, UPPS-P and BIS-BAS impulsivity questionnaires at the beginning of the experiment. They were then asked to perform a computerised Stop signal task and an Eriksen flanker task. The session lasted from 60 to 90 minutes depending on participant's performance.

Results: Impulsivity facets were found to be strongly related to a range of alcohol use factors; they predicted alcohol use factors and hazardous drinking behaviour. Poorer response inhibition was reported in individuals who consumed higher amounts of alcohol; however response inhibition did not moderate the relationship between the impulsivity facets and alcohol use.

Conclusion: Behavioural response inhibition does not serve as a moderator between trait impulsivity and alcohol use since it does not have any influence on the direction of this relationship. However distracter interference task used in this study moderated the link between impulsivity and alcohol use. The impulsivity and alcohol use relationship was strongest in participants with high distracter interference and weakest in the case of low distracter interference effect. The study concluded that although behavioural response inhibition is often linked to trait impulsiveness, impulsivity self-report questionnaires and behavioural response inhibition tasks are maybe measuring different aspects of impulsive behaviour.

Additional Information: Literature Reference: Nederkoom C, Baltus M, Guerrieri R, Wiers RW. (2009). Heavy drinking is associated with deficient response inhibition in women but not in men. Pharmacol Biochem Behav. 93(3):331-6. Tedstone D, Coyle K. (2004). Cognitive impairments in sober alcoholics: performance on selective and divided attention tasks. Drug Alcohol Depend. 75(3):277-86.

ASSOCIATION BETWEEN IMMIGRANT STATUS AND HISTORY OF COMPULSORY ADDICTION TREATMENT IN A NATIONAL SAMPLE OF INDIVIDUALS ASSESSED FOR ADDICTION DISORDERS THROUGH THE SWEDISH PUBLIC WELFARE SYSTEM

Authors: Lena M. Lundgren*, Jan Braannstroom**, Bengt Aake Armelius***, Deborah Chassler*, Stefan Morasen****, Sarah Trocchio* llundgre@bu.edu

Objective: Using in-person interview data from 13,903 individuals assessed for an addiction disorder in the Swedish welfare system from 2002-2008, this study sought to examine the relationship between immigration status and compulsory addiction treatment use.

Method: Chi-square analysis, One-way Anova and logistic regression modeling were used to determine whether first or second generation immigrant status was significantly associated with having a self reported history of compulsory addiction treatment.

Results: Second generation immigrants with non-Scandinavian parents were 41% more likely to have a history of compulsory treatment compared to those born in Sweden to Swedish parents after controlling for age, gender, education, mental health treatment history, and criminal justice history.

Conclusion: Future research should examine the theories of acculturation, stigma and discrimination as possible explanatory frameworks for understanding disparate rates of compulsory addiction treatment according to immigrant status. Finally, culturally competent culturally specific outreach and addiction treatment services need to be promoted throughout the Swedish system.

European Opiate Addiction Treatment Association (Europad)
“Europad hot topics”
Chair: Prof I Maremmani (I)



PISA-AOT effectiveness in dual diagnosed patients I
cro Maremmani (I)

Abstinence oriented OMT - what is the difference?
Lorenzo Somaini (I)

Buprenorphine in maintenance treatment: experience among Italian physicians in drug addiction centers
Paolo Mezzelani (I), Fabio Lugoboni (I)

Unique treatment standards of opioid addiction in Russia: are based on a science or bio-ethics?
Vladimir Mendelevich (Ru)

I hope to see you at the event which promises to provide productive medical education for all EUROPAD members and an opportunity to promote the work of EUROPAD.

I look forward to seeing you in Lisbon,

Prof. Icro Maremmani, (I)
European Opiate Addiction Treatment Association

South Eastern European and Adriatic Addiction Treatment Network (SEEA)
Chair: Dr A Kastelic (SI)



Nusa Segrec (SI) Centre for treatment of drug addiction, University Psychiatric Hospital Ljubljana
Zaloska 29 1000 Ljubljana

Developing New Treatment Programmes

Patients with complex needs have mostly been treated with sequential and parallel treatment approaches within psychiatric hospitals in Slovenia. During the years there were many attempts to collaborate with different specialists from other working teams outside addiction treatment settings, such as psychiatrists and other professionals included in treatment. Unfortunately, such treatment approaches indicated several weaknesses that deteriorated the quality of treatment. Moreover, experiences indicate that prognosis in treatment of patients with comorbid disorders both disorders have poorer outcome when undertreated. Poor medication compliance, high level of recidivism, rehospitalisations, high degree of symptoms severity, impaired psychosocial functioning, increased risk of suicide and risky behaviours are associated with untreated disease. Therapists from Centre for treatment of drug addiction at University psychiatric clinic Ljubljana realized the need for treatment in the same setting and therefore introduced a new model of treatment for patients with complex needs in 2009. Treatment is composed from different stages of interventions (engagement, persuasion, active treatment, and relapse prevention), assessment and management of substance use disorder, encouraging abstinence with or without substitution therapy. According to statistical data, 65% patients with schizophrenia and other psychotic disorders, 5% with depressive disorder, 15% with bipolar affective disorder, 10% with personality disorder and 5% with organic disorder were attending the program in March 2011. Author will present the outpatient daily hospital program with treatment approach based on integrative model for patients with complex needs.

Ignjatova Liljana (Mk) Head of the Centre for prevention and treatment of drug abuse and addiction of drugs and other psychoactive substances, Psychiatric Hospital Skopje, Republic of Macedonia

Treating problematic drug using youngsters: barriers and limitations

The research shows increasing trends in drug use among youngsters, the lowering age of drug initiation and increased number of adolescents referred to drug treatment. Although the number of youth who use drugs is incising, it seems that relatively few seek professional help. Such results suggest that either young people in the EU do not have access to services designed for them and adjusted to their needs. [1] The research carried out by Healthy Options Project Skopje at the beginning of 2011 for Roma population in the capital city Skopje has shown that practice of using opiates/opioids between Roma populations has the tendency to grow, and the lower age threshold is very low. Children as early as eight years age, and even earlier, use marihuana and or heroin. There is example of two year old child with the habit of inhaling glue. The most frequently use psychoactive substance among Roma people in Skopje is heroin and most frequent way of using heroin and methadone is by injecting. Drug using children usually start with evaporators (glue, benzene) and marihuana, but there are children whose first experience with drugs is with heroin. [2] The data from the Overview of the treatment system in 22 Pompidou Group countries in Europe shows that services for treatment of young people are not as developed as other services. [3] In countries of Southeast Europe in general, treatment services for young people are still insufficient in all countries in the region [4]. Very few systematic scientific studies have focused on the drug treatment on adolescent and young adults with substance use problems. There is the clear need for medications which are effective in adult addicts to be studied also in young people.[1] Limitations and barriers for treatment of youngsters with problematic drug use come from limited access to certain services based on age, lack of specific and controlled studies for the treatment of youngsters, lack of registered medicines, lack of in/out patient specific services for youngster, lack of therapeutic community and residential care for youngsters, lack of knowledge and educated staff, lack of guidelines for treatment of youngsters which led to unmotivated staff to work with this vulnerable group and lack of cooperation between responsible agencies. The phenomenon of NIMBY (not in my backyard) is often seen in cooperation between the different agencies. Limited access to services designed for youngsters with problematic drug use and adjusted to their needs limited possibilities for treatment and increase drug demand and drug use.

References: 1. Council of Europe, Pompidou Group. *Young people and drugs. Care and Treatment.* November 2006: 135
2. Vanja Dimitrievski. *Improving drug using Roma's right to access to social and health services.* Healthy Options Project Skopje, April 2011:12-31
3. Richard Muscat and members of the Pompidou Group treatment platform. *Treatment systems overview.* Council of Europe, October 2010:18
4. Liljana Ignjatova and Pompidou group experts. *Treatment System Overview in South Eastern Europe.* Council of Europe, March 2011:15

European Society for Biomedical Research on Alcoholism (ESBRA)
Alcohol Dependence - how to bridge the gap between basic and clinical research
Chairs: Prof H Walter (AT)/Prof G Colombo (I)
Discussant: Prof S Pombo (PT)



A.o.Univ.Prof.Dr.Henriette Walter

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Head of an in-patient (for acute admission) ward and an out-patient center for chronic alcohol addiction.

Head of an out-patient liaison service at the Dental University Clinic, Bernhard Gottlieb Clinic, Vienna.

Member of the Senate of the Medical University of Vienna.

Member of the „Habitationskommission“.

Board Member of the Medical Academic Council, Vienna.

Member of the Medical University Vienna council for gender equality treatment.

Board Member of ESBRA.

Univ. Professor since 1.10.1997.

Teaching in the medical curriculum and training courses. Main research topics are chronic alcoholism, research in therapy and illness course.

Main psychotherapy research: Hypnotherapy according to Milton Erickson. Research in Liaison Psychiatry. More than 300 publications.

Board certificate of Psychotherapy – 1991.

Ministry of Health certificate of Psychotherapy - 1993.

Board certificate of Psychiatry and Neurology – 1987.

Publications: 333

Aims and Activities of ESBRA

Henriette Walter for the ESBRA Board

The European Society for Biomedical Research on Alcoholism was founded in 1988 as a non-profit scientific international organization. The aims are to promote European medical and biological research on alcoholism and alcohol effects. A further aim is to disseminate information on biomedical problems arising from use and abuse of alcohol. The society promotes European scientific cooperation amongst its members by organizing meetings, lectures, seminars, congresses and by exchange of researchers. The most important ESBRA event is the biannually congress, where the latest results and developments in European biomedical research on alcoholism are presented.

The official journal of ESBRA is Alcohol and Alcoholism, which contains peer-reviewed papers on biomedical, psychological and sociological aspects of alcohol effects. This journal is published bi-monthly by the Oxford University Press, jointly with the British Medical Council on Alcohol, with an impact of 2.599.



Giancarlo Colombo colomb@unica.it

Researcher at the Neuroscience Institute, National Research Council of Italy (CNR), Section of Cagliari, Italy.

Research area: Animal models of alcoholism; Behavioral pharmacology of alcoholism. Vice-president of the European Society for Biomedical Research on Alcoholism (ESBRA).

Craving and relapse: What can we learn from basic research?

Giancarlo Colombo, Neuroscience Institute, National Research Council of Italy, Section of Cagliari, I-09042 Monserrato (CA), Italy

Research has demonstrated that rats and mice may constitute useful animal models for several aspects of alcohol abuse and alcoholism. Although no rodent model completely reproduces all features of the human disorder, different validated models may profitably mimic single symptoms or signs.

This paper summarizes the most successful procedures of rodent models of craving for alcohol and alcohol relapse and their potential utility in the alcohol research field.

Craving for alcohol – Rodents are initially trained to press a lever to access alcohol. Subsequently, animals are exposed to sessions under (a) progressive ratio (PR) schedule of reinforcement or (b) extinction responding (ER). In PR sessions, the response requirement (the number of lever-responses needed to access alcohol) is progressively increased. The lowest ratio not completed (i.e., the point at which the animal no longer responds on the lever), is defined as breakpoint (BP): it represents the maximum amount of “work” that the animal performs to access alcohol. In ER experiments, the alcohol reservoir is removed and lever-responding is unreinforced. The total number of lever-responses performed in seeking for alcohol is defined as ER: it is taken as measure of alcohol motivational properties. Both BP and ER experimentally model human craving for alcohol. Notably, both BP and ER can be manipulated pharmacologically (e.g., treatment with the opioid receptor antagonist, naltrexone, reduces BP and ER), representing useful tools for investigations on novel pharmacotherapies.

Alcohol relapse – Two different procedures have been validated and widely used: (a) alcohol deprivation effect (ADE) and (b) reinstatement of alcohol-seeking behavior (REINST). ADE is defined as the temporary increase in alcohol intake occurring after a period of alcohol deprivation. ADE is generally aggravated by repetitions of the consumption-deprivation cycle, resembling the exacerbation of symptoms during long-term alcohol abuse in humans. REINST is intended as the resuming of previously extinguished alcohol-motivated behaviors (usually, lever-responding); this resumption is induced by alcohol itself, alcohol-associated olfactory and/or visual cues, specific drugs (nicotine, cannabinoids), or stressful stimuli (e.g., foot-shock). Face validity of REINST is evident: as the “first drink”, alcohol-associated stimuli, or stressful events are known to exacerbate craving for alcohol and relapse into heavy alcohol drinking in abstinent individuals, exposure of rats and mice to these stimuli leads to relapse-like behaviors (i.e., reinstatement of previously extinguished, alcohol-associated lever-responding). Both ADE and REINST display remarkable predictive validity (naltrexone treatment reduces ADE and REINST) and are successfully used to assess the anti-relapse potential of novel pharmacotherapies.



Andreas Erfurth andreas.erfurth@wienkav.at

Head of Clin Psychopharmacology and the Bipolar Spectrum Disorders Program, Division of General Psychiatry, Medical University of Vienna, AUSTRIA Priv.-Doz. Dr. med. Andreas Erfurth was born in Hamburg, Germany in 1961 and received his education at the Conservatorio di Musica di Santa Cecilia, Rome, Italy, the Richard-Strauss-Konservatorium, Munich, Germany and the Medical School, University of Munich, Germany. He was resident in psychiatry at the University of Munich, Germany and was research fellow at the Laboratory of Neuroendocrine Regulation, Department of Brain and Cognitive Sciences, M.I.T., Cambridge, Massachusetts, U.S.A. Hospital appointments include the University of Munich and the University of Muenster, Germany, where he wrote his habilitation thesis. At present Dr. Erfurth is secretary of the European Bipolar Forum (www.EuBF.org) and of the Verein für Psychiatrie und Neurologie, Vienna. He was co-founder and secretary of the German Society for Bipolar Disorders. He is particularly interested in the diagnosis, neurobiology and therapy of affective disorders.



Prof Otto-Michael Lesch is currently president of the Austrian Society of Addiction Medicine, Head of the Addiction Medicine Research Group at the Medical University of Vienna, Department of Psychiatry and Psychotherapy.

otto.lesch@meduniwien.ac.at

Prof Lesch has been responsible for longterm studies in alcohol dependence since 1972 and has organised a large number of international clinical trials and basic research studies in alcohol and tobacco dependence. He developed clinical assessment tools to define sub-groups of addiction for better treatment approaches and the Lesch Typology, devised by Professor Lesch himself, is used to categorise patients with alcohol dependence into four subgroups. Prof Lesch was the secretary of the European Society for Biomedical Research on Alcoholism (ESBRA) for 12 years.

Withdrawal and relapse prevention medications in Alcohol Dependence

Alcohol dependence as defined in DSM-IV as well as in ICD-10 is viewed as a brain disease with a long term relapsing course. It is often caused by different underlying psychiatric disturbances and/or different personality disorders. In most countries alcoholism treatment is still offering homogeneous programs, that include neither evidence based options nor individualized treatment, though the heterogeneity of this disease is by now undoubted.

Many typologies have been developed cross-sectionally and usually divide between 2 or 5 groups. Today it is internationally well accepted that we need for therapeutic approaches 4 different subgroups.

In an 18-year prospective follow up catchment area study, performed in Austria, we could investigate 444 alcohol dependent patients. In 1988 data on the long term course and in 1990 the diagnostic procedure of 4 different clusters (Lesch typology) have been published (Lesch et al, psychopathology 1990, 23:88-96). 12-years later, a follow-up reinvestigation showed that the types 1, 3, and 4 remained stable. Only type 2 seemed to be rather unstable.

Today there is a computerized structured interview to define the most important areas to introduce an evidence based treatment program (www.LAT-online.at).

The rates of the Lesch Typology are significantly different in different treatment settings (Internal medicine, psychiatry, homeless shelters, gender and so on). As craving has to be seen in the types significantly different we need also different withdrawal - and relapse prevention treatment programs. The effects of neuroleptics, antidepressants and anticraving substances will be presented and specialized psychotherapeutic approaches will be discussed.

Literature:

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Lesch OM, Walter H, Wetschka CH, Hesselbrock M, Hesselbrock V (2011) *Alcohol and Tobacco, Medical and Sociological Aspects of Use, Abuse and Addiction*, SpringerWienNewYork

The international Khat Research Program (KRP): Progress and Future Directions
Chair: Mustafa al'Absi, Professor, University of Minnesota Medical School, U.S.A.

Introductory remarks and updates on ongoing KRP activities

Mustafa al'Absi (KRP, University of Minnesota, U.S.A.)

Khat and emotion regulation: cross-sectional and pilot studies in Yemen and in Germany

Stephan Bongard and Benjamin Pieck (Frankfurt University, Germany)

The validation of self-reported khat chewing amongst khat chewers in London

Saba Kassim (Queen Mary University of London, UK)

Effect of khat chewing on population blood pressure

Fikru Tesfaye (Professor, Addis Ababa University, Ethiopia)

Khat chewing; an emerging threat to the cardiovascular system

Jassim Al Suwaidi (Cardiologist and Professor, Hamad Medical Corporation, Doha, Qatar)

Effects of khat chewing on oral health

Nezar Al-hebshi (University of Science and Technology, Sana'a Yemen)

Khat abuse and schizophrenia treatment outcome in an assertive community-based treatment: a pilot follow-up study in Somalia.

Michael Odenwald (University of Konstanz, Germany)

Synopsis:

Khat (*Catha edulis*) is a stimulant plant native to tropical East Africa and the Arabian Peninsula. It is widely used in East Africa and the Middle East and among immigrant communities in Western Europe, North America, and Australia. Khat is a controlled substance in many countries, but is legally available in many others. The principal psychoactive constituent of khat is the alkaloid cathinone. Experimental studies in animals show that cathinone induces many of the pharmacological and behavioural effects similar to those of amphetamine. The international Khat Research Program (KRP) is a unique, multidisciplinary research and training program that was developed to address critical questions related to the understanding of acute and chronic effects of khat use on health and brain functions. The program is partially funded by the U.S. National Institutes of Health and the University of Minnesota. The KRP forms the core model for future research initiatives on khat and concurrent use of other substances, including tobacco and alcohol. The program is conducted in collaboration with multiple universities in the United States, Europe, Africa, and the Middle East. In this symposium we will present an update on the status of khat research and recent clinical and population studies on the influence of khat. The symposium will start with introductory comments and updates on ongoing khat research program presented by Professor Mustafa al'Absi, Director of the KRP at the University of Minnesota. Professor Stephan Bongard from Frankfurt University will present data focusing on the influence of chronic khat use on emotional regulation and anger experience. Descriptive and psychosocial correlates of khat chewers in Germany will also be presented. Dr. Saba Kassim from Queen Mary University of London will present preliminary results on developing a validation method for the assessment of khat use. Professor Fikru Tesfaye from Addis Ababa University will present population data focusing on effect of khat chewing on blood pressure. Professor Jassim Al Suwaidi from Hamad Medical Corporation in Qatar will present results focusing on the role of khat use as a risk factor for cardiovascular diseases. Dr. Nezar Al-hebshi from University of Science and Technology in Yemen will review recent data on the impact of khat use on oral health. Finally, Dr. Michael Odenwald from the University of Konstanz in Germany will present preliminary data on the effectiveness of a community-based treatment to address psychotic disorders in khat users and will discuss the challenges in treating the comorbidity of khat use and schizophrenia.

Evening Clinical Focus: Women, Children and Addiction

Chair: Prof Dr G Fischer (AT)

Maternal Opioid Addiction and Newborn Outcomes: Clinical Considerations

Prof L Finnegan (US)

Psychiatric Issues in Addicted Women

Prof Dr G Fischer (AT)



Loretta Finnegan, MD, LLD (Hon.), ScD (Hon.), is President of Finnegan Consulting, LLC and Former Medical Advisor to the Director, Office of Research on Women's Health, NIH, DHHS. She consults in the areas of education, research, and treatment issues relating to women's health and perinatal addiction. She is recognized nationally and internationally as an expert in these fields and is credited with the development of an assessment tool for neonatal opioid abstinence which is used widely in the USA and abroad. As Founder and Former Director of Family Center at Thomas Jefferson University in Philadelphia, PA and Professor of Pediatrics, Psychiatry and Human Behavior, Dr. Finnegan developed a landmark program that provided comprehensive services for drug-dependent women and their children. She has authored or co-authored 173 scientific publications and has spoken at scientific conferences where she has given nearly 1000 presentations on topics related to health issues in women and children, and has participated in international symposia, conferences and technical consultations as a visiting professor in 27

Maternal Opioid Addiction and Newborn Outcomes: Clinical Considerations

The exact number of neonates born following intrauterine chronic exposure to opiates and other addicting agents has always been difficult to determine. However, burgeoning numbers of infants exposed to a variety of substances which cause untoward effects are being admitted to major hospitals across the United States and throughout many other nations. As a result of the problems encountered by drug addicted pregnant women, the potential medical problems seen in their neonates include: prematurity, asphyxia neonatorum, intrauterine growth restriction, meconium aspiration syndrome and HIV/AIDS. Neonates born to mothers who are chronic opiate users are frequently born with a passive dependency to those specific agents which results in neonatal abstinence syndrome. Signs of neonatal abstinence syndrome (NAS) have classically been divided into four major systems: central nervous, gastrointestinal, respiratory, and the autonomic nervous system. Because of the low molecular weight, and lipid solubility, all of these drugs easily pass through the placenta from mother to fetus. Clinically recognizable abstinence appears in 60-80% of opiate-exposed neonates. Variability exists with relationship to the occurrence and severity of symptoms in full term verses preterm infants. Variables affecting the amount of fetal exposure include the amount and purity of the drugs taken by the mother, length of drug use, maternal drug metabolism, and the individual kinetics of placental drug transfer. Since most opiates are short-acting and not stored by the fetus in appreciable amounts, neonatal abstinence is usually apparent within the first 24-72 hours of life. Methadone is longer-acting and stored in fetal tissues; the occurrence, timing, and severity of abstinence signs are therefore more variable. Buprenorphine has had variable reports regarding the incidence of neonatal abstinence; however, a recent study has found neonatal methadone abstinence to be of greater severity than that seen with buprenorphine. The appropriate treatment of neonatal opiate abstinence is based on the principles of accurate diagnosis and assessment. Since the signs of abstinence are non-specific and may mimic other serious neonatal conditions, the clinician must be vigilant. In the neonatal period, therapy is aimed at rapid clinical stabilization of the opiate-exposed infant followed by gradual reduction of the medication under careful medical supervision. Choice of medications for the treatment of NAS has been controversial. Close assessment of the infant will ensure that mildly affected infants will not be treated unnecessarily and that infants who do require pharmacotherapy will not be allowed to develop severe abstinence with its attendant risk of significant morbidity.



Prof Dr Gabriele Fischer qualified from the Medical University of Vienna in 1984, where she went on to specialise in psychiatry and neurology, with a fellowship at Washington University Medical School, St. Louis; US (1986-1989). In 1994, she became the Medical Director of the Addiction Clinic at the Medical University Vienna, Austria. gabriele.fischer@meduniwien.ac.at

Prof Fischer has been involved in many epidemiological and psychopharmacological studies in substance dependence, as well as her pioneering work in the research of substance dependence and pregnancy, which resulted in many scientific publications in addition to national & international funding eg: NIH/NIDA funding on the topic of a prospective multicentre trial on methadone versus buprenorphine in pregnancy (MOTHER). She is a consultant for several international and national groups including the United Nations Office on Drugs and Crime (UNODC) and the World Health Organization (WHO), and is also a board member of the Quality Control Commission in Medicine in Austria. To date she has given over 400 scientific presentations and has over 150 scientific publications. Prof Fischer is also involved in editorial and review work for many psychiatric journals, is a board member of several addiction societies and is currently the President of the CPDD International Committee.

Psychiatric Issues in Addicted Women

Birgit Köchl and [Gabriele Fischer](mailto:gabriele.fischer@meduniwien.ac.at), Medical University Vienna, Addiction Clinic, Austria;
gabriele.fischer@meduniwien.ac.at

Clinical psychopharmacological studies have neglected the fact of sex differences in pharmacokinetics and pharmacodynamics aspects, especially considering hormonal differences. The majority of studies have been conducted in males only, consecutively the concluding results were generalized also to females. Similar experiences are made in women enrolled in opioid maintenance treatment, where undertreatment of medication yields to low retention – in addition to sex differences in medication response, significant consideration in regard to gender aspects are needed to be addressed as well in that particular field.

In general, men are two to three times more likely to develop substance abuse or dependence and are affected four times more often by an alcohol use disorder than women. The prevalence of illicit substance use is also higher in the male adult population (10.2% men versus 6.1% women in 1-months prevalence investigation), but the gap is narrowing.

Not only differences in substance related addictions and non-substance dependence between the genders are of interest, but also the underlying comorbidities (personality disorders, affective disorders, etc.). Several Axis I psychiatric disorders - major depression, dysthymia, panic disorder, social phobia, generalized anxiety disorder - are more common in women than in men. Regarding personality disorders, females score higher in borderline disorders whereas men in antisocial personality disorders. Untreated personality disorders may lead to higher substance abuse and related criminal behaviour.

Pregnant women are an especially vulnerable group, as treatment consideration are needed to be safe for women and fetus. Untreated comorbidities cause lower retention and higher substance consumption with related consequences from relapse to increased preterm deliveries. The increasing number of co-prescription of benzodiazepines and SSRIs needs to be addressed in the interest of women, fetus and neonates as increased information is gained from phase 4 studies about severe consequences. Enhanced evidence is published about the safety and efficacy of methadone and buprenorphine in this target group, but also the aspect of high comorbidity in pregnant addicted women needs to gain equivalent interest. Optimally research controlled trials are undertaken, like available for intrauterine exposure to opioid medication.

Thus the role of sex and gender differences in the development of addictive disorders and their consequences for prevention and intervention are needed to be addressed with particular emphasis on women's health and psychiatric disorders. Finally optimal treatment for women can only be achieved in a multidisciplinary approach with interdisciplinary interventions.

9. Presentation Abstracts: Wednesday 7 December 2011

Plenary 3: Making sense of addiction: from drugs and brain mechanisms to new treatments

Prof D Nutt (UK)

Chair: Dr L Patricio (PT)



Prof David Nutt previously headed the Psychopharmacology Unit at the University of Bristol, UK and joined Imperial College, London in December 2008, where he was appointed as the Edmond J Safra Chair in Neuropsychopharmacology in January 2009. Prof Nutt is past president of the European College of Neuropsychopharmacology.

Prof Nutt obtained his degree in Medicine from the University of Cambridge in 1972, and completed his clinical training at Guy's Hospital, London in 1975. He was Clinical Scientist in the MRC Unit of Clinical Pharmacology, Radcliffe Infirmary, Oxford from 1978 – 1982 and a Lecturer in Psychiatry at the University of Oxford from 1983 – 1985. In 1986 Prof Nutt moved to Maryland, USA where he was Fogarty Visiting Scientist NIH and Chief of the Section of Clinical Science at the National Institute on Alcohol Abuse and Alcoholism in Bethesda. Prof Nutt returned to the UK and joined the University of Bristol in 1988 as Director of the Psychopharmacology Unit, a position he held alongside other key roles until he joined Imperial College, London in December 2008 where he was appointed as the Edmond J Safra Chair in Neuropsychopharmacology in January 2009. Prof Nutt has held government advisory posts for the Ministry of Defence, Department of Health and the Home Office. He also co-authored the influential 2005 Foresight Report on the Future of Brain Science, Addiction and Drugs. Prof Nutt has received several honours including FRCPsych, FRCP, FMedSci; visiting Professorships in Australia, New Zealand and the Netherlands; Presidency of the British Association of Psychopharmacology and membership of the European Brain Council. He is a past president of the European College of Neuropsychopharmacology.

Over the past decades the role of brain processes addiction has become much better understood, and this offers the hope of more specific targeted treatments with better efficacy and fewer adverse effects. Specific brain circuits that mediate aspects of addiction such as reward, craving and impulsivity have been studied and their neurochemical basis has been partially unraveled. The role of dopamine, opioid and GABA-A receptors in regulating these processes is leading to the development of new approaches to treatment such as dopamine and opioid receptor partial agonists and subtype selective antagonists. Other novel approaches include the development of immunotherapy including vaccination for drugs such as cocaine and nicotine. In shall review these developments and the underpinning neuroscience discoveries from which they have emerged.

Further reading

Robbins TR, Everitt B, Nutt DJ (2010) The Neurobiology of Addiction – New Vistas OUP

Plenary 4: Building Integrated Drug Dependence Treatment Systems
Prof M Trace (UK)
Chair: Dr A Kastelic (SI)



Mike Trace Chairman, International Drug Policy Consortium has a wide range of experience in the field of drug treatment and policy, from direct work with problem drug users, to senior positions in national government and international agencies. Following a period of 12 years working in and managing projects that provided treatment to the homeless, drug users and offenders, Mike was offered the post of Deputy UK Anti-Drug Co-ordinator in 1997, and held this post until 2001. His duties included the creation of the UK National Drug Strategy – Tackling Drugs To Build A

Better Britain – and the oversight of the first years of its implementation.

From July 2000 to January 2003, he was the Chair of the European Union drugs agency, the European Monitoring Centre on Drugs and Drug Addiction (EMCDDA). In this role, he had responsibility for steering the 3 year workplan of the agency on behalf of the EU Member States, which involved the collation and dissemination of research and analysis on drug use, problems and responses across Europe.

From July 2001 to November 2002, Mike held the post of Director of Performance at the National Treatment Agency, set up by the UK government to oversee the rapid expansion of the drug treatment sector. In November 2002, he left to take up the post of Chief, Demand Reduction Section at the United Nations Office on Drugs and Crime in Vienna.

Since leaving his United Nations post in early 2003, Mike has returned to the UK, and the non-governmental sector. After a year as Chief Executive of The Blenheim Project, a provider of community treatment services in London, he moved in July 2004 to his current post as Chief Executive of RAPT, one of the biggest providers of drug treatment services in the UK prison system. Mike continues to engage in policy issues as Chairman of the International Drug Policy Consortium (www.idpc.net), a global network of NGOs with an interest in the promotion of humane and effective drug policies. This consortium oversees the publication of a series of reports and briefing papers that aim to summarise the currently available evidence on drug policy effectiveness, and co-ordinates the advocacy, advice and consultancy services of its global membership.

Over the last 50 years, almost all countries have developed some form of treatment intervention for people struggling with drug and/or alcohol dependence. Although each country has its own unique history in this sector, the chronology of the development of drug and alcohol dependence treatment follows similar patterns – early experimentation with models driven by personal beliefs; refinement of these models in the light of research and experience; diversification of models and delivery settings; debate and controversy between seemingly competing approaches and sub-sectors; and finally, the smooth integration of a 'menu' of services appropriate to a range of presenting needs.

No country has reached that nirvana of fully integrated, and adequately resourced, consensus – but it is helpful to consider where your country is on the continuum, and what needs to be done to further the development of a treatment system that is responsive to need, supported by global evidence, and that produces results for drug users and the wider community.

Using his experience of managing the expansion of the UK treatment sector around the turn of the century, Mike Trace will examine some of the key elements of what a humane and effective treatment system would look like, through asking the following questions:

- What is drug dependence treatment for?
- What is the target population for drug dependence treatment?
- What models of treatment should be in the menu?
- What is the end point of treatment?

In this short presentation, Mr Trace will put forward his ideas on some aspects of these questions, and will encourage the audience to challenge and add to his analysis.

The International Drug Policy Consortium (IDPC) is a global network of NGOs and professional groups who work together to promote debate on drug policy issues, and the development of humane and effective policies and programmes at national and international level. Many of the concepts in this presentation are taken from the Drug Dependence Treatment Chapter of the IDPC Drug Policy Guide, available with hundreds of other relevant publications, at www.idpc.net. You can receive the IDPC monthly news and publications digest by subscribing through the website.

Plenary 5: Diagnosis and treatment of relationship and sexual addictions

Dr S Rozman (SI)

Chair: Dr A Kastelic (SI)



Sanja Rozman, Mrs

Education: medical doctor, University of Ljubljana, Slovenia. Finished studies in 1979, specialized in occupational, traffic and sports medicine. Certified Sexual Addiction Therapist Candidate (Modules ¾) by International Institute for Trauma and Addiction Professionals, USA, trained in dr. Patrick Carnes's 30 task model (2009-2011 and continuing) Employment: since 1979 on in University Institute for Rehabilitation, Ljubljana, Slovenia, as specialist doctor in occupational rehabilitation, team-work Special interest: psychotherapy, non-chemical addictions, addictive relationships, cancer patient advocate. Has been conducting individual and group psychotherapy for patients suffering from non-chemical addictions since 1994. President of non governmental association (civil society) for help to the addicted and their relatives. Publications and lectures: Wrote four books for general public on non-chemical addictions and psychotherapy. Speaker in the field of non-chemical addictions and relationships, rehabilitation (return to work of cancer and other patients), patient-doctor relationship, on several international conferences and events.

Diagnosis and treatment of relationship and sexual addictions

Addiction is no longer defined only in terms of adverse behavior; recent research clearly indicates that it is a primary, chronic, progressive disease in which substance use is only one of the features. Starting as pain relief, it becomes for some a compulsive behavior to grow into the involuntary inner system that completely dominates the addict's life. Not only drug use, certain other self-defeating behaviors provide the necessary chemical rush to become potentially addictive, like sex, certain kind of relationships, gambling, internet use, food bingeing and purging, anorexia etc. All addicts make their use a priority more important than family, friends, and work, and addiction becomes the organizing principle of their lives, which creates attachment disorder, especially if acting out/in has to do with relationships! Relationship addiction is a set of several behavioral addictions sometimes referred to as codependency, which is characterized by obsessive and addictive involvement in certain kind of relationships, characterized by betrayal, abuse and abandonment. The "target" can be an out of control addicted family member, a sex addict, a fantasy romantic partner, or somebody who "has to be controlled". Instead of looking for mature relationships, these people search out and maintain pathological, immature, volatile and dangerous relationships, characterized by traumatic bonding. Arousal, numbing, fantasy and deprivation, all addictive neuronal pathways, become stimulated and provide chemical surges sufficient for "zoning out" of reality. In the long term, addiction forms that needs to be treated. Sex addiction is a behavioral addiction where indulgence in certain sexual acting out behaviors becomes out of control. There are recognizable behavior patterns which indicate the presence of sexual addiction: compulsive masturbation, indulging in pornography, chronic affairs, exhibitionism, dangerous sexual practices, prostitution and anonymous sex use, compulsive sexual episodes, voyeurism. Research by Patrick Carnes, Ph.D. shows that 3-6% of the whole population, predominantly men, is affected. Early child abuse, especially sexual, is a primary factor in the onset of sex addiction. It appears that biological shifts occur in the brain which heightens the brain's arousal mechanisms as well as limiting the ability to inhibit behavior. Signs of addiction: a pattern of out-of-control sexual behavior, experiencing severe consequences due to sexual behavior, inability to stop despite adverse consequences, persistent pursuit of self-destructive behavior, ongoing desire or effort to limit sexual behavior, sexual obsession and fantasy as a primary coping strategy. 89% of addicts reported regularly "bingeing" to the point of emotional exhaustion. They are obsessing about sex, increase time devoted to initiating sex, and actually being sexual, dealing with the consequences of their acting out: lying, covering up, shortages of money, problems with their spouse, trouble at work, neglected children, and so on. They neglect important social, occupational, or recreational activities because of sexual behavior. Sexual anorexia is an obsessive state in which the physical, mental, and emotional task of avoiding sex dominates one's life. Like self-starvation with food or compulsive dieting or hoarding with money, deprivation with sex can make one feel powerful and defended against all hurts. Treatment programs for sexual addiction in USA include patient, outpatient, and aftercare support, and self-help groups. Family counseling programs, support groups, and educational workshops for addicts and their families are also provided. Partners of sexual addicts, like partners of alcoholics, can also benefit from counseling and support groups. Therapists trained by Patrick Carnes, PhD are attempting to use the method in Europe. The method "30 task model" represents a holistic approach, can be partly self-administered and is supported by group and individual therapy, through 3-5 years.

International Doctors for Healthy Drug Policies (IDHDP)
Dr C Ford (UK)
Dr H Catania (US)



The need to challenge unhealthy drug policies to improve drug treatment

Authors: Dr Chris Ford, Holly Catania and Rebecca Murchie chrishelen.ford@virgin.net

Objective: To understand the effect of drug policy on drug treatment in a number of different countries around the world

Method: A questionnaire was sent to all members of International Doctors for Healthy Drug Policies (IDHDP), who practice in nearly 40 countries worldwide, asking how they felt the medical treatment of people who use drugs was affected by their country's drug policy, i.e., whether it was helped or hindered by it. Results were analysed and doctors from 11 countries presented their points at a seminar earlier this year in Beirut. This has been written up into a report and IDHDP continues to collect data on this topic. **Results:** The results showed that all countries' drug treatment systems appear to be affected by their national drug policy, mostly in a negative way, and often against evidence-based medical treatment. Many countries have reported similar issues, for example, the impact of stigma, where there is interference by law enforcement, or when a change in government interrupts progress in putting policy into practice. **Conclusion:** Drug policies that adversely affect access to quality medical care need to be challenged to improve drug treatment, and the participation of medical doctors in drug policy reform needs to be increased to promote harm reduction and create healthy drug policies. Doctors need to step up as leaders to influence policy in their countries. We also need to be able to support doctors who struggle to do this in isolation in their countries. We know drug policy is particularly vulnerable to political influence that has little to do with evidence-based medicine, probably more so than any other area of health, and it is important to identify this and challenge where it is happening.

Impact of drug court policies on access to treatment for opiate dependency in New York state: Preliminary results

Authors: Holly Catania, JD Joanne Csete, PhD, hcatania@icaat.org

Objective: To investigate the impact of New York drug courts' policies and practices on access to opioid agonist treatment (OAT) for opioid dependence. **Method:** OAT providers, especially methadone clinic staff members, as well as patients with experience of drug courts are being interviewed in six New York counties that have a range of policies with respect to OAT as a treatment option (some that exclude OAT, some that include it as a matter of policy, and one that indicates a flexible policy depending on medical need). One-on-one key informant interviews are undergoing qualitative content analysis. **Results:** Interviews thus far indicate that actual disposition of cases may not have a direct correlation to the outcomes expected by the stated policy. That is, counties that in principle allow OAT for people with opiate dependence may, in fact, still require abrupt "tapering off" of methadone, and those that exclude methadone from court-mandated options may sometimes be persuaded to allow it where doctors or knowledgeable counsellors' intervene. Where courts require abrupt withdrawal from methadone even where it is not medically indicated, the onus is on the patient to seek help to challenge the court's decision or risk facing drug courts' sanctions and ultimately imprisonment. **Conclusion:** Though the final disposition of cases may not be those indicated by the stated policy of the courts, the refusal of courts to allow OAT for opiate dependence places an undue burden on patients to seek help in making a case that OAT is clinically indicated. It also places a burden on already overloaded methadone counsellors and health professionals who have to make the case to overturn medically unjustifiable rulings. OAT providers are not part of the courts' policy-making processes throughout the State. In counties outside of New York City, the existence of long waiting lists to get into the treatment programs prohibits programs from advocating for drug courts to accept patients into OAT. Drug courts appear to constitute an important barrier to OAT access for patients who need it. **Additional Information:** Opiate dependence remains a significant public health challenge in the US and in the state of New York. Drug treatment courts have been established in virtually all 63 counties in New York, as they have been in over 2100 counties in the US. Drug treatment courts are meant to offer court-mandated drug treatment as an alternative to incarceration. Courts differ in their policies with respect to OAT for opioid dependence. In New York State, some drug courts exclude OAT as an option for court-mandated therapy; others say they allow it in some circumstances. The drug courts have been widely evaluated with respect to such indicators as recidivism, but public health outcomes of their work have been little studied. The drug court movement has reached beyond the U.S. and courts have been established in Australia, Canada, Europe, the Caribbean and South America.

Plenary 6: Smoking Treatment in Public Health

Dr F Pascual (ES)

Chair: Dr L Patricio (PT)



Dr. Francisco Pascual. Phd. fr.pascualp@coma.es

Medical addictive behaviors.

Advisor to the Federation of Spain recovered alcoholic.

Member of the Board of SOCIDROGALCOHOL.

Associate Professor Miguel Hernández University.

Member of the group of smoking COPD Program of the Regional Ministry of Health.

Member of the Commission on Social participation and involvement of the National Plan on Drugs. Ministry of Health, Social Policy and Equality.

2011 is a good year for smoking cessation in Spain, because the Spanish government approved a new law to reduce the tobacco consumption and to treat this addiction.

The success is: Drug therapy triples the chances of success, and to relieve the withdrawal symptoms to nicotine, the withdrawal syndrome is the first cause of relapse, and for this reason we recommend to ask for help in Primary Health Care.

In Spain one of the objectives of the national plan of tobacco prevention and control is the Assistance strategy, and it consists in, to promote the involvement of primary care health professionals and specialized, facilitating users Antitobacco Health advice and strengthening the non-smoking behavior. To promote the health examination of tobacco dependence as a chronic illness and encourage the development of programmes snuff cessation support in primary care. Ensuring global approach and treatment of tobacco dependence by including in the health services of the National Health Service (NHS). And to promote the completion of the history of tobacco consumption in the medical record and application and systematic recording of the Anti-Smoking Health advice.

In each country exist different structures to address the tobacco addiction, for this reason we believe that it's necessary to coordinate them.

It's convenient to have a consult of tobacco in primary health care or Units of Smoking Cessation in Primary Care because More than 70% of tobacco users visit a physician each year.

It permit work with Protocols and Guidelines (medical visit) and to create One consultation for centre with 1 physician and 1 Nurse training in addictions and 1 mental health counsellor of reference, and offer Treatment: Counselling and medication (are effective when used by themselves).

It's important because There is increasing evidence that the success of any tobacco dependence treatment strategy cannot be divorced from the health care system in which it is embedded, Counselling and medication are effective when used by themselves for treating tobacco dependence. The combination of counselling and medication, however, is more effective than either alone.

And finally It is essential to provide at least a brief intervention to every tobacco user at each health care visit

In our presentation we analyse 418 patients, 230 male and 188 female, majority they smoke between 20 and 30 cigarettes.

52 weeks after treatment we phone the patients and ask about the successful, if they continue abstainers.

228 patients were treated with varenicline; 136 with varenicline + group therapy; 21 with only group therapy and 33 with other treatment

Adherence to varenicline treatment for smoking cessation is highly correlated with improved tobacco abstinence ($p < 0.0000$)

For this reason Varenicline is the better treatment for smoking cessation, together the Primary care consultation, because exist a positive correlation between adherence to treatment and tobacco abstinence in treatment with varenicline, especially when more days take the pills the patient (about 3 months), and permit the health advice.

10. POSTER ABSTRACTS

1. SPECTRAL ANALYSIS OF EEG IN ALCOHOL DEPENDENCE OFFENDERS

Authors: Ana Calzada Reyes MD.1*, Alfredo Alvarez Amador MD, PhD .2**, Clinical Neurophysiology, Psychiatry Department, Legal Medicine Institute*, Clinical Neurophysiology, Neurophysiology Department, Cuban Centre of Neuroscience**, anacalz@infomed.sld.cu

Objective: The aim of the investigation is to contribute to electrophysiological characterization of the offenders with alcohol dependence. Method: The resting electroencephalogram was recorded in 12 alcohol dependence offenders, evaluated for forensic psychiatric (Experimental Group). They were compared with 9 offenders without psychiatric disorders (Control Group). The features at visual inspection of the Electroencephalogram and the use of frequency domain quantitative analysis techniques are described. Results: 50% of alcohol dependence offenders had background activity organizational alterations abnormalities. The most frequent were the low amplitude electrogenesis, an attenuated alpha rhythm. Global increase of the delta-theta slows activities associated with a decrease of the alpha activity. The quantitative analysis showed differences between the frequency spectrums and between the broad band spectral measures from both groups and between experimental groups and the Cuban norms. The global delta-theta frequencies and beta activity in right frontal, central and left occipital regions predominate in the alcohol dependence offenders. Conclusion: A high incidence of electroencephalographic abnormalities was found in the alcohol dependence offenders. The most frequent were: electrogenesis alterations, attenuated alpha rhythm and global delta-theta slow activity and excess of beta activity. The quantitative analysis confirmed the results of EEG visual analysis. Additional Information: The finding provides a strong lead for examining the electrophysiological differences between offender groups, the neurotoxic effect of alcohol on the brain and to establish possible relations between the deficiency in information processing capacity of central nervous system how one of possible mechanisms related to increase the likelihood of criminal act in alcohol dependence offenders.

2. EFFECTIVENESS OF OPIOID SUBSTITUTION THERAPY AMONG PRISONERS WITH DRUG DEPENDENCE: A SYSTEMATIC REVIEW

Authors: Akinsemolu Ayodeji, aakinsemolu@dundee.ac.uk

Objective: To evaluate the effectiveness of OST compared with other non pharmacologic intervention or no intervention at all (e.g psychosocial therapy like cognitive behavioural therapy or counselling)

Method: Electronic search was done on the following databases up to July 2010; MEDLINE, EMBASE, CINAHL, COCHRANE CONTROLLED TRIAL REGISTER, PSYCHINFO. Manual search was done on journals from the University of Dundee library. Notable Authors in the field of drug abuse were also contacted for ongoing clinical trials and relevant randomized controlled trials. References of all identified studies were also searched. Randomized controlled trials comparing pharmacologic therapy versus non pharmacologic therapy or no intervention at all. This was done among prisoners assessed to be opioid dependent by prison medical staffs. 2 reviewers independently evaluated the identified paper using a data abstraction form. The study quality was assessed by the use of Cochrane risk of bias tool. A Meta analysis was done with rev man 5. Main result: 5 studies met the inclusion criteria with a total of 820 participants. Sequence generation was adequate in 3 studies and unclear in 2. Allocation concealment was adequate in only 1 study and unclear in the remaining 4. OST was effective in reducing heroin use (3RCT 0.77 95%CI: 0.61-0.97) was also effective in reducing re incarceration (4RCT 0.51 95%CI: 0.35-0.75) It was effective in reducing arrest (2RCT 0.84 95% CI: 0.58-1.21) it was effective for reducing crime days but result cannot be pooled because it was heterogeneous. Conclusion: This systematic review provides evidence for the effectiveness of Opioid substitution therapy in reducing opioid use, re incarceration, arrests and syringe sharing among prisoners hence the use of OST should be made widely available to prisoners with opioid dependence.

3. CELLULAR PHONE ADDICTION: FORGETFULNESS AMONG THE REGULAR CELLULAR PHONE USERS

Authors: N.Kumar, V. P. Sharma, and R. A. Khan neerajmtech@gmail.com

Objective: To investigate the possibilities of association of the common symptom 'forgetfulness' among the cellular phone users. Method: Investigation about addictions to new technologies and especially about the abuse of cell phones is insufficient, due in part to its great complexity and to the novelty of this social phenomenon. There are frequent difficulties in distinguishing between normal use of a substance or a modern technology, and the abuse of, or addiction to it. The human brain and the way in which it stores and retrieves information is a subject of debate and speculation. The close proximity of the cellular phone to the head causes likely 40-60 % energy emitted by the device to be absorbed in the brain. There are many possible causes of memory loss or forgetfulness; some factors may be like tiredness, concentration problem, pregnancy, general anxiety, normal aging and more serious causes are Alzheimer's disease, Parkinson's disease, depression, emotional problems, chronic alcoholism etc. But, Can the cellular phone irradiation be a cause of forgetfulness? In this study, 188 cellular phone users (77.7% male and 22.3% female) in Lucknow city of India were enquired about the association of forgetfulness through the well designed questionnaire. They were enquired about their general profile (age, sex etc.), calls detail and health (disease, smoker or non-smoker). The subjects belonged to 14 - 62 years age range (mean age SD; 29.1 9.5). Results: Study revealed that 12.7% (14) subjects were associated to forgetfulness symptom. The frequency of forgetfulness among high user (HU>500 hours use in life) and low user (LU). Conclusion: Study concluded that the possibilities of the symptom forgetfulness may increase with increase in life time exposure period of cellular phone. The present study is of significance and need for more laboratory findings on cellular and molecular level to better understand how cellular phone irradiation may alter Central Nervous System functioning. Additional Information: This study supported by UP Council of Science and Technology, India. [Ref. CST/D 3558 (2); 31.03.2009]

4. STUDY EVALUATING THE EFFECTIVENESS OF OST IN REDUCING THE NEGATIVE OUTCOMES ASSOCIATED WITH OPIOID ABUSE AMONG PRISONERS

Authors: Ayodeji Akinsemolu, Simon Ogston, Linda Irvine, ayodejifriends@yahoo.com

Objective: This study evaluates the effectiveness of OST in reducing the negative outcomes associated with opioid abuse among prisoners.

Method: Randomized controlled trials comparing OST with psychosocial therapy or no intervention for opioid dependent prisoners were included. Electronic searches were conducted in: MEDLINE, Embase, CINAHL, PsycINFO and the Cochrane Controlled Trials Register. Two reviewers independently identified relevant papers. Study quality was assessed using the Cochrane risk of bias tool. Pooled risk ratios were calculated using random effects models (with 95% CI) for opioid use (measured by hair or urine analysis), and re-incarceration after release from prison.

Results: Five studies with 820 participants met the inclusion criteria. Allocation concealment was adequate in one study and unclear in four. OST reduced opioid use (3 RCTs, RR 0.78 95% CI 0.64-0.95) and re-incarceration (3 RCTs, RR 0.41 95% CI 0.26-0.63). Two studies reported a statistically significant reduction in criminal activity and heroin use days, but the data were not pooled because of heterogeneity. Single studies reported statistically significant reductions in syringe sharing, mortality after release, cocaine use and retention in treatment.

Conclusion: OST is effective in reducing many negative outcomes associated with drug use among prisoners, giving far reaching benefits for prisoners, their families and society as a whole. OST should be widely available to prisoners with opioid dependence.

5. A CRITICAL REVIEW ON MACAO RESPONSIBLE GAMBLING POLICIES AND PRACTICES

Authors: Huang, Guihai, ghhuang@ipm.edu.mo

Objective: It is to document and to evaluate Macao responsible gambling policies and practices and to predict its trend in the future. Method: literature review and field study

Results: Gambling has been a legalized business in Macao from 1847 and it has been the largest casino city around the world since 2007 in terms of gross gaming revenue (GGR). However, Macao did not officially put any effort to control the harm due to gambling addiction until when the Resilience Centre was set up by the Social Welfare Bureau in 2005. Since then, government, casino operators and not-for-profit organizations in Macao have been putting efforts gradually on public awareness, research and treatment of gambling addiction.

Conclusion: The resource used to support research, public awareness and treatment to prevent gambling addiction is negligible compared to GGR or tax revenue from casino in Macao. Pathological gambling prevalence has been on rise recently. Responsible gambling practice is still new to Macao and sound governance on responsible gambling policy has not been set up. On the other hand, Macao has promised to promote responsible gambling following the international best practice. Macao is expected to move forward gradually in responsible gambling.

6. PSYCHOPATHOLOGY AND ALCOHOL USE AMONG NIGERIAN UNDERGRADUATES

Authors: Abayomi Olukayode; Onifade P.O.; Akinhanmi A, abayomikay@gmail.com

Objective: The aim of this study was to examine the relationship between alcohol use and psychological well-being among undergraduates of a Nigerian tertiary institution. The objectives included determining the prevalence and pattern of problematic alcohol use and ascertaining the association between alcohol use and some socio-demographic variables

Method: Using the Alcohol Use Disorders Identification Test (AUDIT), Four hundred and forty three students (443) were evaluated for alcohol related problems. A questionnaire was also used to elicit Sociodemographic variables while psychological well-being was assessed with the General Health Questionnaire (GHQ).

Results: Overall 40.6% of the students had drunk alcohol during the previous year while alcohol problems were found in 14.9%. Heavy episodic alcohol use was reported by 31.1% while alcohol related injury had occurred among 8.9% of the students. More males than females drank heavily (3.8% versus 0.7%; $p < 0.01$), non-religiosity (p)

Conclusion: Alcohol use is a significant problem among students of the tertiary institution. This may have important psychosocial implications. Mental health is a critical component of alcohol abuse and dependence prevention programmes. Early screening, assessment and treatment of mental disorders should be an integral part of alcohol prevention programmes.

7. COMPARISON OF PULMONARY FUNCTION TESTS AND RESPIRATORY SYMPTOMS BETWEEN WATER PIPE AND CIGARETTE SMOKERS

Authors: 1 Mohammad Hossein Boskabady, 1 Lila Farhang, 1 Mahbobeh Mahmodinia, 1 Morteza Boskabady, 2 Gholsam Reza Heydari, mhboskabady@hotmail.com

Objective: One major type of smoking in the Middle East countries is water pipe (WP). In the present study pulmonary function tests (PFT) and respiratory symptoms of water pipe smokers was compared with cigarette smokers with deep (S-DI) and normal (S-NI) inspiration.

Method: Pulmonary function and respiratory symptoms were compared between water pipe smokers cigarette smokers with deep and normal inspiration and non-smokers.

Results: All PFT values in WP and S-DI and only some of them in S-NI smokers were lower than non-smokers (p). Conclusion: The results of this study showed the profound effect of WP smoking on PFT values and RS which were similar to DI cigarette smoking

8. PATIENT-SPECIFIC PERCEPTIONS AND EFFECTS ON SUBLINGUAL SUBOXONE® MAINTENANCE TREATMENT AND THEIR IMPACT REGARDING THE ACCEPTANCE AS TREATMENT CHOICE & A SEMI-QUALITATIVE ANALYSIS

Authors: Salvatore Giacomuzzi, Klaus Garber, Y. Riemer, salvatore.giacomuzzi@unibz.it

Objective: It should be noted that, in an effort to prevent injection of the drug, the BUPRENORPHINE/ NALOXONE & Sublingual Suboxone® formulation includes naloxone in addition to buprenorphine. These efforts until now turn out as less fruitful and the acceptance of this new group of preparations (Suboxone®) appears decreased in opposite to classical buprenorphine (Subutex®). However, reasons which lower the acceptance on part of the yet are not fully understand.

Method: In different casuistic studies we tried to apply semi-qualitative methods and considered more patient specific issues to gain our understanding regarding the individual (non)acceptance of BUPRENORPHINE/ NALOXONE & Sublingual Suboxone®. Therefore, we considered in our semi-qualitative analysis patients and treatment specific characteristics as additional consumption right before switching to Sublingual Suboxone®, personal reasons for switching, abuse patterns, taste issues and time dependent development regarding the patients' specific flashing opioid feeling taking Suboxone® sublingual. Furthermore we registered mentioned side effects on part of the clients.

Results: Our 30 preliminary semi-qualitative case studies revealed that Sublingual Suboxone® in comparison to Subutex® showed a virtually non existing "warm" opioid feeling (86.6%), no "floating" effects (80%) and a more than four times decreased dose dependent effect regarding Subutex® (the patients wants to get more of it to reach the same individual dose maintenance level) on part of the clients. Therefore, in 100% of all cases additional Sublingual Suboxone® had to administered to the patient. Additional dosing varied between 25-40% regarding the previous dosing regimen. Lemon taste (ascorbic acid) was associated with potentially severe side effects by nasal abuse or by "basing" it on part of the clients (53.3%).

Conclusion: The individual perception regarding the specific effects and impacts of substances can hardly be quantified applying only empirical methods. This is however of fundamental importance for the understanding of the individual acceptance on part of the client. Sublingual Suboxone® until now had a decreased acceptance as a treatment choice on part of the clients. Argumentations for the acceptance of newly developed substances must consider not only clinical parameters, but should also include patients' individual effect perceptions as well as "the market profile". Semi-qualitative studies can led to a better understanding of addiction behaviour all along together with quantitative methods and should be taken into consideration.

9. THE PORTUGUESE SYRINGE EXCHANGE PROGRAM - 18- YEARS OF EXPERIENCE

Authors: C. Caldeira 1, C. Santos 1, J.Silveira 1, Maria J.Santos 2, Henrique Barros 2, carla.caldeira@anf.pt
1 National Association of Pharmacies(ANF), 2 National Coordination for HIV/AIDS Infection(CNSIDA)

Objective: The overall aims were:

- prevent IV and sexual transmission of HIV among injecting drug users (IDU);
- avoid sharing of needles and other material, by facilitating access to sterilized devices
- promote safe sexual behaviours, by increasing the use of condoms

Method: The mainly instrument of the Program is a preventive KIT provided to IDU on basis on deliver and place in a proper container of their used syringe and needle. At the beginning the kit integrated one sterile syringe, one disinfectant towel, one condom and an information leaflet. In 1999, ampoule of double-distilled water and the filter were included, and in 2007 recipients and citric acid.

Results: Between October 1993 and June 2011, 48.308.830 needles and syringes have been exchanged, collected and destroyed.

Conclusion: The results of the SEP exceeded all expectations. After 17 years of its implementation, which is probably the biggest action of Public Health held in Portugal, your success is absolutely recognized. In Portugal, the creation of the SEP, as well as other programs for risk reduction and harm minimization, showed positive results in reducing cases of HIV infection in IDUs.

Additional Information: We would like to thank all the pharmacies and governmental and non-governmental organizations that are participating or have participated in SEP.

10. METHADONE MAINTENANCE TREATMENT PROGRAM IN PORTUGUESE COMMUNITY PHARMACIES

Authors: I. JACINTO 1, C.SANTOS 1, J. GOULAO 2, J.PÃ DUA 2, isabel.jacinto@anf.pt
1 ANF National Association of Pharmacies, 2 IDT, IP Institute on Drugs and Drug Addiction, IP

Objective: To describe the methodology and the results of this service in community pharmacies

Method: Pharmacists are invited to join this program. Training courses are mandatory, sponsored by ANF and IDT. MMT at pharmacies targets patients that were previously followed by IDT treatment teams and with a stabilized dose. Patients go to the pharmacy on a daily basis and the pharmacist supervises the administration of methadone solution. Results: From 1998 to December 2010, 2.726 patients were involved in MMT. Training was provided to 780 pharmacists, working in 504 pharmacies integrated in this program. Portuguese pharmacies work actively in cooperation with 33 IDT treatment teams.

Conclusion: The MMT in community pharmacies is considered to be an effective mean for reducing the use of illegal opioid dependence. This program has also been found to reduce injection-related risk behaviours and sexually transmitted diseases. The MMT improves patient's adherence to the treatment, physical and mental health, social functioning and quality of life.

Additional Information: We gratefully acknowledge all pharmacists who participate on this service. The implementation of this service in pharmacies was funded by the National Association of Pharmacies (ANF).

11. EVALUATION OF A NATIONAL HARM REDUCTION POLICY ON THE EFFECTIVENESS OF HIV/AIDS CONTROL IN TAIWAN Authors: Hsin-Ya Lee¹, Jih-Heng Li^{1,2*} hylee@kmu.edu.tw

¹School of Pharmacy and ²Ph.D. Program in Toxicology, College of Pharmacy, Kaohsiung Medical University, Kaohsiung, Taiwan, R.O.C.

Objective: Background: In 2005, a national pilot harm reduction program (PHRP), which mainly includes a methadone maintenance treatment program (MMTP) and needle/syringe exchange program (NSP), was implemented in Taiwan. It was considered ethically unfeasible to study the effects of harm reduction measures on HIV control among injecting drug users (IDUs) with an experimental/control design. A PHRP provided us a rare opportunity to compare such effects between PHRP and non-PHRP.

Objective: We conducted this study to evaluate the effectiveness of harm reduction measures on HIV control among IDUs between PHRP and non-PHRP.

Method: The monthly HIV incidences of administrative areas (city/counties), which were collected from incumbent Taiwanese authorities, were used as the database to analyze their associations, risk and protective factors with PHRP measures. Basic information of city/county characteristics and PHRP policy was also obtained as analysis covariates. To examine the impact of the PHRP on HIV trends in Taiwan, the generalized estimation equations (GEE) was adopted with Poisson as the probability distribution function and the first-order autoregressive as the correlation structure.

Results: While the monthly HIV incidences did not show significant differences before and after PHRP in the 4 areas with PHRP (Taipei City, Taipei County, Taoyuan County and Tainan County) (-0.11, 95% CI -2.60-2.39, P = 0.89), a significant increase in the HIV incidence was found in the 21 areas without PHRP (3.69, 95% CI 1.74-5.64, P < 0.0001). Hence, the implementation of the PHRP did result in a significant difference in the monthly HIV incidence between areas with and without the PHRP. Mandatory HIV testing (Odds ratio 2.52, 95% CI 1.97-3.30, P < 0.0001) was significantly associated with the HIV incidence. With adjustments of time period and area with PHRP, and urban area, protective factors associated with HIV incidence were: educational materials (Adjusted odds ratio (AOR) 0.73, 95%CI 0.63-0.85, P < 0.0001), condoms (AOR 0.86, 95% CI 0.83-0.89, P < 0.0001), dilution water (AOR 0.93, 95% CI 0.91-0.96, P < 0.0001), and alcohol sponges/swabs (AOR 0.97, 95% CI 0.96-0.98, P < 0.0001). MMTP contributed to a higher HIV incidence (AOR 2.99, 95%CI 1.28-6.97, P = 0.01), probably due to the concurrent HIV testing upon admission. Since HIV testing was not required in the NSP, the HIV testing-dependent MMTP may explain the association of the PHRP intervention and an increased HIV incidence. **Conclusion:** Whereas the PHRP measures were associated with a reduction in the incidence of HIV, HIV education and HIV testing were essential for effective HIV control upon implementing these measures.

12. THE RELATIONSHIPS BETWEEN SOCIAL AXIOMS, THERAPEUTIC ORIENTATIONS, AND BURN-OUT AMONG ADDICTION AREA PROFESSIONALS

Authors: Eugene Tartakovsky, Ph.D., Kovardinsky, S., M.S.W., & Bell Gabriel-Fried, Ph.D., M.S.W., etartakov@hotmail.com

Objective: This study investigates how personality traits, social axioms and therapeutic orientations affect burn-out of professionals who work in the area of addictions. The effect of social axiom and therapeutic orientations on the burnout of social workers has never been studied before, and it may be important both theoretically and practically.

Method: 110 psychiatrists, social workers, and counselors participated in the study. They worked in Alcohol and Drugs Treatment and Rehabilitation Clinics " the main institution that provides outpatient psychosocial help and medication to people suffering from substance-related disorders in Israel. The professionals anonymously completed the following questionnaires: Social Axioms Survey (Leung et al., 2002), a modernized version of Therapeutic Attitudes Scale (Sandell et al., 2004), and Maslach Burnout Inventory " General Survey (Maslach & Jackson, 1986). Social Axioms Survey measured three basic beliefs regarding world functioning: social cynicism, reward for application, and religiosity. Therapeutic Attitudes Scale measured the professionals' beliefs of what are the best ways to help the client. They related to three types of therapeutic orientations: cognitive-behavioural, psychodynamic, and systemic. Burnout Inventory measured three aspects of professional burnout: exhaustion, cynicism, and professional efficacy; however, since exhaustion and cynicism scales were highly correlated (r = .71), they were combined into one scale, called emotional weariness.

Results: A stronger belief in social cynicism associated with a higher level of emotional weariness. In addition, a stronger systemic therapeutic orientation was associated with a lower level of emotional weariness. There was a positive relationship between the reward for application belief and the sense of professional efficacy. Therapeutic beliefs were not related to the sense of professional efficacy.

Conclusion: The results of this study may help to identify addiction area professionals who are prone to burnout and would allow the development of burnout prevention and coping programs. The understanding of the relationship between social axioms, therapeutic orientations, and burnout could benefit professionals' well-being and contribute to improvement of the services they provide.

Additional Information: Keywords: addiction area professionals, burnout, personality traits, social axioms, therapeutic orientations

13. KENYAN VILLAGE CHILDREN AFFECTED BY BACTERIAL MENINGITIS

Authors: Gordon Nyabade, nyabadegordon@yahoo.com

Objective: Kenyan village children are casualties to bacterial meningitis. Early diagnosis and appropriate antibiotic treatment are perhaps the most important initiatives towards eradication of this great pandemic and its management in Kenya's rural villages where there are no sensitization and awareness programmes due to lack of government facilities and funds. Through published data suggest that fewer than half of the cases of childhood meningitis are identified at first assessment in hospitals in this region. The objective of this study indicates and brings to awareness that bacterial meningitis kills many children from poor and desperate Kenyan villages without access to hospitals or clinics.

Method: Nyando Sub District Hospital, serving 300 000 people in a rural, malaria-pandemic area of the Western Kenyan, was studied. A Kenya Medical Research Institute research centre is located at Kisian near Kisumu city. All paediatric admissions aged 60 days between June 2001 and July 2002 were eligible.

Results: A total of 91 (2.0%) of 4582 admissions had meningitis, including 77 (4.0%) of 1929 of those who met the IMCI referral criteria for meningitis at admission (sensitivity: 85%; specificity: 59%). Independent indicators of the presence of meningitis were a bulging fontanel, neck stiffness, cyanosis, impaired consciousness, partial seizures, and seizures outside the febrile convulsions age range. One or more of these indicators was present in 895 (19%) of admissions, 72 (8.0%) of who had meningitis (sensitivity: 79%; specificity: 80%). Independent indicators of the absence of meningitis were the absence of a history of fever, a history of diarrhoea, and a positive malaria slide. The area under the receiver operating characteristic curve for a set of simple screening rules based on the positive indicators identified was 0.88 (95% confidence interval: 0.85- 0.92).

Conclusion: The presence of 1 of a bulging fontanel, neck stiffness, cyanosis, impaired consciousness, partial seizures, and seizures outside the febrile convulsions age range is a clear indication for lumbar puncture and/or presumptive treatment. However, careful observation and reassessment may be the only practical way to identify one fifth of meningitis cases in this setting.

Additional Information: Key Words: meningitis, Kenya, sub-Saharan, rural

14. AN OPEN RANDOMIZED TRIAL COMPARING DISULFIRAM AND NALTREXONE IN THE TREATMENT OF ADOLESCENTS WITH ALCOHOL DEPENDENCE

Authors: Dr Avinash de Sousa, avinashdes999@yahoo.co.uk

Objective: To compare the efficacy of Disulfiram (DSF) and Naltrexone (NTX) in reducing alcoholic relapse in adolescents with alcohol dependence in routine clinical practice.

Method: 52 adolescents with alcohol dependence having family members that would encourage medical compliance and would accompany them for follow up were randomly allocated to 6 months of treatment with DSF or NTX. Weekly psycho-education was also provided. The psychiatrist, patient and family member were aware of the treatment prescribed. Alcohol consumption, craving and adverse events were recorded weekly for 3 months and then fortnightly. Serum gamma glutamyl transferase (GGT) was measured at the start and end of the study. Results: At the end of the trial 46 patients were still in contact. Relapse occurred at a mean of 93 days with DSF compared to 63 days for NTX. 84.61% patients on DSF remained abstinent compared to 53.85% with NTX. Patients allocated to NTX had less craving than the DSF group.

Conclusion: DSF was superior to NTX in promoting abstinence in adolescents with alcohol dependence having good family support. Further comparisons between these drugs along with psychosocial treatments or alone in different settings are warranted.

Additional Information: This is one of the first studies to compare two agents head on in the long term management of alcohol dependence in adolescents

15. THE PLACE OF DISULFIRAM IN THE PRESENT DAY PHARMACOTHERAPY OF ALCOHOL DEPENDENCE

Authors: Dr. Avinash De Sousa, avinashdes999@yahoo.co.uk

Objective: The present paper reviews various studies on Disulfiram and gives a framework for the role of Disulfiram in the present day pharmacotherapy of alcohol dependence

Method: The author reviews three of his own studies, some unpublished data and data from a few other authors and tries to reach a consensus on the efficacy of Disulfiram compared to other agents in the management of alcohol dependence

Results: The studies reviewed have shown Disulfiram to be superior to Naltrexone, Acamprosate and Topiramate in the management of alcohol dependence across various population groups. (results discussed in detail) Conclusion: Disulfiram has a definite place in the pharmacotherapy of alcoholism and is often efficacious where many other agents may fail.

16. WORKSHOP ON DISULFIRAM IN THE LONG TERM MANAGEMENT OF ALCOHOL DEPENDENCE

Authors: Dr Avinash De Sousa, avinashdes999@yahoo.co.uk

Objective: To conduct a workshop on the efficacious use of Disulfiram in the management of alcohol dependence

Method: The workshop looks at Disulfiram therapy in detail along with the side effects, consent issues, long term usage and specific patient populations that would respond to disulfiram.

Results: The workshop reviews work on Disulfiram over the last 50 years

Conclusion: The workshop helps clinicians look positively at using Disulfiram routinely in clinical practice

17. MOVEMENT DISORDERS INDUCED BY MANGANESE: CORRELATION BETWEEN CLINICAL COURSE AND HYPERINTENSIVITY OF THE BASAL GANGLIA ON THE T1-WEIGHTED MRI IMAGES

Authors: N. Lobjanidze, M. Janelidze, M. Megrelishvili, I. Khatiaashvili, T. Maisuradze, N. Akiashvili, M. Kapi-anidze, ninalobjanidze@hotmail.com

Objective: To find correlation between the clinical course and radiological abnormalities in patients with Manganese-Induced Encephalopathy (MIE). Background: MIE is caused by hand-made drug "ephedrine" containing manganese. According to the current publications the development of neurological disturbances is different in separate cases as conflicting to MRI pictures

Method: We evaluated clinical and MRI records of 22 patients with MIE.

Results: Clinical symptoms of 22 patients with MIE were investigated as well as their MRIs. The mean length of "ephedrine" abuse was about 1 year. The T1-weighted MRI images were divided in 4 groups: I group: increased signal intensity in basal ganglia (globus pallidus, substantia nigra), II group: hyperintensity in basal ganglia and cerebellar nuclei, III group (3 patients): hyperintensity of basal ganglia and pyramidal tract, VI group: normal MRI. I group includes 11 patients with hypokinesia, hypomimia, dystonic smile, spastic- hypokinetic dysarthria, gait disturbances with postural unsteadiness, falls. The symptoms were characterised by stepwise progression. II group includes 5 patients with moderate stable parkinsonism symptoms and more prominent apathy, depression, and executive dysfunction.

III group includes 3 patients with clinical and ENMG findings of lower motor neuron dysfunction, represented by parkinsonism and ALS-syndrome.

VI group includes 3 patients with severe parkinsonism, prominent postural instability with falls and muscle rigidity, which were stable and didn't changed during the time.

Conclusion: Despite the symptoms of MIE is quite stereotypical, it is possible to outline the subgroups of patients with peculiar MRI and clinical data

18. THE EFFECTS OF ALCOHOL ON RESPONSES TO NICOTINE-CONTAINING AND DE-NICOTINIZED CIGARETTES IN DEPENDENT AND NON-DAILY SMOKERS

Authors: Sean P Barrett, sean.barrett@dal.ca

Objective: Alcohol consumption has been linked to increased tobacco use and craving in both dependent and non-daily smokers, yet the extent to which these relationships depend on interactions involving nicotine remains unclear. This study examined the acute effects of alcohol on the subjective and behavioural responses to nicotine-containing tobacco and denicotinized tobacco in 17 (10 male) dependent daily smokers (DDS) and 23 (11 male) non-dependent non-daily smokers (NNS).

Method: During four randomized double-blinded sessions, participants assessed the effects of nicotine-containing tobacco or denicotinized tobacco following the administration of a moderately intoxicating dose of alcohol (mean BAC=0.076) or a placebo beverage. They could then self-administer additional puffs of the same type of cigarette sampled over a 60-minute period using a progressive ratio task.

Results: Alcohol increased cigarette craving in NNS only, but DDS exhibited significantly higher baseline levels of cigarette craving across conditions. In NNS, alcohol significantly increased the self-administration of both nicotine-containing and denicotinized cigarettes, while in DDS, alcohol administration was associated with increased nicotine-containing cigarette and decreased denicotinized cigarette self-administration. Moreover, in NNS no differences were observed between conditions in the levels of cigarette craving and withdrawal following tobacco self-administration, while in DDS craving remained relatively elevated following denicotinized tobacco self-administration in both beverage conditions.

Conclusion: Findings suggest that DDS and NNS may differ in the extent to which nicotine is involved in mediating the drinking-smoking relationship.

19. THERAPISTS' IMPACT ON THE EFFECTIVENESS OF SUBSTANCE ABUSE TREATMENT: RESULTS OF A SYSTEMATIC REVIEW

Authors: Artkoski, T., Kuusisto, K. & Saarnio, P, tytti.artkoski@uta.fi

Objective: To review studies of therapist impact on the effectiveness of substance abuse treatment.

Method: A systematic review of studies measuring therapist effect on retention in substance abuse treatment and outcome. Peer-reviewed articles matching the review criteria from the past decade were analyzed for relevant information, such as therapist (n), client (n), most typically used substance and key results.

Results: Twenty-one studies matched the criteria. The findings included five categories concerning therapist impact on effectiveness of substance abuse treatment: 1) Therapists' professional background, 2) Therapist-targeted interventions, 3) Matching therapists to clients, 4) Therapeutic alliance and 5) Therapist style.

Conclusion: Even though the results were somewhat mixed, the key findings have relevance for substance abuse treatment practice and future research.

Additional Information: We would be most pleased to attend the biennale with either oral presentation we sent earlier, or with this poster presentation or both.

20. CATEGORIZATION OF USERS OF CRACK-COCAINE AND MULTIPLE DRUGS IN A UNIVERSITY GENERAL HOSPITAL WITHIN THE LAST 10 YEARS

Authors: Wai, M.F.P.; Leal, F.M.; Lopes, M. A.; Furtado, E. F, meifan@hotmail.com

Objective: This study intends to describe the increasing number of hospitalizations due to substance use during the period of January 2000 to December 2009 in a university's general hospital

Method: Diagnoses were made according to CID on mental disorders arising from the usage of cocaine (F14), as well as that of multiple drugs (F19). It was sought on gathered individuals about the social demographic profile, the gateway to the service and presence of psychotic symptoms. For the collection of data, it was conducted in the proposed period, a survey on the admissions based on the medical files of the University Hospital of Ribeirao Preto. Afterward, with a representative sample of this survey, records of the respective medical records were perused. Results: Upon this analysis, it was identified an increasing volume of admissions from the years 2000 through 2009, totalizing in 2075 admissions. In total, 60% of these records were diagnosed as F19 " and 40% as F14. Most of this population is male, single, white, between 19 to 29 years of age, having completed elementary school, unemployed " classified according to the CID as a dependency. The channel host of these patients (57.6%) was through psychiatry, and psychotic symptoms associated with diabetes were found in 40.7%. Conclusion: Although this study limits patients of a general hospital, which attract users already in advanced stages of severity, we considered important to obtain details of the study on the profile and usage patterns of users, as knowing them better in depth will provide adequate referrals and management practices.

21. STRESSFUL EVENTS AND THE RELATIONSHIP TO ALCOHOL AND TOBACCO CONSUMPTION DURING PREGNANCY

Authors: Esper, L.H; Furtado, E.F, larissaesper@yahoo.com.br

Objective: This study aimed to analyze the relationship between the occurrence of stressful events and alcohol and smoking consumption in pregnant women

Method: This is a clinical epidemiological study, observational, cross-sectional sample of 449 pregnant women at a public maternity hospital in Ribeirto Preto. The instruments used to collect the data were a questionnaire to obtain socio-demographic data, history of tobacco use and interview for recent life events (IRLE). To assess alcohol consumption it was used the instrument T-ACE (Tolerance, Annoyed, Cut down, Eye-Opener) and a second questionnaire to evaluate the search criteria of CID-10 for harmful use or dependence syndrome. The stressful events were three types of analysis: individual, grouped into categories and through the total sum. Results: The results showed that all participants reported having experienced some stressful event during the period study with emphasis on the category "Health" (99.1%). Considering the specific stressful events, the "unwanted pregnancy" (60.5%, n = 272) and "average financial difficulty" (31.8%, n = 143) were the most frequent. The first stressor received high impact stress, 97 pregnant women reported high stress or severe, 128 moderate stress and only low or no stress 47. In relation to alcohol consumption 99 (22%) were identified as risk consumption of alcohol and 41(9,1%) completed criteria for harmful use or dependence syndrome. The total number of events, the category "Finances" and the events "problems at work", "fights outside the family" and "end relationship" showed statistically significant correlation with the risk and consumption. The alcohol abuse or dependence showed statistically significant with the category "Health" "Finances", "Marriage" and specific events. Tobacco use was associated with the category "Finances" ($p < 0.05$) and events "unwanted pregnancy" ($p < 0.05$, 95% IC :0,8-3, 1).

Conclusion: The data indicate high maternal experiences of stressful events during pregnancy and association between stressful events (singly or in categories) and alcohol and tobacco. The evaluation of stressful events by health professionals it is therefore useful for treatment, education and promotion of public health, because it can help women strengthen their coping styles with stress and prevent the consumption of licit and damage to mental health.

22. ASSESSING THE IMPACT OF TRAINING HEALTH PROFESSIONALS EDIBS - TELEPHONE SURVEY

Authors: Wai, M.F.P.; Silva, P.M.C; Furtado, E.F, meifan@hotmail.com

Objective: The aim of this study was to evaluate the applicability and effectiveness of diagnostic strategies and brief interventions for alcohol problems.

Method: A company was hired to evaluate telemarketing via telephone. The instrument was developed by the team of PAI-PAD and included questions about implementation of the AUDIT and brief interventions, patient characteristics (age and sex, for instance) and results achieved through the implementation of the EDIBS. The research involved EDIBS trained professionals in the 20 counties of the Regional Health Department of Ribeirto Preto (DRS XIII) with partnerships established with the PAI-PAD. The evaluation was divided into four phases with three month intervals. The professionals responded as care provided in the three months prior to telephone contact. All were informed in advance about the telephone survey and received in their personal address, the questionnaire that would guide the evaluation. There were three attempts to contact each professional before deleting it from the evaluation. Criteria for inclusion in the first phase: to have conducted training in EDIBS until December 2009, be professional in the health area and belong to the DRS XIII. Results: We interviewed 149 professionals in the first phase: 61% were community health workers, 20% were in the area of nursing and 51% lived in Ribeirto Preto. The AUDIT was applied in 14% of the population served by these professionals. Of this population: 75% were between 26 and 40 years, 67% were male and 33% female, 28% scored in zone I - low risk, 21% scored in zone II - use of risk, 14% in zone III - harmful use, 36% in zone IV - possible dependency. Taking into account the number of patients (n = 11 842): 6% received alcohol education, 58% basic guidelines, 31% brief counselling, 3.5% received referral. Of the patients monitored, we observed that 68% of cases there was a decrease of regular consumption of alcohol and that 16% opted for abstinence. Cont./...

Cont./... Conclusion: The high rate of patients identified in IV demonstrates the strong tendency of those trained in applying the AUDIT in patients whose drinking problem is already known or have already been flagged by a relative, for example. Three connections were not sufficient to find the professionals. It was necessary during the assessment, make adaptations in the questionnaire to enhance data analysis. The initial schedule with quarterly assessments needed to be reviewed. Despite these idiosyncrasies, it was noticed that the EDIBS can be used as prevention for people who use hazardous or harmful alcohol, and facilitate the referral of cases of probable dependency. Other studies corroborate these findings - those who receive brief intervention reduced their weekly consumption pattern. The results of the implementation of the EDIBS is estimated to be satisfactory as the expectations of the program within this form of assessment.
Additional Information: Clinical Psychiatry and Psychopathology Research Group, PAI-PAD "Program of Integrated Actions for Prevention and Attention to Alcohol and Drugs in the Community. School of Medicine of Ribeirto Preto. University of St.Paulo, Brazil

23. DIAGNOSTIC STRATEGIES AND BRIEF INTERVENTIONS WITH PATIENTS TREATED IN A HEPATITIS CLINIC OF THE HOSPITAL DAS CLÁNICAS OF RIBEIRTO PRETO

Authors: Roriz STS, Abdalla MBA, Souza IM, Furtado EF, arahpsico@yahoo.com.br

Objective: Identify the pattern of alcohol use in patients treated in the hepatitis clinic of the Hospital das Clá-nicas, Medical School of Ribeirto Preto, University of SaoPaulo, through the use of AUDIT and guide this patient about the harm that alcohol can bring. The AUDIT is a screening tool developed by the World Health Organization (WHO) as a simple method to investigate the excessive use of alcohol and to help in the accomplishments of brief interventions (PAIPAD, 2003), also helping people reduce or stop alcohol consumption. In the hepatitis clinics, the alcohol use identification appears to be very important, since many medications may interact with alcohol, and the patient needs to be abstinent from the use to follow up.

Method: The AUDIT application and brief interventions were performed in November 2010 to May 2011, after 15:30 due unavailability of rooms before this time. During the last week of December and first week of January, and fifteen days of the strike of physicians in the month of April interventions were not performed. Patients were randomly selected, or forwarded by residents when they thought was necessary to track the consumption pattern of the patient, considering that patients in treatment of hepatitis should be abstinent. We evaluated 35 patients and performed appropriate brief interventions depending on the patient's questionnaire score.

Results: The patients interviewed are mostly coming from Ribeirto Preto, with a mean age of 51.6. In terms of diagnosis, as it is a Hepatitis Clinic, most patients were diagnosed with Hepatitis C. The patients interviewed presented more often problems like: liver cirrhosis, alcoholic cirrhosis and mental and behavioral disorders due to alcohol use. The patients scored mostly in Zone IV (37.93%), and in Zone I (31%). Patients located in Zones II and III represented 10,3% and 13,7% of the sample, respectively. 6.8% of patients did not want to answer the AUDIT.

Conclusion: The problematic use of alcohol appears to be a relevant issue for patients treated in Hepatitis Clinic, which mostly should be abstinent of alcohol for treatment due to serious health problems. In these cases, it is important for the patients to be referred so the proper intervention can be done, as well as an appropriate monitoring. However, we note the importance of prevention strategies that are designed for this clientele and for different levels of severity in order to avoid possible complications arising from the use

24. EFFECTIVENESS AND COST-EFFECTIVENESS OF BUPRENORPHINE NALOXONE VS WAIT LIST CONTROL RCT

Authors: Dunlop, A., Gill, T., Sadler, C., Holland, R., Brown, A., Attia, J., McElduff, P., Harris, A., Ghibjen, P., Ribbons, K., Hinman, J.,

Bell, J., Lintzeris, N. Adrian.Dunlop@hnehealth.nsw.gov.au

Objective: To determine whether heroin users randomised to receive weekly dispensed buprenorphine-naloxone have a greater reduction in heroin use and related health and cost-effectiveness outcomes 12 weeks after commencing treatment, compared to those on a waiting list for opioid substitution treatment

Method: Open-label randomised wait-list controlled trial in a specialist opiate pharmacotherapy clinic in Newcastle, NSW, Australia

Results: There was a statistically different reduction in heroin use in the previous 28 days in the treatment group compared to the wait list group of 19 days per month [95% CI 15-23 days, p

Conclusion: Buprenorphine-naloxone, provided under minimal intensity conditions is associated with a clinically and statistically significant reduction in heroin and other substance use, and improvements in crime, quality of life and psychosocial functioning, compared to heroin users not being in treatment. This approach achieved both individuals and societal benefits, and may be an effective strategy to efficiently enhance treatment capacity.

Additional Information: I am happy to reduce this to a 10 minute oral or present as a poster if the organisers would prefer

25. PSYCHOLOGICAL AND PERIODONTAL CORRELATES OF SMOKING BEHAVIOUR IN ROMANIAN ADULTS Authors: Dumitrescu A.L., alexandrina_l_dumitrescu@yahoo.co.uk

Objective: The present study was designed to assess the relationship of several psychological determinants, periodontal disease status and smoking behaviour.

Method: This study population involved 79 subjects (19-69 yr). Periodontal clinical examinations were performed, and the subjects were asked to complete a set of questionnaires measuring Type A personality, anxiety, depression, dental anxiety, hopelessness, emotional intelligence, stress, self-esteem, optimism and satisfaction with life.

Results: In the whole sample, no significant differences were observed between smokers and non-smokers regarding Type A personality, anxiety, depression, dental anxiety, hopelessness, emotional intelligence, stress, self-esteem, optimism and satisfaction with life ($P > 0.05$). However, among men, smokers revealed higher values of self-esteem as non-smokers (23.57 ± 3.36 vs. 19.90 ± 3.33 , $P = 0.005$). Related to oral health status, smokers showed higher calculus index (39.00 ± 40.19 vs. 23.74 ± 16.63 , P

Conclusion: The present study further emphasizes that smoking is a risk factor for periodontal disease and is associated with levels of self-esteem and satisfaction with life.

26. INVESTIGATING THE RELATIONSHIP BETWEEN INSTABILITY OF SELF-ESTEEM, SELF-CONFIDENCE, SELF-COMPETENCE, SELF-LIKING, SELF-CONTROL PERFECTIONISM, ORAL HEALTH BEHAVIOURS AND SMOKING IN ROMANIAN ADULTS

Authors: Dumitrescu A.L.1, Zetu L. 2, Teslaru S. 2, alexandrina_l_dumitrescu@yahoo.co.uk

1 University of Tromsø Norway, 2 University of Medicine and Pharmacy "Gr.T. Popa" Iasi, Romania

Objective: Our aim was to investigate whether instability of self-esteem, self-confidence, self-competence, self-liking, self-control, perfectionism, oral health behaviours and smoking were associated in an adult Romanian population.

Method: The sample consisted of 205 Romanian adults (mean age: 29.84 40% married) who were a random population drawn consecutively from the registry file of two private dental practices in the Iasi area. The questionnaire included information about demographic, psychological, self-reported behaviour and smoking status. Results: In the whole sample, non-smokers scored lower on self-confidence but higher on self-control compared with smokers (28.93 ± 4.33 vs. 30.73 ± 3.01 , $P < 0.05$ respectively 47.06 ± 7.29 vs. 44.11 ± 7.97 , $P < 0.05$) and past-smokers (47.06 ± 7.29 vs. 41.52 ± 6.05 , $P = 0.002$), while past-smokers showed higher values of self-competence compared with smokers (20.66 ± 10.12 vs. 15.38 ± 6.99 , $P < 0.05$). Among males significant differences were observed between levels of self-control ($P < 0.05$) according to current smoking status, while among females significant differences were observed between levels of self-confidence ($P < 0.05$), self-competence ($P < 0.05$) and self-control ($P < 0.05$), according to current smoking status. No differences were observed between current smoking status and instability of self-esteem levels, self-liking, self-control, perfectionism or oral health behaviours.

Conclusion: Self-confidence, self-competence and self-control were associated smoking status. Understanding the psychological factors associated with smoking behaviours can further the development and improvement in therapeutic strategies to be used.

27. IS SPIRITUALITY, RELIGION ASSOCIATED WITH SMOKING BEHAVIOURS?

Authors: Dumitrescu A.L.1, Florescu D.2, alexandrina_l_dumitrescu@yahoo.co.uk

1 University of Tromsø Norway, 2 University Titu Maiorescu, Bucharest, Romania

Objective: Our aim was to examine the impact of religiosity on adults' self-rated oral health status and behaviours.

Method: The subjects of the study were 234 (65% females; mean (SD) age = 46.83 (14.07) Romanian individuals, who were invited to participate in this study. The questionnaire included information about socio-demographic factors, smoking and oral health behaviour. Religious beliefs and/or involvement were evaluated with the Duke Religion Index, a 5-item self-report questionnaire that assesses organizational, non-organizational, and intrinsic religiosity.

Results: Women rated statistically significant higher than males on organizational (3.39 ± 1.24 vs. 2.98 ± 1.43 , $P < 0.05$). In the whole sample non-smokers showed statistically significant higher scores on organizational (3.42 ± 1.36 vs. 2.81 ± 1.14 , P

Conclusion: The results support the view that religion/spirituality is an important determinant of smoking behaviour among Romanian females

28. COMPARISON OF INTENSITY OF WITHDRAWAL SYMPTOMS IN PATIENTS ON METHADONE AND PATIENTS ON BUPRENORPHINE Authors: Mihael Verbic, miha.verbic@psih-klinika.si

Objective: Comparison of occurrence and intensity of withdrawal symptoms in patients on methadone and patients on buprenorphine on detoxification unit in Centre for treatment of drug addiction Ljubljana, Slovenia

Method: All the patients on either methadone or buprenorphine, hospitalised at detoxification unit in 2010 were included into research. A questionnaire with 21 symptoms of withdrawal was used.

Results: Almost all symptoms of withdrawal were basically similar, except drug craving, which was significantly less present in patients on buprenorphine.

Conclusion: Wider use of buprenorphine should be considered in process of detoxification, since the findings show significantly lower rate of drug craving in comparison with methadone. Methadone is still the main substitute therapy used in our Centre

29. ALCOHOL USE AND WORK STRESS AMONG WORKERS OF A PUBLIC UNIVERSITY

Authors: Edilaine C. Silva Gherardi-Donato, Miriam Lopes, Ingrid Ribaldo, Clarissa M. Corradi-Webster, nane@eerp.usp.br

Objective: To estimate the prevalence of and factors associated with alcohol use among workers at a public university.

Method: Epidemiological study, cross-sectional, descriptive and exploratory, Population of 1,693 workers. A socio-demographic data questionnaire, AUDIT and the Job Stress Scale were used in the data collection. Period of data collection: March 2009 to August 2010. Project approved by the Ethics Committee. Analyses of descriptive variables and odds ratio using bivariate and multivariate logistic regression with a significance level of p Results: Among participants (n = 925), 54.92% were women; predominant age group of 40-49 years (38%), 65.84% married, 28% had income per capita 1 to 2 minimum wages, 50.27% had university education, 52.76% worked in positions that require only high school education and 32% had up to 5 years time in the job. In relation to the levels of exposure to work stress, from the Job Stress Scale, the majority had low job strain (30.59%), while 18.6% presented high strain. Regarding the type of work, 27% performed active duty and 22.8%, passive work. Concerning the AUDIT, 72.6% of respondents consumed alcohol, 10% consumed 5 or more doses at one time (binge drinking), 6.4% were unable to stop drinking after getting started, 5.8% had caused injury to themselves and to another person. Considering the problematic use of alcohol as AUDIT>7, this was present in 13.19% of the population. In this population, being male (OR = 4.83, 95% CI: 3.04 to 7.65) and being a smoker (OR = 4.11, 95% CI: 2.57 - 6.57) were risk factors for the problematic use of alcohol.

Conclusion: The work environment should be considered a privileged space for carrying out actions to prevent problematic alcohol use and for the application of measures to reduce risks, and strategies that assist in stress management, whether at work or in the other social contexts of these workers.

Additional Information: Research sponsored by FAPESP

30. PATTERNS OF EARLY ALCOHOL CONSUMPTION AMONG CHILDREN

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Objective: This study had as objectives: a) to collect epidemiological data on the consumption of alcohol in children of the 1st basic education cycle (1^oCEB); and (b) determine the main determinants of the early onset of alcohol consumption.

Method: Epidemiological study, which analyzes the alcohol consumption habits in a sample of 100 children, aged between 6 and 13 years, students from the first cycle of basic education in Viseu area (Portugal). Data collected with parent's informed consent in learning period between November 2010 and May 2011. The instrument used in the study was a 13 items self-report semi-structured questionnaire built by the author in order to collect data on the habits of consumption of alcohol in children. This questionnaire is a reduced and adapted version of the Adolescent Drug Use Questionnaire (ADUQ) (Moore, 1993), used in previous epidemiological studies to characterize drug taking patterns by adolescents.

Results: It is clear that the sample is composed of 100 children, 42 females and 58 males (see graph 1), with an average age 8, 11 years (SD = 1.29 years). In this sample, the average age of onset of consumption is estimated at 6, 85 years (SD=1.089) (see graph 2).

The majority of respondents (60 %) had never had contact with alcoholic beverages (see graph 3). In the group that already consumed alcoholic beverages (40% of respondents), 1/4 of the respondents are female (see graph 4). 15% did so, on an ad hoc basis (once only). In 70% of the cases, the first contact with the drinks was performed due to encouraging of their family members (see graph 5).

With respect to the group of children who continue to carry out the consumption of alcohol (n= 34), 74% use it sporadically, mainly in festive days (see graph 6). The most consumed beverages are the champagne (40 %) and beer (33 %) (see graph 7). In this group (n= 34), 26% of respondents held a daily consumption, which corresponds to 9% of the study sample. This regular consumption is essentially done at the main meals and in the presence of the family. The factors involved in the use of alcoholic beverages, either sporadically or continuously, are the pleasure (by taste obtained to consumption) (30.8 %), the belief that alcohol is a facilitator of positive emotions (30.8 %), and a modeling family, promoter of the use of this substance (15.4 %).

Conclusion: The results obtained show that the incidence of early consumption of alcoholic beverages reaches 40 % of the sample, mainly among the individuals of the male sex (80 %). In 9% of cases there is a regular consumption, which occurs mostly in the family context. The age of first contact with the substance, occurred in 52, 5% of the cases, between 6 and 8 years old (Mode=7 years), being the first consumption encouraged by members of the household in 70% of cases. According to the majority of studies, the period in which most of the persons starts the use of substances (Compton, Thomas, Conway & Colliver, 2005) is in adolescence period. However, in the case of alcohol, it is possible that the first contact with this substance happen in childhood, especially in certain environments characterized by a great accessibility and social acceptance of it. Although this is not a widespread phenomenon in the whole sample, it is clear from the obtained data analysis with this survey that prematurity in the age of first contact with the alcohol seems to be strongly linked with the acceptance of the parents regarding the use of this substance by their children. In this specific context, the consumption of alcohol by children seems to be a part of a rite of integration and harmony costume in festive occasions, and is also part of a feeding habit well accepted in the family. This family member's act as a reference model for the use of the substance, stressing the positive aspects to the detriment of their adverse effects.

The early consumption is thus very likely to be installed as a habit, which puts children at risk of developing alcohol dependency in adolescence or later in adulthood. Additional Information: personal info: Psychologist, PEPAC Internship 2010/2011 (Porto, Portugal)

31. CASELOAD REVIEW OF CLIENTS WITHIN A COMMUNITY SUBSTANCE MISUSE TEAM

Authors: Dr Shamir Patel, shamirpatel@nhs.net

Objective: The Gatehouse Drug Treatment Centre is a Tier Three provision of a Community Substance Misuse assessment, care planned treatment and care co-ordination. The service provides a range of specialist interventions for individuals and support for families. The Clinic endeavours to offer equal opportunities to all clients, maintain confidentiality and work in partnership with statutory and non-statutory organisations. The aims of this audit were to essentially evaluate the performance of key workers (CNS) against specific standards laid out in the service specification (Ealing sector) in conjunction with the operational policy for the Addiction & Offender Care Directorate. Guidance from the National Treatment Agency (NTA) for Substance Misuse was also considered in terms of Treatment Outcome Profile (TOP). **Method:** An audit tool was formed using the Microsoft excel program. Data was directly input onto the master database. The case notes of every client in the service were examined. This was done on a 1:1 basis between a doctor on the team and a key worker, with each review session serving the purpose of reviewing a key worker's caseload. The audit tool is shown below:- **Results:**(In graph format) **Conclusion:** A) Care Planning Figure 1 highlights the results with regards to the care plan parameters assessed. It is clear that care planning is largely being undertaken with 85% of the clients having a care plan filed in the notes. Whilst it is important that care planning is taking place (85%), it is just as important that the care plan is owned by both the client (73%) and clinician (78%). The care plan should be updated (67%) as the needs of the client change, which would serve to further facilitate the journey through a treatment episode. Work will be undertaken to improve care planning through supervision and appraisal of appropriate care planning. There will be an emphasis on the bio-psycho-social aspects that indeed require regular updating and monitoring.

B) Maintenance versus Detoxification - For the purposes of this audit, detoxification was defined as a prescribed reduction of a substitute opiate medication (methadone or Suboxone) within three months of the audit. Whether or not this should be technical definition of a detoxification is questionable, however it was deemed an appropriate enough working definition. Figure 2 indicates that maintenance is the predominant mode of treatment (85%), with detoxification accounting for 11% of the caseload. This is to be expected because of the following reasons:

1) A significant proportion of patients in this cohort are new to treatment, 2) Many clients have been recently titrated onto a substitute opiate, 3) Many clients are in the early phases of treatment

As the service is responsive to all new clients presenting with opiate dependence syndrome, the treatment mode will reflect this and the majority of patients will be expected to be in phase 1 or phase 2 of treatment (see later).

C) Doctor's Review - Figure 3 identifies that 64% of clients have assessment/treatment by a psychiatrist trained in addiction. This is most likely due to clients being in phase 1 or phase 2 of treatment, or having co-morbid medical or psychiatric problems. Although all clients should have a medical assessment prior to starting treatment, the need for a medical review will depend on the complexity of the client with some requiring closer medical supervision. This would include the dual diagnosis cohort as well as those with poly-substance dependence, in particular alcohol and benzodiazepines. CNWL Trust guidance suggests a medical review to be undertaken annually.

D) Risk Assessment - Risk assessment is a critical measure that is used throughout a client's journey through treatment. Whilst the majority of clients have had a documented risk assessment (Figure 4 " 90%), it is important that all clients have a risk assessment which is completed and filed appropriately. Work will be undertaken in terms of risk assessment training to ensure that all clients have a considered, meaningful risk assessment which will in turn inform the care planning process. Risk assessments should be updated regularly to include new dynamic risks, and a way to facilitate this may be to make the process mandatory when the TOPS and care plans are updated every 3 months.

E) Phase of treatment - The majority of clients (Figure 5) are in phase 1 (13%) or phase 2 (62%) of treatment. As stated earlier, as the service is responsive to all new clients presenting with opiate dependence syndrome, and in conjunction with the open door policy, this is to be expected. Those in phase 3 (22%), will largely consist of clients undergoing detoxification as well as those continuing on the maintenance model. As expected, many clients undergoing gradual community detoxification will be in this phase as well as those having been or are in the process of being referred to the GPSC scheme. Stable clients in the community on long term scripts with few risks are likely to be suitable for GPSC.

F) DIP transfers - Approximately 1/3 of the clients have been transferred from DIP services (Figure 6). As the audit was a snapshot we cannot comment on the number of clients that were transferred from DIP services but discharged prior to being in the service for 3 months. Further modified case review could be undertaken to clarify this issue.

G) TOP review - Figure 7 shows that 88% clients have had an up to date TOP in the notes. This could have been either a treatment start TOP or a treatment review TOP. Clients that have been discharged were not examined in this audit but it is expected that this group of clients should have had a treatment exit TOP completed. A TOP for each client should be up to date in accordance with the requirements to forward TOP data to the NDTMS on a regular basis. In 9% of cases (23 clients) the TOP was due. TOP completion is an area which will require ongoing close monitoring.

Additional Information: Systems have been put in place to ensure that this is happening:-

1) Use of the TOPCAT tool to produce a list (administrative responsibility) of TOP review dates at the beginning of every month so that each key worker is informed of pending TOP reviews in advance

2) A pop up reminder on the JADE system which serves as an added reminder every time a client's notes are accessed

3) Use of the NDTMS (DET) facility to manually produce a list of TOP review dates for each client every month

Integration of these systems is required to prevent duplication of work and facilitate smooth transfer of key TOP information to the relevant key worker.

32. SERVICE USER PERCEPTION AND CLIENT WAITING TIMES IN A COMMUNITY SUBSTANCE MIS-USE SERVICE

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Objective: Between September and November 2009 The Gatehouse Drug Treatment Centre undertook a client perception questionnaire with the following aims:-

- To explore the service users views of service provision
- To provide an opportunity for consultation and service user feedback on service provision
- To improve the quality of care/service provision

The questionnaires were anonymous (i.e. confidential) and semi-structured. A total of 35 valid (fully completed) questionnaires were returned. Of note was the response to one particular question "How long do you wait to be seen beyond your appointment time?"

It was apparent that 7% of clients felt that they had to wait up to 10 minutes for their appointment, 20% between 10-20 minutes, 32% between 20-30 minutes and the majority, 41% over 30 minutes for their appointment. Feedback from the service user focus groups (November 2009) also indicated that clients felt that they had to spend too much time "waiting to be seen."

What was not clear was whether the client was early for the appointment, late for their appointment or whether they had attended without a fixed appointment. It was also unclear as to whether the appointment was for routine follow up, medical or nursing disciplines, new assessments, BBV screening or opiate prescribing titration (methadone/Suboxone) clinic.

To examine client waiting times over a 2 week period beginning Monday November 9th. The waiting times were to be divided into those patients for routine appointments (whether medical, nursing or for BBV screening these could be follow up or new assessments), and those attending for substitute opiate prescribing titration (methadone/Suboxone).

In addition to this, waiting times would be calculated for clients arriving early, late or without an appointment, in addition to exploration of client time keeping.

There are no standards with regard to client waiting times set out in either the operational policy or local service specification. It is thought however that in view of the re-tendering process and qualitative feedback received for client waiting times thus far, service user perception should form an important backbone to the type of service that the clinic endeavours to offer. In this context, client waiting times should be kept to a minimum.

Method: The appointment time and name of the healthcare professional with whom the appointment was with was filled out a day in advance for all booked appointments on the following day by the administrative staff.

When the client arrived, they would be given the appointment card with the arrival time filled in by the administrative staff. The client would then hand the card to the relevant healthcare professional with whom the appointment was with at the start of the consultation. The healthcare professional would input the time seen on the card. The client would give the card to the receptionist on leaving who would input the data onto a master database.

Results: (In graphical format)

Conclusion: 1) CLIENT TIME KEEPING (ROUTINE APPOINTMENTS)

Arrival Status (Figure 1):-

A total number of 556 clients attended the Gatehouse DTC over the 2 week period examined. There were 463 booked appointments on the JADE system and 93 clients (17%) had attended without an appointment (AWA). 113 clients (20%) arrived early for an appointment, 73 clients (13%) on time, 111 clients (20%) late and 166 clients (38%) did not attend for their appointment.

Of significance is the total number of booked appointments excluding tolerance testing clients. This tends to indicate that the service has a high appointment turnover. The work burden may well be eased by the DNA rate which possibly allows clients who have attended late or without an appointment to be accommodated for (i.e. seen).

2) CLIENTS ARRIVING EARLY (ROUTINE APPOINTMENTS)

How early (Figure 2):-

19 clients (17%) arrived between 5-15 minutes prior to their appointment, 40 clients (35%) 15-30 minutes early, 24 clients (21%) 30-45 minutes early, 10 clients (9%) 45-60 minutes early and 20 clients (18%) an hour earlier than the scheduled appointment time.

Early arrival may increase the client perception of waiting time and can potentially add to the chaos and congestion of the waiting area. If the early arrivals cannot be seen earlier than the appointment time, this could lead to frustration on the client's behalf. There may be a need to outline to certain groups of early clients (for example those more than 30 minutes early) that they may have to wait to be seen until the scheduled time or to come back closer to the appointment time (in particular to those arriving more than an hour early). Communication is critical between staff and to the client. It may be of use for the administrative member of staff to inform the key worker of a clients' arrival and to ask them an estimated time that they will be seen. This could prevent clientsTM arriving very early waiting anxiously to be seen whereas the burden may be eased if they were made aware of the appointment status.

Cont./...

Cont./... Card Completion (Figure 3):-

Of those clients who attended early for an appointment 80 data collection cards (71%) were complete and 33 data collection cards (29%) were incomplete (data attrition).

Clients arriving early that were seen earlier than JADE appointment time (Figure 4):-

A total number of 50 clients were seen earlier than the scheduled JADE appointment time. 19 clients (38%) were seen up to 15 minutes earlier, 22 clients (44%) 15-30 minutes earlier, 2 clients (4%) 30-45 minutes earlier, 4 clients (8%) 45-60 minutes earlier and 3 clients (6%) over 1 hour earlier than the appointment time.

This reflects the flexibility of the team as a whole in catering for this client group and may be facilitated by the DNA rate (30%). The potential pitfalls of seeing clients early is the potential knock on effect on subsequent appointments, leading to clients who have arrived on time for their appointment being seen late.

Waiting Time for clients arriving early (measured in minutes after JADE appointment time (Figure 5):-

30 clients who arrived early waited beyond the JADE appointment time to be seen. 21 clients (70%) waited between 0-15 minutes, 5 clients (17%) waited between 15-30 minutes, 2 clients (7%) waited between 45-60 minutes and a further 2 clients (7%) over 60 minutes.

The fact that 70% of clients arriving early were seen within 15 minutes of the appointment time reflects well on service provision. However, there were 4 clients waiting beyond 45 minutes. Although this is a small number, in terms of service user perceptions and focus groups it is significant given that this was a 2 week period of monitoring.

3) CLIENTS ATTENDING WITHOUT AN APPOINTMENT AWA (ROUTINE APPOINTMENTS)

Card Completion (Figure 6):-

Of those clients who attended without an appointment 36 data collection cards (39%) were complete and 57 data collection cards (61%) were incomplete (data attrition).

Waiting Times (Figure 7):-

A total of 93 clients attended without an appointment. 15 clients (41%) attending without an appointment were seen within 15 minutes, 14 clients (39%) between 15-30 minutes, 1 client (3%) between 30-45 minutes, 4 clients (11%) between 45-60 minutes and 2 clients (6%) over 60 minutes.

This again demonstrates flexibility in working and may have been facilitated by the DNA rate.

4) CLIENTS ARRIVING ON TIME FOR THEIR APPOINTMENT (ROUTINE APPOINTMENTS)

Card Completion (Figure 8):-

Of those clients who attended on time for an appointment 58 data collection cards (79%) were complete and 15 data collection cards (21%) were incomplete (data attrition).

Waiting Times (Figure 9):-

A total number of 58 clients attended on time for their appointment. 39 clients (67%) were seen within 10 minutes, 14 clients between 10-20 minutes, 4 clients (6%) between 20-50 minutes and 1 client waited over an hour. The vast majority of clients (91%) are seen within 20 minutes. Again, there are a minority who have had extended waiting times and given the fact that they arrived early, is an area which requires consideration. Maintenance of open communication channels between staff themselves and between staff and client would be of critical importance in preventing the minority waiting excessively.

5) CLIENTS ARRIVING LATE FOR THEIR APPOINTMENT (ROUTINE APPOINTMENTS)

How Late (Figure 10):-

A total number of 111 clients arrived late for their appointment. 62 clients (56%) arrived between 5-15 minutes late, 21 clients (19%) between 15-30 minutes, 10 clients (9%) between 30-45 minutes, 6 clients between 45-60 minutes and 12 clients over 1 hour late.

Clients arriving late can potentially cause considerable disruption to the clinic (see below), because they expect to be seen and need to be accommodated for without compromising the care of clients who have arrived early or on time for their appointment.

Card Completion (Figure 11):-

Of those clients who attended late for an appointment 80 data collection cards (72%) were complete and 31 data collection cards (28%) were incomplete (data attrition).

Waiting Times (Figure 12):-

47 clients (58%) who arrived late were seen within 10 minutes of arrival, 20 clients (25%) between 10-20 minutes, 6 clients (8%) between 20-30 minutes and 4 clients (7%) waited over 40 minutes.

Clients arriving slightly late for an appointment (15 minutes or under) should be able to be accommodated with minimal disruption. This is a theoretical assumption based on the fact that all clients are generally seen on time with clients not routinely seen earlier or later than the appointment time because there should still be enough time within that appointment slot to carry out a skeleton assessment, give a script etc. Clients arriving over 30 minutes late are more likely to cause disruption because if seen are likely to have an effect on subsequent appointments (i.e. waiting times). This is an area which requires a careful balance between the need to operate as a flexible service (particularly from a service user viewpoint) and the requirement of setting appropriate boundaries in this at times difficult and chaotic client group.

6) AVERAGE WAITING TIMES ALL GROUPS (ROUTINE APPOINTMENTS) :Figure 13

Clients arriving on time waited 10 minutes (on average) to be seen. Clients arriving late waited 13 minutes on average, clients attending without an appointment 22 minutes and clients arriving early 17 minutes. There were a proportion of clients who arrived early and were seen earlier than the JADE appointment time by 22 minutes on average.

Cont./...

Cont./... These figures are encouraging. They demonstrate the flexibility of the service in accommodating for clients' erratic timekeeping and attendance. The issue will always be that of the outliers, which as discussed before, must be minimised. This could be done through exploring the reasons for extended waiting times in the minority group.

7) TOLERANCE TESTING (SUBOXONE/METHADONE)

TT Outcomes (Figure 14):-

Of those clients who were booked for tolerance testing 55 data collection cards (41%) were complete and these clients had tolerance testing. 51 data collection cards (28%) were incomplete (data attrition). 26 clients did not attend (20%).

TT Client Time Keeping (Arrival Status) - Figure 15:-

21% of clients arrived early, 12% on time and 39% late for tolerance testing. Data was unavailable for 8% of clients and the DNA rate was 20%.

The DNA rate is high and a titration slot is used up when it could have been used by another client. The consequence is that of a delay in trying to get clients into treatment as soon as possible after presentation to the service, in conjunction with the open door policy.

TT Waiting Times (Figure 16):-

Clients arriving early for tolerance testing were seen on average after 9 minutes. Clients arriving on time had to wait 16 minutes on average and clients arriving late 24 minutes. The data was spread once again between 0 and over 60 minutes with a few outliers in the late group. No-one who arrived early or on time had to wait over 50 minutes.

Tolerance testing is an area which is difficult to manage. All clients are asked to arrive at the same time (for morning and afternoon titration) which not only has natural implications on the waiting time (they cannot all be seen at the same time) but also on congestion and chaos in the waiting area. Having said this, the waiting times are reasonable. The question is to whether stagger titration appointments or continue in the current format.

Additional Information: The results of this work have led to direct changes in service delivery through resultant service re-design. Name:

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33. TOBACCO USE, WORK STRESS AND ASSOCIATED FACTORS AMONG WORKERS

Authors: Edilaine C. Silva Gherardi-Donato, Ingrid Reny Ribaldo, Miriam Lopes, Clarissa M. Corradi-Webster, Emilene Reisdorfer, nane@eerp.usp.br

Objective: To estimate the prevalence of and factors associated with tobacco use among workers of a public university.

Method: Epidemiological, cross-sectional, descriptive and exploratory study. Population of 1693 workers. The instruments used in the data collection were: a Socio-Demographic Questionnaire, the Fagerstrom Test for Nicotine Dependence and the Workplace Stress Scale. Project approved by the Ethics Committee. Analyses of descriptive variables and odds ratio, using bivariate and multivariate logistic regression with a significance level of p

Results: Among the participants (n = 925), 54.92% were women; predominant age group of 40-49 years (38%), 65.84% married, 28% had a monthly income of 1 to 2 minimum wages, 50.27% had university education, 52.76% worked in positions that require only high school education, and 32% had up to 5 years working in the position. Regarding the levels of exposure to work stress, from the Workplace Stress Scale, the majority had low job stress (30.59%), while 18.6% presented high stress. Concerning the type of work, 27% performed active duties and 22.8% passive work. Approximately 14% (129) of the participants declared themselves to be smokers and 46.2% said they had never smoked. According to the Fagerstrom Test for Nicotine Dependence the majority of this population had a very low degree of dependence, while 7.81% have a very high degree of dependence. In this population, being over 50 years old (OR=1.9), being single (OR=1.9), having children and living with them (OR=2.0), consuming alcoholic beverages (OR=2.1), having completed elementary school (OR=2.4), and having a 6 to 20 year bond with the institution (OR=2.9), were risk factors for tobacco use.

Conclusion: Actions to promote the health of workers from the perspective of substance use should consider the profile of workers at highest risk for tobacco use. Thus, it is believed that the findings may contribute to the creation of specific anti-smoking programs in the workplace.

34. PSYCHOLOGICAL VARIABLES AS RISK FACTORS IN ALCOHOL DEPENDENCE. A PRELIMINARY STUDY

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Objective: Excessive alcohol consumption and negative short and long-term consequences are reaching worrying levels in our society, especially if we consider the early age of starting (Guerri, Pascual, 2010; Maldonado-Devincci, Badanich, Kirstein, 2010). We investigated the relationship between psychopathological disorders and alcohol craving as reciprocal risk factors in a group of mono-dependent alcohol abusers and a group of poly-abusers, using alcohol and other substances. Our hypothesis was to assess the existence of a relationship between obsession-compulsion in alcohol craving and anxiety and depression disorders.

Method: 150 subjects (110 males, 40 females; average 44.2 ± 12.2 SD years), were enrolled and divided in 2 groups: mono-dependent alcohol abusers (M); poly-abusers of both alcohol and other substances (P). For each group we assessed obsession, compulsion, anxiety, depression according to the DSM-IV TR criteria. Axis II disorders were not included. Psychometric assessment was performed using the following tests: Michigan Alcohol Screening Test (MAST), Structured Clinical Interviews I and II (SCID I and SCID II), STAI-I-II, Hamilton Depression Rating Scale (HDRS), Hamilton Anxiety Rating Scale (HARS), Alcohol Dependence Scale (ADS), Obsessive Compulsive Drinking Scale (OBCDS). We also investigated other historical and socio-cultural variables, such as habits of drinking (during meal or not), what kind of alcohol they use to drink (beer, wine, aperitifs, digestives, etc.), the family state (married, separated, divorced, etc.), family background, other type of abuses.

Results: We found that people's habits are changed in last years. For our sample, referred to the Italian population, 94% declared they use to drink out of meal. This finding is in accordance with the data provided from the national research of Istituto Nazionale di Statistica (ISTAT, 2009). Participants also affirmed they use to smoke (70%), 24% use cannabis, 17% cocaine. The rest of the sample take on medicines (9%), heroine (8%), amphetamine (4%). Group M scored high levels of Obsession and Depression symptoms ($U=1088$; p

Conclusion: Our data support the existence of a significant relationship between alcohol and psychopathological disorders as reciprocal risk factors. The co-occurrence of Depression and Obsession for the substance can be explained as a form of coping skill to neutralize negative thoughts and discomfort, caused by depressive symptoms. We suppose that Anxiety and Depression, as dimensions or past factors, can facilitate the consumption of psychoactive substances, used most often as "self-medication" with consequent strengthening of craving.

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35. REDUCED BRAIN ACTIVATION DURING EMOTION RECOGNITION :ENDOPHENOTYPE FOR VULNERABILITY TO ALCOHOL DEPENDENCE?

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Objective: To investigate the relationship between Externalizing Symptoms(ES) and activity in areas of the brain responsible for emotion recognition, in subjects at high-risk (HR) for Alcohol Dependence(AD), using functional magnetic resonance imaging (fMRI).

Method: 1. The high risk (HR) group ($n = 14$) consisted of alcohol-naïve off springs of early-onset alcohol-dependent fathers and two more individuals with history of AD in the family.

2. Low-Risk (LR) group ($n = 10$) comprised alcohol-naïve individuals without family history of alcohol dependence.

3. Subjects, aged between 15 and 21 years, were matched for age, sex, handedness and education.

4. Both groups were assessed for externalizing symptom scores using the Semi-Structured Assessment for the Genetics of Alcoholism II [SSAGA II] and family-history of alcoholism using the tool Family Interview for Genetic Studies [FIGS].

5. Imaging was done in 3 Tesla scanner using fMRI paradigm of emotion recognition based on Tool for Recognition of Emotions in Neuropsychiatric Disorders [TRENDIS] (6). Image analysis was done using statistical parametric mapping 2 (SPM 2).

Results: 1. The HR subjects significantly had higher externalizing symptoms (ES) than LR subjects (p

2. There was significantly diminished blood oxygen level dependent (BOLD) response for emotions of fear and anger in right amygdala, right anterior cingulate gyrus [ACG](32), bilateral inferior frontal gyri [IFG](46/47) and bilateral orbitofrontal cortices [OFC](47) in HR group compared to LR (p

3. There was a significant negative correlation between diminished BOLD response in bilateral OFCs (47) and total externalizing symptoms (p

Conclusion: 1. The finding of diminished BOLD response in HR subjects in various regions of interest, the ventral system (amygdala, ACG, insula, ventral striatum) in emotion processing than LR subjects during emotion recognition, were also noticed in previous studies.

Cont./...

Cont./... 2. In a study there was significantly diminished BOLD response in bilateral amygdala to the fearful faces presented, in HR subjects than LR (6).

3. In another study there was significantly diminished BOLD response in HR subjects in Rt medial temporal gyrus, Lt inferior frontal gyrus, and Rt superior frontal gyrus during the "reading the mind in the eyes task" (7).

4. The strong relationship between the reduced brain activation in response to negative emotional stimuli and ES is consistent with previous studies and implicates a brain substrate for the externalizing behavior spectrum, which may be an endophenotypic marker for susceptibility to alcoholism.

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36. PSYCHOTHERAPEUTIC TREATMENT OF COCAINE ADDICTION: A COMBINATION OF TRANSACTIONAL ANALYSIS AND COGNITIVE BEHAVIOURAL THERAPY

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Objective: Cocaine is one of the oldest stimulants that directly affects the brain, it has high potential for abuse. There are no medications currently available to treat cocaine addiction specifically. Many behavioural treatments have been found to be effective for cocaine addiction, including both residential and outpatient approaches. I will present a psychotherapeutic treatment for cocaine addiction used in Centre for Treatment of Drug Addiction-University Psychiatric Hospital Ljubljana, which is a combination of cognitive-behavioural therapy (CBT) and transactional analysis (TA).

Method: Treatment is delivered through individual counselling. Although each patient's treatment sessions will be somewhat different in content and focus of behaviour change interventions, all sessions follow the same basic structure. I use a combination of cognitive behavioural therapy (CBT) and transactional analysis (TA) which is a powerful tool to bring about human well-being. In psychotherapy, transactional analysis utilizes a contract for specific changes desired by the client and involves the "Adult" in both the client and the clinician to sort out behaviours, emotions and thoughts that prevent the development of full human potential. CBT is structured, goal-oriented, and focused on the immediate problems faced by cocaine abusers entering treatment who are struggling to control their cocaine use. Both of them (TA and CBT) are compatible with a range of other treatments the patient may receive, such as pharmacotherapy. Therapeutic goals are: Achieve and maintain cocaine abstinence and relapse prevention.

In order to stop abusing cocaine, patients need to learn which people, places, and things stimulate the desire for cocaine and how to either avoid or cope with them. All patients are trained in functional analysis in the early stages of treatment. Drug refusal training is included in most patients' treatment plans. Achieving cocaine abstinence and making substantial lifestyle changes involve finding solutions for many problems. Research has shown that feeling states commonly precede substance abuse or craving. Emotional analysis is part of the treatment because many patients initially have difficulty linking particular emotional states to their substance abuse (or do so, but only at a surface level), affective antecedents of substance abuse typically are more difficult to identify in the initial stages of treatment.

Results

This way of treatment helps patients engage in the treatment process, modify their attitudes and behaviours related to drug abuse, and increase healthy life skills. This treatment can also enhance the effectiveness of medications and help people stay in treatment longer. Treatment for drug abuse and addiction can be delivered in many different settings.

Conclusion

Because cocaine addiction is typically a chronic disease, people cannot simply stop using cocaine for a few days and be cured. Most patients require long-term or repeated episodes of care to achieve the ultimate goal of sustained abstinence and recovery of their lives.

37. METHADONE MAINTENANCE PROGRAMS IN THE INFORMATION HEALTH SYSTEMS: CLINICAL CODIFICATION BEYOND CIE 9

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Objective: To be able to carry out a withdrawal of information about PATIENTS IN SUBSTITUTE TREATMENT OF OPIATES in the Spanish State, objective, exhaustive and updated by means of the use of the best of CODIFICATION system for health Information. Method: During the first quarter of the year 2011 there was constituted a multidisciplinary workgroup supported by the OBSERVATORY ON DRUGS OF THE REGION OF MURCIA, which carried out the review of the codes assigned to the concept " Syndrome of Dependence related to the heroine's consumption " of the following systems of classification of diseases: CIE 9-MC, CIE 10, DSM IV-TR, CIE-10-CDI-10 Results: After the analysis of the offers contemplated in the different systems of classification of diseases, the workgroup of the Observatory on drugs of the Region of Murcia concluded that the more exhaustive codification of the Syndrome of Dependence to the Heroine is the carried out by the CIE-10-CDI-10 Conclusion: The choice of a good health information coding system will provide us with a wealth of useful information about the maintenance methadone programs in patients with heroin dependence in Spain. Also allow us to, handling real data, establish the importance of considering Heroin dependence as a chronic disease that needs continuous and quality care by the National Health System. Additional Information: The information provided by the codes F11.22 is vital for the Spanish Observatory for Drug Dependence to control the different systems of care for people with heroin dependence. We evaluated the need to include a 6th digit codes F11.22 to evaluate:

38. PERCEPTIONS OF BENEFITS AND RISKS OF METHAMPHETAMINE USE

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Objective: Methamphetamine abuse continues to be a problem, but there has been little recent research into the reasons for its use. This paper seeks to determine the attitudes of methamphetamine users towards the benefits and risks of methamphetamine use and the problems associated with use, including use of other drugs and alcohol. Method: This is a survey of 222 patients newly admitted to residential treatment in Texas who participated in a structured survey using computer-assisted interviewing. Inclusion criteria included having used methamphetamine at least six times in the last six months. Statistical methods include t-tests, chi squares and correlations, with significance set at .05. Results: Fifty-four percent were female, 83% were White, 11% Hispanic, average age was 32; the lag between first regular use and admission to treatment was 9.3 years. Mean score on the Severity of Dependence Scale was 7.5. Routes of administration of methamphetamine included smoking (60%), injecting (46%), snorting (34%), swallowing (19%), and shelving/shafting (3%). While these subjects reported use of multiple drugs, they were consistent in their favourite drugs used across time. Conclusion: The strong negative attitudes towards risk of addiction/dependence reflect the severity of problems experienced by the respondents after having recently entered treatment. These preliminary findings show the extent of co-occurring mental health and substance abuse problems along with use of multiple drugs and the concerns about the risks of mental conditions and legal, family, and other personal problems provide insight into factors which could be appropriate for use in prevention and intervention efforts.

39. CHARACTERISTICS OF INDIVIDUALS SEEKING TREATMENT FOR BUPRENORPHINE ABUSE AND COMPARISON TO THOSE SEEKING TREATMENT FOR HEROIN ABUSE IN FINLAND BETWEEN 1997 AND 2008

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1 School of Pharmacy and 2 Institute of Public Health and Clinical Nutrition, Faculty of Health Sciences, University of Eastern Finland, Kuopio, Finland 3 Helsinki Deaconess Institute, Helsinki, Finland 4 Department of Forensic Psychiatry, University of Eastern Finland, Niuvanniemi Hospital, Kuopio, Finland; National Institute for Health and Welfare, Helsinki, Finland and Karolinska Institutet, Department of Clinical Neuroscience, Stockholm, Sweden 5 Quality Use of Medicines and Pharmacy Research Centre, Sansom Institute, University of South Australia, Adelaide, Australia Objective: The abuse of buprenorphine, a partial agonist at opioid receptors, has been documented since the 1980s but large-scale long-term studies of buprenorphine abusers and comparisons to heroin abusers are lacking. This study describes the characteristics of persons seeking treatment for buprenorphine abuse from the Helsinki Deaconess Institute (HDI) between 1997 and 2008 and compares them to individuals seeking treatment for heroin abuse. Method: Individuals seeking treatment from the HDI were subject to a structured clinical interview concerning demographic characteristics and abuse patterns conducted by specialist nurses and physicians during the initial consultation. The characteristics of individuals self-reporting buprenorphine as their primary drug of abuse (between 2001-2008) were compared to those abusing primarily heroin (between 1997-2001). Interview data were linked to the data from Finnish Hospital Discharge Register. Results: A total of 780 individuals using buprenorphine as their primary drug of abuse and 598 individuals using heroin as their primary drug of abuse sought treatment between 1997 and 2008. Seeking treatment for heroin abuse almost ceased after 2002. The overall proportion of HDI clients who abused buprenorphine increased from 3.0 % in 1998 to 38.4 % in 2008. Concurrent alcohol (p Conclusion: The results of our study highlight the increasing abuse of buprenorphine in Finland to such an extent that it has almost replaced heroin abuse. Concurrent prescription medication abuse combined with intravenous injection of buprenorphine is common among buprenorphine abusers. Additional Information: Part of the research described in the present abstract was presented at the FinPharmaNet Graduate School Meeting 15.-16.8.2011 at the University of Eastern Finland.

40. PREVENTION OF PRESCRIPTION OPIOID ABUSE: MEDICAL AND PHARMACEUTICAL APPROACHES

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Objective: In 2009, an estimated 7.0 million Americans aged 12 or older used prescription drugs for non medical purposes with almost 2 million abusing pain relievers. Non medical prescription opioid users with criteria of abuse or dependence were 4 times more prevalent than heroin users. The most common prescription opioid abused differs between countries, depending on the national prescription restrictions and drug's availability. Sustained-release formulations of oxycodone are commonly abused in the USA whereas sublingual formulations of buprenorphine, prescribed as an opioid substitution treatment, are frequently concerned in Europe and especially in France or Finland. Defining prescription opioid abuser profile and summarizing pharmaceutical and medical strategies to prevent such abuse.

Method: Worldwide overview of literature on prescription opioid abuse prevention.

Results: Two groups of prescription opioid abusers may be identified, with bridges between each other: patients on long-term opioid therapy for chronic non malignant pain and people with previous addictive behaviours leading to opioid dependence. Major route of prescription opioid abuse is oral route, then snorting and injecting. Most of the pharmaceutical strategies developed to prevent opioid abuse aim to avoid reduction of the formulations to powder that can be snorted or diluted in solvents for injection (tamper-resistant properties). Other strategies aim to avoid the effect of the opioid when snorted or injected by adding an antagonist to the formulation (abuse-deterrent formulations). Medical scales are developed to identify patients on chronic opioid therapy at risk for aberrant drug-related behaviours. Guidelines have been proposed in the USA and in Canada to improve care for patients treated for non malignant pain and underline the need for a comprehensive approach. In France where buprenorphine is abused, previous guidelines on opioid substitution program are discussed.

Conclusion: Efficacy of the Pharmaceutical strategies currently available is still limited. Improving the medical comprehension of aberrant opioid-related behaviors (prescription for pain or substitution) is necessary to improve prevention and screening of at risk patients. Legislation also influences non medical opioid abuse.

41. INTRODUCTION TO SOCIAL SKILLS TRAINING AT THE CENTRE FOR THE TREATMENT OF DRUG ADDICTION IN LJUBLJANA

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Objective: Social skills are a basic ability that one needs for a successful and productive social life. People who are socially competent know how to constructively stand up for themselves, to be assertive, to communicate successfully and to organize their time: they have the ability to plan things and solve their problems. Social skills are, therefore, essential if we want to achieve certain goals and lead happy and successful lives, and self-efficacy and life satisfaction are significant protective factors for maintenance of abstinence. Social skills training is conducted in three departments or levels of treatment: the detoxification unit, the prolonged intensive care unit and the day hospital. Goals, methods and intensity of treatment differ according to different phases of treatment. The goal of the initial phase is to inform the patients of key principles of assertive behaviour, which is "a third option of choice" besides the already familiar aggressive and passive behaviour. The prolonged intensive care unit enables the patients to actively rehearse assertive behaviour and other communication skills, mostly through role playing. The third phase of social skills training is performed at the day hospital over a period of six months. Besides training the already acquired skills, we discuss the topical problems the patients face when integrating into society. They usually have difficulty finding jobs, going back to school, organizing their free time, finding new friends or they have some conflicts with their partners or families.

Method:

Role playing

Interactive games

Media usage

Games for individuals, couples or groups

Relaxation exercises

Evaluation

Results

EMPOWERMENT, During treatment the patients get the feeling they are capable to make decisions about their lives and act on them

EASIER AND MORE SUCCESSFUL REINTEGRATION, It is the most important protective factor when sustaining abstinence

Conclusion: The basic aim of social skills training at the Centre for the Treatment of Drug Addiction is empowerment, which leads to a greater influence and control over one's life and significantly helps maintenance of abstinence.

42. THE DISSEMINATION OF BRIEF INTERVENTIONS IN THE STATE OF SAO PAULO / BRAZIL - COMPARATIVE STUDY

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Objective: This work aims to make a comparison between the first phases of EDIBs (dissemination of diagnostic strategies and Brief Interventions) - 2003 to mid-2006 and the second phase - 2006 - present, identifying the profile of skilled health professionals and the coverage of municipalities trained in two phases.

Method This is a descriptive and quantitative study, based on information contained in the registration forms filled out by professionals on the first day of training in EDIBs in the period 2003 to 2010.

Results: In the first phase of EDIBs, with support from WHO, there were 301 professionals. In the second phase, 1810 were trained by December 2010. Of the total population (n = 2111), 90.6% are female and 9.4% male, 60% of the sample concentrated in the age group 20 to 39 years, the average age was between 37 years. The professionals trained were community health workers (44%), followed by technicians and nursing assistants and nurses (23%). Regarding schooling, 43% of the population had higher education and 44% high school level. The average performance in health services was 80.8 months, 54% of trained professionals belong to the Regional Health Department of Ribeirao Preto (DRS XIII). Both phases have obtained approximate values but the main difference was that in the first phase were also trained three municipalities of Ribeirao Preto - Cassia Coqueiros, Altinopolis and Batatais - all belonging to DRS XIII. In the second phase by 2010, partnerships have expanded to 94 cities in the state of Sao Paulo, including the DRS II, III, V, VIII, XI, XIII, XV and XVII.

Conclusion: The display numbers in general contributes to a broader analysis in quantitative terms and in terms of coverage. Initial funding of WHO was to kick-start implementation of the program, and the maintenance of financial resources by the SES / SP allowed a large expansion to cities in different regions of the state. This expansion draws attention to the fact that health professionals and managers are more aware about the problems related to alcohol use. But there are challenges to be overcome, for example, the training of other professions, especially doctors.

Additional Information: Clinical Psychiatry and Psychopathology Research Group, PAI-PAD - Program of Integrated Actions for Prevention and Attention to Alcohol and Drugs in the Community. School of Medicine of Ribeirao Preto. University of Sao Paulo, Brazil

43. PROBLEMATIC USE OF COCAINE AND PERSONALITY: A CONTROLLED STUDY

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Objective: Several studies carried out both in the general and in the psychiatric population suggest that temperamental characteristics are important risk factors for substance misuse. Moreover, it has been showed that the rate of substance use among psychotic or mood disordered patients is higher than in non psychiatric populations. Self-medication and social deviance are among the most commonly evoked explanatory models for comorbidity, but there is no general agreement. Aim of this study is to investigate temperamental and character differences between a population of problematic cocaine users and a population of psychiatric patients without addiction behaviour.

Method: Samples underwent clinical psychiatric interviews, and MINI (Mini International Neuropsychiatric Interview) was used for correct categorical diagnosis. In order to assess temperament and character traits patients underwent a Temperament and Character Inventory (TCI) . This permits the following temperament traits to be measured: Novelty Seeking (NS), Harm Avoidance, (HA), Reward Dependence,(RD), Persistence (P); and three character dimensions: Self-directedness(SD) Cooperativeness (C), and Self Transcendence (ST). 64 cocaine users patients (CUP) (48 males and 11 females; mean age 37,39 ds 9.94) referred to centro VaRCO, an out-ward service for cocaine addiction with or without other psychiatric comorbidity, and a control group (PSY) of 60 psychiatric outpatients (mean age 49,17 DS 14,70; 14 males e 46 females), affected by anxiety and mood disease, were enrolled in this study.

Results: The two population differ on value of NS (higher in PCU), HA, RD and C (lover in PCU). Among the whole sample, scores higher than 19 in NS seems to be predictive of cocaine problematic use (sensitivity 81,5% and specificity 66,7%).

Conclusion: This study seems to support the theory of a predisposition to developing problematic cocaine use; PCU are more activate, less inhibited and feel them as less integrated among society in confront with PSY. At the same time, the strong association with NS score seems to suggest a predisposition of PCU in substance choice. Further studies should be conducted between different substance misuse populations

44. BIPOLAR SPECTRUM IN TWO CLINICAL SAMPLES: COCAINE PROBLEMATIC USERS VS PSYCHIATRIC OUTWARD PATIENTS.

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Objective: Substance misuse is highly associated to bipolar disorders. There are three main hypothesis of explanation: substance is used as self medication; substances induce bipolar disorder; bipolar disorders induce substance misuse. The theory of "bipolar spectrum" according to Akiskal and Pinto (1999), includes substance misuse and pathological mood alteration after drug administration in the "Bipolar Spectrum". Aim of this study is to evaluate the prevalence of bipolar spectrum among two sample of patients: the first one is composed by problematic cocaine use (PCU) patients (64 patients: 48 males and 11 females; mean age 37,39 ds 9.94) to a dedicated outward service (centro VaRCo); the second one is a sample of outward patients in treatment for affective and anxiety disorders (149 patients 45 males and 104 females; mean age 45,23 DS 13,74).

Method: In order to assess a correct psychiatric diagnosis and to evaluate bipolar spectrum symptoms both sample of patients in our study underwent clinical psychiatric interviews, and a battery of test composed by: MINI (Mini International Neuropsychiatric Interview) used for correct categorical diagnosis; MDQ (Mood Disorder Questionnaire) in order to assess bipolar disorder; BSDS (Bipolar Spectrum Diagnostic Scale) used for dimensional evaluation of bipolar disorder symptoms.

Results: in PCU group the prevalence of MDQ positivity is higher than in PSY group (46,9% vs 32,2%; chi-squared 4.518; $p=0.025$), mean values of BSDS significantly differs between two groups (higher in PCU group; $p10$) scores seems to be predictive of PCU (sensitivity=66,7%; specificity=72,5%).

Conclusion: Bipolar spectrum model seem to be a useful tool to explain the complex interplay between cocaine misuse and bipolar disorders.

45. GENDER GROUP TREATMENT FOR WOMEN ADDICTED TO PSYCHOACTIVE SUBSTANCES

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Single-gender groups are the most common way of implementing the treatment, because trauma is often sexual or physical in nature, and clients are likely to feel more comfortable with others of the same gender. The clinicians are the same gender as the group (although having a group leader of the opposite gender can create positive new experiences that may be healing for trauma survivors). The outpatient supportive women's group encourages women to express their feelings and to explore the self-destructive behaviours that might occur. Above all provides safe environment for resolving the consequences of trauma and prevent relapses with psychoactive substances.

The group of open format takes place once a week for 60 minutes and it is co-led and long-term (1 year or more). Clients are women who are either sexually, physically and/or emotionally abused. The majority of them is drug-addicted, however in order to enter the group they must be drug-free (toxicology – urine samples).

As a therapeutic group it integrates approach to PTSD (Post Traumatic Stress Disorder) and SUD (Substance Use Disorder): supportive therapy with elements of CBT, psychoeducational approach, personal attention, problem-solving and supportive ways rather than confrontational ways.

The main purpose of the gender group is to establish a safe and positive environment, provide support in transition period – addiction recovery (relapse prevention), stress management in every-day situations, recognition of emotions, addressing less adaptive behaviors and encouragement of adaptive behaviors – intrapersonal (self recognition, self control, self discipline), interpersonal (listening, empathy, cooperation, problem solving, reasoning) and system (responsibility, feedback, cooperation in group) skills.

After the treatment women display a more assertive behavior and are able to express their feelings more openly.

46. MALADAPTIVE COPING STRATEGIES AND ALCOHOL ABUSE: THE MEDIATING ROLE OF ALEXITHYMIA

Authors: G. Coriale, E. Bilotta, F. Cosimi, F. De Rosa, R. Porrari, C. Squarcione, M. Ceccanti, gcoriale@tin.it

Objective: Alexithymia refers to difficulties identifying and describing feelings, distinguishing between feelings and the bodily sensations of emotional arousal, fantasizing and using an internal oriented cognitive style, and a tendency to focus on concrete events and somatic symptoms (Nemiah, 1977). The literature suggests an association between alcohol-related disorders and alexithymia (De Rick, & Vanheule, 2006); nevertheless, there is a lack of explanations about the prevalence of alexithymics among alcohol abusers. Some researchers argued alexithymic individuals use alcohol as a coping mechanism for stress or to improve interpersonal functioning, since alexithymic people often feel uncomfortable in social situations (Uzun, 2003). On a parallel vein, coping skills have found to be significant predictors of alcohol consumption (Rask, 2006). We proposed a model explaining the relationship among alexithymia, coping strategies (avoidance) and alcohol abuse. In particular, we hypothesized that alexithymia mediates the influence of avoidance coping strategies on alcohol abuse.

Method: Sample- One-hundred ten participants (76.4% men, 23.6 % women) affected by current alcoholism were enrolled in the study (mean age 44.3; s.d. 9.7). Participants were recruited from a 15-day inpatient alcohol program in the Alcohol Abuse Centre of the Faculty of Medicine, Sapienza University of Rome, Italy. All participants received a diagnosis of alcohol dependence as first axis I diagnosis according to DSM-IV criteria (APA, 2000).

Alexithymia was measured using the Toronto Alexithymia Scale in its validated Italian version (TAS-20; Bressi et al., 1996; $\bar{X} \pm .79$). Coping strategies were assessed using the Coping Orientation to Problems Experienced in its validated Italian version (COPE-NVI; Sica et al., 2008; $\bar{X} \pm .86$). Data Analyses: Structural equation models were applied to test the full mediation.

Results: Data supported our hypothesis, showing that the effects of the avoidance coping strategy on alcohol abuse were mediated by alexithymia. The full mediation model fitted satisfactorily (Hu & Bentler, 1999): $\chi^2(18) = 21.45$, $p = .26$; RMSEA = .044 (90 % CI: .00-.10), RMSEA test of close fit (RMSEA < .05) $p = .51$; NNFI = .99; CFI = .99. As anticipated, Avoidance-coping was related with Alexithymia (.56, p

Conclusion: This result suggests the importance on the clinical work on coping strategies when dealing with alcohol abusers who are alexythimic. In a therapeutic setting, working on patient's coping strategies may help, on the one hand, indirectly improving abstinence, but on the other hand, it could help to change his/her alexythimic levels.

47. ALEXITHYMIA AND ALCOHOL CONSUMPTION: THE ROLE OF THE "AFFECTIVE" AND "COGNITIVE" FACTORS

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Objective: The literature suggests that alexithymia is quite common in individuals with alcohol abuse problems (De Rick, & Vanheule, 2006). Alexithymia among alcoholics was studied in relation to factors such as attachment (De Rick et al., 2007), anxiety and depression (Honkalampi et al., 2009), and personality traits (Evren et al., 2008). Alexithymia has also been associated with a variety of psychosomatic disease (Lumley et al., 1997). Nevertheless, there is a lack of basic information regarding the relationship of alexithymia with quantity of drinking in alcohol dependent population. Furthermore, the prevalence of alexithymics among alcohol abusers is not well explained yet (Thorberget al., 2009). In this study, we firstly aimed at describing the alcohol habits among alcohol abusers with alexithymia. Secondly, we aimed at testing which factor of alexithymia predicted the differences in alcohol units consumed by abusers.

Method: One-hundred ten participants (76.4% men, 23.6 % women) affected by current alcoholism were enrolled in the study (mean age 44.3; s.d. 9.7). Participants were recruited from a 15-day inpatient alcohol program in the Alcohol Abuse Centre of the Faculty of Medicine, Sapienza University of Rome, Italy. All participants received a diagnosis of alcohol dependence as first axis I diagnosis according to DSM-IV criteria (APA, 2000).

Measures: Alexithymia was measured using the TAS-20 (Bressi et al., 1996; $\bar{X} \pm .79$). The TAS-20 is characterized by three factors. The first two factors (difficulties identifying feelings; difficulties describing feelings) refer to emotional awareness and expression and might therefore be considered as "affect-related" factors. The third factor (externally-oriented thinking) refers to a tendency to deal with superficial themes and to avoid affective thinking and may therefore be considered more cognitive (Franz et al., 2008).

A one-way ANOVA was run in order to test the differences among alexithymics, borderline and non alexythimics in alcohol units consumed. A stepwise regression was run to test the best predictor - among the TAS-20 factors - of alcohol units consumed.

Results: Data showed alexithymic group differed from non alexythimic group, but not from the borderline group, on number of alcohol units consumed (alexithymics = 15.8 ± 10.5 ; borderline = 18.4 ± 10.5 ; non alexythimics = 9.5 ± 7.2 ; $F(2,107) = 8.1$; p

Number of alcohol units consumed was significantly related to the first factor of the TAS-20 scale (difficulties identifying feelings; $p < .01$). In particular, the regression analysis reveals that for an increase of 1 standard deviation on the factor "difficulties identifying feelings" an increase of 43,17 alcohol units over a two weeks span was observed.

Conclusion: Our data indicated a strong relationship between alcohol consumption and alexithymia levels. This relationship seemed to be mainly driven by the difficulties identifying feelings of the abusers.. At a clinical level, this result calls for considering affective abilities' rehabilitation as a crucial concern in the treatment of alexithymic with alcohol problems.

48. HANGOVER AND THE RISK OF STROKE IN MIDDLE-AGED MEN

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Objective: The effect of alcohol intake on stroke risk is controversial, although there is strong evidence that chronic alcoholism and heavy drinking are risk factors for all stroke subtypes. The relationship between hangover and the risk of stroke is not well known. Thus, the aim of this study was to examine the association between hangover and the risk of stroke.

Methods: This study is a part of the FinDrink Study and the analyses were carried out among the participants of the Kuopio Ischemic Heart Disease Risk Factor Study (KIHD). This study is a population-based sample of men with an average follow-up of 15.7 years from Eastern Finland. A total of 2466 men with no history of stroke at baseline were included. During the follow-up period, 206 strokes occurred, of which 167 were ischemic strokes. Assessment of alcohol consumption was carried out by using the Nordic alcohol consumption inventory. Frequency of hangovers was assessed using a structured questionnaire. The association of hangover with the risk of stroke was analyzed with a Cox proportional hazards regression model.

Results: The relative risk (RR) for stroke was 1.94-fold (95 % CI), 0.98 to 3.84; $p=0.058$) and for ischemic stroke RR was 2.48-fold (95 % CI, 1.25 to 4.95; $p=0.010$) after adjustment for age, current smoking, HDL-cholesterol, LDL-cholesterol, body mass index, systolic blood pressure, myocardial ischemia during exercise, symptomatic coronary heart disease (CHD) and CHD in family. After further adjustment for C-reactive protein, type 2 diabetes and total alcohol consumption the risk did not change.

Conclusions: Our findings suggest that at least one hangover a year is related to an increased risk of stroke in men.

49. AUDIT FUNCTIONING IN THE IDENTIFICATION OF ALCOHOL INTENSIVE CONSUMPTION BY YOUNGSTERS

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Objective: Several studies give account of the consumption pattern set up among the youngest (Anderson & Baumberg, 2006; Cortes, Espejo & Gimenez, 2007, 2008; Kuntsche, Rehm & Gmel, 2004; OED, 2009) characterized by an early beginning in the consumption of large quantities of alcohol, concentrated in a short space of time, joint to leisure, loss of control, and abstinence periods between episodes. Among the assessment instruments used to evaluate this pattern, there is the AUDIT (Alcohol Use Disorders Identification Test), although this is not specific for this population. For this very reason is important to explore its adequate functioning in the detection of consumers. This work shows the functioning of AUDIT to detect youngsters who practise binge drinking (CIA). Spanish experts in addictions come to define this consumption as the ingestion of 60 or more grams in men and 40 or more grams in women, carried out during an mean interval of 4 hours and in which it is reached a blood alcohol level of 0.8g/l (MSC, 2008). In addition trying to assess if the AUDIT score is better suited depending on the number of grams of alcohol consumed.

Method: 1810 people, aged between 14 and 26 years old, were surveyed, out of whom 54.2% ($n=978$) are women and 45.8% ($n=828$) are men. Out of these, the ones doing CIA are 77.6% of women ($n=759$) and 66.9% of men ($n=554$). The pattern of consumption was assessed through self-reports, calculating the grams of alcohol ingested, and filling in the AUDIT.

An exploratory analysis was carried out, calculating the corresponding descriptive ones (5% Trimmed Mean, percentiles...), as well as an ANOVA to verify the existence of difference in the scores of the AUDIT, between the different groups of consumers (P25, P50, P75, P100). Lastly, some a posteriori tests of Games-Howell were carried out for non-homogeneous groups.

Results: The average of alcohol consumption (trimmed to 5%) CIA among women: 92,36gr. and CIA among men: 124,9gr.

Considered as a single group, the CIA obtain an 6,37 average scoring in the AUDIT and the CIA men of 8,23. Significant differences were observed in the AUDIT scores among the CIA women ($F(3,753) = 71,059$; p

Conclusion: Although the percentage of women carrying out CIA is greater, when it is compared to the consumed grams, the men still are the ones who consume greater quantities. Both, men and women, double the number of grams considered CIA. The AUDIT shows a little discriminating value between CIA men and CIA women considered jointly. When comparing the scores in terms of the consumption level what we get is false positives among the women consumers, that go up to a P50(85gr.). In the case of men, the AUDIT allows to identify correctly from a P60(120gr.). Approximately, half of the CIAs do not identify themselves with this assessment instrument.

50. IS STILL BEING USEFUL THE "STANDARD DRINK UNIT" IN THE ASSESSMENT OF CONSUMPTION PATTERNS BY YOUNGSTERS IN SPAIN?

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Objective: In the 60s, the OMS developed the concept of Standard Drink Unit (SDU) as a rapid method to quantify the consumed alcohol by a person (Rodríguez-Martos, Gual, Llopis, 1999). This method is widely used in areas like clinical work, prevention, in research... However, its use is not exempt from problems, e.g.: the variability of grams of pure alcohol to which one SDU isn't equivalent in different countries (NIAAA, 2009); and the estimate of grams if calculated in terms of some standard recipients (Devos-Comby y Lange, 2008) that cannot be used in a generalized fashion. Another fact is the upsurge in the last decades of new consumption patterns, such as the one carried out by Spanish youngsters within the phenomenon of the "botellon" (the purchase of drinks and recipients in shops and its consumption takes place in public places, in which each person administers their own drinks). These changes pose certain doubts with respect to the use of SDUs as registry methods of real alcohol consumption. This present work it is aimed to analyse the adequacy of this measuring system to come about the consumption of these youngsters.

Method: 219 students of Psychology from the University of Valencia (mean:23 years old; 81.3% women). All people participated voluntarily and pointed out that they, themselves, administer the alcohol they consume. In all cases, after registering in detail their pattern of consumption (days a week, drinking time, number and type of consumptions), they were requested to administer themselves 5 different drinks, using original bottles: a beer, a sangria (mixture of wine and soft drink), a combined drink made of vodka, a "mojito" (combined drink made of rum) and one "shot" of "cazalla" (dry anise). The youngsters freely chose, both the type of glass, and the quantity of ice cubes. After the objective measurement of the alcohol quantity drank, the grams consumed were estimated for each person and they were compared to those assigned to them by the use of the SDU's.

Results: The obtained results coincide with those of previous research (Devos-Comby & Lange, 2008) observing that the use of SDU's underestimates in a 70.3% of cases the real quantity of consumed alcohol. This underestimation is much more patent with fermented drinks (81.5%), observing mean deviations of 10.6gr in favour of those self-administered consumptions. In most of the consumptions, youngsters that take Alcohol Intensive Consumptions (MSC, 2008), there is a greater quantity of alcohol than those who do not do it. This being a significant difference in the case of vodka (p

Conclusion: The results question the usefulness of the current SDUs to study these new patterns of consumption by youngsters and the real quantities ingested by this population, due to the underestimation involved in it. Secondly, it is suggested to carry out a revision and adjustment of the SDUs to be used in function of the real consumptions by this population.

51. ALCOHOL AND DRUG USE AMONG ASSAULT INJURED YOUTH IN AN URBAN EMERGENCY DEPARTMENT

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Objective: The ED provides an important opportunity to identify and characterize future timing and pattern of service use among youth with alcohol and drug use, who may be missed in school-based samples, and who may not yet be in the criminal justice system. Health disparities exist in rates of violent injury among inner-city youth, and are reflected in limited access to substance use treatment services and over representation in the criminal justice system. No prior study has had a sufficient sample size to adequately describe characteristics of youth with acute violence related injuries. Findings from this study are important to understanding this population of youth to inform future ED-based injury prevention and substance abuse procedures.

Method: Youth (14-24) presenting to an urban ED from December 2009 "December 2010 with an assault related injury completed a self-administered computerized survey. A systematically sampled comparison group matched by age and gender was recruited. Validated screening questions included demographics, substance use, past partner violence, and weapon victimization.

Results: 948 adolescents completed the survey (85% participation rate). 528 youth entered the ED with an assault related injury during the study. 402 completed screening (9.5% missed; 15.9% refused); 52.5% were male, 65.2% were African-American, 41% were in school, 69.9% received public assistance, and 21% were married/ living with partner. No significant differences were found in demographics between groups. Of the assault injured youth 39% had children, 72% reported recent weapon victimization, 18% reported recent weapon aggression, 54% reported marijuana use, 11.7% reported misuse of prescription drugs, 32% reported binge drinking, and 30.5% reported a prior STD. Bivariate analysis found no differences between the assault injured youth and the matched comparison group on insurance status, living with a parent, and misuse of prescription drugs. Logistic regression found victimization with a weapon (OR 4.3; CI 3.1-6.1), prior partner violence (OR 1.9; CI 1.4-2.7), prior STD (OR 1.6; CI 1.1-2.3), problem use of marijuana (OR 1.6; CI 1.1-2.2), predicted an assault related injury. Conclusion: Assault injured youth seeking Emergency Department(ED) care had high rates of recent violence, substance use compared to youth seeking ED care for other reasons. Many of the assault-injured youth have children, and currently live with a partner. The ED may be critical time to interact with these high-risk youth to prevent violence in their own lives as well as the lives of their family and children. Understanding the past experiences with violence, substance use, and sexual risk behaviours of these high risk youth, compared to a matched sample of youth seeking care for other reasons, will aid development of ED based interventions for assault injured youth.

52. NERVE GROWTH FACTOR AND BRAIN DERIVED NEUROTROPHIC FACTOR IN A FASD MOUSE MODEL

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Objective: Ethanol exposure during pregnancy is a cause of mental retardation in children by inducing fetal alcohol spectrum disorders (FASD). It has also been hypothesized that neurotrophic factors as nerve growth factor (NGF) and brain derived neurotrophic factor (BDNF) may have a major role in FASD onset. The aim of the study was to investigate brain NGF and BDNF in a FASD CD-1 mouse model following chronic early exposure to ethanol solution (11% vol) or to red wine at the same alcohol concentration.

Method: NGF and BDNF were measured by ELISA in brain areas. Cholineacetyltransferase (ChAT) was measured by immunohistochemistry.

Results: Data revealed no differences between groups in pregnancy duration, neither in pups delivery, pups mortality and sex ratio. Early ethanol exposure in adult animals disrupted the levels of both NGF and BDNF in the hippocampus and other brain areas, impaired ChAT immunopositivity in the septum and Nuclei Basalis and altered cognition and emotional behaviour. Quite interestingly red wine elicited no changes in the behaviour or in ChAT immunopositivity but mild alterations in hippocampal BDNF and cortical NGF. Also NGF-induced neuritic outgrowth in PC-12 cells was still present when exposed to red wine but not when exposed to ethanol solution only.

Conclusion: Data suggest a role played by NGF and BDNF in FASD development and a red wine neuroprotection in ethanol-induced neurotoxicity.

Additional Information: Fiore M, Laviola G, Aloe L, di Fausto V, Mancinelli R, Ceccanti M (2009a) Early exposure to ethanol but not red wine at the same alcohol concentration induces behavioural and brain neurotrophin alterations in young and adult mice. *Neurotoxicology* 30:59-71. Fiore M, Mancinelli R, Aloe L, Laviola G, Sornelli F, Vitali M, Ceccanti M (2009b) Hepatocyte growth factor, vascular endothelial growth factor, glial cell-derived neurotrophic factor and nerve growth factor are differentially affected by early chronic ethanol or red wine intake. *Toxicol Lett* 188:208-13.

53. CLINICAL SIGNS OF INTOXICATION AND IMPORTANCE OF BLOOD ALCOHOL CONCENTRATION ASSESSMENT

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Objective: Relationship between clinical signs of intoxication and presence of psychoactive substance in body (here alcohol) is a complicated issue. Objectives: Assessment of the role of standard medical examination for the signs of intoxication among patients seeking treatment for alcohol dependence was central in the study.

Method: The sample consisted of 1,655 patients with average age 43.1 ($SD \pm 11.6$) years and 74.8% males, who were entering treatment in the Centre for Treatment of Drug Dependencies in Bratislava due to alcohol related problems. Psychiatric assessment of mental condition using WHO/ICD-10 criteria, complemented by standard examination according to neuropsychiatric protocol to determine the signs of alcohol intoxication ('blindly') were followed by testing with breathalyzer to assess blood alcohol level (BAL) in the laboratory.

Results: The presence of alcohol by breath - air examination was detected in 31%. Clinical examination revealed signs of alcohol intoxication in 335 out of 504 drinking subjects, and also in 60 others, without detected presence of alcohol in their body. Sensitivity and specificity of standard neuropsychiatric examination was 66% and 95%, respectively.

Conclusion: Affordability and availability of BAL assessment by breath - air testing has provided a prospect to increase the quality of diagnostic process and following treatment of the patients with alcohol dependence. Important information for clinicians is that significant proportion of the patients with alcohol dependence who were showing the signs of intoxication were not under the influence of alcohol during the examination.

54. KINESISTHERAPY IN A DRUG REHABILITATION PROGRAM

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Objective: To present a good practice of sports rehabilitation methods for people with problems with dependence of

psychoactive substances. Show different methods and applications of sports rehabilitation in different stages of drug addiction treatment.

Method: Show practice of our sports rehabilitation program in our centre in Ljubljana, Slovenia. Show 3 different programs of kinesistherapy for 3 different stages of drug addiction treatment in our centre.

Results: The program presented is an ongoing work in development. Although the program is fairly good in its current state, there is clear room for improvement in a number of fields, be it in infrastructure, better relapse prevention or methods used.

Conclusion: The clear goal of my poster is to show different ways and methods of using Kinesistherapy for reaching different variety of goals, ultimately leading to drug and alcohol abstinence.

55. MOBILE PHONE USE DURING ADOLESCENCE: A NEW ADDICTION? Authors: Ciciarelli C, Villella C, Righino E, Di Cesare A, Pettorruso M, Chiappini S, Pascucci M, Martinotti G, Di Nicola M, Janiri L, Conte G
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Objective: Nowadays more than 90% of Italian adolescents use mobile phone; it's commonly found an increasing problematic use of mobile phone, with features similar to other behavioural addictions (cognitive salience, conflicts with other people or activities, euphoria or pleasure when engaging in the behaviour, tolerance or loss of control, withdrawal, relapse and reinstatement). Our aim was to assess the prevalence of problematic mobile phone use in a population of young people of Italian adolescents.
Method: We recruited high school students from Barletta, a southern Italian town, and evaluated the problematic mobile phone use and the coexistence of other addictions, i.e. pathological gambling, compulsive buying, Internet addiction, work addiction and exercise addiction. The tests administered were Mobile Addiction Test (MAT), South Oaks Gambling Screen-Revised for Adolescents (SOGS-RA), Compulsive Buying Scale (CBS), Internet Addiction Test (IAT), Work Addiction Risk Test (WART) and Exercise Addiction Inventory (EAI)
Results: Our sample was formed by 2794 students who completed the tests, 40.4% females and 59.6% males, aged between 13-20 years. The MAT scores fitted a Gaussian distribution model, for all the population even for females and males separately. The prevalence of problematic mobile phone use, with a cut off score of 17, was 6.3% in the overall population, 6.1% among boys, and 6.5% among girls ($p=0.51$). In the multiple logistic regression analysis gender showed no significant effect, while age had a mild protective effect. In simple logistic regression analyses, the problematic mobile phone use in boys was associated with all behavioural addictions, and in the girls it was associated with other behavioural addictions except for exercise addiction. The multiple logistic regression analyses identified a significant association between mobile phone problematic use and pathological gambling and compulsive buying for the boys and between problematic mobile phone use and compulsive buying for the girls, while other associations were no longer evident.
Conclusion: MAT test could represent a useful screening test for problematic mobile phone use. In our population, problematic mobile phone use is associated with different patterns in boys and girls, this could reflect the difference in prevalence of gambling and other addictive behaviours in the two genders, in line with previous study. Even though the problematic mobile phone use is not considered yet an addiction disorder, the association with other behavioural addiction could be due to common risk factor such as neurobiological and psychological process taking place in the adolescence. The prevalence of 6.3%, confirmed by other studies, leads us to think the problematic mobile phone as a public health issue, because of its short and long term effects on health. Thus the need for prevention programs (both primary and secondary prevention) targeting the adolescent population.

56. SEVERE PATHOLOGICAL GAMBLING: ARE BDNF SERUM CHANGES PREDICTIVE OF A NEURODEGENERATIVE PROCESS?

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Objective: To investigate the pathophysiology of gambling, in particular the role of dopamine and a possible association between BDNF and pathological gambling. By one side, there are evidences for an involvement in pathophysiology of gambling of midbrain dopaminergic pathway (mesolimbic and prefrontal projections sites): studies with magnetic resonance imaging show a reduced activation of the mesolimbic reward system in pathological gamblers, negatively correlated to disease severity; accordingly, administration of dopamine agonists prime motivation to gamble, while the dopamine D2 receptor antagonist haloperidol can enhance gambling rewarding properties. In addition, there are evidences that dopaminergic treatments in a minority of patients with Parkinson's disease are associated with pathological gambling, presumably reflecting a disturbance of dopamine circuits. By the other side, BDNF is involved in synaptic plasticity and in the maintenance of midbrain dopaminergic neurons. Deficits in the production and utilization of BDNF by neurons have been associated with a variety of CNS dysfunctions characterized by altered dopaminergic transmission, such as Alzheimer's disease, Parkinson's disease, addictions to dopamine-agonists (ketamine and MDMA)
Method: We measured by enzyme-linked immunosorbent assay the serum levels of BDNF in a cohort of 40 Italian pathological gamblers characterized by three different forms of gambling: video players ($n=10$); card players ($n=9$); mixed players ($n=21$; both video and card players) and in a group of age-matched controls ($n=18$). The severity of pathological gambling was assessed with the South Oaks Gambling Screen (SOGS).
Results: ANOVA analysis showed that the group of mixed players had increased BDNF levels as compared to control group (p). We infer that gamblers with severe SOGS score may have a greater level of excitement, with increased release of dopamine in the ventral striatum where BDNF is expressed
Conclusion: This study shows increased serum BDNF concentrations in patients affected by severe pathological gambling and suggests the possibility that these patients may suffer from neurodegenerative process.
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57. AT RISK DRINKING AMONG ELDERLY IN HOSPITAL SETTINGS

Authors: D. Fiorentino, F. Cereatti, M.C. Scamporrino, S. Solombrino, M. Barucco, C. Fiorentino, M. Limodio, C. Martini, F. Urso, M. Ceccanti, d.fiorentino@libero.it

Objective: To evaluate the prevalence of at risk drinkers among older people (65 years old and older) attending inwards and outwards of four major hospitals in Lazio Region (Italy)

Method: Four different units from four major hospitals in Lazio Region volunteered to participate to this study, in order to screen alcohol consumption among patients aged 65 and more, attending the ward during a one month period (June 2011). Medical doctors and nurses were trained to the use of AUDIT Questionnaire. All the patients found to be at risk (AUDIT Score ≥ 8), were delivered with informative pamphlets (high risk drinkers, Audit Score 8-15) or self-help booklets (harmful drinkers, AUDIT score 16-19) in a single feedback session, according to the WHO Manual "Brief Intervention for hazardous and harmful drinkers".

Results: 94 patients, 46 males and 48 females, aged from 65 to 98 (Mean age = 76,2; SD= 8) were screened. Among these, 8,5% (M= 62,5%; F = 37,5%) scored positive to the Audit Questionnaire (AUDIT Score ≥ 8). According to the WHO Manual "Brief Intervention for hazardous and harmful drinkers" definition, the majority of them (87,5%) turned out to be high risk drinkers, scoring between 8 and 15, and only 1 qualified as harmful drinker, scoring 16. Among those who scored positive, 85,7% answered yes to the tenth question "Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested you cut down?". Data about the effectiveness of the single session of brief intervention are still to be processed.

Conclusion: A large proportion of older patients attending medical units have an high risk or hazardous consumption, that has been addressed before as dangerous for their health, but they still keep on drinking. These data suggest the need of specific treatments: as suggested by the WHO Manual, brief intervention can be a fast and low cost intervention to address problematic drinkers in hospital settings.

Additional Information: This study has been led by the Lazio Regional Reference Centre for Alcohol. This Service operates in Policlinico Umberto I of Rome, from 1979. It has been specialized in a complex activity aimed to alcohol-problems treatment in its multiform aspects, specifically consisting in scientific activities, alcohol dependence treatment, prevention and health promotion programs and training and Continuing Medical Education courses for health professionals.

58. BENZODIAZEPINES AND Z-DRUGS IN CLINICAL PRACTICE - TO USE OR NOT TO USE? - THE NEW UK GP GUIDELINES

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Objective; Introduction: The UK Royal College of General Practice Substance Misuse Management Unit have produced new detailed guidance on the use of benzodiazepines (BZ), looking at the use and misuse of BZ in all groups of patients in general practice (including misuse, addiction and dual diagnosis). The authors of this poster have been major contributors to these guidelines. These guidelines have been out to general consultation recently to interested professionals and specifically to GP's in the UK, and have generated considerable interest. The finalised version will be published late in 2011 or early in 2012.

Method: Approach taken by the authors: Trying to develop these guidelines has shown us that the use of BZ and Z-drugs is much more complex than the BNF (British National Formulary), other guidelines or many practitioners state, and that treating all people who use BZ as a homogenous group is not helpful. There currently exists a wide divergence between what clinical guidelines recommend and what happens in clinical practice. Only recommending BZ for 2-4 weeks doesn't take account of people's lives and indeed the evidence for continuing efficacy of these drugs in certain situations.

Results; Differences from existing BZ guidelines: These guidelines have the advantage of being more detailed and specific than other existing guidelines, but this also means that they are significantly longer. These guidelines also accept that the use of BZ in clinical practice is often not limited to a maximum of 4 weeks, and that there is evidence that longer term use of BZ is at times justified when the balance of risk and benefit is positive. . Developing the risk-benefit appraisal- These guidelines enable a more sophisticated assessment of the benefits and drawbacks of using BZ, and take into account recent evidence and understandings, about how this should be appraised in different contexts. BZ work and few drugs can compare with them for efficacy and low acute toxicity. In short-term use, BZ can be valuable, sometimes even life-saving, across a wide range of clinical conditions. Nearly all the disadvantages of BZ result from situations where tolerance develops, from longer term use, or from situations where they are misused or diverted and all these situations need to be responded to.

Conclusion/Discussion: It has been a long and difficult journey to develop this guidance. However we believe the guidance has produced key new understandings on how best to view and assess the use of BZ. Overall we conclude that BZ and Z-drugs are useful drugs when used correctly in an evidence based way, provided there is a clear and continuing assessment of the risks and benefits in each individual patient.

Additional Information: Reference: Guidance for the use of benzodiazepines and similar drugs in general practice, by Chris Ford, Fergus Law and Jean-Claude Barjolin with support from Jo Betterton, Tom Carnwath, Clare Gerada, Steve Iliffe, Mick McKernan, Graham Parsons, Stephen Pick and Muriel Simmonte. Royal College of General Practitioners (RCGP) Substance Misuse Unit and SMMGP (Substance Misuse Management in General Practice), UK

59. A NEW PATIENT PREFERRED MODEL OF COMMUNICATION DURING ACUTE BENZODIAZEPINE WITHDRAWAL

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Objective; Patients often feel that their doctor does not understand how they feel and all the symptoms they experience, during acute or gradual benzodiazepine withdrawal. This feeling is more pronounced when suffering with problematic benzodiazepine withdrawal. Currently there is limited guidance about how to understand and help patients with these symptoms. We aimed to develop a model that improves the sophistication of patient-prescriber communication in benzodiazepine withdrawal states, that is both consistent with the evidence and is meaningful for patients.

Method: Qualitative research methodology was used to explore the various symptoms and experiences of benzodiazepine withdrawal. A literature review, was undertaken to identify the likely scientific explanations for these. Thematic analysis was used to narrow the symptoms during benzodiazepine withdrawal into 5 core clusters. In-depth interviews and interactive sessions with patient and user representatives were used to develop a 5-stage model that had easy to understand analogies, as well as the helpful treatment interventions for each of these stages.

Results: Thematic representations of the patient's experiences were classified into 5 core clusters in a sequential model as:

1. Direct effects of reducing the benzodiazepine dose , 2. The effects of the resultant over activity in the brain and body, 3. Sense of bewilderment at the symptoms (that can affect every organ system in the body), 4. Development of a vicious cycle where fear feeds fear ,5. Potentially leading to feelings of despondency and depression

The main analogy involved viewing the brain as like "an engine" and that reducing the benzodiazepine dose acts like taking the foot off the break.

The initial results indicate that the analogy enabled patients and their prescribers to communicate better, and helped to normalise the patient's experience, and empowered them in the process.

Conclusion: Enhancing the sophistication of patient-prescriber communication benzodiazepine withdrawal is valued by patients. The prescriber's ability to understand patient experiences, and to provide them with helpful advice, particularly when they are feeling extremely unwell, is important for the patient.

This model is useful in reassuring patients that their experiences are normal, and due to benzodiazepine withdrawal rather than anything else. It also helps empower patient by helping them understand the cause of their symptoms and what they can do about them. This model has been submitted for inclusion in the new guidelines on benzodiazepines, being developed by the Substance Misuse Management unit of Royal College of General Practitioners, UK.

60. COMPARISON OF GENE EXPRESSION BETWEEN SUCCESS AND FAILURE IN SMOKING CESSATION

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Objective: Tobacco contains more than 60 kinds of carcinogens. Smoking leads to changes of gene expression, cell development and inflammation. In this study, we compared gene expression between success and failure in smoking cessation in order that investigation into the effect of smoking cessation on gene expression.

Method: We recruited 30 nicotine dependence patients. Through smoking cessation program, blood sample of 7 success people and 12 failure people were collected. Total RNA was extracted from blood and RNA quality was valued by bioanalyzer. For high-quality in sample of before and after, we carried out a microarray test(3 success sample, 2 failure sample). Signal intensity of each spot was measured and gene expression level was calculated. After normalization of deducted results, the genes were found which gene expression level was different.

Results: 189 genes were significantly different in gene expression level. We investigated the role of each gene and precedent studies, and then genes were classified as proven roles. In success group, KRT23 (cytoskeleton), AATK, ANK, MAPK3, etc. (cell development), EPB1, TMOD1, PTGS1, etc. (erythrocyte development) expression was higher. In failure group, HERC5, IFI6, IFIT1, XCL1, etc. (immune response), NLRP7, TXNDC5 (cell death) expression was higher.

Conclusion: We found the difference of gene expression from success and failure in smoking cessation group. Immune and cell death-related gene expression was lower, cytoskeleton and cell development-related gene expression was higher in success than in failure group. This result suggests that smoking cessation leads to change of gene expression and may reduce cell damage and immune response.

Additional Information

61. DEVELOPMENT OF MULTI-DIMENSIONAL EVALUATION SCALE OF NICOTINE DEPENDENCE AND GENETIC POLYMORPHISM OF

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Objective: Nicotine dependence is substantially heritable. Several regions across the genome have been implicated in containing genes that confer liability to nicotine dependence and variation in individual genes has been associated with nicotine dependence.

Method: Two hundred fifty nicotine dependence patients and one hundred normal controls were included in the study. Multidimensional evaluation scales including K-NDSS, KSCMS, K-SOCRATES were used. Genetic association study using 96 SNPs were conducted. Logistic regression analysis between the scales and genetic polymorphism was done.

Results: Analyzed with haplotype LD map, Block2-ht5 (T-G-T-A-G-T-A-A-G) showed the difference between smoker and non-smoker group. rs16969858(IREB2-AGPHD1-PSMA4-CHRNA5-CHRNA3-CHRNA4 gene region), rs10891552(DRD2 gene) were also suggested to be related to the treatment outcome of nicotine dependence. rs4954, rs16891604 were associated with K-NDSS factor 1 (drive) (rs 4954 P=0.02, 0.006 in codominant, dominant model respectively, rs16891604 P=0.004, 0.002 in codominant, dominant model respectively). CHRNA4 Block2-ht3 was associated to K-NDSS factor 2 (priority). rs755203 in CHRNA4 gene was associated K-NDSS factor 3 (continuity). rs1486012 in DRD3 gene region showed an association in dose-dependent manner, so suggestive to be related to vulnerability or relapse of nicotine dependence.

SNP including rs2656073, rs12904234, rs755203, rs1486012, rs6278, rs1800497 were associated with K-NDSS. rs9788721, rs667282, rs6495309, rs1948 were associated with KSCMS. rs9217 was associated with K-SOCRATES.

Conclusion: These results may suggest the genetic polymorphism of nicotine dependence in Korean population.

62. SLEEPINESS, FAMILY FUNCTIONING, PSYCHOLOGICAL MORBIDITY AND SOCIAL SKILLS IN ADOLESCENTS: RELATIONSHIP WITH ALCOHOL AND KNOWLEDGE OF DRUGS

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Objective: 1) To analyze the relationship between sleepiness, family functioning, psychological morbidity, social competencies and knowledge about drugs; 2) to find the best predictors of family functioning; 3) to find differences between adolescents who drink and those who do not on the psychological variables mentioned.

Method: A sample of 162 adolescents from both genders, students between 15 and 18 years old, participated in the study. The instruments used were: Epworth-Billings Sleepiness Scale (EBSS), Hospital Anxiety and Depression Scale (HADS), Howard Family Sleep Questionnaire (HFSQ), Social Skills Questionnaire for Adolescents (CS) and a Socio-Demographic questionnaire that addressed alcohol, tobacco and caffeine consumption in both adolescents and their parents.

Results: A negative relationship between family functioning and knowledge about drugs that adolescents think their parents has. The predictors of family functioning were mother's smoking, number of coffees, per day, by the adolescent and psychological morbidity. The model explained 30% of variance. Also, adolescents who drink had more sleepiness than those who did not. No differences on family functioning, social skills and psychological morbidity were found. Adolescents of mothers who drank alcohol showed more sleepiness and more problems in family functioning.

Conclusion: The results show the importance of psychological intervention on health promotions in adolescents particularly regarding the relationships between drugs and sleepiness since school performance and social competencies may be impaired.

63. THE ROLE OF HEALTHCARE IN PSYCHOTHERAPEUTIC TREATMENT OF PATIENTS ADDICTED OF PAS

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Objective: of the research was to recognise and improve healthcare activities in patients addicted to PAS and on the basis of findings encourage gaining of new skills and knowledge.

Method: Qualitative research was carried out. We used a half-structured interview with patients that successfully finished the programme or were still hospitalised, but were maintaining their abstinence from PAS. We chose the qualitative research in order to get the data about understanding patients' needs and their experiencing of the work of healthcare staff. The interviews were recorded. 14 interviews were carried out.

Results: With this research we gained insight into work of healthcare staff from patients' perspective. As the most important factor quality relationship between healthcare worker and patient stood out, which we develop during the therapeutic treatment and form according to categories that showed to be the most important: communication that supports quality relationship, sense of security, monitoring; observation...

Conclusion: Patients see the healthcare personnel as an important support element in psychotherapeutic treatment. Categories formed during analysis of empirical research material contribute in developing quality relationship between healthcare worker and patient. This quality in the relationship is needed in order to persevere in therapeutic environment, regain and maintain relationship experience that would help maintain abstinence of PAS even outside of the therapeutic environment.

64. UNDERSTANDING BENZODIAZEPINE MISUSE IN THE CONTEXT OF POLY-SUBSTANCE MISUSE

Authors: Dr Praveen Thyarappa, Dr Fergus Law, praveenk@live.co.uk

Objective: Reviewing the evidence and presenting a strategy to help guide clinicians in the use of Benzodiazepine in drug using populations.

Method: Review of literature and guidance from sources such as World Health organization, British Association of Psychopharmacology, The Royal College of Psychiatrists

Results: The current guidance do not provide sufficient guidance on Benzodiazepine use in drug using population. Having clarity in this area is important as Benzodiazepine use by illicit drug users, particularly opiate users, crack users and people in methadone maintenance treatment is very prevalent and now forms the largest group of users. It is increasingly clear that Benzodiazepine have become a major problem for some users. Research shows that methadone maintenance patients using non-prescribed BZ have been reported to be taking higher methadone doses, exhibiting more HIV/HCV risk-taking behaviour, engage in greater polydrug use, and have higher levels of psychopathology and social dysfunction, but it is unknown whether this is cause or effect.

Conclusion: There is little research on benzodiazepine use in drug users in general and most of the relevant international research has taken place on psychiatric patients. Much of current practice is based on opinion rather than evidence, and there is little agreement on how Benzodiazepine are best used. In this population Benzodiazepine tend to be seen as the "bad guys" and often not used at all. Clear guidance on how best to use Benzodiazepine in drug using populations is in great demand, and we review the evidence and present a strategy to help guide clinicians.

65. SOCIAL NETWORKS IN OPIATE SUBSTITUTION TREATMENT

Authors: Dr John Roche, Dr Ed Day, Prof Alex Copello, Dr Sanju George, Minesh Karia, Dr Panth Grewal, j.roche@nhs.net

Objective: To describe the social networks of clients receiving opiate substitution treatment (OST) from Community Drug Treatment Services in Birmingham and Solihull. A secondary measure was to evaluate the relationship of these with engagement in treatment.

Method: A cross-sectional survey of a randomly selected sample of OST patients (N = 118) utilised measures of current substance use and social network structure and support including the Important Person Drug and Alcohol interview (IPDA) (Zywiak et al, 2009). From the data the variables associated with treatment participation were compared with indices from the IPDA. These measured size of social network, and degree to which social network was supportive of or against treatment.

Results: Of the 118 participants, 24 lived with a partner (20.3%) and 23 had a partner living elsewhere (19.5%). 71 did not have a partner (60.2%). The participants named a total of 820 network members giving an mean network size of 6.9 - of these 378 (46%) were immediate family members, 97 (12%) extended family members, 189 (23%) friends and 16 (2%) colleagues from work. There were no significant correlation between network size and number of treatment supportive and non-supportive network members with treatment engagement as measured by percentage of appointments attended and engagement with treatment questionnaires.

Conclusion: The study showed clients of Drug Treatment Services have a mean of 6.9 network members but many do not have a current partner. Currently the only network therapy recommended by the National Institute for Clinical Excellence is Behavioural Couples Therapy. Clearly this is not possible in the absence of a partner. This study demonstrates that other network members such as family and friends are a more plentiful supply of potential network members to work with. This implies that a therapy such as Social Behavioural Network Therapy may be more useful. The characteristics of the social network itself did not help predict treatment engagement.

66. NEUROLOGICAL SYMPTOMATOLOGY IN A YOUNG CHRONIC ALCOHOLIC MAN WITH ACUTE PRESENTATION AFTER RAPID WEIGHT LOSS: A CASE REPORT AND REVIEW OF THE LITERATURE.

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Objective: To report a case of serious neurological symptomatology from central and peripheral neural system in a young chronic alcoholic man that presented acutely after rapid weight loss. To report and discuss the treatment outcome. To summarize current relevant literature in a selective narrative review.

Method: Patient data collected, also databases searched for related literature, including PubMed, EMBASE, PsycINFO, as well as reference section of selected articles.

Results: Alcohol dependence is followed by serious complications from central and peripheral neural system. After a period of rapid weight loss, our patient subacutely showed cognitive deterioration, gait instability, symmetrical muscle atrophy of the limbs, and severe visual impairment. Other cases that connect weight loss and neuropathy have been also reported. In our case this symptomatology was almost resolved after high dose long term thiamine treatment. Ophthalmic complications remained and are discussed.

Conclusion: Rapid weight loss in alcohol addicted patients could be a possible risk factor for neurological complications, but prospective cohort studies are needed in order to add evidence. Alcohol affects neural system through toxic as well as nutritional mechanism. In the absence of adequate supporting evidence, our clinical observations suggest caution when an alcoholic individual is rapidly losing weight.

67. PRESCRIBING DISULFIRAM: THE USE AND ABUSE OF PLACEBO?

Authors: PM van Zyl¹, CA Gagliano², WF Mollentze³, JS Snyman⁴, vzylpm@ufs.ac.za, ¹Department of Pharmacology, University of the Free State, ²Formerly Department of Psychiatry, University of the Free State, ³Department of Internal Medicine, University of the Free State, ⁴Previously Department of University of Pretoria. Objective: The aim of this study was to describe the attitudes, experiences and perceptions regarding disulfiram expressed by medical practitioners prescribing for alcohol-relapse prevention.

Method: A questionnaire and structured interview was conducted with a population of medical practitioners in the Free State province, South Africa. The study population consisted of a subgroup of 61 prescribers that indicated that they were involved in alcohol relapse prevention, selected from a stratified random selected sample of general practitioners; representatives of state hospitals, private treatment centres and private psychiatrists. The group was asked to indicate their standard pharmacotherapy intervention practices for alcohol relapse prevention and their experiences were discussed.

Results: Disulfiram was the most commonly prescribed alcohol-specific drug for the prevention of relapse. Nearly one quarter of respondents prescribed disulfiram as standard practice, while half of them would consider it for selected patients only and a quarter indicated that they never prescribe disulfiram. Several "pseudo-indications" for the use of disulfiram emerged: patient motivation and cooperation, on request by the patient, family or employer, if the patient can afford it and patients going for treatment in an institution. Yet, "stubborn drinkers with limited insight" patients needing help with self-control and previous relapse were also listed as indications. Reasons for avoiding disulfiram were that the drug was unavailable or perceived as ineffective, risky, or unaffordable. Perceptions regarding the effectiveness of the drug ranged from blind faith to total disbelief.

Measures to assure compliance included the involvement of family members and control of medication by the doctor. The high inter-patient variation in effects is not seen as a feature of the drug, but as an indication of the patient's inherent willpower. Failure to maintain abstinence on disulfiram is thus perceived as proof of poor commitment of the patient and sufficient reason to even terminate the doctor-patient relationship. Patient compliance, seated in the elusive will-power is seen to be the determining factor for success.

Conclusion: The high inter-patient variability in response to the drug demands consideration in selection, monitoring of patients and evaluation of outcome. Lack of access to alternatives however causes disulfiram to be inappropriately prescribed as a first-line intervention and maintained beyond the capacity of the patient and monitoring structures. The role of disulfiram during relapse prevention thus needs to be redefined and clear guidelines provided to prescribers.

Additional Information: Background: An inhibitor of aldehyde dehydrogenase, disulfiram causes the accumulation of acetaldehyde when taken concurrently with alcohol. The resulting adverse effects should evoke an aversion to alcohol. Drug response however exhibits high inter-patient variation ranging from the experience of the disulfiram reaction as pleasurable (Quertemont & Didone, 2006) to life-threatening reactions and potential neurotoxicity (Marchitti et al., 2007). Placebo-controlled studies fail to show advantage in terms of drinking behaviour (Fuller et al., 1986), yet the drug produces positive outcomes in absenteeism from work in highly controlled situations (Chick, 1998).

Additional Information: References: Quertemont, E. & Didone, V. 2006. Role of Acetaldehyde in Mediating the Pharmacological and Behavioural Effects of Alcohol Research and Health 29(4):258-265. Marchitti, S.A., Deitrich, R.A. and Vasiliou, V., 2007. Neurotoxicity and Metabolism of the Catecholamine-Derived 3,4-Dihydroxyphenylacetaldehyde and 3,4-Dihydroxyphenylglycolaldehyde: The Role of Aldehyde Dehydrogenase Pharmacol Rev. 2007 June; 59(2):125-150.

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68. IS LONGER-TERM USE OF HYPNOTICS EVER JUSTIFIED? IS THERE EVIDENCE THAT WE COULD USE HYPNOTICS MORE RATIONALLY IN THE LONGER-TERM?

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Objective: To identify from the evidence the situations where longer term hypnotic use may be justified.

Method: Longer term use of hypnotics is relatively common, despite hypnotics being licensed for 2-4 weeks only. Although it has long been argued that tolerance develops rapidly to the sedative effects of hypnotics, a review of the evidence suggests this is by no means universal. There is a wide consensus reflected in existing guidelines that intermittent and short-term use of hypnotics can be helpful, especially where the condition is self-limiting. Insomnia is a common problem which occurs in about one-third of the adult population, and may be temporary or long term. However it is their longer term use which is most problematic, an area which is typically not covered by guidelines. Recent guidelines from the British Association for Psychopharmacology have for the first time suggested that "dependence (tolerance/withdrawal) is not inevitable with hypnotic therapy up to 1 year with eszopiclone, zolpidem, ramelteon". Based on evidence from at least one randomised controlled trial (Wilson et al 2010).

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Cont./... Results: Based on a review of the literature, we have identified four situations where hypnotics may continue to be effective:

- Tolerance to sedative effects is often incomplete
- Tolerance to the different sedative effects as measured by polysomnography occurs at different rates
- Where the dosing interval is greater than about 4 times the elimination half-life (e.g. nightly Z-drug use), the development of tolerance is relatively rare
- Intermittent use can delay the development of tolerance

Conclusion: Discussion: We will outline the evidence for the slow development of tolerance, and suggest that under certain conditions the risk-benefit profile favours the use of longer-term hypnotics - which may occur under the four situations above. The NICE insomnia guidelines (2004) recommend using the cheapest short-acting agent, which is currently zopiclone or zolpidem (rather than a benzodiazepine) in the UK. We also propose decision trees and care pathways for the more rational use of hypnotics.

Additional Information

References: NICE (2004) Guidance on the use of zaleplon, zolpidem and zopiclone for the short-term management of insomnia. Technology Appraisal 77, April 2004 (www.nice.org.uk/TA077guidance). Wilson SJ et al (2010) British Association for Psychopharmacology consensus statement on evidence-based treatment of insomnia, parasomnias and circadian rhythm disorders. J Psychopharmacol. 24(11):1577-601. Epub 2010 Sep 2. (http://www.bap.org.uk/pdfs/BAP_Sleep_Guidelines.pdf).

69. THE RELATIONSHIP BETWEEN ILLICIT KETAMINE USE AND KETAMINE ASSOCIATED HEALTH PROBLEMS AND UROLOGICAL SYMPTOMS - RESULTS OF A QUESTIONNAIRE SURVEY

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Objective: A new syndrome known as ketamine associated ulcerative cystitis has recently been described (Shahani et al 2007, Chu et al 2007), involving inflammation and ulceration of the bladder and lower urinary tract. Our purpose was to obtain a snapshot of the harm associated with ketamine use, in order to inform local services and develop ideas about ketamine users support needs.

Method: A questionnaire survey of ketamine users asked about symptoms of ulcerative cystitis and other health effects from ketamine use. An opportunistic sample of ketamine users were recruited by the Bristol Drug Project (BDP) through one to one sessions, ketamine workshops, and the use of "snowballing" techniques. Although ketamine has generally been considered to be a very safe drug by the drug using community, our local experience suggests that this is far from true. Our questionnaire survey was designed to quantify the level of symptoms, harm and associated health needs of the ketamine using community.

Results: 48 analysable questionnaires were returned, which showed a strong association between heavy or regular ketamine use and these worrying health symptoms, including a relationship between ketamine dose levels and the presence of urogenital symptoms. Most worryingly, urological symptoms also occurred in some low-dose and less frequent ketamine users. In addition, users described a very rapid development of tolerance to the ketamine dose. Most ketamine users also described a reluctance to approach professionals for help, because they were often not taken seriously and their problems were not fully understood.

Conclusion: Discussion: This data is the first to identify a clear dose-response relationship between ketamine dose levels and the presence of urological symptoms. Ketamine has been thought of as a safe drug to use by the drug using community, but our data demonstrates that this is far from being true. Knowledge about the consequences and appropriate treatment and support for ketamine users remains undeveloped and inadequate. We have sought to address this issue, and describe advice we have developed locally for both health care professionals and ketamine users.

Additional Information

References: Chu PS et al (2007) 'Street ketamine'-associated bladder dysfunction: a report of ten cases. Hong Kong Medical Journal 13(4):311-3. Shahani R et al (2007) Ketamine-associated ulcerative cystitis: a new clinical entity. Urology 69(5):810-2.

70. A CARE PATHWAY FOR KETAMINE DETOX COMPLICATED BY BLADDER PAIN DUE TO KETAMINE ASSOCIATED ULCERATIVE CYSTITIS

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Objective: To overcome difficulty in reducing or stopping ketamine use, due to the increased level of pain that occurs as ketamine dose is reduced, by using analgesics to adequately control the bladder pain due to ketamine associated ulcerative cystitis (a new clinical entity first identified in 2007, Shahani et al 2007, Chu et al 2007).

Method: Bladder pain is common in ketamine users, and reflects inflammation and ulceration of the bladder lining due to ketamine or its metabolites. Ketamine users commonly enter a vicious cycle where they use ketamine to treat the bladder pain, even though the ketamine is also causing the bladder pain. The presence of pain also means that attempts by the patient to reduce their ketamine use is thwarted by the increased level of pain that occurs.

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Cont./... The lowest risk analgesic that provides adequate analgesia should normally be used, in order to minimise adverse effects and risk of misuse. Non-opioid medications should be used in preference to opioids, weak opioids in preference to strong opioids, the less abusable opioid patches in preference to the more abusable ones, and slow onset or modified release opioids in preference to rapid onset opioids. In addition non-opioid strategies can include options not normally considered, including the use acupuncture or electrostimulation, and the unique non-opioid nefopam, and the analgesic effects of the adrenergic antidepressants. Results: We propose the following consecutive steps to find the lowest risk analgesic:

Step 1: Treat underlying cause to reduce ketamine use. Step 2: Paracetamol and/or NSAID such as ibuprofen.

Step 3: Alternative non-opioids: nefopam, adrenergic antidepressants, acupuncture or electrostimulation; In intractable pain, gabapentin or pregabalin may be used. Step 4: Modified release weak opioids (e.g. dihydrocodeine m/r, tramadol m/r) or less abusable opioid patches (e.g. buprenorphine patch).

Step 5: Modified release strong opioids (e.g. morphine M/R) or more abusable opioid patches (e.g. fentanyl patch). Step 6: Adjuncts to strong opioids - rapid onset weak or strong opioids used in addition to step 5 opioids if break through acute pain occurs, but should rarely be required.

Conclusion: Discussion: Our clinical experience is that adequate analgesia is required in patients who wish to reduce or detox from ketamine, where they would otherwise continue to use ketamine to treat the pain that the ketamine is causing. Our care pathway involves the 6 possible steps above. The adrenergic antidepressants are important adjuncts to treatment, as in addition to helping in the treatment of pain, they also increase bladder neck tone (duloxetine, Chao & Shai 2010) or inhibit voluntary contractions of the bladder (amitriptyline, Wood et al 2010), and help fill the anxious void that typically occurs when high dose ketamine users stop abruptly. The level of pain typically subsides gradually when ketamine is stopped, and weaker and safer analgesia can then be substituted (Wood et al 2010).

References: Chao JY, Shai HA. (2010) Duloxetine treatment of long-term ketamine abuse-related lower urinary tract symptoms: a case report. *Gen Hosp Psychiatry*. 32(6):647.e5-6. Epub 2010 Aug 11. Chu PS et al (2007) 'Street ketamine'-associated bladder dysfunction: a report of ten cases. *Hong Kong Medical Journal* 13(4):311-3. Shahani R et al (2007) Ketamine-associated ulcerative cystitis: a new clinical entity. *Urology* 69(5):810-2. Wood D et al (2011) Recreational ketamine: from pleasure to pain. *British Journal of Urology International* 107(12):1881-4. doi: 10.1111/j.1464-410X.2010.10031.x. Epub 2011 Feb 14.

71. THE BI-CYCLE MODEL OF DUAL DIAGNOSIS - A MODEL FOR TEACHING THE PRINCIPLES OF DUAL DIAGNOSIS TREATMENT TO PATIENTS AND CLINICAL STAFF

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Objective: To provide a framework for practitioners to enhance their motivational intervention in clients with both mental illness and substance misuse, at the contemplation, decision and action stages of change. Method: The bicycle model provides a metaphor, a graphic representation to facilitate understanding of the two way links between mental illness and substance misuse (NICE 2010). Prochaska and DiClement's cycle of change (Prochaska et al 1992) is applied to both the substance use disorder and to the psychiatric disorder. Each cycle of change is viewed as the wheel of a monocycle, where the rider (the internal factors) strives to turn the wheel from pre-contemplation towards maintenance over the terrain (the environmental factors). Dual diagnosis is represented by thinking about these two wheels simultaneously, and how they connect. The bi-cycle model encourages issues critical to the quality of treatment be taken into account: Firstly, the lack of mutual understanding between the patient and the clinician and between the various clinicians involved. Secondly, the four types of etiological relationship in dual diagnosis. Finally, the lack of coordination between different services. Although coordinated models (integrated or collaborative treatment) are better than the uncoordinated models (parallel or consecutive treatment), collaboration is surprisingly hard to achieve in practice. The uncoordinated models can be viewed as two monocycles moving about completely independently of each other. In the coordinated models, two monocycles with the wheels linked together represent dual primary diagnosis. The bicycle represents a primary mental disorder and secondary substance use disorder, or vice versa (depending on which wheel is driving the other), and a tricycle represents dual secondary diagnoses. Results: Treatment interventions are represented by the "forces" applied to the rider, the wheels or the terrain. Therapy involves supporting the rider to ride the bike in their own fashion. Compliance with treatment involves helping the rider to understand its rationale and taking complaints of any side-effects seriously. Small amounts of progress in either disorder are worth achieving. Dramatic improvements from treating only one disorder are uncommon, so even when one disorder is clearly secondary to the other, interventions on both wheels are required for maximum effectiveness. Conclusion: Discussion: The bicycle model has been found to have good face validity and is easy to understand by both patients and clinicians. It supports therapeutic interventions for dual diagnosis clients, by improving communication between the patient and their clinicians, empowering patients, and helping clinicians work together. Research into the use of the bi-cycle model is ongoing.

References: Prochaska JO, DiClemente CC, Norcross JC. (1992) In search of how people change. Applications to addictive behaviours. *Am Psychol*. 47(9):1102-14. NICE (2010) Psychosis with coexisting substance misuse - Assessment and management in adults and young people. NICE clinical guideline 120. Developed by the National Collaborating Centre for Mental Health. (www.nice.org.uk/guidance/CG120).

72. DRUG USE AND COGNITIVE MEDIATION AMONG UNIVERSITY STUDENTS: MENTAL HEALTH, LIFE SKILLS AND DRUG USE

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Objective: The research is part of a series of screening of the drug use patterns of young people in Hungary in relation to mental health, coping, life skills and competences. Since 1997, our research group has investigated the patterns and functions of drug use among young people. We also tested the connections among the social and work/study success and drug use patterns in order to classify the different levels and patterns of drug use according to their harmfulness and social consequences. This research is our latest analysis of empirical data gained in 2009/2010. The research was conducted among young people, 18-22 years old (N=725), in two sub-groups: those who have been enrolled to higher education and those who did not continue their studies after secondary school.

Method: An extensive testing procedure was conducted, including:

- Social and cultural background of the participants: items covered the factors of socio-economic status, social support, critical life events and school problems.
- Questionnaire on drug use and health behaviour.
- NCS - Neurotic Cognitive Structures Questionnaire. A self-report questionnaire that covers self-related depressive symptoms, i.e. a trait-oriented depression measurement tool
- The Hungarian version of the Beck Depression Inventory and the Dysfunctional Attitudes Scale
- The Hungarian version of the Life Skills Questionnaire was developed upon the concept of "working knowledge"
- The Hungarian version of the coping preferences questionnaire
- EPQ - with a special aim to test the EPQ-Addiction subscale in a Hungarian sample

Results: In the framework of the poster presentation we will show results in relation to our findings in:

- The connection between changing drug use patterns and new trends in the emerging adulthood of young people in Hungary;
- A strong evidence of the cognitive mediation role of DAS and NCS between mental health status and drug use;
- The notion of the change in coping strategies in parallel with drug use variables. An especially interesting finding is the "simplified coping" result, i.e. the change and collapse of the factor structure of coping strategies in high risk drug use subsamples.
- Social support, the quality of interpersonal relationships were the most important protective factor in drug use.

Conclusion: It is important to note that the self medication function of drug use is becoming less and less prevalent in this latest sample of Hungarian young people. This tendency can be seen in the interrelation of the three sets of variables, ie. academic or work performance indicators, mental health status and patterns of drug use. While in our previous studies problematic drug use could have been a compensating factor to ameliorate the effects of disordered mental health functions and thus in a way paradoxically improve life skills and integration, academic or work performance in problematic mental health subsamples, this notion is less detectable in this sample.

Another important set of the interpretation of the results is the contribution of quarterlife crisis to drug use.

73. A NEW PATIENT PREFERRED MODEL OF COMMUNICATION DURING ACUTE BENZODIAZEPINE WITHDRAWAL

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Objective: Patients often feel that their doctor does not understand how they feel and all the symptoms they experience, during acute or gradual benzodiazepine withdrawal. This feeling is more pronounced when suffering with problematic benzodiazepine withdrawal. Currently there is limited guidance about how to understand and help patients with these symptoms. We aimed to develop a model that improves the sophistication of patient-prescriber communication in benzodiazepine withdrawal states, that is both consistent with the evidence and is meaningful for patients.

Method: Qualitative research methodology was used to explore the various symptoms and experiences of benzodiazepine withdrawal. A literature review, was undertaken to identify the likely scientific explanations for these. Thematic analysis was used to narrow the symptoms during benzodiazepine withdrawal into 5 core clusters. In-depth interviews and interactive sessions with patient and user representatives were used to develop a 5-stage model that had easy to understand analogies, as well as the helpful treatment interventions for each of these stages.

Results: Thematic representations of the patient's experiences were classified into 5 core clusters in a sequential model as:

1. Direct effects of reducing the benzodiazepine dose
2. The effects of the resultant over activity in the brain and body
3. Sense of bewilderment at the symptoms (that can affect every organ system in the body)
4. Development of a vicious cycle where fear feeds fear
5. Potentially leading to feelings of despondency and depression

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Cont./... The main analogy involved viewing the brain as like “an engine”, and that reducing the benzodiazepine dose acts like taking the foot off the break.

The initial results indicate that the analogy enabled patients and their prescribers to communicate better, and helped to normalise the patient's experience, and empowered them in the process.

Conclusion: Enhancing the sophistication of patient-prescriber communication benzodiazepine withdrawal is valued by patients. The prescriber's ability to understand patient experiences, and to provide them with helpful advice, particularly when they are feeling extremely unwell, is important for the patient.

This model is useful in reassuring patients that their experiences are normal, and due to benzodiazepine withdrawal rather than anything else. It also helps empower patient by helping them understand the cause of their symptoms and what they can do about them.

This model has been submitted for inclusion in the new guidelines on benzodiazepines, being developed by the Substance Misuse Management unit of Royal College of General Practitioners, UK.

74. THE DETECTION OF ALCOHOL-EXPOSED PREGNANCIES AMONG AN UNSELECTED GROUP OF 607 WOMEN IN ROME.

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Objective: Our goal is make recognition the reality of alcohol consumption in pregnant women. This study is part of an observatory, founded in 2009 promoted by the Alcohol Unit Latium Region, Sapienza University of Rome, with the aim to determine the incidence of FASD in the new born at Rome Policlinico Umberto 1, to start the testing phase of the register in cases with suspected of FASD, to assess the development of these children over time and to disseminate data to increase the awareness of the problem in health professionals and in the population.

Method: The study was effective with 607 unselected pregnant women, who refer to the Department of Science Gynaecology Obstetrics and Science Urological, Sapienza University of Rome. The women themselves responded to semi-structured questionnaires which investigated dietary habits and alcohol consumption before and during pregnancy. Also investigated was the frequency of consumption, its modification and its tolerance, useful, as an index for identifying women at risk. Many women tended to deny or underestimate the intake of alcohol.

Results: Analysis of alcohol consumption showed disturbing data: 68,8% of pregnant women said they had consumed alcohol frequently before pregnancy in a variable amount and 15,3% of these had more than one drink per occasion. During pregnancy, on average, 36,3% of women continued to drink alcohol and 5,2% of these more than one drink per occasion. Asked how they had changed the consumption of alcohol since the beginning of pregnancy, 44,2% of women answered they suspended it, 31,4% decreased it, 24,4% did not change it. By analyzing the frequency of consumption during pregnancy, on average, 16,3% of pregnant women declared they had consumed drinks 2-4 times a week, on average, 9% 5-7 times a week.

Conclusion: There is no known safe amount of alcohol to drink while pregnancy, also no safe time during pregnancy and no safe kind of alcohol. The different clinical expressions of FASD depend on several factors such as genetic predisposition, age of the pregnant woman, the co-vice of smoking, malnutrition. The international scientific community agrees that abstaining from drinking completely protects against FASD, and for this reason prevention is very important. The gynaecologists and health professionals should inform women who wants to become pregnant about the risks they run by taking alcohol; the early recognition is necessary by physicians and health care professionals through alcohol-related questions about alcohol consumption; the total population must be informed by targeted information campaigns.

75. COMORBIDITY OF DEPRESSION AMONG OPIOID ABUSERS: A COMPARISON BETWEEN NEEDLE USERS AND NON-NEEDLE USERS

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Objective: A strong association between opioid use and psychopathology is a robust finding of literature. It reflects both a high risk for drug use in subjects with mental illness and a high frequency of psychopathology triggered by drug use. However, the significance of this co-morbidity in regard to the mechanisms underlying psychopathology and drug abuse, the influence that drug addiction has on the course of mental illness and the implications for treatment are poorly understood. Studies examining the prevalence of depression in opiate-dependent patients enrolled in treatment programs show lifetime prevalence in the range of 20% to 50% and a current prevalence rate in the 10% to 20% range (Nunes et al, 1994). Studies that have examined the effects of depression on long-term prognosis and treatment outcome among opiate addicts have in most instances shown that depressive disorders identified by clinical history, are associated with worse treatment outcome (Rounsaville et al, 1982). A high prevalence of psychopathology among opioid users has direct implications for opioid treatment outcome and remains a strong predictor of poor treatment outcome. **Objective:** The study aims to screen and diagnose depressive disorders among opioid users. **Secondary Objective:** The study further differentiates the needle-users and non-needle users on socio-demographic variables, drug use behaviours, psychosocial profile and the severity of depressive symptoms. **Method:** A cross sectional study was done from a local "drop-in centre" under the Needle and Syringe Exchange Program (NSEP). Eligible participants were recruited at a random basis and the population were further subdivided into needle using and non-needle using sub-groups. The study population were administered a semi-structured questionnaire (socio-demographic variables, drug use behaviours and psychosocial profile) and Patient Health Questionnaire (PHQ-9). **Inclusion Criteria:** Verbal and written consent from patient, Male and female patients aged >18 and Patients must fulfil DSM-IV criteria for opioid dependence. **Exclusion Criteria:** Patients whom were unable to give consent. **Results:** A total of 102 subjects were recruited into the study, consisting of 50 needle users and 52 non-needle users. The incidence rate of depressive symptoms were higher among the needle users (31%) compared to the non-needle users (17%). The needle users also had higher severity of symptoms, poorer psychosocial profile and a higher use of poly-substance, especially benzodiazepines. **Conclusion:** Needle users among the opioid abusers have a higher rate and severity of depressive symptoms. These needle users with depressive symptoms also tend to use a higher quantity of opioids, more rates of polydrug abuse and more predisposed to high-risk behaviour, which indicates a poor treatment prognosis.

76. DEEP REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (DR-TMS): EFFECTS ON DIFFERENT LIFETIME DRINKING-HISTORIES.

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Objective: Drug addiction is a chronically relapsing disorder. Transition from social use to dependence is mediated by positive to negative reinforcement shift, in a continuous neuroadaptive process involving reward and other systems managing emotional stress.¹ At the beginning impulsivity, mediated by Dopamine, is the main reason for alcohol-seeking; afterward alcohol is assumed for lowering negative emotional state (dysphoria, anxiety, irritability), mediated by anti-reward system (opponent system). One of the most important anti-reward system's hormones is represented by Corticotropin Releasing Factor (CRF) and cortisol in extended amygdala. Many studies have demonstrated a medial Pre-Frontal Cortex (m-PFC) CRF modulation; dorsal medial Pre-Frontal Cortex (dm-PFC) inhibits CRF release in hypothalamus and extended amygdala, thus reducing stress-system's activation. Ventral medial Pre-Frontal Cortex (vm-PFC) enhances CRF release in hypothalamus and extended amygdala, thus inducing stress-system's activation. Transcranial magnetic stimulation is a non-invasive technique for brain stimulation based on creation of predetermined magnetic fields, inducing action potentials in brain cells. Magnetic stimulation is generated by a coil positioned on patient's scalp. The previously available coils could not stimulate regions deeper than 1 cm below the skull; the new H-coil we employed can reach 4-5 cm under skull regions. Dr-TMS could act on the opponent system, stimulating the only dm-PFC, not vmPFC, thus reducing withdrawal associated stress.

Method: Thirteen alcoholics (DSM-IV criteria) were divided in two homogeneous groups in terms of age and drinks/drinking day: seven patients were included in the real group, six in the sham one. Excitatory stimulation was provided to the dm-PFC, ten days after last alcohol intake, three days after last benzodiazepines intake. Real stimulus was applied in ten sessions (five per week) at 20 Hz frequency, 120% of resting motor threshold, on dm-PFC. An olfactory-visual provoking stimulus was dispensed to patients just before each stimulation.³ Cortisol and Prolactin levels were assayed before and after treatment.

Cont./...

Cont./... Results: Twelve of thirteen patients ended the trial, without side effects.

- Cortisol was found to be reduced in the real group ($13.40 \pm 4.33 \mu\text{g}/100 \text{ ml}$ vs $6.99 \pm 7.55 \mu\text{g}/100 \text{ ml}$; $p=0.048$), but not in the sham one ($14.02 \pm 4.36 \mu\text{g}/100 \text{ ml}$ vs $15.43 \pm 5.10 \mu\text{g}/100 \text{ ml}$; $p= \text{n.s.}$).

- Significant reduction of drinks/drinking-days and drinks/heavy drinking-days in the real group ($p=0.0057$) was observed but not in shams.

- We also evidenced a positive correlation between pre-stimulation prolactin and drinks/day in years of consumption at risk ($p=0.033$; $R=0.59$).

- A linear correlation between pre-stimulation cortisol/pre-stimulation prolactin ratio and post-stimulation cortisol decrease was also revealed by statistical analysis ($p=0.003$; $R=0.909$).

Conclusion: we were able to elicit a physiological response in CRF's inhibiting nucleus. All the patients of the real group decreased their cortisol levels; greater decrease extent was demonstrated in patients with lower pre-stimulation prolactin. Low pre-stimulation plasmatic prolactin indicates a reduced alcohol intake in risk consumption years. Dr-TMS seems to be more effective on mild alcoholics, probably because the CRF's inhibiting nucleus is still responsive to stimulation. Heavy drinkers are less responsive to treatment because of a damage in the same area inducing neuronal loss and, accordingly, absence of DrTMS response.

77. PSYCHIATRIC AND SUBSTANCE USE DISORDERS COMORBIDITY: PREVALENCE RATE AND RETENTION IN TREATMENT.

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Objective: Comorbidity of mental disorders and alcohol and other substances misuse, cocaine in particular, is widely discussed, and data confirmed the high prevalence and detrimental impact of alcoholism on patients: in particular, data suggest that bipolar disorders are highly correlated with substance use disorders, but these are not associated with longer time to recovery from depression, although these could contribute to enhance the risk of switches into maniacal, mixed, or hypomaniacal states.

Data suggest that in cocaine addicted or in non addicted users, the presence of other substance use disorders, like alcoholism, is strongest correlate to cocaine dependence severity. Aim of this ongoing study is to observe if in alcoholics patients, besides cocaine addiction, there is an association with a higher rate of bipolar disorders I and II, and whether these disorders are associated with any type of use of cocaine, rather than with only dependence or abuse. This should highlight a link between the level of maniacal deregulation and the rate of cocaine use. Is being studied also the retention in treatment of alcoholics, with cocaine addiction and in non-addicted cocaine users, with Double Diagnosis than those with single diagnosis.

Method: 500 alcoholics outpatients day-hospital detox to rehab program at Alcohol Unit of Umberto I Hospital Sapienza University of Rome, consecutively recruited in 2009-2011 years. 60 patients have a history of cocaine addiction or abuse (DSM-IV tr criteria), 102 are cocaine periodic or habitual non addicted users and 160 are past cocaine users. 190 of 500 alcoholics have a dual diagnosis (DSM-IV tr criteria). Patients have undergone to psychiatric examination, psychological counselling, medical examination and blood tests. Were also administered psychometric tests (VAS, Anton ODDS, CAD, CTD).

Results: The preliminary results of this study show that the incidence of Bipolar Disorders, especially Bipolar II is higher in alcoholics cocaine addicted than in non addicted cocaine users and in only alcohol addicted. Seems to be a stronger link between Bipolar Disorders and uncontrolled cocaine use. Furthermore, patients with double diagnosis seem to have a greater tendency to remain in treatment.

Conclusion: In alcoholics, seems to be a stronger link between Bipolar Disorders and uncontrolled cocaine use, in particular Bipolar II; the link seems to follow a direct proportion for Hypomania, but not for Mania, which seems to link to cocaine use on qualitative terms (addiction).

In patients with Double Diagnosis, in those with Bipolar Disorders, could occur a concurrent anxiety diagnosis: in terms of retention in treatment, an anxiety disorder is not relevant, while bipolar disorders are the keys factor that interact positively with the treatment. Positive predictors to the retention in treatment are the CAD and CTD scores and VAS intensity and frequency for the assessment of craving. An adequate pharmacological therapy is essential for total retention treatment.

The relations among psychiatric and substance dependence disorders and treatment utilization are of interest both for their clinical management and for health services.

78. ADDICTION: A THERAPEUTIC MODEL FOR THE RESTRUCTURING OF IDENTITY

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Objective: The prevailing approach for addiction treatment, which is often combined with psychotherapeutic models, is drug therapy; thus, the definition of this field of research and intervention as of medical relevance. In the medical model can be traced two lines: the first one indicates abuse and dependence determinants in the individual susceptibility (paying particular attention to personality characteristics), the second one in the exposure to drugs with physiological factors and neurochemical reward mechanism.

Recently have been developed cognitive-behavioural models of treatment in which people are helped to learn skills for better management of addiction (Marlat and Gordon, 1985).

Psychoactive substances' effects result in part from their chemical composition but mostly by social and historical expectations related to their consumption (Szasz, 1985).

People use or avoid consuming drugs because both actions convey a personal message on a social level (such as promoting experiences of autonomy or communicate acceptance or rejection of social norms). This underlying capacity of drugs depend on the fact that within the group there are some shared semantic dimensions with respect to which the individual is called to take shape. In a dynamic perspective, the vulnerability to addiction is regarded as the result of gaps in the evolutionary organization of the Ego and the Self, that affect the ability to regulate emotions, self-esteem, relationships and self-care. Substances are used by drug-addicted in order to improve, control, change or mitigate too intense or confusing emotional experiences. The object, in addition to responding, in an illusory sense of self-therapy, to a situation of suffering, co-leads and co-constructs it, enabling powerful and reconstructive feedbacks of relationships and meanings. Each relationship of dependence therefore rebuilds a new formal structure.

Method: Our model of combined treatment: after the diagnostic evaluation, the treatment offered by our service is an integrated approach that combines drug therapy with group psychotherapy, contextually to individual motivational talks with rehabilitative purpose.

Results: The proposed approach goes with the drug-addicted patient in the process of identity transition. From a deficit of structure in identity, in which the substance is necessary, he moves to the construction of his identity in the group. The final step is the passage from a group identity to an individual one, with the aim of obtaining an independence in which it is possible to represent and think himself progressively

Conclusion: As it's commonly known the shift from a substance dependence to a group dependence, further researches are required to improve the effectiveness of the treatment on the individual patient, in order to emancipate him from the group of rehabilitation in which he is included in the initial stage.

79. USE OF ACAMPROSATE IN THE TREATMENT OF ALCOHOL DEPENDENCE: EFFICACY IN THE REDUCTION OF CRAVING, RELAPSE PREVENTION AND PROTRACTED WITHDRAWAL. AN OPEN OBSERVATIONAL STUDY.

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Objective: Alcoholism is one of the most prevalent substance dependence disorders in the world. Advances in research in the neurobiological mechanisms underlying alcohol dependence have identified specific neurotransmitter targets for the development of pharmacological treatments. Acamprosate, an analogue of amino acid neurotransmitters such as taurine and homocysteic acid, is a safe and well-tolerated pharmacotherapy that has been studied in numerous clinical trials worldwide. It may act at the regulatory sites on both ionotropic and metabotropic NMDA glutamate receptors and normalizes the hyper excitability, which is a characteristic feature of alcohol dependence, to re-establish homeostasis. Acamprosate, in combination with psychosocial support, was approved by the Food and Drug Administration (FDA) for the maintenance of abstinence from alcohol in detoxified alcohol-dependent patients. Withdrawal from alcohol induces a surge of excitatory neurotransmitters like glutamate, and acamprosate attenuates hyper-glutamatergic states occurring during early abstinence and involving ionotropic (NMDA)- and metabotropic (mGluR5) glutamate receptors along with augmented intracellular calcium release and electrophysiological changes. Aims of the present open study was to evaluate the efficacy of acamprosate in terms of reduction of alcohol craving, relapse prevention and protracted withdrawal.

Method: Twenty detoxified Alcohol Dependent (DSM-IV-TR) outpatients were recruited and assigned to receive acamprosate 1998 mg/day if the patient's weight was more than 60 kg; if the weight was less than 60 kg, patient received acamprosate 1333 mg/day. Patients have been evaluated after 15, 30, 60 and 90 days of treatment. Withdrawal symptomatology was determined by the Clinical Institute Withdrawal Assessment for Alcohol (CIWA-Ar); craving for alcohol was evaluated by a 10-cm Visual Analogue Scale (VASc) and the Obsessive and Compulsive Drinking Scale (OCDS). The Clinical Global Impression (CGI) was also administered.

Results: As to our results, acamprosate is effective in both the reduction of alcohol craving and the reduction of relapses. Furthermore, it resulted effective in reducing the severity of protracted withdrawal. Acamprosate was safe and well tolerated; only one patient reported gastrointestinal side effects. Moreover, it does not have any abuse potential.

Conclusion: The data of this pilot open study confirm the efficacy of acamprosate in the maintenance of abstinence from alcohol in detoxified alcohol-dependent patients. Therefore, this evidence base suggests that acamprosate should be routinely considered as a treatment for patients with Alcohol dependence (DSM-IV-TR).

80. RELATIONSHIP BETWEEN IMPULSIVITY AND PATHOLOGICAL GAMBLING IN TEXAS HOLD'EM POKER PLAYERS

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Objective: Poker has become popular in Spain in the last few years due to increasing accessibility and the intrinsic features of the game. Few studies have targeted this emerging new type of player so far but it should be noted that, like in other games, probability and betting are main characteristics of poker, which involves risk to develop pathological gambling. Pathological gambling is related to certain personality traits, impulsivity is one of them. The objective of this study is to evaluate the relationship between impulsivity and pathological gambling in a group of Texas Hold'em poker players taking part in live tournaments.

Method: The sample for this study is formed by a group of Texas Hold'em poker players (n=68) interviewed in two Galician (NW Spain) casinos. The questionnaire used to evaluate pathological gambling was the NORC DSM-IV Screen for Gambling Problems (NODS) (Gerstein, 1999) which makes possible a differentiation between pathological players, problem players, players at risk and without gambling problems. It also assesses gambling problems throughout life and in the past year. Impulsivity was assessed with the Spanish version of the Plutchik and Van Praag Impulsivity Scale (1989).

Results: Our findings show significant differences in impulsivity measurements depending on game involvement in the past year (12.69, 13.10, 16.37, 17.92; $F=3.003$; $p=0.037$) and also throughout life (13.13, 12.64, 16.88, 17.29; $F=3.109$; $p=0.032$). Regarding the relationship between high impulsivity and game involvement, the NODS results indicate that throughout life it is present in 37.5% of pathological players, 25.0% of problem players and 18.8% of the group of players at risk and in 18.8% of those without gambling problems.

Conclusion: Previous studies focusing on other types of games of chance have shown the relation between pathological gambling and high impulsivity. Our study of poker players has produced results in the same direction, the players most involved in the game scored significantly higher in impulsivity. Likewise, it was observed that a higher percentage of problem and pathological players, compared with those without gambling problems, registered higher impulsivity values.

81. WORKING MEMORY, ATTENTION AND ALCOHOL BINGE DRINKING IN YOUTH.

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Objective: Abuse of alcohol by young people during the weekend is an important public health problem. Alcohol has neurotoxic effects on the central nervous system and can cause the appearance of neuropsychological impairment in a wide range of cognitive functions among which are those that depend on prefrontal cortex. The aim of this study was to determine the effects caused by alcohol in young people with a binge drinking pattern of consumption. The binge drinking pattern involves the consumption of a high amount of alcohol in short periods of time on specific days, basically on the weekends. Therefore, it is sometimes called weekend alcoholism.

Method: We evaluated 134 subjects, university students of both genders and aged between 18 and 22 years in tasks of working memory and attention. Were excluded those who were being treated with psychotropic drugs or who consumed other type of drugs regularly. These subjects were grouped according to their consumption pattern, considering aspects such as the amount of alcohol they drink in a weekend or the history of consumption.

Results: Binge drinking group obtain worse results in test like Train Making or Corsi Blocks tests. Overall, the results obtained show that the excessive consumption of alcohol during the weekend causes a worse performance on tests that require the involvement of attentional processes or working memory. Furthermore, a history of prolonged use contributes to worsening the situation.

Conclusion: Alcohol consumption among young people according to the binge drinking pattern causes brain alterations that result in cognitive impairment that affects attentional processes and working memory. It may also have implications for their future neuropsychological functioning, even though stop drinking, because it can decrease their professional, familiar and social possibilities. This abusive alcohol consumption that is done intermittently, can accelerate the process of cognitive decline, not only for consumption by themselves, but also by the presence of a high number of alternating periods of abstinence and relapse

82. PERSONALITY TRAITS AND ALCOHOL BINGE DRINKING AMONG STUDENTS 12-18 OLD.

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Objective: Adolescence is a critical period of development during the transition from childhood to adulthood and is considered as such between 12 and 20-25 years in humans. Although the history of consumption of alcohol by among adolescents is much lower than that observed in adults with alcohol problems (2-3 years compared to periods of more than 8-10 years), the abusive consumption during adolescence may interfere significantly in the normal brain development. Many studies show neuropsychological deficits in executive functions and working memory in chronic alcoholism, and this contributes to the general notion that alcoholics show deficits in tasks that depend on prefrontal cortex. Within this context, an important aspect which receives particular attention is the dysexecutive syndrome, characterized by difficulty in focusing on a task and ended without an external control; establish new behavioural repertoires and use operational strategies; maintaining a flexible and creative behaviour or anticipate the consequences of their behaviour, leading to a higher impulsivity and inability to delay a response (crucial aspect in the comprehension of addictive behaviours). The aim of this study is to find similarities between personality traits adolescent drinkers and their performance on tasks that require the participation of the prefrontal cortex.

Method: We evaluated 223 subjects, 97 women and 126 men, mean age 15.19 ± 2.13 . We excluded from the study to the subjects with uncorrected psychophysical deficiencies which affected their cognitive performance, psychiatric comorbidity and polydrug use. Alcohol drinkers were separated into two groups, high and moderate alcohol intake, and non-drinkers formed the control group. All subjects were evaluated with neuropsychological tests to determine their performance in executive functions and with personality questionnaires to establish their profiles.

Results: No significant differences were found between control and binge drinking groups on the results of the neuropsychological test. However, adolescent drinkers showed higher dysexecutive symptomatology than controls abstainers. Binge drinking subjects are more impulsive and controlling his anger worse, they are less aware of the consequences of their actions and more emotionally unstable. Moreover, they had more psychopathological symptoms than non-drinkers, which, without being diagnostically important, it is an indicator of increased psychological distress.

Conclusion: Alcohol consumption in adolescence does not appear to cause significant impairment in tasks that are measured by conventional neuropsychological tests. Furthermore, this is a sample with a short history of consumption and that, as students they receive a similar daily training. However, we did observe that there is a dysexecutive symptomatology that clearly differentiates the two groups. It is not possible to determine whether alcohol is a cause or effect of a certain personality traits, but alcohol affects the development of the prefrontal cortex, which is the basis of these traits, so that there is the possibility that this relationship could be much closer than it seems.

83. SPATIAL MEMORY, EXECUTIVE FUNCTIONS AND ALCOHOL BINGE DRINKING IN UNIVERSITY STUDENTS

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Objective: The use and abuse of alcohol is accepted by many young people who are unaware of the impact on health and society. Alcohol has become the toxic substance in which more choose the Spanish. The objective of our work is to check how the abuse of alcohol during the weekend of youth causes changes in tasks of spatial memory or require some type of executive control. We have seen several studies that show that two brain areas most affected by alcohol are the hippocampal formation and prefrontal cortex. For this reason, we believe that the abusive consumption of alcohol on weekends affect tasks that depend on these structures for their successful implementation. Method: We evaluated 75 subjects, 46 women and 29 men, mean age $19.46 \text{ years} \pm 1.281$. These subjects were grouped according to their pattern of consumption into three levels of analysis. 1) If consumers were at risk or not, 2) the history of consumption of young people consuming alcohol while carrying a regular basis, three groups: a) consuming less than 2 years (HC 4). 3) number of acute intoxication (binge drinking) in the last 30 days. Subsequently, all subjects were evaluated with neuropsychological tests to determine their performance in executive functions and spatial memory. Results: There was considerable interaction in the three levels of analysis on several neuropsychological tests were significant differences. Young people with a risky drinking perform more poorly on tests that measure skills such as response inhibition, attention, working memory. In spatial memory, consumers are less men in reference memory performance, they need to travel a greater distance than non-drinkers. Young people are consuming less than two years have better outcomes than those with more than four years specifically in working memory, needed more time to solve the task. Finally, those who have suffered acute alcohol intoxication or two in the last 30 days have worse outcomes than those who have not undergone and those who have had 3 or more. Conclusion: High consumption of alcohol by young people on weekends causes damage to the prefrontal cortex observed in a significant impairment of executive functions. This greater effect of alcohol on the frontal lobes is perceived differently, or to a lesser extent, on the hippocampus, but in either case, it appears that both structures are affected. Despite these data, still a great social tolerance of alcohol consumption, and low risk perception of it. Young people should know how their lives can be affected in the future.

84. DATING VIOLENCE AND SUBSTANCE ABUSE: ARE THEY TWO SIDES OF THE SAME COIN?

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Objective: Adolescence is a period where many physical and psychological changes take place that may initiate considerable risks for deviant behaviours, such as drug use and dating violence, which affect youths' well-being and damage their conversion to adulthood. In order to overcome some gaps in empirical literature, this study aims to investigate the relationship between substance use and aggressive/victimization behaviours within youth romantic relationships, suggested by some clinical evidence, in which these phenomena seem to appear associated. We propose to examine the influences of attachment to parents and social support on those behaviours, and also the mediating effects of coping strategies, self-esteem, self-concept, and emotional skills.

Method: Therefore, 200 Portuguese adolescents and young adults who attend high school and college volunteered to complete the following: a Demographic Questionnaire, an Addictive Behaviours Questionnaire, a Victimization Behaviours Questionnaire, an Aggressive Behaviours Questionnaire, The Inventory of Parents and Peers Attachment, The Instrumental and Expressive Social Support Scale, The Rosenberg Self-Esteem Scale, The Coping Styles Questionnaire and The Emotional Skills and Competence Questionnaire. Each application session took approximately 45 minutes and subjects completed anonymous questionnaires with the support of trained data collectors. Results: The results show that the substances most consumed by the sample of adolescents and young adults are alcohol (89.1 %) and tobacco (56.2 %). Most of consumptions take place in bars and in the company of friends. The verbal terrorization behaviour is the most frequent victimization and aggression behaviour. To Predict the use of alcohol in adolescents (15-18 years old) the model of binary logistic reached the statistical significance ($X^2 = 20, 876, p=0.052$) to the variables Social Support, Positive Acceptation and rejection- denial. To Predict the use of tobacco in adolescents (15-18 years old), in terms of father attachment, a linear regression reached the statistic significance ($X^2=3,870, p = 0,049$). To Predict aggressive behavioural by verbal terrorization in the female sample the model of binary logistic reached the statistical significance ($X^2 = 27,601, p=0.006$) to variables Style of Coping Refused- Denail. Conclusion: According to this results the addictive behaviours and the abusive behaviours don't appear associated. The Social Support, Self-esteem, Emotional Skills and Competences and Coping Styles don't mediate the effect of the mother and father attachment toward to addictive behaviours and abusive behaviours. The abusive behaviours seem related with Emotional Skills, Styles of coping and the attachment to parents. Regarding the addictive behaviours the only substance that reached statistical significance was the tobacco, which seems to be associated to father attachment. The youngest adolescents had more significant values than the young adults sample. On the basis of the data obtained, we propose an effective systemic prevention model to High Schools, which comprises the personal, family and social protective factors of these phenomena. Finally we discuss its practical implications.

85. THE IDENTITY AS A SELF-HARMER: HOW IT CAUSES AND EFFECTS ON SELF-HARM

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Objective: Needless to say most of the self-harmers hope that they will be able to stop self-harm. However, at the same time, they sometimes identify themselves as a "self-harmer". This presentation aims to discuss about Identity as a "self-harmer" and examine the cause and effect of such Identity toward this addictive behaviour. Method: The author conducted semi-structured interviews with seven individuals who have committed self-harm and asked them about their experiences of self-harm. All participants were women in their twenties. Two participants are current self-harmers and the other participants are ex-self-harmers. This presentation focuses on the narratives of participants that relate to Identity as a self-harmer. Results: One participant said that she feel self-harm is one of the core features of herself. Another participant said that she was afraid to stop self-harm since she envisaged that she cannot make herself indispensable for others. In addition, some of the participants mentioned that they gain their identity as a self-harmer through writing about their self-harm on the Internet Websites such as Weblog, Bulletin Board System. Conclusion: From these narratives, the author concludes that self-harmers regard self-harm as an essential and irreplaceable method to express themselves and/or make relation with others. Hence it may be one of the causes of the Identity as a "self-harmer". This feeling may bring difficulty to them to stop self-harm. Furthermore, in some cases, the identity as self-harmer is formed and reinforced by their usage of the website on self-harm.

86. EMOTIONAL COMPETENCIES IN DRUG ADDICTED ADULTS IN HOSPITAL UNIT

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The literature reveals that the emotional competencies play one of the most important rolls in almost all mental disorders on the Axis II and in the half number of disorders on the Axis I on DSM IV category system. In these filed there is a huge lack of scientific researches that are made on clinical population, especially those with drug addicted patients. The major objectives of our two years lasting study were to find out the level of emotional competencies of drug addicted inpatients adults, observing the treatment effects on their level of emotional competencies and to distinguish competencies between a group of drug addicted adults and controls. We also wanted to establish the connections of the age, gender, number of previous treatments, comorbidity, status (single, married...), employment, lodging and education on the level of emotional competencies in both groups. Our study was consisted of 115 drug-addicted adults in the Centre for Treatment of Drug Addiction, Psychiatric University Clinic and 139 controls. We investigate three dependent variables: perception and comprehension of emotions, expression and naming and management and regulation of emotions. Our main hypothesis were: (1) the two groups will differ significantly in all three variables and (2) the level of treatment will significantly improve the measured variables. These hypothesis were mostly confirmed.
