World Federation for the Treatment of Opiod Dependence

Europad
European Opiate Addiction Treatment Association
AU-CNS






Heroin Addiction & Related Clinical Problems

European Opiate Addiction Treatment Association - EUROPAD


27-29 May 2016

Hotel Holiday Inn - Haagse Schouwweg 10

Leiden
The Netherlands-EU

PROGRAM AND ABSTRACT BOOK

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

Europad

European Opiate Addiction Treatment Association

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

The vision

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

Under the Patronage of

World Federation for the Treatment of Opioid Dependence

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

WFTOD

(New York, NY, USA)

www.wftod.org

Promoted by

European Opiate Addiction Treatment Association

EUROPAD

(Brussels, Belgium - Pisa, Italy)

www.europad.org

Association for the Application of Neuroscientific Knowledge to Social Aims

AU-CNS

(Pietrasanta, Lucca, Italy)

www.aucns.org

Congress Presidents

ICRO MAREMMANI (Pisa, Italy)

PETER VOSSENBERG (Deventer, The Netherlands)

Local Scientific Committee

WIM VAN DEN BRINK (Amsterdam, The Netherlands)

ESTHER CROES (Utrecht, The Netherlands)

COR DE JONG (Nijmegen, The Netherlands)

VINCENT HENDRIKS (Leiden, The Netherlands)

Venue

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Haagse Schouwweg 10

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PROGRAM

FRIDAY, 27 MAY 2016

SELECTED ORAL PRESENTATIONS

Room A		**Europad Selected Presentations** *Chair: Angelo GI Maremmani (Pisa, Italy, EU)*
12:20	SOP-01	MIRJANA DELIĆ (Ljubljana, Slovenia, EU) - Association between patients' personality traits and outcome of hospital treatment of opioid addiction
12:40	SOP-02	JOSEPH MALONE (Bergen, Norway) - Slipping through our fingers. A qualitative study into the barriers minority groups, with substance misuse
13:00	SOP-03	LAURA BRANDT (Vienna, Austria, EU) - Limitations to participation in opioid maintenance treatment in Europe
13:20	SOP-04	MARK GILMAN (London, UK, EU) - Pilot study of awareness and access to new treatments for hepatitis c in persons with a history of drug injecting
13:40	SOP-05	STEFAN BOURGEOIS (Antwerp, Belgium) - Sof/vel for 12 weeks is well tolerated and results in high svr12 rates in people receiving opioid substitution therapy
14:00	SOP-06	EINAT PELES (Tel Aviv, Israel) - Does gender differ? 22-years follow up in methadone maintenance treatment
14:20	SOP-07	PASQUALINA ROCCO (Castelfranco Veneto, Italy, EU) - Diagnostic stability in dual diagnosis
14:40	SOP-08	SHAUL LEV-RAN (Ramat Gan, Israel) - Addiction to prescription opioids among patients suffering from chronic pain - The Israeli perspective
15:00	SOP-09	ROK HREN (Ljubjana, Slovenia, EU) - Pharmacoeconomic evaluation of opioid substitution treatment in Slovenia
15:20	SOP-10	ANNE YEE (Kuala Lumpur, Malaysia) - Physical health and their impact on quality of life among male patients on methadone maintenance therapy
15:40	SOP-11	FLORA COLLEDGE (Basel, Switzerland) - Qualitative and quantitative findings from a randomized controlled pilot study of exercise as an adjunct therapy in a heroin assisted treatment setting
16:00	SOP-12	MARTIN HARALDSEN (Bergen, Norway) - EU-statistics seem to help us to optimalize agonist opioid treatment(aot)
16:20	SOP-13	EMMA PAGELS MÅRDHED (Lund, Sweden, EU) - Opioid maintenance treatment and mortality in opiate users leaving prison - a naturalistic follow-up study
16:40	SOP-14	MARC REISINGER (Brussels, Belgium, EU) - Addiction to Death

FRIDAY, 27 MAY 2016

SPECIAL EVENTS

Plenary Room	ABSTRACT No	Methadone treatment. State of the art and future perspectives *Chair: Icro Maremmani (Pisa, Italy)*
13:00	SE1-1	GUIDO MANNAIONI (Firenze, Italy, EU) - A pharmacological update
13:30	SE1-2	ICRO MAREMMANI (Pisa, Italy, EU) - Over the top of blocking dosages and the concept of 'opioid debt'
14:00	SE1-3	ALEXANDER KANTCHELOV (Sofia, Bulgaria, EU) - Higher and higher: The maximum dose possible approach
14:30	SE1-4	AUGUSTO CONSOLI (Torino, Italy, EU) - Towards the future: Ellepalmiron protocol

Plenary Room	ABSTRACT No	Transforming the Management of Hepatitis C in People with Opiate Dependence *Chair: Stephan Walcher (Munich, Germany)*
15:00	SE2-1	OLAV DALGARD (Lorenskog, Norway) - Burden of disease and epidemiology in addiction
15:25	SE2-2	ASHLEY BROWN (London, UK, EU) - Evolution in the management and emerging therapies for the management of HCV
15:45	SE2-3	DAVID GOLDBERG (Glasgow, Scotland, UK, EU) - Access and linkage to care/models of care
16:05		Patient case studies
16:25		Q & A
16:35	SE2-4	STEPHAN WALCHER (Munich, Germany, EU) Closing remarks

Room B	ABSTRACT No	How to improve a poorly running Agonist Opioid Treatment (AOT) *Chair: Albrecht Ulmer (Stuttgart, Germany)*
13:00	SE3-1	Workshop

Room B	ABSTRACT No	Towards best practice: Trends in the management of opioid analgesic dependence (OAD) *Chair: Oscar D'Agnone (Manchester, UK)*
16:00	SE4-1	YASIR ABBASI (Liveropool, UK, EU) - Challenges in defining the problem of opioid analgesic dependence management
16:15	SE4-2	DAVID BREMNER (London, UK, EU) - Current approaches in opioid analgesic dependence management: experience from clinical practice
16:30	SE4-3	FARRUKH ALAM (London, UK, EU) - Development of a tool to assist decision making in opioid analgesic dependence management
16:45	SE4-4	GEORGIA TUCKEY (Newport, Isle of Wight, UK, EU) - PANEL DISCUSSION Towards best practice: Future management of opioid analgesic dependence

FRIDAY, 27 MAY 2016

PLENARY SESSION

Chair: Icro Maremmani (Pisa, Italy, EU)
Peter Vossenberg (Deventer, The Netherlands, EU)

Plenary Room	ABSTRACT No	
17:15	PS1	ICRO MAREMMANI (Pisa, Italy, EU) & PETER VOSSENBERG (Deventer, The Netherlands, EU) - Conference Opening
17:30	PS2	MARK PARRINO (New York, NY, USA) - Emerging policy issues concerning opioid addiction in the United States
18:00	PS3	WIM VAN DEN BRINK (Amsterdam, The Netherlands, EU) - Heroin Assisted Treatment (HAT): Implementation and new developments
19:00	PS4	HANNU ALHO (Helsinki, Finland, EU) - Diversion of opioid maintenance medications; strategies to govern the problem
20:00		BREAK
20:30		**WELCOME COCKTAIL AND EUROPAD CHIMERA AWARD 2016**
		TO BE AWARDED: EINAT PELES (Israel)
		AMBROS UCHTENHAGEN (Switzerland)
		PETER VOSSENBERG (The Netherlands)
		CAREER AWARD: JEAN-PIERRE DAULOUEDE (France)

FORMER RECIPIENTS:

Marc Auriacombe *(France) - 2002*
Olof Blix *(Sweden) - 2000*
Miguel Casas *(Spain) - 2012*
Thomas Clausen *(Norway) -2014*
Pascal Courty *(France) -2012*
Jean-Jacques Deglon *(Switzerland) - 2004*
Sergey Dvoryak *(Ukraine) -2010*
Gabriele Fischer *(Austria) - 2008*
Gilberto Gerra *(Italy) - 2006*
Ante Ivancic *(Croatia) - 2006*
Alexander Kantchelov *(Bulgaria) - 2004*
Andrej Kastelic *(Slovenia) - 2008*
Mercedes Lovrecic *(Slovenia) - 2002*
Vladimir Mendelevich *(Russia) - 2014*
Lubomir Okruhlica *(Slovak Republic) - 2002*
Pier Paolo Pani *(Italy) - 2004*
Luis Patricio *(Portugal) -2010*
Slavko Sakoman *(Croatia) - 2010*
Lorenzo Somaini *(Italy) - 2014*
Marta Torrens *(Spain) - 2006*
Didier Touzeau *(France) - 2008*
Helge Waal *(Norway) - 2012*

FORMER CAREER AWARD RECIPIENTS:

Loretta Finnegan *(USA) - 2010*
Mary Jeanne Kreek *(USA) - 2014*
Joyce Lowinson *(USA) - 2007*
Icro Maremmani *(Italy) - 2004*
Robert Newman *(USA) - 2012*
Marc Reisinger *(Belgium) - 2004*
Alessandro Tagliamonte *(Italy) - 2004*

SATURDAY, 28 MAY 2016

PLENARY SESSION

Chair: Marc Reisinger (Brussels, Belgium, EU)
Peter Vossenberg (Deventer, The Netherlands, EU)

Plenary Room	ABSTRACT No	
9:30	PS5	JEAN-PIERRE DAULOUEDE (Bayonne, France) - 25 years of opiate addiction treatment and harm reduction policies in France: the French paradox
10:30		COFFEE BREAK
11:00		**PARALLEL SYMPOSIA**
Plenary Room	ABSTRACT No	**1 - Misuse and diversion of opioid maintenance medications** *Chair: Icro Maremmani (Pisa, Italy, EU)*
11:00	S01-1	JENS REIMER (Hamburg, Germany, EU) – Misuse and diversion of opioid maintenance medications in Germany
11:30	S01-2	PETER KRAJCI (Oslo, Norway) - Misuse and diversion of opioid maintenance medications in Norway
12:00	S01-3	CARLOS RONCERO (Barcelona, Spain, EU) – Agonist Opioid Treatment: is it misuse or diversion in Spain?
12:30	S01-4	LORENZO SOMAINI (Biella, Italy, EU) – Misuse and diversion of opioid maintenance medications in Italy
Room A		**2- What should medical student know about opiate addiction treatment and how to teach it** *Chair: Barbara Broers (Geneve, Switzerland)*
11:00	S02-1	BARBARA BROERS (Geneve, Switzerland) - Defining the learning objectives
11:30	S02-2	ILANA CROME (London, UK, EU) - How to integrate teaching of addiction medicine in a medical curriculum
12:00	S02-3	COR DE JONG (Nijmegen, The Netherlands, EU) - Teaching and evaluating training in opiate addiction treatment
12:30	S02-4	DARIUS JOKUBONIS (Kaunas, Lithiuania, EU) - What to teach in countries with a lack of opiate agonist treatment?
Room B		**3- Violence, criminal behaviour and substance use disorders** *Chair: Gabriele Fischer (Vienna, Austria, EU)*
11:00	S03-1	GAIL GILCHRIST (London, UK, EU) - Prevalence and risk factors for intimate partner violence perpetration by men in substance use treatment in England and Brazil: a cross-cultural comparison
11:30	S03-2	JUDIT TIRADO MUNOZ (Barcelona, Spain, EU) - Intimate partner violence among drug dependent women: state of the art
12:00	S03-3	LAURA BRANDT (Vienna, Austria, EU) - The association between ADHD, problem gambling and criminal behaviour
12:30	S03-4	HEINO STOVER (Frankfurt, Germany, EU) - Prevention of violence in prison for vulnerable groups such as drug using prisoners

13:15		CONFERENCE LUNCH
14:30		**PARALLEL SYMPOSIA - SATURDAY, 28 MAY 2016**
Plenary Room	ABSTRACT No	**4- Creative clinical intervention in the field of opioid dependence (edited by ISAM-International Society of Addiction Medicine)** *Chair: Alex Baldacchino (St Andrew, Scotland, UK, EU)*
14:30	S04-1	JENS REIMER (Hamburg, Germany, EU) - Experiences with slow-release oral morphine in Germany - a useful addition to substitution medication?
15:00	S04-2	RIAZ KHAN (Geneve, Switzerland) - Two decades of the Swiss experience of heroin assisted treatment (HAT)
15:30	S04-3	ALEXANDER BALDACCHINO (St Andrew, Scotland, UK, EU) - Pain and dependence service in Scotland. Is it our responsibility to clean up the mess?
16:00	S04-4	HANNU ALHO (Helsinki, Finland, EU) - Improving efficacy and reducing risks of treatment. A person centred approach in Finland
Room A		**5- Expert Insight: Improving outcomes in HCV and opioid dependence** *Chair: Icro Maremmani (Pisa, Italy, EU)*
14:30	S05-1	NAT WRIGHT (Leeds, UK) - SUD, addiction and HCV: overview of the challenge
15:00	S05-2	STEFAN BOURGEOIS (Brussels, Belgium) - Clinical experience of treating HCV in OST populations
15:30	S05-3	JENS REIMER (Hamburg, Germany) - Towards consensus: navigating HCV treatment in people with SUD
16:00	S05-4	ICRO MAREMMANI, NAT WRIGHT, STEFAN BOURGEOIS, JENS REIMER Panel discussion: What are the challenges and experiences in addiction HCV care?
Room B		**6-Women with opioid use disorder and reproductive health: dispelling myths and addressing unmet needs** *Chair: Mishka Terplan (Baltimore, MD, USA)*
14:30	S06-1	MARY HEPBURN (Glasgow, Scotland, UK, EU) - Supporting women who use drugs to manage their fertility
15:00	S06-2	JAN-PETER SIEDENTOPF (Berlin, Germany, EU) - Does methadone treatment increase pregnancy rates: The gestational history of women in treatment
15:30	S06-3	SARAH HEIL (Burlington, VT, USA) - Effective contraceptives among methadone-maintained women at risk of unintended pregnancy: Randomized controlled trials
16:00	S06-4	MISHKA TERPLAN (Baltimore, MD, USA) - Integration as prevention: Reproductive health in treatment and recovery
16:30		COFFEE BREAK

17:00		**PARALLEL SYMPOSIA, SATURDAY 28 MAY 2016**
Plenary Room	ABSTRACT No	**7 - Multicenter study on opioid misuse before entering Agonist Opioid Treatment in Europe. Work in progress (in collaboration with RADAR system)** *Chair: Marta Torrens (Barcelona, Spain)*
17:00	S07-1	JODY L. GREEN (Denver, CO, USA) - Radars system collaboration: European opioid treatment program goals and data
17:30	S07-2	DUNCAN HILL (Lanarkshire, Scotland, UK, EU) - The Scotland experience: Patients, data, benefits and challenges
18:00	S07-3	THOMAS CLAUSEN (Oslo, Norway) - The Norway experience: Patients, data, benefits and challenges
18:30	S07-4	MARC AURIACOMBE (Bordeaux, France, EU) - The France experience: Patients, data, benefits and challenges
Room A		**8- Pain and prescription opioid abuse and dependence** *Chair: Loes Hanck (Amsterdam, The Netherlands)*
17:00	S08-1	MARY E. JANSSEN VAN RAAY (Rotterdam, The Netherlands, EU) - Pain and addiction, a neurobiological exploration of a therapeutical conundrum
17:30	S08-2	LOES HANCK (Amsterdam, The Netherlands, EU) - Screening and managing patients at risk for prescription opioid abuse and dependency
18:00	S08-3	TAMARA SCHOOF-BEELEN (Nijmegen, The Netherlands, EU) - Pain treatment for the addicted patient; a call for collaboration
18:30	S08-4	ARNT SCHELLEKENS (Nijmegen, The Netherlands, EU) - The “p” of psychiatry in pain management
Room B		**9- Opioid Treatment in Psychiatric Patients** *Chair: Carla Silva (Coimbra, Portugal)*
17:00	S09-1	JOANA MAIA (Leiria, Portugal, EU) - Opioid treatment in schizophrenic patients
17:30	S09-2	VERA MARTINS (Coimbra, Portugal, EU) - Opioid treatment in psychiatric patients
18:00	S09-3	TANIA SILVA (Coimbra, Portugal, EU) - From opioid addiction to alchohol addiction; use of opioid treatment
18:30	S09-4	CARLA SILVA (Coimbra, Portugal, EU) - Opioid agonist maintenance treatment and sexuality
Break-out Room	ABSTRACT No	**7B - Multicenter study on opioid misuse before entering Agonist Opioid Treatment in Europe (in collaboration with RADAR system)** *Chair: Jody L. Green (Denver, CO, USA)*
19:00	S07-5	Group meeting (by invitation only)
20:45		SPEAKERS’ DINNER* Restaurant Woods, Haagweg 81 - Leiden, The Netherlands
		* Tickets are available for all delegates

SUNDAY, 29 MAY 2016

Plenary Room	ABSTRACT NO	**PLENARY SESSION** *Chair: Chair: Andrej Kastelic (Ljubljana, Slovenia)* *Peter Vossenberg (Deventer, The Netherlands)*
9:00	PS6	ALEXANDER BALDACCHINO (Saint Andrews, Scotland, UK, EU) - Revisiting impulsivity and chronic opioid use
10:00		**PARALLEL SYMPOSIA**
Plenary Room	ABSTRACT No	**10-Toward a specific psychopathology of substance use disorders** *Chair: Pier Paolo Pani (Cagliari, Italy)*
10:00	S10-1	LUCA ROVAI (Pisa, Italy, EU) - Latent cyclothymia as precursor of substance use disorders
10:30	S10-2	PIER PAOLO PANI (Cagliari, Italy, EU) - Evidence of a specif psychopatology of substance use disorders
11:00	S10-3	ICRO MAREMMANI (Pisa, Italy, EU) - PTSD spectrum as psychopathology of substance use disorders
11:30	S10-4	ANGELO GI MAREMMANI (Pisa, Italy, EU) - Addictive behaviours of heroin addicts and specific psychopathology
Room A		**11-Future regulations for agonist maintenance treatments of opioid dependence in Europe** *Chair: Ambros Uchtenhagen (Zurich, Switzerland)*
10:00	S11-1	AMBROS UCHTENHAGEN (Zurich, Switzerland) - Introduction
10:30	S11-2	WILLEM SCHOLTEN (Lopik, The Netherlands, EU) - Availability of controlled medicines for the treatment of heroin dependence in eastern Europe: findings from the ATOME project.
11:00	S11-3	DAGMAR HEDRICH (Lisbon, Portugal, EU) - Agonist maintenance treatment in Europe – quality standards and approaches to monitoring
11:30	S11-4	ROBERT HÄMMIG (Bern, Switzerland) - Draft guiding principles for regulations governing the use of agonist medication in the treatment of opioid dependence
Room B		**12- Pain and Addiction: From bench to bedside** *Chair: Martin D. Cheatle (Philadelphia, PA,USA)*
10:00	S12-1	BLAIR H. SMITH (Dundee, Scotland, UK, EU) - Prescription opioid abuse, addiction and opioid-related overdoses in the EU
10:30	S12-2	AMY WACHHOLTZ (Worcester, MA, USA) - Co-morbid addiction and pain: Psycho-physiological changes to pain with prolonged opioid cessation
11:00	S12-3	LARA DHINGRA (New York, NY, USA) - Pain and drug abuse behaviors in patients undergoing methadone maintenance
11:30	S12-4	MARTIN D. CHEATLE (Philadelphia, PA, USA) - Managing pain in patients with opioid use disorder: Pharmacological and non-pharmacological approaches

12:00		**PARALLEL SYMPOSIA, SUNDAY 29 MAY 2016**
Plenary Room	ABSTRACT No	**13- Psychological therapies and interventions in opioid addiction treatment: What works** *Chair: Alexander Kantchelov (Sofia, Bulgaria)*
12:00	S13-1	RICK BES (Hilversum, The Netherlands, EU) - The spirit of motivational interviewing and its implications for an effective treatment relationship
12:30	S13-2	TSVETANA STOYKOVA (Sofia, Bulgaria, EU) - There is no sun without shadow, and it is essential to know the night
13:00	S13-3	ROBERT C. LAMBERT (Connecticut , USA) - Therapeutic partnerships: The most important evidence-based practice
13:30	S13-4	EMANUELE BIGNAMINI (Turin, Italy, EU) - Psychopathological-cultural comprehension of addiction and the psychoterapeutic intervention
Room A		**14- Drug related mortality in Slovenia** *Chair: Rok Tavcar (Ljubljana, Slovenia)*
12:00	S14-1	ROK TAVCAR (Ljubljana, Slovenia, EU) - Overall drug related mortality in illicit drug users
12:30	S14-2	MOJCA ZVEZDANA DERNOVSEK (Ljubljana, Slovenia, EU) - Experts' beliefs on suicide among illicit drug users
13:00	S14-3	BARBARA LOVRECIC (Ljubljana, Slovenia, EU) - Overdoses and other drug related deaths: Comparison between outpatient treatment registered and not-registered patients
13:30	S14-4	MERCEDES LOVRECIC (Ljubljana, Slovenia, EU) - Suicide mortality in illicit drug users:Comparison between outpatient treatment registered and not-registered patients
Room B		**15- Patients in the centre. Matching the needs in Agonist Opioid Treatment (AOT) - Edited by SEEAnet (South Eastern European Adriatic Addiction Treatment Network)** *Chair: Andrej Kastelic (Ljubljana, Slovenia)*
12:00	S15-1	IGNJATOVA LILJANA (Skopje, Macedonia) - Towards gender specific tailored programmes
12:30	S15-2	ANDREJ KASTELIC (Ljubljana, Slovenia, EU) - Matching Agonist Opioid Medications to patients needs: Methadone, buprenorphine or slow released morphine?
13:00	S15-3	NUSA SEGREC (Ljubljana, Slovenia, EU) - Sexual dysfunction among man in Agonist Opioid Treatment - Is there a difference?
13:30	S15-4	MIRJANA DELIC (Ljubljana, Slovenia, EU) - Factors associated with outcome of opioid addiction inpatient treatment

14:00	PL1c	ICRO MAREMMANI (Pisa, Italy, EU) - Conference Closing and Arrivederci ..... a .....Lyon, France, May 26-28, 2018

POSTER SESSION

ABSTRACT No	
P-01	VLADIMIR ZAH et al. (Toronto, Canada) - Overdose: A burden of illness retrospective cost analysis in medicaid
P-02	KEVIN JOURNIAC et al. (Bagneux, France, EU) - Nicotine and opioids use: pharmacological and clinical considerations
P-03	IGOR GORJALTSAN (Beer-Sheeva, Israel) - Transferring Methadone patients to Suboxone (Buprenorphine/Naloxone) in an outpatients clinic during 2013-2015, clinical report
P-04	PIETRO CASELLA et al. (Roma, Italy, EU) - Anxiety-depressive spectrum disorders in opiate addiction population treated with methadone and buprenorphine
P-05	CHARLOTTE KLEIN and MARTIN BUSCH (Vienna, Austria, EU) - The impact of agonist opioid treatment (AOT) duration on criminal reports in Austria
P-06	MARK GILMAN and RICHARD LITTLEWOOD (London, UK, EU) - Strategic insight in providing recovery housing: Development and application of measurement tool for opioid addiction recovery housing services
P-07	ZACHARY MARGOLIN et al. (Denver, CO, USA): A characterization of first-time enrollees and repeated enrollees entering medication-assisted substance abuse treatment programs
P-08	KARIN MCBRIDE et al. (Denver, CO, USA): Reported route and source of primary drugs of abuse by patients entering medication-assisted substance abuse treatment in Europe
P-09	HOLLY HILLS (Tampa, FL, USA): Changing pathways to care and issues of comorbidity in persons with Opioid Dependence in Florida
P-10	JAN LIGON (Atlanta, GE, USA): Usefulness of a brief educational event to challenge providers' approaches with families affected by substance misuse
P-11	MARTA TORRENS et al. (Barcelona, Spain, EU) : Acute stress response in alcohol dependent subjects with comorbid depression
P-12	GABRIELLE WELLE-STRAND (Oslo, Norway): Update on the new full specialty in Addiction Medicine in Norway

Faculty

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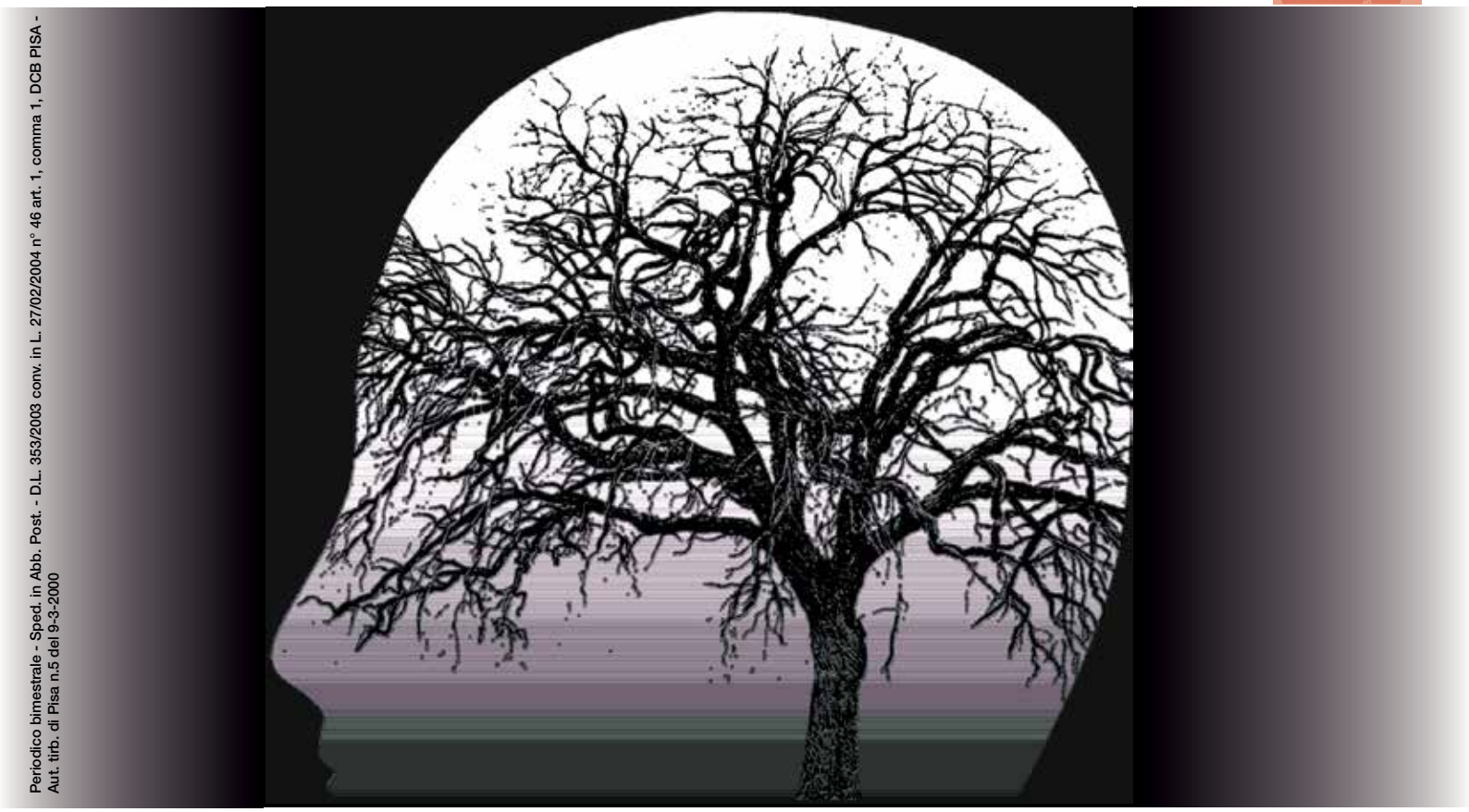

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SELECTED ORAL PRESENTATIONS

SOP-01

Association between patient's personality traits and outcome of hospital treatment of opioid addiction

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INTRODUCTION: Personality traits are considered risk factors for drug use, and, in turn, the psychoactive substances impact individuals' traits. The aim was to describe the sample of 186 opioid addicted patients entered hospital treatment and assessing the differences in personality traits between abstinent and non-abstinent after one year. METHODS: A cohort of 186 patients consecutively admitted to the detoxification unit was investigated. The research interview, the Big Five Inventory (BFI), the Treatment Outcomes Profile (TOP) were administered during the first week of admission to the detoxification unit. Urine test was administered on the day of admission and at each follow-up point in combination with the TOP (after three, six and twelve months). Illicit drugs abstinence during one year after intake was selected as a treatment outcome measure. RESULTS: Twelve months after admission 82 (44.9%) patients abstained completely. Agreeable patients remain in treatment longer (r = 0.20, p=0.07). Extraversion and openness are negatively correlated with abstinence after six and twelve months (r=-0.15, p=0.041; r=-0.15, p=0.044). Neuroticism is in negative correlation with duration of treatment (r=-0.20, p=0.006). Patients who are less open to new experiences are more likely to abstain from drugs 6 months after admission (r=-0.17, p=0.021). CONCLUSION: Personality measured with BFI correlates with treatment outcome poorly. At the same time personality could have an important role in responding to treatment, but personality traits could be at the same time protective as well as risk factors.

SOP-02

Slipping through our fingers: A qualitative study into the barriers minority groups, with substance misuse

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The University of Bergen, Norway

Non-native born populations with substance misuse problems are a minority group at high risk of neglect within healthcare systems. However.there is a paucity of existing research within Scandinavia looking at this issue. This study explores the perceptions of healthcare professionals working with this marginalized group in the city of Bergen.Norway. This is a qualitative research project involving nine one-to-one interviews with health professionals in a variety of addiction services. Analysis was made via qualitative content analysis. Findings suggest that hurdles to service access include: language, organization of services,co-existing health or socialissues, along with lack of patient andstaff information provision.This study did not find equitable services provision for this marginalized group. More qualitative research is needed into the views of minority addiction groups along with better epidemiologicaldata to help guide appropriate service provision.

SOP-03

Limitations to participation in opioid maintenance treatment in Europe

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OBJECTIVE: The aim of this in-depth analysis of European Quality Audit of Opioid Treatment (EQUATOR) data from 8 European countries (Austria, Denmark, France, Germany, Norway, Portugal, Sweden, UK) was to identify areas of improvement for current Opioid Maintenance Treatment (OMT) approaches. METHODS: A standardised survey was administered to OMT patients (OMT-P) and active opioid user (AOU). Reasons for entering and staying out of OMT, rules and regulations pertaining to OMT, and factors facilitating OMT retention were compared between countries, and between OMT-P and AOU groups. Both groups were divided into those who never had OMT before [un-experienced OMT-P (n=573) and AOU (n=360)] and those who had been maintained at least once [experienced OMT-P (n=746) and AOU (n=377)]. RESULTS: The European comparison showed that motives for starting OMT vary distinctly (p≤ 0.001) between countries. Transnationally, experienced AOU reported concerns about their ability to follow treatment rules and negative treat-

ment experiences as decisive reasons for staying out of OMT. Greater flexibility, less pressure to reduce their treatment dose and greater treatment structure were ranked significantly higher by experienced compared to un-experienced OMT-P as factors that might facilitate treatment retention (p≤ 0.05). CONCLUSION: The major strength of this investigation was the homogenous methodology applied in all participating countries and the high external validity, which enabled new insights in variations between treatment systems and their potential impact on patient outcome. Results indicate, that treatment systems need to aim an optimal balance between flexibility and structure. In addition, standardised approaches that still permit tailoring treatment to individual patient needs are crucial to yield maximum benefit for patients, and reduce the considerable societal economic burden of addiction.

SOP-04

SOF/VEL for 12 weeks is well tolerated and results in high SVR12 rates in people receiving opioid substitution therapy

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BACKGROUND: HCV infection is highly prevalent among patients with a history of injecting drug use including those receiving opioid substitution therapy (OST). The Phase 3 ASTRAL studies demonstrated that treatment with the once-daily fixed-dose combination tablet of sofosbuvir/velpatasvir (SOF/VEL) was well-tolerated and results in SVR12 rates >95% across all HCV genotypes. As neither SOF nor VEL have significant drug-drug interactions with medication commonly used for opioid substitution, these patients were not excluded from the SOF/VEL clinical program. METHODS: This was a post-hoc analysis of data among patients treated with SOF/VEL in the Phase 3 ASTRAL-1, ASTRAL -2, and ASTRAL -3 studies. Records of concomitant mediations were reviewed for use of OST (including methadone, buprenorphine and buprenorphine/naloxone). Study drug adherence was self-reported. The safety and efficacy of SOF/VEL were compared between patients receiving, and not receiving OST. RESULTS: Among 1,035 enrolled, 51 (5%) patients were receiving OST. Compared to those not receiving OST (n=984), those receiving OST were more often male (77% vs. 60%) and had HCV genotype 3 infection (47% vs. 24%). Adherence to ≥90% SOF/VEL was lower in patients receiving OST compared with patients not receiving OST (88% vs. 96%, P=0.02). Overall, the incidence of adverse events (AEs) was similar between those receiving and not receiving OST (one patient discontinued treatment for AEs in each group), although patients receiving OST had a higher incidence of Grade 3 and 4 AEs (14%) compared with non-OST patients (3%). SVR12 was similar (P=0.26) in those receiving OST (96%, 49/51) and not receiving OST (98%, 966/984). The two patients who did not achieve SVR12 in the OST group included one who discontinued treatment after one dose of SOF/VEL due to AEs of anxiety, headache and disturbance in attention, and one who was discontinued after 5 days of treatment by the investigator for non-adherence to study medication. One patient not on OST and without a history of drug use and was determined to have HCV re-infection by deep sequencing of virus at time of virologic failure. CONCLUSIONS: The pangenotypic SOF/VEL FDC provides a well-tolerated and highly effective treatment for HCV infection for patients on opioid substitution therapy. Further prospective evaluation of SOF/VEL in people who inject drugs (PWIDs) is ongoing.

SOP-05

Pilot study of awareness and access to new treatments for hepatitis c in persons with a history of drug injecting

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BACKGROUND: HCV infection is highly prevalent among patients with a history of injecting drug use including those receiving opioid substitution therapy (OST). The Phase 3 ASTRAL studies demonstrated that treatment with the once-daily fixed-dose combination tablet of sofosbuvir/velpatasvir (SOF/VEL) was well-tolerated and results in SVR12 rates >95% across all HCV genotypes. As neither SOF nor VEL have significant drug-drug interactions with medication commonly used for opioid substitution, these patients were not excluded from the SOF/VEL clinical program. METHODS: This was a post-hoc analysis of data among patients treated with SOF/VEL in the Phase 3 ASTRAL-1, ASTRAL -2, and ASTRAL -3 studies. Records of concomitant mediations were reviewed for use of OST (including methadone, buprenorphine and buprenorphine/naloxone). Study drug adherence was self-reported. The safety and efficacy of SOF/VEL were compared between patients receiving, and not receiving OST. RESULTS: Among 1,035 enrolled, 51 (5%) patients were receiving OST. Compared to those not receiving OST (n=984), those receiving OST were more often male (77% vs. 60%) and had HCV genotype 3 infection (47% vs. 24%). Adherence to ≥90% SOF/VEL was lower in patients receiving OST compared with patients not receiving OST (88% vs. 96%, P=0.02). Overall, the incidence of adverse events (AEs) was similar between those receiving and not receiving OST (one patient discontinued treatment for AEs in each group), although patients receiving OST had a higher incidence of Grade 3 and 4 AEs (14%) compared with non-OST patients (3%). SVR12 was similar (P=0.26) in those receiving OST (96%, 49/51) and not receiving OST (98%, 966/984). The two patients who did not achieve SVR12 in the OST group included one who discontinued treatment after one dose of SOF/VEL due to AEs of anxiety, headache and disturbance in attention, and one who was discontinued after 5 days of treatment by the investigator for non-adherence to study medication. One patient not on

OST and without a history of drug use and was determined to have HCV re-infection by deep sequencing of virus at time of virologic failure. CONCLUSIONS: The pangenotypic SOF/VEL FDC provides a well-tolerated and highly effective treatment for HCV infection for patients on opioid substitution therapy. Further prospective evaluation of SOF/VEL in people who inject drugs (PWIDs) is ongoing.

SOP-06

Does gender differ? 22 years follow-up in methadone maintenance treatment (MMT)

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INTRODUCTION AND METHOD: To compare between genders characteristics and outcome,we prospectively followed up all opioid addict who admitted MMT clinic between June/1993 and June/2015. RESULTS: On admission females 214(25.3o/o) were younger (35.0±7.9 years) than males 633(74.7%) (40.6±9.9 years, ANOVA p<0.0005) and had higher proportion of cocaine abuse (30.0% vs. 21.9%, p=0.02).One year retention rate (78.1%-females, 75.8%-males) and opioid abstinence (66.3%-females, 69.0%-males) did not differ. Cumulative retention of the cohort up to 22 years was 8.0 years (95% Confidence Interval 7.4-8.6), and did not differ between genders (Kaplan Meier, p=0.9). Females who were admitted to treatment while pregnant (n=65) were significanUy younger (31.4±5.4 years) compared to 148 non-pregnant women (36.6±8.3, ANOVA F=21.3, p<0.0005), and had highest cocaine abuse (34.4% vs. 27.7% respectively). CONCLUSIONS: Compared to males,females started MMT younger and had a higher proportion of cocaine abuse. Even though, females outcome were similar to the males.

SOP-07

The diagnostic stability in dual diagnosis

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INTRODUCTION: it is known that in psychiatry, despite the introduction of standardized systems, there is still a portion of diagnostic instability. This study aims to evaluate the stability of psychiatric diagnoses in a cohort of patients with dual diagnosis, under treatment of the Dipendence Departement (SerD) of the Local Health Unit n.8 Veneto. METHODS: they have been valued 34 patients with opioid dependence, in treatment with methadone or buprenorphine, who had participated in a previous study in 2006, in wich was documented psychiatric comorbidity. These 34 patients have been retested with some of the tests already used in 2006: M.I.N.I. (for Axis I disorders) and S.C.I.D. II (for Axis II disorders). The preceding evaluations and those current are been compared for the stability of psychiatric diagnosis. RESULTS: Almost all patients (95%) had at least a change of diagnosis. The psychosis (especially bipolar disorder) are the most stable diagnoses. Also the substance use disorder is quite stable (70%). Neuroses are more unstable. Personality disorders showed greater variability (12 remissions, 4 new diagnoses, 6 shift to other personality disorders). The classification of personality disorders appears to be the most problematic. CONCLUSION: the diagnosis of personality disorder based on DSM, common in drug addicts, require caution. Anyway for a correct diagnosis it is important to the longitudinal observation.

SOP-08

Addiction to prescription opioids among patients suffering from chronic pain - The Israeli perspective

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INTRODUCTION: Data on prevalence of prescription opioid addiction among pain patients is inconsistent, partially due to differences in assessment tools used. METHODS: Our sample included 888 individuals receiving treatment for chronic pain in specialized clinics. Prescription opioid addiction assessed using DSM-IV criteria, Portenoy's criteria (PC) and the Current Opioid Misuse Measure (COMM) questionnaire. Additional sociodemographic and clinical data were collected. RESULTS: Prevalence of prescription opioid addiction according to DSM-IV, COMM and PC was 52.6%, 28.7% and 17.1%, respectively among those treated with opioids. Opioid addiction was more common in individuals using medications for longer periods of time; reporting higher levels of depression and anxiety; using alcohol or drugs and higher self-reported levels of pain. CONCLUSION: Prevalence of opioid addiction is common among chronic pain patients treated with prescription opioids. Using various tools allows for establishing minimal prevalence rates which are important in educating prescribing physicians.

SOP-09

Pharmacoeconomic evaluation of opioid replacement treatment in slovenia

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INTRODUCTION: We performed pharmacoeconomical analysis of buprenorphine/naloxone combination, sustained release (SR) morphine, and methadone in patients treated for opioid dependence in Slovenia. METHODS: We adapted a micro-simulation decision model to the real-life conditions in Slovenia by using locally-specific data for maintenance treatment costs of buprenorphine/naloxone, SR morphine, and methadone with the average dose of treatment set at 10.68 mg/day for buprenorphine/naloxone, 592 mg/day for SR morphine, and 82 mg/day for methadone. RESULTS: Our model has shown that under base case scenario buprenorphine/naloxone dominated methadone (by saving €60 and gaining 0.153 QALY over one year). Cost-minimization analysis revealed lower treatment costs with buprenorphine/naloxone combination than those with SR morphine by 45% (€894 per year per patient). The sensitivity analysis showed robustness of our findings. CONCLUSION: Results of our study suggest that treating patients with buprenorphine/naloxone combination instead of methadone or SR morphine appears to be cost-saving in Slovenia.

SOP-10

Physical health and their impact on quality of life among male patients on methadone maintenance therapy

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INTRODUCTION: As the methadone maintenance therapy reaches its first decade in Malaysia since its implementation in 2005, this study aims to examine the association between physical comorbidity and quality of life. METHOD: A total of 225 male patients who were on methadone maintenance therapy completed the study underwent the physical examination, Opiate Treatment Index, and World Health Organization Quality of Life-BREF Scale, Liver function test, hepatitis B,C and HIV test. The association between different variables and quality of life scores was tested using t-test for categorical variables and Pearson's correlation for continuous variables. Multiple regression analysis was then performed for the significant variables. RESULTS: 49.8% of the patients had abnormal Body Mass index. As for bloodborne infections, more patients had hepatitis C (40.9%) as compared to hepatitis B (4.4%) and HIV (4.0%). 3.1% had other diagnosed medical conditions such as hypertension, diabetes and dyslipidaemia, making up for a total of 46.2% of patients who have a diagnosed physical illness. 22.7% had abnormal alanine transaminase (ALT) results (based on reference range of 10 – 49 U/L). 6.2% was taking prescribed medications for any physical illness. During univariate analysis, being on a higher daily dose of methadone ($p = 0.003$) as well as a longer duration of MMT ($p = 0.011$) were significantly associated with physical illness. Multiple logistic regression analysis showed daily methadone was the only factor significantly associated with having a physical illness, in which patients on a higher daily dose of methadone were 1.64 times more likely to have a physical illness ($p = 0.020$).Quality of life was significantly lower among patients with physical illness as compared to patients without physical illness in the physical health, psychological and environment domains. CONCLUSION: Nearly half of patients on MMT have a diagnosed physical illness, but only 6.2% were on any prescribed medications for their physical illness, suggesting possible undertreatment of physical illnesses among patients on MMT.

SOP-11

Qualitative and quantitative findings from a randomized controlled pilot study of exercise as an adjunct therapy in a heroin assisted treatment setting

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In several European countries, heroin assisted treatment (HAT) constitutes a successful therapy for opioid-addicted individuals seeking to stabilise their lives. Integrating health-promoting adjunct treatments, such as exercise (EX), may help to further improve the mental and physical wellbeing of this population.A randomised controlled trial of an exercise programme was piloted in a HAT clinic in Switzerland. Baseline, 6-week and 12-week measures of blood pressure, hand grip strength, depression, craving, mental wellbeing and other substance consumption were collected. Simultaneously, qualitative data about this population's exercise preferences, and experiences of the programme, were gathered. 24 individuals (14 EX, 10 control) took part in 12 weeks of either twice-weekly varied exercise, or non-exercise group activities. Of these, 10 and 6 respectively took part regularly. Baseline measures showed no significant differences between the groups. Depression and mental wellbeing improved significantly amongst members of the EX group; secondary consumption and craving did not change significantly.Qualitative data showed that patients overwhelmingly felt that exercise would impact their lives positively, but that physical pain and social discomfort were hurdles to participation. Patients favoured a wide variety of mostly non-endurance exercise, and stressed that clear organisation and a reminder system were important. Upon completion of the programme, the EX group found the experience extremely positive, and many reported that they had surprised themselves with their abilities and would continue to exercise independently. Based on these findings, guidelines for the implementation of exercise in this setting are presented here. This study is the first to trial exercise in the HAT setting. Although a small sample size prohibits the overinterpretation of the positive findings regarding mental health, the patient feedback suggests that exercise is a valuable and feasible therapy modality for this population.

SOP-12

EU-statistics seem to help us to optimalize agonist opioid treatment (AOT)

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This is based on my 'Letterto the Editor': "Is Agonist Opioid Treatment (AOT} best done by GPs or in a specialized setting?" (Heroin Addict Relat Clin Probl2015; 17(2-3): 59-62}. In this letter Ipoint out 3 theses which also are my conclusions: 1-Agonist Opioid Treatment (AOT) is better done by GPs than in a specialized setting. 2-Buprenorphine is safer than methadone. 3-Benzodiazepine addiction should be actively treated by benzodiazepine. I'll argue that this may be an extension of the AOT-statement by EMCDDA in the 2011Annual Report: http://www.emcdda.europa.eu/events/2011/annual-report (p.79): "Opioid substitution treatment, combined with psychosocial interventions, is considered to be the most effective treatment option for opioid dependence. In comparison with detoxification or no treatment at all,both methadone and high dosage buprenorphine treatments show better rates of retention in treatment and significantly better outcomes for drug use, criminal activity, risk behaviours and HIV-transmissions,overdoses and overall mortality (WHO, 2009)"

SOP-13

Opioid maintenance treatment and mortality in opiate users leaving prison - a naturalistic follow-up study

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INTRODUCTION. Mortality is high among in opiate-dependent clients sentenced to prison (Karaminia et al., 2007; Rosen et al., 2008). Opioid Maintenance Treatment (OMT), i.e. a treatment programme which contains a daily maintenance dose of methadone or buprenorphine, is highly evidence-based as a treatment of opiate dependence including heroin (Kakko et al., 2007; Mattick et al, 2014). It has been demonstrated that mortality rates among patients who do not receive OMT are elevated, and that the highest increase in mortality is seen among those patients who had treatment but then were discharged (Clausen et al., 2008). There have been conflicting findings about whether OMT has effect on mortality in clients leaving prison, with some favourable reports (Dolan et al., 2005; Kinlock et al., 2009), but also data which do not demonstrate a clear effect on mortality (Marzo et al., 2009). This paper aims to investigate, in a naturalistic follow-up design, whether OMT has an effect on mortality among opiate users leaving prison in Sweden, as well as to describe characteristics differing the clients who receive OMT from those who don't. METHOD Since 2001 the Swedish prison and probation service uses Addiction Severity Index (ASI) to assess the severity and needs of clients with alcohol or drug problems (Tengvald et al., 2004; Hakansson et al., 2008). Clients who had stated that heroin or methadone was their drug of choice in their ASI interview (between 2001 and 2006) were followed with respect to methadone or buprenorphine prescription and mortality and causes of death, in national registers. The material comprised 360 clients. As background variables, the following were analysed as independent variables: age, gender, information about drug use (drugs, overdoses, injection, binge drinking etc.), in-patient treatment within psychiatric care, OMT status during follow-up, country of birth, and homelessness. The data have been analysed in Cox- regression (survival analysis) with death as the dependent variable. Also, a sensitivity analysis was carried out, including only clients who were released from July 2005 (n=147), because data on methadone and buprenorphine prescriptions were derived from a national medical prescription register established in July 2005. RESULTS. The mortality among those who received OMT at any point were 14 %, compared to 20 % among those who did not receive OMT (p= 0.12). Unnatural and substance-related causes of death were dominating; 71 % because of intoxication, 7 % related to accidents, 6 % because of homicide/manslaughter and 4 % through suicide. At baseline, those who received OMT at some point during the follow up were less likely to be male (86% vs 93%, p=0.02), had significantly more cognitive symptoms (52% vs 39%, p=0.02), injection drug abuse within the last 30 days in freedom (63% vs 43%, p<0.001) and history of drug overdose (55% vs 43%, p=0.03), they were more often homeless (25% vs 16%, p=0.04) and had more rarely used cannabis during the last 30 days in freedom (33% vs 46%, p=0.02). Also, the clients with OMT more rarely had a history of cocaine abuse (17% vs 27%, p=0.03), but more often had a history of injection drug abuse (82% vs 63%, p<0.001). Clients with OMT also more often reported in ASI that they had received drug-substitution treatment before (29% vs 20%, p=0.05). In the Cox regression analysis, ever receiving OMT was unrelated to mortality, and injection drug use was the only variable with at least a marginally significant association with death (p=0.05). In the sensitivity analysis, only binge drinking was a significand predictor of death (p<0.01). CONCLUSION. This naturalistic register follow-up study of prisoners with opiates as their drug of choice did not demonstrate an association between OMT and lowered mortality, but instead showed clear differences in the problem picture and other characteristics of clients who did and did not receive OMT. Thus, clients who received OMT proved to have a more severe situation at baseline, possibly contributing to the fact that OMT was unrelated to mortality in this study. Thus, on conclusion of the study is that the questions about OMT and an effect on mortality in released prisoners requires another study design, which contains a possibility to follow and analyse several time-dependent variables such as how the individual's substance use changes after release from prison, as well as the course of social situation and rehabilitation. Naturalistic assessments like this one describe the high mortality rates but is subject to limitations related to the fact that decision about providing OMT may depend on problem variables which are also related to the risk of mortality.

SOP-14
Addiction to death
M. Reisinger
EUROPAD, Brussels, Belgium, EU

Not Available

SPECIAL EVENTS

SE1-1
A pharmacological update
G. Mannaioni
Department of Neurosciences, University of Florence, Italy, EU

Not available

SE1-2
Over the top of blocking dosages and the concept of 'opioid debt'
I. Maremmani
Department of Neurosciences, Santa Chiara University Hospital, University of Pisa, Italy, EU

Not available

SE1-3
Higher and higher: The maximum dose possible approach
A. Kantchelov
The Kantchelov Clinic, Sofia, Bulgaria, EU

Is it enough to consider symptomatic improvement of a chronic condition a proper view of treatment? Can we imagine a concept beyond the perceived incapacity of the brain system to recover? Why not focus on a maximum impact strategy instead of

just seeking the bottom line of patient stabilization and clinical normality? Besides the anti-withdrawal, anti-craving, and blocking effects of methadone, there is a probability that this medication could have more effects on the brain opioid system and brain neuroplasticity, depending on the dose. A critical reevaluation of established dosing traditions shows that past interpretations of adequate methadone dose, prescribing practices and treatment goals could be reconsidered. If we believe that methadone in proper dosages has no damaging effects on the human organism, and treatment effect is dose related, than logically higher doses could have better treatment impact. Clinical experience of The Kantchelov Clinic, Sofia, with methadone doses significantly higher than the average, as well as conceptual shifts and points of view related to methadone dosing are discussed. Applying the maximum dose possible approach had resulted in reverse methadone tolerance effect in patients treated, that could be interpreted as indication of brain opioid system restoration.

SE1-4
Towards the future: Ellepalmiron protocol
A. Consoli
Addiction Medicine Department, Piedmont Regional Health Service, Turin, Italy, EU

Not Available

SE2-1
Burden of disease and epidemiology in addiction
O. Dalgard
Akershus University Hospital, Norway

PWID remains the primary source of acute HCV infection. However many payers refuse to reimbursement treatment in this segment due to concerns of reinfection and adherence. The author will review the burden of disease in PWID including variances between geographies and how intravenous drug use is contributing to the spread of HCV globally. He will also show data suggesting the urgent need to implement treatment starting with those on OAT. Finally, the speaker will share a patient case study.

SE2-2
Evolution in the management and emerging therapies for the management of HCV
A. Brown
Imperial College Healthcare NHS Trust, St. Mary's Hospital, London, UK, EU

There is still reluctance within many PWID to accept HCV therapy due to their impressions of side effects and length of therapy. This stigma is driven by older interferon based therapies. Most PWID and even many addiction specialists are unaware of newer INF/RBV free direct acting antivirals (DAA) that can cure greater than 90% of HCV infections within as few as 12 weeks of therapy. The author will review emerging data for interferon free DAAs including the landmark C-EDGE CO-STAR study for ZEPATIER which demonstrated high SVR and low reinfection rates in a large cohort of PWID on OAT.

SE2-3
Access and linkage to Care/Models of Care
D. Goldberg
Health Protection Scotland, Glasgow, Scotland, UK, EU

There have been a number of models tested and implemented that have demonstrated success in linking PWID, especially those on OAT to HCV treatment and cure. Active screening, offsite referral, patient trust and physician knowledge of HCV direct acting antivirals are all important components to ensure successfully linkage to care. The author will review several successful models to link patients to active treatment and cure including describing his own clinical experience and its success. The author will also share a patient case study.

SE2-4
Closing Remarks
S. Walcher
Centre for Addiction Treatment - CONCEPT - Munich, Germany, EU

Not Available

SE3-1
Workshop
A. Ulmer
General Practitioner, Stuttgart, Germany, EU

Not Available

SE4-1
Towards best practice: Trends in the management of opioid analgesic dependence
Y. Abbasi
Mersey Care NHS Trust, Liverpool, UK, EU

The epidemiology and clinical picture of dependence on opioid analgesics are not well described in Europe. There is a great amount of experience in managing OAD in the USA. In Europe it is likely that opioid analgesic dependence (OAD) has different features, defining a need for a specific management approach. OAD may follow prescription of opioid analgesics for treatment for pain, or result from consumption of illegally acquired or diverted analgesic drugs, possibly related to underlying mental health problems such as anxiety. Factors are identified which highlight individual OAD risk; personal/ family history of dependence is strongest predictor. The OAD populations of pain patients and non-medical users follow varying routes to dependence. Four different types of OAD patient are defined, although overlap is common. Risk stratification prior to prescribing opioids for chronic pain may be useful in defining likelihood of developing dependence. Physical, psychological and social consequences highlight the importance of treating OAD. Challenges for addiction specialists in OAD management exist. Populations with OAD and its clinical management are different from street/ illicit heroin dependence. Current relevant evidence and guidelines review does not clearly define best practice in OAD decision-making: there is a need to

start work on defining best practice in the management of OAD in Europe.

SE4-2

Current approaches in opioid analgesic dependence management: Experience from clinical practice

D. Bremner
Turning Point, London, UK, EU

Current guidelines and clinical evidence from formal studies provide limited evidence to support day-to-day decision making and management of OAD, which is likely an increasing source of opioid dependence in Europe. There is a need to develop practical guidance to assist clinicians with decisions in OAD management. Integrating real world or clinical practice experience is likely a useful way of covering the evidence gap. Historical experience of substance use disorders and the pathway to abstinence from opioid dependence begins in illicit drug misuse. Now, the evolving pathway to abstinence from opioid dependence begins with prescription drug misuse in many cases. Case studies highlight important factors in the successful management of developing or established OAD. Examples highlight learning from clinical practice in scenarios where dependence may develop following attempts to manage pain, in situations where opioid analgesics are sourced from the black market, or family members. Long-term outcomes may include serious problems such as ongoing dependence on opioid analgesics and even progression to use of heroin in a limited number of cases. Successful outcomes are more likely with timely referral to specialist addiction services and referral for appropriate treatment. Management strategies include use of medical assisted therapy with buprenorphine products, management and support to achieve abstinence. In each case, examples highlight the need for management strategies specific to OAD. There is a need for clearer understanding of prescribed opioid analgesic dependence and for specialist treatment pathways.

SE4-3

Development of a tool to assist decision making in opioid analgesic dependence management

F. Alam
Central & North West London NHS Foundation Trust, London, UK, EU

The epidemiology and clinical picture of dependence on opioids in analgesics are not well described in Europe. There is a great amount of experience in managing OAD in the USA. In Europe it is likely that opioid analgesic dependence (OAD) has different features, defining a need for a specific management approach. In Europe, best practice guidelines for managing OAD are not well defined. An expert-led approach integrating real world experience from clinical practice with opioid analgesic dependence management and guidance on SUD management in general was used to build a decision-making framework for OAD. Important steps in OAD management were identified based on learning from clinical practice and review of relevant published evidence or guidelines. Case studies highlight the evolving trends and best practice for management of OAD. These include expectations of people engaging with treatment interventions, perceptions of what is acceptable in treatment and defines the need for specific management approach. The OAD management framework sets out a structure for important decisions from the starting point after diagnosis to on-going monitoring and treatment completion. Treatment assessment is a key step and includes co-management of pain or mental health problems/ anxiety disorders. Treatment selection considers possible interventions and treatment aims. Aims include individual and wider goals such as retaining jobs and homes, supporting families. Other factors including minimising the risks of overdose, harm to children from inadvertent consumption of prescribed medications in the domestic setting, or potential for service users to participate in criminal behaviour may be important. Integrated team approach with psychosocial interventions are identified. Treatment selection step develops an integrated medical treatment plan with options of prescribed medicines indicated for dependence, management of existing prescribed opioids, and psychosocial interventions. Options for treatment selection include: reduce current opioid analgesic medication, initiate medication assisted treatment, stop opioid analgesic medication in managed withdrawal. Suggestions for monitoring of outcomes are provided. This decision-making tool is a useful start in defining best practice in OAD care. It is suggested that based on its use in practice it can be further developed in the future.

SE4-4

Panel discussion: Towards best practice: Future management of opioid analgesic dependence

G. Tuckey
Island Recovery Integrated Services, Newport, Isle of Wight, UK

Not Available

PLENARY SESSIONS

PS-02

Emerging policy issues concerning opioid addiction in the United States

M. Parrino
American Association for the Treatment of Opioid Dependence (AATOD), New York, NY, USA

The United States is experiencing a major public health challenge with untreated opioid addiction. Unlike prior periods of increased heroin use, which primarily affected large metropolitan cities in the nation, the current era of opioid addiction is in every part of the country, including rural and suburban communities. Federal and state health policy officials clearly understand that this opioid addiction crisis has been driven by the increasing use of prescription opioids. The Substance Abuse and Mental Health Services Administration has found that 80 of newly reported heroin addicted individuals began by using prescription opioids. It is extraordinary that a large number of US citizens believe that injecting heroin is an alternative to prescription opioids when prescrip-

tion opioids are not available in their community. This requires a massive public education campaign on the part of the federal government. The White House Office of National Drug Control Policy, in addition to the Department of Health and Human Services and its agencies, are working in great alignment to manage this epidemic. The presentation will focus on a number of treatment alternatives and challenges as we confront this epidemic and increase access to evidence based treatment for opioid addiction.

PS-03

Heroin assisted treatment (hat): Implementation and new developments

W. van den Brink
Academic Medical Center, University of Amsterdam, The Netherlands, EU

Heroin dependence is a serious health problem worldwide and is associated with a lot of personal suffering and societal costs. Fortunately, a range of effective treatments have become available for those patients, including substitution treatments using methadone, buprenorphine or slow release oral morphine. However, not all patients benefit from these treatments and for those patients new treatment have been developed, including heroin assisted treatment (HAT). Randomized controlled trials in different countries in Europe (Switzerland, The Netherlands, Spain, Germany, UK, Belgium) North America (Canada) have shown that that HAT is safe and effective with serious reduction in illicit opioid use, reduced mortality and improvements in physical, psychological and social functions. Currently, HAT is part of routine medical care in Switzerland, The Netherland and Denmark, whereas HAT is till used on a small, experimental base in Spain, Germany and the UK.

PS-04

Diversion of opioid maintenance medications, strategies to govern the problem

H. Alho
Medical School, Helsinki University, Finland, EU

Opioid dependence treatment, comprising opioid substitution or maintenance treatment (OS/MT) and psychosocial intervention, is accepted to improve outcomes in opioid addiction for both the individual and society as a whole. OMT medication such as methadone or buprenorphine may be misused (used other than as prescribed, e.g. by injection) or diverted (removed from legitimate distribution to illicit channels). This negatively impacts treatment outcomes, public health, and society, resulting in failure to recover from addiction, increased crime, and the spread of blood-borne viruses. Strategies to address misuse and diversion have been proposed or implemented across the world, with varying impact. Strategies include increasing or limiting access to treatment, continuing education of healthcare practitioners, supervision of dosing, and the use of abuse deterrent medications. A structured, literature search were combined with real world evidence based on clinical experience. The results define three groups of strategies to address misuse or diversion, depending on impact (effectiveness and ease of implementation). Preferred strategies include the promotion of access to treatment and the use of product formulations less likely to be misused. However, additional data and innovative approaches to address this complex problem are needed.

PS-05

25 years of opiate addiction treatment and harm reduction policies in France: the French Paradox

J. P. Daulouede
Psychiatric Laboratory at 'Victor Pachon' Medical School, 'Victor Segalen' University of Bordeaux 2, France, EU and Bizia, Addiction Treatment Centre, 'Côte Basque' Hospital, Bayonne, France, EU

In the late 1980 s and early 1990 s, the population of France was approximately 59,000,000 persons, and there were an estimated 150,000–300,000 problem heroin users (ie, between 2.5 and 5.1 opioid users per 1000). Approximately 30% of these active users were estimated to be HIV positive. Furthermore, annual overdose deaths among injection opioid users increased during the late 1970s and were accelerating at a rate of over 10% per year by the mid- 1980s. Until the mid-1980s, the primary form of treatment for opioid dependence in France was non-pharmacological, behavioral therapy services provided in special clinics for illegal substance users. General physicians were actively discouraged from participating in many or even most of these specialty treatment programs. In France since 1995, all registered medical doctors have been allowed to prescribe buprenorphine (BUP) without any special education or licensing. This led to treating approximately 65,000 patients per year with BUP, about ten times more than with more restrictive methadone policies. This lecture will present this French field experience, its advantages and drawbacks, as well as the actual situation of opiate addicts and Opiate substitution treatments in France, after this 25 years period.

PS-06

Revisiting impulsivity and chronic opioid use

A. Baldacchino
St Andrews University, Saint Andrews, Scotland, UK

Preclinical studies have suggested that continuous, long-term use of opioids may lead to long-lasting changes in brain structure and behaviour. Neuropsychological and brain abnormalities occur in diverse human drug addiction populations. Meta-analysis suggests that chronic opioid exposure is associated with deficits across a range of different neuropsychological domains. However, the only domains where meta-analysis suggests robust impairment were those of verbal working memory, risk taking and cognitive flexibility The magnitude of effect across these cognitive domains was medium according to Cohen's benchmark criteria. This plenary lecture will focus on the current evidence centred around the chronic use of opioids, dependence and the behavioural impairments in impulsivity observed. This will be looked at when studying opioid dependent individuals taking heroin and others prescribed methadone compared to an abstinent group of well matched individuals and healthy controls. Recent data relating these behavioural markers with structural abnormalities will

also be discussed. The presentation will approach this topic in a clinically and translational perspective in order to support a more person centred approach to the interventions currently provided to opioid dependent treatment seeking individuals.

PARALLEL SYMPOSIA

S01-1

Non-prescribed use of opioid substitution medication: Patterns and trends in sub-populations of opioid users

J. Reimer

Centre for Interdisciplinary Addiction Research, University of Hamburg and Centre for Psychosocial Medicine, Health North, Bremen, Germany, EU

BACKGROUND: Non-prescribed use of opioid substitution medication (NPU) appears to represent a relevant source of opioids among European drug users. Little is known about the prevalence of NPU in Germany and possible differences between subgroups of opioid users. The present study examines NPU and other drug use patterns among drug consumption room (DCR) clients, opioid substituted DCR clients, and patients recruited in opioid substitution treatment (OST) practices. METHODS: Cross-sectional data was collected in 2011 from 842 opioid users in 10 DCRs and 12 OST practices across 11 German cities. Structured interviews comprised indicators for socio-demographics, health status, drug use, motives for NPU, and the availability and price of illicit substitution medication. Group differences were examined with one-way ANOVAs, chi-square tests, or t-tests, and factors for NPU were included in a multivariate model. Overtime comparisons were performed with similar data collected in 2008. RESULTS: Lifetime, 30-day and 24-hour NPU prevalence for the total sample was 76.5%, 21.9%, and 9.3%, respectively, with methadone being the most frequently used substance. NPU, poly-drug use and injection drug use were more common among DCR clients, especially among DCR clients not in OST. The three groups featured distinct socio-demographic characteristics, with substituted patients being more socially integrated, while few differences in health parameters emerged. Motives for NPU were mostly related to potential shortcomings of OST, such as insufficient dosages, difficulties with transportation, and lack of access. NPU prevalence was found to be higher than in 2008, while injection rate of substitution medication was similarly low. Main factors associated with NPU were not being in OST, past 24-hour use of other drugs, and younger age. CONCLUSION: Although diverted methadone or buprenorphine are rarely used as main drugs, NPU is prevalent among opioid users, particularly among DCR clients not in OST. OST reduces NPU if opioid users' needs are met.

S01-2

Misuse and diversion of opioid maintenance medications in Norway

P. Krajci

Division of Mental Health and Addiction, Department of Substance Use Disorder Treatment, Oslo University Hospital, Norway

INTRODUCTION: There are 2.3 problem opioid users per 1.000 adults in Norway, according to estimates by EMDA. Opioid dependence exerts a significant toll on public health, and generates criminal, health and economic costs. Opioid addiction is effectively treated via a multidisciplinary approach including opioid substitution therapy (OST) and psychosocial intervention. Misuse and dive rsion of OST medication are associated with poor treatment compl iance and insufficient patient outcomes. Misuse leads to increased rates of mortality and the spread of blood-borne viruses. Diverted medication negatively impacts others by increasing the availability of street narcotics and subsequently increases the frequency of opioid addiction and may have fatal effects in children or in opioid -narve adults. These effects potentially threaten the public perception of OST treatment therein putting the programs in jeopardy. Understanding the impact of misuse and diversion in OST is a key in attempting to define strategies to cope with these issues. METHODS: A systematic search of published and unpublished scientific literature includ ing news articles, surveys of OST patients, professiona l data and government reports was performed to identify information pertaining to the misuse, diversion and trafficking of opioid substitution medication over the last ten years. Misuse was defined as the use of opioid substitution medication for a purpose not consistent with legal or medical guidelines. Diversion was defined as the transfer of opioid substitution medication from legitimate into illicit channels. RESULTS AND CONCLUSION: Misuse and diversion of OST medication are serious problems in health, social and economic terms . There are guidelines for the management of opioid dependence. While it is clear from individual sources of evidence that the impact of misuse and diversion of OST includes a broad range of negative outcomes for both the individual and society, there is no clear evidence in quantitative terms to support a need for significant change in treatment delivery in opioid dependence care. Further research is essential to increase understanding of the problem , and to develop strategies to improve outcomes in opioid dependence by acting to reduce misuse and diversion of OST medication .

S01-3

Agonist Opioid Treatment: Is it misuse or diversion in Spain?

C. Roncero

Department of Psychiatry and Legal Medicine, Psychiatric Unit, 'Vall d'Hebron' University Hospital, Barcelona, Spain, EU

Misuse and diversion of Opiate Agonist Treatment (OAT) is a phenomenon that has been studied in great detail, though to date the impact of the problem has not been so well-documented. Misuse is the use –intentional or otherwise- of a medication in a manner different to the prescribed. Diversion is the intentional routing of a controlled substance away from legitimate distribution through illegal channels or the obtaining of such through illegal means. Both misuse and diversion have considerable legal, medical and psychopathological ramifications. The Spanish National health system allows easy access to OST for opiate-dependent patients in the country are scarce, and none of them official, as neither

the Catalan Health Department nor the Spanish Health Minister has data available at local level. Unofficial sources, namely the patients of our outpatient drug clinic/harm reduction program, who told us that a bottle of Methadone fetches between 10 and 30 Euros, (that is, 1ml contain less than 5mg cost 1 euro), and one 2mg pill of BUP/NLX goes for between 2 and 3 Euros. There is a small black market ongoing to MTD benign free widely-available and usually dispensed in liquid form. There is less demand on the market for BUP/NLX as it is not free (as subsidized medication, 8 mg costs close to 1.5 euros per day). CONCLUSION: Despite a lack of studies on the subject, the small size of the black market and the low overdose with MTD or BUP/NLX rate indicate that prescription opiate misuse or diversion does not seem to be a serious problem in Spain. However, both clinicians and healthcare system must be mindful to keep these risk in cheek. In the future, it will be important to maintain a balance between controlling take-home prescriptions and keeping treatment accessible.

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S01-4

Misuse and diversion of opioid maintenance medications in Italy

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Not Avalaible

S02-1

Defining the learning objectives

B. Broers

Geneva University Hospitals, Geneva, Switzerland

INTRODUCTION: Pregraduate training in addiction medicine is, in most medical faculties, insufficient and adresses essentially issues related to alcohol and tobacco use. Patients suffering from addiction related disorders (including opioid dependence) are insufficiently identified and treated, and suffer from negative perceptions from health professionals, including doctors. METHODS: literature review and expert's opinions on the content of pregraduate medical training in screening, evaluating and treating opioid misuse et dependence. RESULTS: although few articles focus on pregraduate medical training in the management of opioid dependence specifically, a concensus exists on the need of a global addiction medicine curriculum that included aspects of opioid use, misuse and addiction. Including recovered patients and/or stabilised patients on opioid agonist treatment in the training programme can help to reduce negative attitudes and stigma. CONCLUSION: Pregraduate addiction medicine training can improve knowledge, attitudes and clinical practice related to addictive behaviours and addiction in future physicians. Concerning opioid dependence, learning objectives should include the domain of pain management, global drug policy, the principle of long-term opioid agonist treatment, and personal attitudes toward opioid addiction

S02-2

How to integrate teaching of addiction medicine in a medical curriculum

C. Goodair and I. Crome

St George's University of London, London, United Kingdom

INTRODUCTION; brief description of the context and concerns relating to the need to teach and improve educational strategies for undergraduate, post graduate medical training and continuing professional development in substance misuse. DESCRIPTION; approach/methodology used to develop guidance on substance misuse curriculum /teaching and the subsequent implementation process in English medical schools. Identification of what could be utilized more or less directly from the UK experience so as to avoid wasting valuable time duplicating and what would be different/distinctive for other countries (likely to be relatively less). In other words, the curriculum is likely to be more or less the same for most countries. Mapping to identify what was taught and what was missing from their curricula, and the changes made to improve and enhance teaching about substance misuse across medical disciplines. There will be a focus on opiate addiction where feasible. OUTCOMES: explore the issues/methods/approaches of achieving change, what are the challenges, and barriers faced with in organisations – and then crucially how do you sustain the changes? What activities are involved in developing networks and producing a range of teaching resources for medical students and others, and how we continue with this important work.

S02-3

Teaching and evaluating training in opiate addiction treatment

C. de Jong

NISPA, Nijmegen University, Nijmegen, The Netherlands, EU

Since 2007 there is a full-time, 2-year professional training in addiction medicine in the Netherlands. In 2012 addiction medicine is approved as a medical profile specialty by the Royal Dutch Society of Medicine. The present status of the Dutch Master in Addiction Medicine (MiAM) will be described with opioid agonist treatement as an example. In a competency-based professional training, theoretical courses are integrated with learning in clinical practice under guidance of an experienced clinical teacher.

The theoretical courses in our course consist of evidence-based medicine, communication and basic psychotherapeutic skills, neurobiology of addiction, addiction medicine, addiction and psychiatry, clinical leadership, and public health. The seven main CanMEDS competencies are concretized in so-called Characteristic Professional Situations (CPS) and are evaluated by different ways of examining. All the aspects of training and examination will be clarified by reference to the example of opioid agonist treatment.

S02-4

What to teach in countries with a lack of opiate agonist treatment?

D. Jokübonis
University of Kaunas, Kaunas, Lithiuania, EU

Nowadays addiction is defined by the American Society of Addiction Medicine as "a primary, chronic disease of brain reward, motivation, memory and related circuitry. Physicians in all fields of medicine frequently encounter patients with substance related health problems. The recognition and effective management of substance related problems by all health professionals, whether specialists or generalists, are of utmost importance, making the education and training of health professionals in these areas vital for the future health of Europe. Students' education and training should challenge the stigma and discrimination that are often experienced by people with addiction problems. As a first step in teaching competencies in the treatment of addicted patients it is important that medical students reflect on their perceptions and attitudes towards patients with substance/opioid related disorders. In this presentation the perceptions of medical students towards patients with substance use are presented. For this purpose we used The Addiction version of the revised Illness Perceptions Questionnaire (IPQ-A) to measure perceptions of addiction and The Medical Condition Regards Scale (MCRS) to measure attitudes. The results were discussed with the patients and the qualitative impression of the students will be the final part of the presentation.

S03-1

Prevalence and risk factors for intimate partner violence perpetration by men in substance use treatment in England and Brazil: A cross-cultural comparison

G. Gilchrist (1), P. Radcliffe (1) and A. F. P. L. d'Oliveira (2)
1-King's College London, England
2-University of São Paulo, Brazil

INTRODUCTION. Intimate partner violence perpetration(IPV) is common in all cultures and countries and is more prevalent by men who use alcohol and/or drugs. METHODS. This cross-sectional study compared prevalence and risk factors for IPV by 504 men receiving treatment for substance use in England(n=223) and Brazil(n=281). Lifetime victimisation and perpetration of IPV were assessed. Attitudes towards gender roles, quality of life, adverse childhood events, depressive symptoms and anger were also measured. Odds ratio(OR) and 95% confidence intervals(95%CI) were calculated using logistic regression. RESULTS. 63% of participants in England and Brazil had perpetrated emotional IPV (OR 1.01, 95%CI 0.70,1.45). 60% of participants in England and 51% in Brazil had perpetrated physical IPV (OR 1.48, 95%CI 1.04,2.11). 6% of participants in England and 16% in Brazil had perpetrated sexual IPV (OR 0.37, 95%CI 0.20,0.69). Preliminary results from multivariate regression suggest that in both countries, witnessing IPV in childhood, expression of anger towards people/objects and reporting IPV victimisation predicted perpetrating any IPV. Models will be presented for emotional, physical and sexual IPV separately by country. CONCLUSION. IPV is prevalent among males receiving substance use treatment and many complex factors contribute to IPV perpetration. Despite very different cultures, similar factors appear to be associated with IPV in England and Brazil.

S03-2

Intimate partner violence among drug dependent women: State of the art

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BACKGROUND: Intimate partner violence (IPV) is a global public health problem that impacts negatively on women's physical, psychological, sexual, and reproductive health. IPV is more prevalent among women with substance use disorders (SUD) than women in the general population, with studies reporting prevalence ranging from 40% to 70% among women with SUD compared to 15% to 40% among women in the general population in developed countries. METHODS: Firstly, a systematic review with meta-analysis to evaluate the efficacy of Advocacy interventions and Cognitive Behavioral Therapy interventions (CBT) in reducing IPV among female victims was conducted. Only one intervention in the review was developed for women with SUD. This intervention was adapted and then tested in a pilot randomized controlled trial among 14 women in Barcelona seeking treatment for SUD who had experienced IPV in the past month. The potential efficacy of the intervention in reducing IPV victimization (assessed using the Composite Abuse Scale), substance use (assessed using a substance use consumption table based on the Time Line Follow-back) and depressive symptoms (assessed using the Beck Depression Inventory BDI-II) at 12 months follow up was also assessed. Participants were randomly assigned to receive the 10 sessions CBT (Intimate Partner Violence Therapy: IPaViT-CBT) group intervention (an integrated substance use and IPV group intervention) or treatment as usual. Intention to treat analysis was conducted. RESULTS: Twelve RCTs involving 2666 participants were included in the meta-analysis. The meta-analysis found that both Advocacy interventions and CBT interventions resulted in significant reductions in physical and psychological but not in sexual or any IPV. The adapted evidence-based inter-

vention tested in Barcelona reduced psychological maltreatment, increased assertiveness; reduced aggressiveness in the partner relationship, and reduced the frequency of drinking 1-month post intervention. It did not reduce the likelihood of any IPV victimization, or improve depressive symptoms, quality of life or health status, up to 12-months post intervention. CONCLUSIONS: The adapted intervention tested in a pilot study, showed some initial positive effects and was feasible to deliver in a community substance abuse center. Despite this, we cannot conclude firmly that the IPaViT-CBT intervention is effective in reducing IPV, substance use or depressive symptoms due to the small sample size, nor that change were maintained in the long term. Future research should replicate these results with an adequately powered trial.

S03-3

The association between adhd, problem gambling and criminal behaviour

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INTRODUCTION: Attention deficit/hyperactivity disorder (ADHD) has been linked to substance use disorders in a large number of studies, yet there is very little data on the comorbidity of gambling disorder (GD) and ADHD, even though both disorders share the essential characteristic 'impulsivity'. Preliminary results indicate that comorbidity is frequent with over 25% of individuals with GD having a history of ADHD. GD is highly related to criminal behaviour leading to high costs for the society, and ADHD additionally increases the risk. OBJECTIVES: The primary objectives of this investigation were to i) examine the frequency of childhood ADHD and ADHD persistent in adulthood as well as other psychiatric comorbidities in problem gamblers [≥3 criteria for pathological gambling (PG) DSM-IV-TR Axis I: 312.31]; ii) to provide details of the characteristics of the association between PG and ADHD, and iii) to identify risk factors for a history of ADHD. METHODS: Eighty treatment-seeking problem gamblers (20% female) were examined by means of a structured and standardized interview [PG: DSM-IV criteria for PG and Gambling Attitudes and Beliefs Survey; childhood ADHD: Wender Utah Rating Scale; adult ADHD: Adult ADHD self-report scale; psychiatric comorbidities: Mini International Neuropsychiatric Interview]. RESULTS: Forty-three percent of the subjects screened positive for ADHD in childhood and in 11% ADHD persisted in adulthood. Patients with adult ADHD were characterized as having more severe gambling problems compared to patients without a history of ADHD ($p = .009$, $d = 1.03$). Moreover, they had a significantly higher psychiatric burden (mean number of psychiatric comorbidities: 3.8) compared to subjects with ADHD in childhood only ($p = .043$, $d = 0.82$) and those without a history of ADHD ($p < .001$, $d = 1.62$). Substance abuse/dependence constituted a significant predictor for the likelihood of having a history of ADHD (OR: 4.07, $p = .025$); anxiety (OR: 3.07, $p = .053$) and mood disorders (OR: 3.56, $p = .051$) were predictors with a trend towards significance. Of all subjects identified as having a history of ADHD ($n = 34$) less than 9% ever received medication, and none of the patients were currently receiving pharmacological treatment for ADHD. While none of the subjects in the current investigation reported to engage in illegal gambling activities, more than 30% had committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling. CONCLUSION: These results highlight the clinical importance of including ADHD in the diagnostic assessment and verifying persistence in adulthood in the treatment of problem and pathological gamblers since ADHD-PG comorbidity is linked to factors that worsen the prognosis. The results with regard to the engagement in illegal acts are in line with prior studies demonstrating a higher number of criminal charges among problem gamblers compared to non-problem gamblers. Importantly, medical treatment of ADHD seems to reduce criminality rates significantly. A standardized diagnostic assessment by experts and adequate treatment of ADHD and other psychiatric comorbidities is an inevitable (pre)condition to achieve a stabilisation of PG, increase the quality of life of these patients, and potentially decrease the high societal burden associated with addictive disorders and ADHD.

S03-4

Prevention of violence in prison for vulnerable groups such as drug using prisoners

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INTRODUCTION: The World Health Organization (WHO) classifies violence prevention as a public health priority. In custodial settings, where violence is problematic, administrators and custodial officials are usually tasked with the duty of addressing this complicated issue-leaving health care professionals largely out of a discussion and problem-solving process that should ideally be multidisciplinary in approach. Methods: Desk review, description of best practice examples. RESULTS: Health care professionals who care for prisoners are in a unique position to help identify and prevent violence, given their knowledge about health and violence, and because of the impartial position they must sustain in the prison environment in upholding professional ethics. CONCLUSION: Health care professionals working in prisons should be charged with leading violence prevention efforts in custodial settings.In addition to screening for violence and detecting violent events upon prison admission, health care professionals in prison must work towards uniform in-house procedures for longitudinal and systemized medical recording/documentation of violence. These efforts will benefit the future planning, implementation, and evaluation of focused strategies for violence prevention in prisoner populations.

S04-1

Experiences with slow-release oral morphine in germany - a useful addition to substitution medication?

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INTRODUCTION: Slow-release oral morphine (SROM) has been used in opioid substitution treatment for several years in Austria and Slovenia nowadays it is also available in Switzerland (since 2013) and Germany (since 2015). METHODS: The approval study for Switzerland / Germany was carried out as prospective multiple dose, open label, randomized, non-inferiority cross over study over two 11-week-periods (per protocol sample, n=157 patients). RESULTS: The study showed that SROM is equally effective in terms of heroin-positive urine samples as methadone. At the same time SROM was superior to methadone as to QTc interval prolongation, craving, mental symptoms, and treatment satisfaction. A non-interventional study is conducted in Germany to describe the application of SROM in routine care. CONCLUSION: SROM is a valuable addition to substitution medication, which is effective, bears less cardial risks and is promising on patient reported outcomes.

S04-2

Two decades of the swiss experience of heroin assisted treatment (HAT)

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AIMS: The aim of this presentation is to illustrate how Switzerland was able to play such a pioneering role in the field of addiction treatment, by creating a drug policy integrating the medical prescription of diacetylmorphine (heroin) in the therapeutic arsenal of addiction treatments. DISCUSSION: The medical prescription of diacetylmorphine introduced initially as a harm reduction measure with a public health target has been the exotic element of the Swiss drug policy of 1991 and probably still is one of the most controversial practices in clinical medicine despite its documented effectiveness (1). Coalitions of change actors, across stakeholder groups from several professional groups and politicians on various levels, succeeded in formulating and starting innovative initiatives for a new drug policy. The Swiss HAT experience is 20 years old (2) and the paradigm has now shifted from a public health approach to a viable treatment option for a designated target group of patients. CONCLUSION: In the case of Switzerland, the Swiss Confederation took a leading role by facilitating communication, encouraging scientific knowledge and bringing the various stakeholders on a platform to deliver a consensual political policymaking basis. This was facilitated by the Swiss direct democracy system. Sustained, dialogue between researchers and its users, decision makers, enhances the likelihood of research impacting policy making.

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S04-3

Pain and dependence service in scotland. Is it our responsibility to clean up the mess?

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Use and abuse of all licit opioids have increased significantly in the last 15 years. It has now become an emerging phenomenon within the substance misuse treatment settings who are increasingly being asked to use their skills and interventions to manage individuals with chronic pain and also presenting with opioid dependence. This is compounded by another emerging phenomenon where analgesics (prescribed opioids and non opioids) are increasingly used as either part of the sedative and dissociative cocktails to augment the effect of illicit heroin and benzodiazepine use or as a result of an ageing heroin using population experiencing chronic pain. This presentation will share 15 years of experience from one of the first Pain and Dependency clinic set up in the UK managed by an addiction service in Scotland. It will discuss the models used to cater for a diverse population with diverse needs and expectations. This presentation also highlights the importance of addiction related treatment services to be increasingly skilled in the field of addiction medicine.

S04-4

Improving efficacy and reducing risks of treatment. A person centred approach in Finland

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Substitution treatment programs were launched in Finland in 1997 in response to the increase of HIV infections in the 1990s, related to increasing abuse of opioids and other drugs. Since then, the objectives and practices of treatment have been under continuous change in our country. Recent developments, such as establishing harm reduction-oriented substitution treatment as an option to rehabilitation, has raised some concern about treatment becoming routine-like administration of medication without the psychosocial rehabilitation that constitutes the foundation for substance abuse treatment. In addition, the general pressure to improve the cost-efficiency of substance abuse services has given rise to concern, as this is considered to lead to too limited treatment practices. However, knowledge of the actual developments of opioid substitution treatment is still fragmentary. The Finnish decree on the treatment of opioid dependent persons (33/2008) defines substitution treatment in terms of its aims: “aim is either rehabilitation and abstinence or harm reduction and improving in

the patient´s quality of life". The usage of terms "rehabilitative substitution treatment" and "harm reduction" in the article ascend from this Finnish vocabulary, but they are also used to analyse treatment systems in other Nordic countries. This is justifiable, because the terms reflect two major approaches in international drug treatment policies: one emphasising abstinence as the ultimate treatment aim and the other improvements in the individual treatment, quality of life and the reduction of harms related to drug use.

S05-1

Substance Use Disorder, addiction and HCV: Overview of the challenge

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Not Available

S05-2

Clinical experience of treating HCV in Agonist Opioid Treatment populations

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Not Available

S05-3

Towards consensus: Navigating HCV treatment in people with substance use disorder

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Not Available

S06-1

Supporting women who use drugs to manage their fertility

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INTRODUCTION: Poverty and inequality adversely affect women's reproductive health and outcomes of pregnancy. Unplanned (but not unwanted) pregnancies are also more common. Use of alcohol and other drugs is closely linked with poverty and exacerbate these problems and adverse outcomes. METHODS: In Glasgow, Scotland a city wide multidisciplinary service was established in 1990 to provide reproductive healthcare for women with social problems including use of alcohol and other drugs. Care for pregnant women was medically based with other services contributing within maternity services. Reproductive healthcare (including contraception) for non pregnant women was provided within other services and for women who used alcohol and /or drugs was offered routinely within addiction services. All pregnant women attending the service were also given information about contraception and the offer of immediate contraception or an appointment for later treatment at the family planning clinic. Uptake rates both initially and subsequently were low and pregnancy rates continued to rise. A decision was therefore made to ensure that at the first antenatal visit a detailed discussion took place concerning future reproductive plans. These discussions were repeated at intervals during pregnancy. All medical and midwifery staff within the service were trained in insertion of contraceptive implants prior to postnatal discharge and one doctor provided insertion of progestagen intrauterine devices in the immediate postpartum period. RESULTS: Within 3 months >75% of women who delivered in the service had long acting reversible contraception initiated before postnatal discharge and within 5 years the number of pregnant women who used alcohol and/or drugs booking in the service fell from 300 to 100. Various factors contributed to this reduction but this approach to contraception provision was undoubtedly a significant factor. CONCLUSIONS: Women who use alcohol and/or drugs and who become pregnant are often regarded as irresponsible, inadequate parents and are told they should not have children. This approach punishes women for their misfortune and instead they should be helped to protect and control their fertility to ensure they have pregnancies if and / or when they choose. This approach of providing LARC prior to postnatal discharge is currently being studied by FIGO in a number of developing and / or resource poor countries.

S06-2

Does methadone treatment increase pregnancy rates: The gestational history of women in treatment

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Not available

S06-3

Effective contraceptives among methadone-maintained women at risk of unintended pregnancy: Randomized controlled trials

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INTRODUCTION: A particularly unsettling aspect of the current US opioid epidemic is the high rate of in utero exposure and associated adverse health and economic outcomes, with the cost of acute medical care for these neonates estimated at more than US $67,000 per infant (Patrick et al., 2015). Further, nearly 80% of these pregnancies are unintended (e.g., Heil et al., 2011), due in part to alarmingly low rates of effective contraceptive use among opioid-using women (<10%; Terplan et al., 2015). This line of research sought to put behavioral economic theory into practice by testing an intervention aimed at promoting more effective contraceptive use among opioid-maintained women at risk of unintended pregnancy. METHODS: In the initial trial, 31 opioid-maintained women at risk of unintended pregnancy were assigned (5 sequentially, 26 randomly) to either a control (n=15) or experimental (n=16) condition. All participants received condoms and emergency contraception. Control condition participants also received referral to local family planning providers

while participants in the experimental condition also received the World Health Organization's contraception initiation protocol (including a free supply of their chosen prescription contraceptive method) and financial incentives for attending 13 follow-up visits over the next 6 months. Point-prevalence prescription contraceptive use at 1, 3 and 6 months was the primary outcome measure. RESULTS: Significantly more women in the experimental vs. control conditions reported prescription contraceptive use at the 1 month (63% vs. 13%), 3 month (88% vs. 20%), and 6 month (93% vs. 13%) assessments. Three women (20%) in the control condition became pregnant vs. 0% in the experimental condition (p=.10). CONCLUSION: Results suggest the experimental intervention increases prescription contraceptive use and may reduce unintended pregnancy. Preliminary results from an ongoing larger, fully-randomized, dismantling trial will be presented.

S06-4

Integration as prevention: Reproductive health in treatment and recovery

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Integration of care involves 1) the organization of both addiction and mental health under a "behavioral health" umbrella and 2) the inclusion of behavioral health into primary medical care. Integration is a public health model of care built on the lifecourse perspective of chronic disease management. Unfortunately the reproductive health needs of women have not always been included in integrated models. We will review trajectories into and out of addiction and the role of treatment in particular for pregnant women with opioid use disorder. Data will be drawn from the Baltimore Reproductive Health Initiative – a pilot project integrating screening for reproductive health needs and service delivery into drug treatment. Recovery is a complex process and the role of sexual/reproductive health triggers for relapse is a relatively new area of research. The findings from recent studies will be reviewed and the importance of preparing women with opioid use disorder for healthy and satisfying sexual existence will be stressed.

S07-1

RADARS System collaboration: European opioid treatment program goals and data

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INTRODUCTION: Opioid abuse is a worldwide public health concern with opioids, both heroin and prescription opioids, topping the list of drugs implicated in drug overdose deaths worldwide. In Europe, opioids account for a disproportionately large share of the morbidity and mortality associated with drug use. The Researched Abuse, Diversion and Addiction-Related Surveillance (RADARS®) System utilizes a mosaic approach to track misuse, abuse and diversion of prescription drugs at all phases of the drug dependence pathway. One such phase, individuals entering addiction treatment programs, offers the opportunity to evaluate the similarities and differences in drug abuse and dependence. In 2012 the RADARS System initiated an international multicentre observational European Opiate Addiction Treatment Association (EUROPAD) pilot study to: 1) identify prescription opioid and other substance abuse patterns reported by patients seeking treatment for drug abuse or dependence in four European countries (e.g., France, Germany, Italy and Spain); 2) examine characteristics associated with the reported primary drug of abuse; 3) quantify differences in injection use reported by drug and country; and 4) demonstrate operational feasibility of the pilot study methods and data collection. Upon completion of the pilot study, operational components and collected data were analyzed to assess feasibility. The EUROPAD Program was implemented as a full program of the surveillance system in the fourth quarter of 2014. This presentation will focus on the overall RADARS System project and EUROPAD Program data results. METHODS: The EUROPAD Program was piloted in five opioid addiction treatment centres which provide substitution therapy programs. Centres were recruited to participate in the pilot study via the European Opiate Addiction Treatment Association (EUROPAD), a professional association for addiction medicine specialists. To be eligible for the pilot study, patients were required to be age 18-65 years and entering treatment for drug abuse or dependence between 01 January 2012 and 22 August 2013. Eligible participants were systematically administered a survey at treatment entry prior to any treatment or other intervention by site investigators (addiction medicine physicians), and could review the survey before deciding whether to participate in the study. Completion of the survey was voluntary, anonymous, and participants could skip questions they preferred not to answer. Analysis of the pilot study data demonstrated operational feasibility. In preparing for full program implementation, a working group meeting of study personnel and site investigators was convened at the 11th European Congress on Heroin Addiction & Related Clinical Problems, the EUROPAD association's 2014 conference. Pilot study data results were presented, and program expansion to sites in the United Kingdom and Norway was announced. The group also discussed refinements to the study's inclusion criteria and survey instrument (e.g., added routes of administration, chronic pain items, drug write-in section). Survey instruments were further revised to include an expanded list of drug products marketed in each country. Site investigators submitted applications to ethics committees that govern research projects at their institutions in order to obtain study approvals/determinations, and the Rocky Mountain Poison & Drug Center study team also gained approval of the study's continuing application. RESULTS: The full program launched on 01 October 2014. In addition to the principal investigator and program manager based at the Associazione per l'Utilizzo delle Conoscenze Neuroscientifiche a fini Sociali (AU-CNS) in Italy, research collaborators include 11 site investigators in six countries. Since launch of the full program, a total of 952 patients entering opioid addiction treatment in six European countries have completed the survey instrument. Overall data results will be presented in Leiden this May. CONCLUSION: Forging partnerships on global research projects like RADARS System affords a unique opportunity to collaborate with experts who share the goal of collecting, analyzing and providing data-driven information about the growing misuse, abuse and diversion of prescription

drugs. Within the mosaic of programs comprising RADARS System, the EUROPAD Program has led to engaging addiction treatment specialists in research that focuses on their unique treatment populations, the data from which can inform community-based intervention strategies as well as provide regulatory entities in the participating countries with additional context about individuals entering treatment for drug dependence.

S07-2

The Scotland experience: Patients, data, benefits and challenges

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NHS Lanarkshire is one of the 10 data collections sites involved in the RADARs initiative and is the sole site in Scotland. The presentat ion will look at the data collected in NHS Lanarkshire as part of the Europad- RADARs Surveillance initiative. The data has been collected since October 2014, and the presentation will discuss this data and changes noticed over this period. It will allow the patterns of new patients and the substances used in the 90 days before treatment to be reviewed and also explore several aspects of the patients drug use including overdose history, substances used, preferred substance and access I treatment of chronic pain. The data collection is ongoing but the presentation will allow the review of approximately 18 months of data collected , which should be in excess of 200 new patient questionnaires.

S07-3

The Norway experience: Patients, data, benefits and challenges

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Not Avalaible

S07-4

The France experience: Patients, data, benefits and challenges

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Not Available

S08-1

Pain and addiction, a neurobiological exploration of a therapeutical conundrum

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BACKGROUND: Patients with an addiction problem often suffer chronic pain. Inversely, many patients with chronic pain develop an addiction disorder. Since many pathways for addiction and pain overlap, it is hard to treat pain right while not progressing deeper into addiction. METHODS: A literature search was done to find articles on the neurobiology of addiction crossectioning the neurobiology of pain published between January 2010 and December 2015. RESULTS: The afferent pain pathways up to the amygdala are discussed. Next, the concept of hyperkatifeia is explored in relation with chronic pain and addiction. Then hyperalgesia, both resulting from alcoholconsumption and opioid use is explored. Possible options for treatment are offered. CONCLUSION: Patients with chronic pain and addiction have interlinked pathways for pain and reward. This is the root of a complex problem for difficult patients, making it hard to adequately address their pain. Understanding this opens new vistas for treatment.

S08-2

Screening and managing patients at risk for prescription opioid abuse and dependency

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INTRODUCTION: The use of opioid painkillers has increased drastically over the last decades in the Western world. Prescription opioids have an abuse potential and patients can get addicted to them. This gives rise to a challenging population of patients: those with opioid use disorders and comorbid pain symptoms. The goal of this presentation is to make clinicians more aware of patients that are at risk of developing a prescription opioid use disorder and to give practical tips on how to manage patients that have already developed an addiction to these drugs. METHODS: Literature and internet study. RESULTS: Practical tools exist for identifying patients with a heightened risk of developing a prescription opioid use disorder. Guidelines that are currently available for the treatment of opioid use disorders can be used for this particular addiction as well. CONCLUSION: Prescription opioid use disorders has become a common addiction problem. Clinicians should be aware of the risks when prescribing an opioid and need to practice skills on treating patients that have developed an addiction to these drugs.

S08-3

Pain treatment for the addicted patient; a call for collaboration

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INTRODUCTION: Up to 80% of the patients with a substance use disorder experience pain. This addicted patient with pain is at risk to recieve subtherapeutic paintreatment, because of fear that the patient will abuse opiate medication. But when the pain is not treated adequately, this will increase the risk of relapse in the substance of abuse. Our SUD patients deserve adequate paintreatment. METHODS: A literature search was done to collect guidelines and research on the best treatment options for patients with a SUD and pain. Contact with local anesthesiologist specialised in pain-treatment was made to discuss possibilities for collaboration. RESULTS: Adequate pain treatment (farmacotherapy and non-medication options) should be provided along with treatment for the coexisting SUD and extra care given to prevent deterring or abuse of the prescribed pain medication. However addiction

specialists are mostly not experienced in treating pain and don't have access to most non-medication therapy options. Pain specialists are usually not experienced in treating the co-existing SUD and have no access to counseling on preventing abuse of medication. CONCLUSION: Adequate paintreatment for patients with SUD is necessary and possible. One needs experience and facilities to adequately treat the pain and combine this with measures and counseling to prevent abuse of painmedication and continue to treat the co-existing SUD. This calls for collaboration between the addiction care facilities and pain facilities. Possible ways for collaboration are proposed.

S08-4

The "p" of psychiatry in pain management

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BACKGROUND: Chronic pain patients often report co-morbid psychiatric symptomatology. Concurrent symptomatology in chronic pain patients is associated with poorer treatment outcome and an increased risk for prescription opioid misuse. In this presentation two topics will be covered: 1) the association between psychiatric co-morbidity in chronic pain patients with prescription opioid misuse and 2) the potential benefits of using brupernorphine in this particular group of patients. METHODS: Based on a single case study, a systematic literature review and a case series of buprenorphine treatment in chronic pain patients, recent developments on psychiatric apects in pain management will be presented. RESULTS: Depression is the most commonly reported psychiatric co-morbidity with chronic pain and is associated with an increased risk of prescription opioid misuse. Buprenorphine has been shown beneficial for some chronic pain patients with prescription opioid misuse. CONCLUSION: Psychiatric screening and liaison treatment may be relevant to prevent iatrogenic harm to patients with chronic pain. Depression and prescription opioid misuse are of particular concern in this patient group.

S09-1

Opioid treatment in schizophrenic patients

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Not Available

S09-2

Opioid treatment in psychiatric patients

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INTRODUCTION: The endogenous opioid system is involved in several physiological and pathological processes. The authors found that the use of opioid medications in patients followed in ambulatory care was very common and had great impact on the course of psychiatric disease. The aims of this study are: • to characterize the patients in opioid treatment in the Dual Pathology Unit (sex, age, substances related disorders, other psychiatric disorders, drugs and doses used); • to analyse the relationship between the opioid treatment and the impact on the course of the disorder: number of relapses, rate of retention in treatment, severity of psychopathology, family interaction and social recovery. METHODS: This is a sample constituted by all the patients observed for the first time in outpatient consultation of the Dual Pathology Unit by the authors, during the period between October 1, 2012 and October 31, 2013 (1 year). From this sample, the authors selected the patients treated with opioid medications and characterized this study group taking into account several variables and the relationship between the opioid treatment and the impact on the course of the disorder, using statistical analysis. The study group was compared with a control group composed of patients that didn't use opioid medications and the patients were assessed at the end of the first (2014) and the second (2015) year of follow-up. CONCLUSION: The authors hypothesized that the group of patients treated with opioid drugs had less relapses during the course of the diseases and higher retention rates, compared with patients not treated with opioid drugs.

S09-3

From opioid addiction to alchoholic addiction, use of opioid treatment

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INTRODUCTION: The endogenous opioid system is involved in several physiological processes, and alcohol interacts with it. Alcohol administration triggers the release of opioid peptides that induce positive reinforcing, favouring the self administration. Volpicelli, Ulm & Hopson, 1991, refer that high and moderate doses of morphine reduce the preference for alcohol in inverse proportion to the dose, but in the days following the alcohol consumption increases. The authors verified that several of our patients that use high doses of alcohol in the present, had had, in past, opioid dependence. The aims of this study are: • to compare the alcohol dependent patients treated in the Dual Pathology Unit with (study group) and without (control group) past opioid dependence; • to analyse the pharmacologic treatment, the evolution and retention on treatment of these two groups of patients. METHODS: This is a case-control study. It is a random sample, constituted by the patients with alcohol dependence, observed by the authors in outpatient consultation of Dual Pathology Unit, during the period between December 1, 2015 and March 31, 2016 (4 months). CONCLUSION: The clinical history of the patients with alcohol dependency syndrome should be carefully, longitudinal, analysing the previous use of substances. The opioid therapy is a possible option to treat these patients.

S09-4

Opioid agonist maintenance treatment and sexuality

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Not Available

S10-1

Latent cyclothymia as precursor of substance use disorders

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The scientifc community has recently examined whether correlations exist between affective temperaments and substance abuse disorders. We will try to summarize what is presently known about the nature of these relationships. After reviewing the theory of affective temperaments of Akiskal and Mallya, we will discuss affective temperaments in heroin addicts and alcoholics, with the aim of providing an "at-risk temperamental profile" for the development of substance abuse disorders. A working hypothesis is then formulated to help explain how temperamental profile may promote the initiation of substance use and contribute to the development of addiction.

S10-2

Evidence of a specif psychopatology of substance use disorders

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Addiction is a relapsing chronic condition in which psychiatric phenomena play a crucial role. Psychopathological symptoms in patients with heroin addiction are generally considered to be part of the drug addict's personality, or else to be related to the presence of psychiatric comorbidity, raising doubts about whether patients with long-term abuse of opioids actually possess specific psychopathological dimensions. Using the Self-Report Symptom Inventory (SCL-90), we studied the psychopathological dimensions of patients with heroin addiction at the beginning of treatment, and their relationship to addiction history. This presentation supports the hypothesis that mood, anxiety and impulse-control dysregulation are the core of the clinical phenomenology of addiction and should be incorporated into its nosology. A psychopathological classification of heroin addicts may be of some interest also in the identification of predictors of outcome during Agonist Opioid Treatment (AOT) or Residential Treatment. These five dimensions are independent from intoxication status, psychiatric comorbidity, modality of treatment, and substance of abuse.

S10-3

PTSD spectrum as part of psychopathology of Heroin Use Disorder

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The diagnosis of PTSD dates back to the 80s and is characterized by the observation that as a consequence of a series of traumatic events, it is possible to develop a psychiatric syndrome. Recent epidemiological data show a correlation between stress-related disorders, as in the case of PTSD, and substance abuse disorders. A large majority of drug dependent patients have been reported experiencing one or more PTSD criterion of traumatic experiences. For a better understanding of this comorbidity, it is important to consider shared neurobiological risk factors and relevant stressful life events as possible vulnerability conditions to both PTSD and substance use disorders. The main reason given by subjects with PTSD for the abuse of psychotropic drugs, including illicit drugs, prescription drug and alcohol seems to be obtaining temporary relief and improve impulse control. Yet, the onset of drugs use may also anticipate the development of PTSD syndrome, determining an increased individual susceptibility to PTSD. Loss events and potentially traumatic events are present, and tend to increase, in passing from the before- to the after-Dependence Age of Onset (DAO) period, despite the fact that the after-DAO period is shorter. According to the literature, during the before-DAO period "the death of a close friend or relative", "divorce" and "being neglected or abandoned" are rated by patients as being the most important events. These events are found too in the after-DAO period, together with criminal behaviours, which become more frequent. Lastly, during a drug addiction history, typical PTSD reactions tend to apply to life events with greater intensity during the after-DAO period, which supports the idea that correlations between PTSD and Substance Abuse Disorder may reach the clinical level of the spectrum, so suggesting therapeutic interventions to counteract this high- lighted reactivity. We studied, also, the PTSD-SUD unitary perspective by testing the correlation between severity of heroin addiction, dose of opioid medication and severity of PTSD spectrum in 82 methadone-treated, heroin-dependent patients. A highly positive correlation was found between the PTSD spectrum and the severity of heroin addiction. In addition, negative correlations were found between PTSD spectrum severity and methadone dose. This strength and breadth of the correlations encourages us to move towards a unified vision of the two disorders. We found evidence of similarities in the types of reaction to loss and traumatic events between HUD patients and survivors of the 2009 earthquake in L'Aquila who suffer from PTSD. As to cancer patients, those who have HUD, even though never exposed to catastrophic events, do seem prone to develop PTSD symptomatology. This funding clearly supports the probable implication of the opioid system in the aetio(patho) logy of PTSD.

S10-4

Addictive behaviours of heroin addicts and specific psychopathology

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INTRODUCTION: In dual diagnosis (DD) patients, a clear trend emerges towards greater chronicity and severity, and more serious somatic, social and psychological problems, than in cases of uncomplicated addiction. In Heroin Use Disorder (HUD) patients, we found some clinical aspects that were related (violence and self-injurious behaviours), and others unrelated (temperamental aspects, psychopathological subtypes) to DD. More recently, we proposed an inventory for assessing the behavioural covariates of craving in HUD showing good psychometric properties. This topic required further examination among DD-HUD patients. METHODS: At univariate level, we compared 70 DD-HUD and 44 HUD patients with reference to their demographic, clinical and anamnestic data, and whether they showed addictive behaviours. At multivariate level, we used a logistic regression analysis to select the prominent behavioural characteristics of DD-HUD patients by checking the analysis for the variables that were found to be significantly different at univariate level. RESULTS: At treatment entry, DD-HUD patients reported a higher number of addictive behaviours (p=0.024) and more frequently recognized the presence of subjective craving (p=0.013). More specifically, they tended to use other substances on top of heroin (p=0.012); they prized heroin much more than anything else they had ever enjoyed before (p=0.030); they appeared to have trouble using anti-withdrawal pills (p=0.005); they accepted heroin even if they were trying to rehab (p=0.003); and they were willing to put up with a lot of stress to get heroin (p=0.004). They accepted heroin even during rehab (OR=6.34), accepted a lot of stress in their search for heroin (OR=2.85), and refused to use other substances to compensate for the unsuitable dose of heroin, when they were feeling down (OR=0.17); in all these aspects, polyabuse (OR=2.95) proved to discriminate DD-HUD from HUD patients. CONCLUSIONS: Specific addictive behaviours of DD-HUD patients appear to be correlated with finding and taking opioids to alleviate psychopathology. By contrast, behaviours linked to obsessive and relief craving (closely correlated with the progress of addiction) did not turn out to be present in significantly different form in DD-HUD vs. HUD patients.

S11-1

Introduction

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The rationale for this symposium is the diversity of national regulations worldwide and across Europe. A summary description is based on findings from WHO working papers, the ATOME project, the EQATOR project, the EU project on minimal quality standards in drug demand reduction EQUS. The following presentations highlight major initiatives to improve this situation, in terms of legal conditions, quality standards and recommendations for comprehensive regulations in Europe.

S11-2

Availability of controlled medicines for the treatment of heroin dependence in eastern Europe: findings from the ATOME project.

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A consortium of ten organisations, including the World Health Organization, universities and international NGOs (harm reduction and palliative care) operated the Access to Opioid Medications in Europe (ATOME) Project in twelve eastern European countries (Bulgaria, Cyprus, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Serbia, Slovakia, Slovenia and Turkey) with funding from the European Community from 2009 – 2014. Compared to western Europe, the (legal) consumption of opioid medicines is much lower in these countries. The project focused on optimising the availability of opioid medicines for treatment of dependence and pain, and reasons for the current under-consumption. As a part of the project, WHO developed policy guidelines for the availability and accessibility of controlled medicines. In consultation with stakeholders from the target countries, it analysed policies and legislation related to access to these medicines. Many countries have rules that are stricter than required by the international substance control conventions and related policies, including funding of treatment are suboptimal more than once. For each target country, the ATOME project formulated recommendations for improvement to the government.

S11-3

Agonist maintenance treatment in Europe – quality standards and approaches to monitoring

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Over the past decades, Europe has witnessed an impressive growth of demand reduction responses to drug use, namely the scaling up of opioid substitution treatment (OST). Today, most European countries' treatment systems are diversified, often including multiple service providers with different professional backgrounds, and a large choice of interventions responding to a variety of client needs and pursuing a range of objectives from the reduction of drug related harm to recovery and drug-free lives. While a growing number of studies, reviews and scientific guidance documents have made it easier to access evidence on efficacy and effectiveness of OST and promote a common knowledge base about 'what works', the quality of OST is influenced by several factors, which include - beyond evidence – legal and regulatory frameworks, available medications, coverage and accessibility of facilities, collaboration agreements with other providers of care, competence and attitudes of professionals implementing the interventions, as well as respect for human rights and medical ethics. Budgetary pressure on decision-makers to attain sustainable health care while ensuring a high level of quality is rising. To facilitate a quality awareness and improvement process throughout the EU Member States, the European Commission funded a project analysing existing national and international

quality standards and benchmarks in the field of drug demand reduction (EQUS- Study on the Development of an EU Framework for Minimum quality standards and benchmarks in drug demand reduction), and conducted a public consultation in 2011 to support the establishment of European minimum quality standards. In an incremental process, the approval of a set of minimum quality standards MQS was driven forward over four years by several EU presidencies and other stakeholders including the EMCDDA. When on 14 September 2015 the Council of EU ministers endorsed the Council Conclusions on minimum quality standards in drug demand reduction in the European Union, they represented an important milestone towards quality assurance in the field of demand reduction, including OST and other drug treatment. These MQS aim to address unacceptable variations in the standards of treatment, care and services and to raise the quality of services in terms of the safety, dignity, wellbeing and quality of life of service users. The EMCDDA will contribute with various monitoring tools to assess the level of implementation of the standards.

S11-4

Draft guiding principles for regulations governing the use of agonist medication in the treatment of opioid dependence

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In most countries, the prescription of agonist medication for the treatment of opioid dependence (AM/ODT) is subject to restrictions which significantly impede access to care. Linked with the international system of narcotics control, these special regimes are based on the traditional – and scientifically and medically erroneous – understanding of this process as the "replacement of an illegal drug by a legal one". However, no substance is illegal, it is only its use defined by law. Through their specific pharmacological effects, AM/ODT reduce or eliminate the sequelae of addiction and afford protection against overdose risks, in a wider, integrated medical and psychosocial treatment. As AM/ODT reduce comorbidities, particularly those related to intravenous heroin use (HIV, HCV), they are also a key component of the public health approach to risk and harm reduction. To meet their obligations relating to healthcare and the prevention of discrimination, the States are therefore asked to review their regulations on the use of AM/ODT. The Pompidou Group mandated a group of health and legal experts to identify and detail criteria for the appropriate regulation of AM/ODT in line with ethical standards, international law, scientific knowledge and medical best practice. A delphi technique, was used to test the degree of consensus on some forty proposals. Following keypoints will be discussed: terminology, medical act, protection of personal data, primacy of the right of access to care, non-discrimination and equivalence of care, affordability, basic training of doctors and pharmacists, supervision of professionals, role of health authorities, international cooperation and monitoring.

S12-1

Prescription opioid abuse, addiction and opioid-related overdoses in the EU

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Not Available

S12-2

Co-morbid addiction and pain: Psycho-physiological changes to pain with prolonged opioid cessation

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AIMS: Medication assisted treatment with opioids for opioid dependence alters the pain experience. The purpose of this study is to evaluate changes pain sensitivity and tolerance with these opioid treatments; and duration of this effect after treatment cessation. This study will also, assess differences in pain sensitivity and tolerance between treatment with a partial mu-agonists (buprenorphine) or a full mu-agonists (methadone). METHOD: 120 individuals with chronic pain were recruited in 4 groups (n=30): 1- current methadone for opioid addiction; 2- current buprenorphine for opioid addiction; 3-history of opioid agonist treatment for opioid addiction but with current prolonged abstinence of opioids (M=121 weeks;SD=23.3);and 4-opioid naive. Participants completed a psychological assessment and a cold water task. Time to first pain report (sensitivity) and time to disengagement from the pain task (tolerance) were recorded. The main data analyses used survival (time to event) analysis. RESULTS: A Kaplan-Meier analysis showed significant group differences for both pain sensitivity and tolerance (Log rank=20 .11; p<.001). A follow up Cox analysis , found that any current or historical use of opioid maintenance treatment resulted in significant differences in pain sensitivity compared to opioid na·ive individuals (p's< .01). However, tolerance to pain was better among those with a history of opioid maintenance compared to active methadone patients (p<.05), with the highest tolerance found among opioid na·ive participants (p's<.001). Correlations showed that among prolonged abstinent group, pain tolerance was significantly improved as the weeks since last opioid dose increased (R=.37 ;p<.05) ; but duration of abstinence did not alter sensitivity (ns). CONCLUSION: Among individuals with a history of prolonged opioid treatment, there appears to be long-term differences in pain sensitivity that do not resolve with discontinuation of opioid treatment. Although sensitivity does not change , tolerance to pain does appear to increase after the completion of treatment. This has significant implications for treating individuals with comorbid opioid addiction and pain, including both chronic pain and acute pain conditions .

S12-3

Pain and drug abuse behaviors in patients undergoing methadone maintenance

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USA

Not Available

S12-4

Managing pain in patients with opioid use disorder: Pharmacological and non-pharmacological approaches

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INTRODUCTION: Clinicians may face pragmatic, ethical and legal issues when treating patients with substance use disorders. Equal pressures exist for clinicians to always address the healthcare needs of these patients in addition to their addiction. While controversial, the use of opioids for the treatment of chronic noncancer pain is widespread in the USA and increasing in the EU as is the prevalence of opioid misuse and abuse. Managing pain in the addicted patient population can present even more challenges. This presentation will provide a practical guide for managing pain in patients with a history of an opioid use disorder (OUD). METHODS: An extensive review of the literature, clinical expertise and data from a large NIH/NIDA grant on patients with chronic pain and concomitant prescription OUD. RESULTS: Patients with pain and co-occurring OUD benefit from a multimodal approach that includes medication assisted treatment, nonopioid pharmacological and non-pharmacological interventions. CONCLUSIONS: Pain in the patient with a history of an opioid use disorder can be effectively managed while not increasing the probability of a relapse and leading to an overall improvement i n quality of life.

S13-1

The spirit of motivational interviewing and its implications for an effective treatment relationship

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Over the past decades, the effectiveness of Motivational Interviewing (MI) in treatment of people who suffer from addictions has been substantially shown in an ever growing body of research evidence. The highlights of this evidence base (relevant meta-analyses and studies) will be briefly presented. Besides the effectiveness of particular MI-specific technical skills (exploring and resolving ambivalence; focus on eliciting intrinsic motivation), the attitude of the professional and the specific characteristics of the patient-professional relationship contribute significantly to overall outcomes. From this perspecive, the 'spirit' of MI is just as important as the competent application of any specific technique, strategy or tool. The four core characteristics of a helpful MI-based conversation: 1) Partnership; 2) Acceptance; 3) Compassion; 4) Evocation; will be further explored during this presentation. CONCLUSIONS: 1) The overall attitude of the professional and the quality s/he brings into the relationship with the patient, are at least equally important compared to the competent use of techniques, strategies and tools. 2) Assuming the first conclusion to be true, then the way in which any given society treats its addicted polulation would benefit from adopting the four core characteristics of MI

S13-2

There is no sun without shadow, and it is essential to know the night

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Addicted patients are restlessly dependent to objects, their symptoms make them victims of extreme stigma and stereotyping. The process of mobilization and motivation for inclusion and participation in the Methadone-assisted psychotherapy model usually includes a number of complications. Therapeutic rules, procedures, context and relationships in the dyad patient/therapist are keys in the process of mobilization of healthy resources in overcoming resistance, manipulations and crises in the course of therapy. This presentation is based on clinical experience with methadone maintained patients in a private clinic specialized in addiction treatment in Sofia. The specific vulnerability of patients - high levels of impulsivity, emotional instability and personality abnormalities, social dysfunctions and severe situations, requires correct therapeutic approach. Treatment for these patients serves neurobiological stabilization, behavioral and intra-psychic change. Thought patterns regarding therapeutic approach including precise assessment of the vulnerability of the patient and the setting of realistic therapeutic purposes are presented. Therapeutic challenges and examples from clinical practice related to the therapeutic work with difficult patients will be also discussed.

S13-3

Therapeutic partnerships: The most important evidence-based practice

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During the past few years in the USA, the field of Medication Assisted Treatment (MAT) has increased its focus on Evidenced Based Practices (EBP). These include Motivational Interviewing (MI), Integrated Dual Disorders Treatment, Dialectical Behavior Therapy, Matrix Model, Motivational Incentives Approach, as well as MAT. Most professionals agree that the effective dissemination of these practices is essential for efforts to improve outcomes. With the exception of MI however, little attention is paid to the fundamentals of doing counseling or to those factors known to enhance positive change, such as forming and maintaining the therapeutic relationship or the instillation of hope. Regardless of the quality of the training and supervision or the fidelity to the model, the quality and effectiveness of the treatment model will be seriously eroded unless the counselor has quality skills in “the basics” of doing counseling. Research indicates that the therapeutic relationship accounts for 30% of patient outcomes. Further, 15% is attributed to the expectancy, also known as placebo effects. Only 15% is attributed to the specific counseling techniques used. Unfortunately, many in the field either have not received

quality training in the fundamental counseling skill of forming and maintaining the therapeutic relationship or have forgotten the basics during the course of their career. Given the importance of the therapeutic relationship in outcomes relative to specific counseling techniques, this core therapeutic skill should be of primary concern within the scope of any clinical development initiative or anyone interested in improving patient outcomes and increasing retention. It could be argued based on the empirical evidence, that this specific skill should itself be studied and developed as an EBP. It is clear from the plethora of available research on MAT that longer treatment duration and increased retention correlates with long term recovery. Counselors with a strong ability to form a positive therapeutic relationship with the patient would have a positive effect on patient retention. The development of positive expectancy is a unique challenge in medication-assisted treatment. The presenter will also address counselor and patient "expectancy" as a therapeutic factor.

S13-4

Psychopathological-cultural comprehension of addiction and the psychoterapeutic intervention

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Addiction is a pathological condition stemming from the interaction of different elements that constitute a complex system: any monocular or simplified vision is radically kept in check by the phenomenological and clinical reality. Moreover, the border between pathology and non-pathology in the dependences, is nuanced and floating and is effected by the changes of one of the most crucial and powerful vectors: the environment. The type of substances, their symbolization, the representation of the problem as well as the management of their psychophysical effects, the research of well-being, are strongly influenced by social recognition and by myths and collective fictions. The culture of limit denial and the technological increase in daily life, both incurred by financial purposes and both reinforcing collective great mania, make difficult the recognition and the definition of the clinical problem. The therapy of dependence must be refunded in order to give it a meaning that can move among complication, complexity, in an open multidisciplinary system, in a relational and functional network, able to create changes in the meaningful references of the patient.

S14-1

Overall drug related mortality in illicit drug users

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INTRODUCTION: According to the EMCDDA drug related mortality includes drug induced deaths and deaths indirectly related to the use of drugs. Suicides represents important share of mortality in IDUs, and include suicides due to overdose and those indirectly related to drug use. The aim of the study was to systematically synthesize the peer-reviewed literature METHODS: A review of publications, search key electronic databases. RESULTS: Studies on suicide have long tradition worldwide. Slovenia is for decades example of a high suicide rate country and research on suicide in general population has long tradition in the country. Also studies on suicide and alcohol have a long tradition, not surprisingly as Slovenia has traditionally one of the highest alcohol consumption rates and alcohol-related mortality in EU and one third of suicide victims have a diagnosis of alcohol-related psychiatric problems. Little is still widely known on suicide in IDUs. Partially this is also the consequences of the methodology and its limitation as suicide in country population is usually monitored through General mortality register (GMR) and this does not allow identification of all suicides in particular subpopulation as IDUs are. Studies on wider mortality and suicide among IDUs, specially in heroin users are worlwide performed with the use of cohort studies. In Slovenia only one cohort among IDUs was performed. Special Mortality Register in Slovenia presented complementary source of data on deaths in IDUs. CONCLUSION: Suicide among IDUs is underestimate due to stigma and due to methodology in case of using only GMR as only source of mortality data. In Slovenia cohort study monitoring overall mortality among heroin addicts in opioid agonist treatment was performed, as well as mortality in IDUs and differences in causes of death between heroin addicts with or without outpatient opioid agonist treatment.

S14-2

Experts' beliefs on suicide among illicit drug users

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INTRODUCTION: Slovenia has one of the highest suicide rate in the EU. Suicide accounts for a considerable share of premature deaths in illicit drug users (IDUs), where heroin addicts predominate. The analysis of national data on suicide among IDUs in Slovenia revealed several differences in suicide behaviours between the general population and the IDUs. The aim of this study was to find out the opinions of a group of psychiatrists about the calculated results and the indicators used in analysis. METHODS: The national data on suicide among IDUs were analysed and presented to a 120 minute-long focus group meeting. A focus group methodology was used. The focus group meeting was audio- and video-taped and transcribed. The transcription was then re-read and recoded to complete the process. RESULTS: The psychiatrists in the focus group showed awareness of Slovenian data on suicide in general population, but they were not aware of the differences between data that refer to the general population and those referring to the IDUs. CONCLUSIONS: Those psychiatrists expressed interest in being updated on the periodic analysis of these data and indicators, so that they would be able to use them in everyday clinical practice. This qualitative study pointed out discrepancy in the understanding of suicide phenomena: experts on one part have a very good knowledge of characteristics and prevention regarding suicide in the general population, while less was known about the characteristics of suicide among IDUs, where this gap was related to sharing myths without scientific bases.The qualitative studies are recommended in those cases where phenomenon is less researched, where psychological elements could have im-

pact on decisions and when myths and stereotypes are present, as in the field of suicide among IDUs is the case. Specific suicide prevention programmes tailored to the needs of IDUs, especially heroin addicts, should be developed after reviewing the results of both quantitative and qualitative research.

S14-3

Overdoses and other drug related deaths: Comparison between outpatient treatment registered and not-registered patients

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INTRODUCTION: Overdose is a major cause of death among illicit drug users, followed by natural deaths (diseases), suicide and trauma. The aim of the study was to investigate differences in causes of death between illicit drug users (IDUs) requested opioid agonist treatment and those who not. METHODS: Information on the subjects included in the present study was obtained from three national data sources (using a record linkage procedure). The data on mortality were obtained from the General Mortality Register, where all deaths occurring in Slovenia are stored. The second source of data was the Evidence of Treatment of illicit Drug Users database, where records on illicit drug users (IDUs) who request outpatient opioid agonist treatment are stored. In a cohort of 3949 IDU in outpatient agonist opioid treatment in 2004-2006 period the vital status for the period 2004-2011 was ascertained every year. The third source was the Special Mortality Register as complementary source of suicide mortality data (further police and medico legal investigation). RESULTS: The mean age of 331 deceased was 32.2 years; 85% were males. Of all deaths, 63% were due to an overdose. Untreated IDUs (N=232) died more frequently due to overdose, while IDUs seeking treatment (N=99) died more frequently due to causes other than overdose (indirect causes); the difference was statistically significant (Chi^2=20.48, p=0.000). 88.7% of all overdoses were due to opioids. Untreated suicide victims died more frequently due to overdose by prescription drugs than IDUs seeking treatment, the difference was statistically significant (Chi^2= 34.36, p=0.000). Prescription opioids, illicit narcotics and other psychotropic prescription drugs presented high risk for death (Chi^2= 40.05, p<0.001). CONCLUSION: The use of three national databases allowed the possibility to identify cases which would otherwise remain hidden using a single database. Caution in prescribing practice, particularly with respect to benzodiazepines and narcotics, is a priority. Better access to opioid agonist treatment is needed. To monitor drug related mortality in more reliable approach could be instrument for further measurement of the quality of treatment services.

S14-4

Suicide mortality in illicit drug users: Comparison between outpatient treatment registered and not-registered patients

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INTRODUCTION: Suicide is one of the top ten leading causes of premature death in Europe. Slovenia is a country with one of the highest suicide rates in EU, while association of suicide and illicit drug use are not widely investigated and known phenomena in the country. The aim of the study was to assess suicide in llicit drug users (IDUs) and to find out differences between IDUs who request outpatient opioid agonist treatment and those who not. METHODS: Information on the subjects included in the present study was obtained from three national data sources (using a record linkage procedure). The data on mortality were obtained from the General Mortality Register, where all deaths occurring in Slovenia are stored. The second source of data was the Evidence of Treatment of illicit Drug Users database, where records on IDUs who request outpatient opioid agonist treatment are stored. In a cohort of IDU in outpatient agonist opioid treatment in 2004-2006 period the vital status for the period 2004-2011 was ascertained every year. The third source was the Special Mortality Register as complementary source of suicide mortality data (further investigation). RESULTS: 71% of suicide victims were males, 52% of IDUs died due to suicide by overdose. Untreated IDUs (N=63) died more frequently due to suicide by overdose, while IDUs seeking treatment (N=24) died more frequently due to suicide by causes other than overdose; the difference was statistically significant (Chi^2=14.43, p=0.000). Untreated suicide victims died due to overdose by no narcotics, while treated victims died in all cases due to overdose by narcotics; the difference was statistically significant (Chi^2= 4.13, p=0.042). CONCLUSION: The use of three national databases allowed the possibility to identify cases which would otherwise remain hidden using a single database. In cohort, suicide other than overdose predominated, methods of suicide were more similar to those in the general population. Specific suicide prevention intervention tailored to the needs of IDUs, especially heroin addicts, should be developed.

S15-1

Towards gender specific tailored programmes

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INTRODUCTION: Most of the literatures concerning the need of the treatment of women who use psychoactive substances show that they are specifically vulnerable group and require specialized, gender specific services. METHODS: Aim of the study was to assess the main needs of women treated in mixed gender, public drug treatment services in Macedonia and Slovenia and to compare the differences between these two groups. Sample of 96 women undergoing treatment services in Macedonia and Slovenia voluntary complete anonymous questionnaires designed by DAD.NET network. The importance of each question was evaluated by using the evaluation scale from 1 to 7. For statistical analysis of the results we use descriptive and analytical statistical methods (t-test for independent samples and Pearson Chi- square test). RESULTS: The results show that there are significant differences(p<0.05) between the two groups, in duration

of treatment, reason of currently attending health service, use of other pharmacological treatments and duration of methadone/ buprenorphine use. Besides these differences, there aren't significant differences in the evaluation of the importance of each question on the main needs of women with addiction problems. Most of the patients in the two groups evaluate the following as very important: protected privacy, questions about unprotected sex, sex with partners at risk for STD, prostitution, violence, exposure to crime, presence of gynecologist and female professional staff for medical examinations, women oriented care, contraception, reproduction, counseling and support for patients who want to have a baby, involvement of parents/relatives/partners in some cases. As very important in a woman's decision to abandon treatment most of them evaluate: poor patient oriented treatments, not respected privacy, professionals' inability to support patients, fear of being reported to the police, parents/relatives or partner's involvement in the treatment without the patient's consent. As very important in discouraging from accessing treatment they evaluate: fear of being identified by other services. As not important most of them evaluate the question about importance to be received and followed by a female professional staff. There is significant difference($p<0.05$) only in the question for lack of knowledge on the services available or on the kind of support offered that is more important for patients in Macedonia in discouraging from accessing treatment. Even patients answer that they are satisfied with their health services the patients from Macedonia suggest that following aspects should be improved: presence of gynecologist; more staff, psychiatrists, availability of pharmacotherapy and psychotherapy, psychological support, activity for prevention of relapses, education for patients and staff, sensibility for female patients, tolerance and support for mothers with children, security; better conditions and coverage of travel expenses. The patients from Slovenia suggest following aspects: need for gynecologist, more rooms, more staff, female groups, gender specific program, and inclusion of family, parents, partners and kids in treatment of females. CONCLUSION: The female drug users besides their differences need gender specific services that will pay adequate attention to their needs and will offer adequate response and psychosocial support. Recent treatment program need to be adapted to the needs of female patients that bring us closer to the goal of individualized interventions that best meet the needs of each patient.

S15-2

Matching AOT medication to patients needs: Methadone, buprenorphine or slow released morphine?

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INTRODUCTION: Opioid substitution treatment (OST)/Medication-assisted treatment for opioid dependence (MAT) is the fundamental treatment programme around the world. Republic of Slovenia, EU, is one of the the five counties around the word where three/four medical products for opioid dependence treatment are available (methadone, buprenorphine, buprenorphine +naloxon and sustained release morphine (sr - morphine)). Though the effectiveness of OST/MAT has been well approved in controlled studies with the use of new medical products, dosing, effectiveness in clinical practice need further research. METHODS: The aim of the presented study was to establish the impact of the type and dose of the medication for OST/MAT on quitting or reducing heroin use and the use of other drugs during treatment and to compare the success of OST/MAT when three/four medical products for opiate addiction treatment are used with the outcome when only methadone treatment was possible. In order to evaluate the success of drug dependence treatment, the Drug Addiction Treatment Efficacy Questionnaire (DATEQ) was prepared and was subsequently validated. RESULTS: When there are more OST/MAT medications available we can better match patients needs. And when the dosages are adequate there was no difference between the dosage of medication was found. CONCLUSIONS: As in any medical treatment the availability of different medications with different treatment profiles enables to adopt the treatment better to the patients and increase patients satisfaction in treatment.

S15-3

Sexual dysfunction among man in AOT - is there a difference?

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INTRODUCTION: Besides significant impact of sexuality on individual's wellbeing, satisfaction with sex life has an important effect on quality of life. It should not be neglected that sexual disorders are often overlooked dimension of psychiatric disorders. Unfortunately, long term opioid (ab)use may leads to sexual difficulties; sexual dysfunction symptoms include loss of libido (diminished or absent libido), inability to achieve orgasm and erectile dysfunction (in men). Sexual dysfunction as a side effect of methadone and buprenorphine maintenance treatment is quite common. There are several studies confirming higher prevalence of sexual disorders in patients in opioid maintenance treatment compared to general population. There are no studies available comparing those two medications with slow release morphine in context of side effects on sexuality. METHODS: We included 120 consecutive men patients without co-morbid mental health disorders which were willing to fulfil the questionnaire; 60 on methadone maintenance treatment and 60 on slow release morphine treatment. A structured interview was used, asking for socio-demographic characteristics, drug use and IIEF (International Index of Erectile Function Questionnaire). RESULTS: The results of ED among methadone patients will be compared with results of patients with SR - morphine medication. CONCLUSIONS: Clinicians should ask their patients about their sexual life in order to screen potential dysfunction. The general indications for choice of different opioid treatment medication should be adopted to the individual needs, taking into account possible (frequently overlooked sexual) side - effects.

S15-4

Factors associated with outcome of opioid addiction inpatient treatment

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INTRODUCTION: Despite different treatment approaches many patients with drug addiction continue to use drugs during and after treatment. The purpose of the study was to examine the relationships that exist among hypothesised variables and outcomes of hospital treatment of drug addiction treatment. METHODS: A cohort of 191 patients with opioid addiction consecutively admitted to a closed detoxification unit between October 2011 and May 2013 were followed during one year. The research interview, the Treatment Outcomes Profile (TOP), Drug Addiction Treatment Efficacy Questionnaire (DATEQ), Circumstances, Motivation and Readiness Scales (CMR) were administered during the first week of admission to the detoxification unit. Urine test was administered on the day of admission and at each follow-up point in combination with the TOP and the DATEQ (after three, six and twelve months). Illicit drugs abstinence during one year after intake was selected as a treatment outcome measure. RESULTS: After 12 months 66 patients maintenance abstinence, 11 of them finished the whole 278 days long treatment. Finishing the whole treatment or according to therapeutic agreement shorter duration of hospital treatment (there were different goals of the treatment: stabilization on substitution therapy, detoxification before therapeutic community, completing the whole program...) was the best predictor of a positive outcome. Higher motivation at the beginning of the treatment and completed high school were also predictors of positive outcome. Living with an addicted person, use of heroin and use of benzodiazepines prior admission were predictors of negative outcome. Self-rated psychological and physical health at baseline do not seem to be associated with the outcome. CONCLUSIONS: Different factors may play a role in the hospital treatment outcome. To improve the treatment outcome more attention should be paid to treatment duration and motivation for the treatment. Attention should be also paid to preparation and stabilization of the patients before hospital treatment.

POSTERSESSION

P-01

Overdose: A burden of illness retrospective cost analysis in medicaid

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INTRODUCTION. Opioid overdose poisoning rates and related mortality have increased substantially over the past decade. Although previous studies measured the costs of overdose and related mortality in smaller geographic settings, this work studied opioid overdose in the national US Medicaid population. Study objective is to assess the economic burden of opioid-related overdoses in a national public health insurance plan. METHODS. A retrospective cohort analysis was performed using insurance claim records extracted from the Truven MarketScan Medicaid Database from January 2009 to December 2013. Direct medical costs were analyzed for both inpatient and outpatient services. RESULTS. From 24,788 opioid overdosed patients, 13,216 patients were hospitalized (53.32%). Out of those hospitalized the mortality rate was 4.43%. The mean duration of inpatient stay was 4.88 days. Of the total overdoses 1,462 (5.89%) were children under 10 years. The mean estimated total direct medical cost to Medicaid was $132.5 million per year and $664 million over the 5 study period. CONCLUSION. This study demonstrated the high cost burden of opioid overdose for Medicaid plans. More than half of the opioid overdose patients utilized inpatient services with an overall mortality rate of 2.49%. These findings indicate the need to advance technologies to reduce the cost burden of overdose and eliminate loss of life.

P-02

Nicotine and opioids use: pharmacological and clinical considerations

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INTRODUCTION. Tobacco smoking is not treated enough among consumers of psychoactive substances in addictions' centres. However, opioid users are usually tobacco smokers. And there are interactions between nicotine and opioid system that must be known by physicians. METHODS. Based on collected studies about the links between nicotine's actions and opioid system, pharmacological and clinical data are delivered to discuss the impact of the different opioid substitution treatments on tobacco smoking. RESULTS. The pharmacological data demonstrate strong interactions between nicotine and opioids, as well as an increased expression of the mu receptor's gene when exposed to nicotine. Opioids use seems to increase nicotine consumption and reciprocally. And antagonism of the rats' opioid system precipitates nicotine's withdrawal syndrome. The kappa receptors would be particularly implicated. Surprisingly, patients with opioid substitution treatment (OST) would not increase tobacco smoking and nicotine use, outside the OST's induction. And even, buprenorphine could spontaneously reduce it. However, one study did not found tobacco smoking's differences between patients treated by methadone or buprenorphine. CONCLUSION. Further researches are required to obtain a better understanding of these pharmacological interactions and the clinical consequences. Tobacco smoking and nicotine vaping should be regularly assessed among patients with OST in order to offer personalized tobacco cessation or reduction supports. OST are good opportunities to provide information and medical cares' propositions about tobacco smoking.

P-03

Transferring methadone patients to suboxone (buprenorphine/naloxone). In an outpatients clinic during 2013-2015 clinical report.

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BACKGROUND: MATARA Clinic is an ambulatory clinic that is located in Beer- Sheva (south of Israel) and is treating patients also in other (9) towns, total of 1/3 graphical territory of the country. The services in the faraway places are given by a special mobile unit and the psychosocial treatment including physician checkup is at the clinic itself when needed. The transferring process begun following the entrance of a new medical treatment: Suboxone (Buprenorphine/Naloxone). Taken in consideration was the safety of our patients along with improving dispensing of treatment in challenging logistic conditions in the mobile unit and allows peace of mind to the treating doctor since it is a take home therapy. The reasons for transferring patients from MTDN to SBXN were - 1- Safety- due to the Bup/Nal Characteristics, it is much safer compering to full agonist treatment and encourages patients to stop injecting. 2- Fewer side effects- cognitive, cardiac, sexual dysfunction, sedation etc. 3- Logistic Flexibility – for patient receiving take home therapy, and easier for mobile unit distributing the medicine. Goals of transfer (tailored per patients): 1- Get patients to stop using street drugs 2- Get patients to stop M&D 3- Improve patients QOL. RESULTS: Out of 52 patients transferred, 34 continue treatment with Suboxone answering satisfaction from physician & patient. Patients in "success" group were with the same Avg. age and Avg. dose of MTDN as in the origin group. Therefor age and Avg. dose are not a factor for success. Also when the goal is to improve the Well-being and Quality of life (75%) or stop M&D (67%) the success is much higher than setting the goal as being “clean”. 96% of those patients who have had “clean” urine tests have succeeded to transfer and stay on Suboxone. CONCLUSIONS: When we are beginning the transfer process with patients that are still using illicit drugs with their therapy (MTDN), the results show that we are most likely to succeed in the process with those using STIM / CAN rather than those using BNZ/OPI.

P-04

Anxiety-depressive spectrum disorders in opiate addiction population treated with methadone and buprenorphine

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Psychiatric symptoms are frequent in patients with opioid dependency and may be the result of the clinical phase of drug addiction or confirm the presence of a psychiatric comorbidities. Scientific evidence agrees that the addiction which are treated with methadone or buprenorphine undergo an overall psychopathological improvement, in particular regarding their anxiety-depression spectrum disorders.Our study, currently underway, has been proposed in order to evaluate the incidence of anxiety-depressive dimension in all foreign patients with opiod addiction referred for the first time to Ser.T. in the project L.O.S.T. (Line Operations Foreigners Addicts), in which we monitor any significant change in response to drug treatment and make a comparison between different ethnic groups. Patients are assessed by clinical interview according to DSM-IV-TR diagnosis, anamnestic investigation \ socio-demographic and administration of the Rating Scale HAM-A and HAM-D in the first interview and after three months.

P-05

The impact of Agonist Opioid Treatment (AOT) duration on criminal reports in Austria

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INTRODUCTION: Since the introduction of OST in Austria in 1987 all substitution treatment episodes have been centrally registered by the Federal Ministry of Health. The Addiction Competence Centre at the Austrian Public Health Institute uses this data to examine the effects of OST by combining it with information provided by criminal reports (i.e. notifications after a confiscation of illegal drugs), data on drug related deaths and records on health related measures on a pseudonymisized basis. So far, the database covers relevant information on more than 60,000 OST patients and a timespan of 28 years and allows for comprehensive statistical analysis. METHODS: Analysis of long term retention rates to describe the population in OST. Analysing the probability of notification by the police for different patient cohorts defined by treatment duration. RESULTS: In 2013 a total of 16,989 patients received OST (297.8 per 100,000 persons aged 15-64). The estimated prevalence of high-risk opioid users totals to 28,550 in 2013. The OST-coverage of high-risk opioid users has tripled over the last 15 years, reaching 60 % in 2013. The OST population consists of a high number of long term clients, e. g. 63% of patients starting their first OST in 1990 were in treatment - either in continuous treatment or with interruptions - in April 2003 (i. e. after 13 years), in 2013 (23 years observation period) the respective proportion was still 33%. The combined analysis of OST data and criminal records shows a correlation between long-term OST and a reduced probability for recurring illegal drug posession. While the probability for being reported by the police for illegal drug posession in 2013 was 17% for short-term OST patients (i.e. patients who were in treatment for one month or less), only 4 % of long-term OST patients (i.e. patients who were in treatment for more than nine years) were subject to such notifications. CONCLUSIONS: Austria has gathered significant data on its OST program, the coverage of high-risk opioid users and long-term treatment rates. Combination of OST-related data with other sources indicate positive effects of long-term OST. This might be an indicator for stabilization but also other factors like selection bias have to be discussed.

P-06

Strategic insight in providing recovery housing: Development and application of measurement tool for opioid addiction recovery housing services

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INTRODUCTION: Stable housing is important in achieving recovery success in opioid dependence. For many there are significant problems in accessing housing particularly on prison release. Pilot program supported set up of housing services for persons with opioid dependence. METHOD: Consensus process based on real world experience of experts managing recovery housing was used to define an outcomes measurement system for recovery housing. Outcome measures were ranked. 16 housing services were assessed after 6 months. RESULTS: Success of services was assessed systematically, using performance measures defined by experts in housing/ addiction care and qualitatively by interview. Activity: 16 housing services served minimum 217 clients. 86% of clients were released from prison; all had history of opioid dependency. Occupancy level on average over the period was 86%. Demand exceeded capacity in 31% of services. Features of recovery housing: 81% of housing services included the most highly ranked components of a housing service, "Housing services were set up for interventions for addiction (including mutual aid)"; 94% provided the element "Housing units of appropriate quality are available". Goal achievement: 94% of housing services reported achieving most desired goal, "The housing service is an asset in the community and does not result in harm to the local community"; 88% reported achieving second most desired goal, "The housing service encourages self reliance and independence for tenants".Interventions for drug addiction: all housing service projects provided some sort of intervention for addiction; 44% providing high intensity intervention for opioid dependence. Tenant selection: 38% of housing services demanded abstinence from illicit or street drugs; 31% demanded total abstinence and 31% did not enforce any rules on drug use/ abstinence. CONCLUSION: Work provides guidance on important components of successful recovery housing. Outcome measures defined are useful tool for assessing housing. Three core strategic archetypes for recovery housing services are defined from the lived-experience in this pilot. Housing services should consider their preferred archetype of service and set goals with this in mind. Lived experience from pilot housing services outcomes defines decisions for providers, which will define success.

P-07

A characterization of first-time enrollees and repeated enrollees entering medication-assisted substance abuse treatment programs

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INTRODUCTION: This study aimed to compare characteristics of individuals entering medication-assisted treatment (MAT) for drug dependence for the first time compared to those who had sought treatment more than once. According to a 10-year study assessed among Norwegian drug abusers (2015) after seeking treatment, users who inject drugs increase their mortality rate between 10 and 20 times compared to the general population. METHODS: EUROPAD Program data collected at sites in France, Germany, Italy, Norway, Spain, and the United Kingdom from fourth quarter 2014 through third quarter 2015 were analyzed. Patients aged 18-65 entering MAT were surveyed to gather demographic information, primary drug used "to get high," as well as route and source of primary drug, in the 90 days prior to treatment intake. Data were stratified by country (defined as location of the treatment centre) and compared by group [those that sought treatment for the first time (first-time enrollees) and those who had sought treatment more than once in their lifetime (repeated enrollees)]. Among the 760 respondents 508 (67%) reported previous treatment status and are used in this analysis. T-tests were utilized to determine if current age or age at first entrance into treatment were different between the two groups. Patients were asked to report only their primary drug; however, if they endorsed more than one, they were categorized as having "More than 1 primary drug." Chi-square tests were used to determine if gender or current treatment for an opioid substance use disorder were different between the two groups. RESULTS: Of the 508 eligible surveys, there were 104 from France, 133 from Germany, 46 from Italy, 63 from Norway, 40 from Spain, and 122 from the United Kingdom. The mean (SD) of current age of first-time enrollees and repeated enrollees were statistically different in France [35.7 (10.5), 39.6

(9.00) respectively, p=0.047] and Italy [28.8 (7.9), 38.1 (10.4) respectively, p=0.043]. Differences in mean (SD) age at first entrance into treatment between first-time enrollees and repeated enrollees were statistically significant in Norway [31.1 (7.2), 24.3 (7.87) respectively, p=0.019] and the United Kingdom [30.0 (6.8), 26.9 (7.6) respectively, p=0.033]. Gender was not significantly different between the two groups. In five of the six countries represented, heroin was among the most frequently reported as the top primary drug of abuse for both first-time enrollees and repeated enrollees. In France and the United Kingdom among repeated enrollees and in Germany among first-time enrollees, "More than 1 primary drug" was reported as one of the top two primary drugs of abuse. Of the drugs that were reported as the primary drug of abuse, codeine was the second most frequently reported in the United Kingdom among first-time enrollees. In addition, buprenorphine was one of the three most frequently reported primary drugs in the repeated enrollees in both France and Norway. CONCLUSION: Little research has previously looked at the characteristics and differences of first-time enrollees and repeated enrollees entering MAT. Data analyzed from participating treatment centres in Europe have described these differences. While current age was similar between the groups, there was a statistically significant difference in age at entry to treatment between the two groups. For both first-time and repeated enrollees, the majority endorsed heroin as their primary drug. Additional studies are necessary to further understand these results and the complexities of this patient population.

P-08

Reported route and source of primary drugs of abuse by patients entering medication-assisted substance abuse treatment in Europe

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INTRODUCTION: Personal characteristics and abuse behaviors reported by individuals entering medication-assisted treatment (MAT) for drug dependence provide insight about opioid addiction in a challenging population to study. We aim to describe respondent characteristics and primary drugs of abuse, including the routes of administration and source of drug acquisition, reported by patients enrolling in MAT programs in six European countries. METHODS: EUROPAD Program data from fourth quarter 2014 through third quarter 2015 were analyzed. Patients entering MAT were surveyed to gather demographic information, primary drug used "to get high," including route and source, in the 90 days prior to treatment intake. For this analysis, descriptive statistics were used to describe gender, age (adults 18-65 years were included), primary drug used "to get high," route by which primary drug was administered, and source of primary drug acquisition. Participating MAT sites were located in France, Germany, Italy, Norway, Spain, and the United Kingdom. RESULTS: There were a total of 760 survey respondents of whom 187 were from France, 148 from Germany, 86 from Italy, 78 from Norway, 62 from Spain, and 199 from the United Kingdom. The median age of respondents ranged from 27 years in Italy to 41.5 years in Spain. More males were enrolled in MAT in each country than females, with Spain having the highest percentage of females (35.6%). Of the 669 respondents who selected one primary drug, the most endorsed was heroin in every country except France, and ranged from 64.3% in the United Kingdom to 33.3% in Norway. For France, the most endorsed primary drug for was non-pharmaceutical THC/cannabis/marijuana (20.9%). When focusing on prescription drugs only, the most endorsed primary drug of abuse was buprenorphine in Norway (18.0%), codeine in the United Kingdom (8.0%), and benzodiazepine in Germany (9.5%) and France (8.0%). The most common route of administration was smoked in Italy (48.8%), the United Kingdom (45.9%), France (42.7%), and Germany (25.7%). The most common route was injected in Norway (39.7%) and sniffed/snorted in Spain. In all six countries, the most common source of primary drug acquisition was dealer, ranging from 88.4% in the United Kingdom to 60.9% in Germany. The second most common source was friend/relative, which ranged from 38.7% in Spain to 5.5% in the United Kingdom. CONCLUSION: This study found that heroin and THC/cannabis/marijuana were the most frequently endorsed primary drug of abuse in all countries, although buprenorphine was the most abused prescription drug in Norway. Far more men than women were enrolled in MAT; perhaps women may be an underserved group due to gender expectations and, thus, may need targeted efforts that facilitate their accessing addiction treatment services. Smoked was the most reported route for abusing primary drug in two-thirds of the countries represented. While dealer was the main source for acquiring primary drug followed

by friend/relative in all countries, it was interesting that respondents in the United Kingdom were less likely to obtain their primary drug from a friend/relative. Additional studies are necessary to further understand these results and the complexities of this patient population.

P-09

Changing pathways to care and issues of comorbidity in persons with Opioid Dependence in Florida

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INTRODUCTION: Evidence suggests that persons with mental health (MH) and substance use (SU) disorders both experience poorer quality healthcare and have greater unmet healthcare needs than those without such disorders (Institute of Medicine, 2006). Persons appearing for care in Opioid Treatment Programs (OTPs) in Florida present with high rates of both mental health and physical health disorders; persons with addiction to heroin and/or prescription opioids represent the largest group of individuals receiving care in substance abuse treatment facilities. Persons with comorbid and complex physical and mental health disorders likely require long term care. In Florida, over the past two years, managed care strategies have been expanded to include substance abuse treatment with the goal of improving access to care, care integration across comorbid disorders, improved care quality, and cost control. Managed care systems are intended to focus on the coordination of care and encourage greater patient self-management (Neighbors, Sun, Yerneni, Tesiny, Burke, Bardlesy, et al., 2013). METHODS: This investigation employed a multi-method approach including both quantitative analysis of institutional data (Medicaid and SAMHIS data (FL-DCF)) and qualitative analysis of key informant interviews of consumers and service providers to evaluate the structure of and differences in access to substance abuse treatment services following the implementation of Managed Medical Assistance (MMA) plans in Florida in mid-2014. A subgroup of plan regions (2, 3, 4, 5, 6, and 8; N= 25,631 (consumers of service)) were focused on in these analyses. Additional data analyses, from historical data, evaluating the comorbidity of psychiatric and physical illnesses will also be described. Pathways into care were evaluated in a subpopulation. RESULTS: Qualitative analysis of key informant interviews supported findings regarding continuity of care from the administrative data analysis. At the same time, some service recipient key informants reported barriers/hurdles to obtaining or continuing care such as limitations in accessing their doctor of choice, transportation issues, and/or access to prescribed medications. The majority of those service recipient key informants who were previously enrolled in substance abuse treatment services funded by Medicaid reported that there had been positive changes in their access to services under their managed care plan. The primary positive changes included a reduction in their co-payments and increased access to transportation services. A minority of service recipient key informants, however, reported care coordination between staff at their substance abuse treatment agency and another healthcare professional. Quantitative data analyses revealed forms of opioid dependence as the most common diagnoses among those receiving care funded by Medicaid. As partnerships evolve, persons with comorbid physical and psychiatric disorders are challenged in receiving true care integration. Further examination of these partnerships is warranted to ensure continuity, care coordination, and care integration across mental health and physical health disorders. CONCLUSION: Persons with Opioid Dependence diagnoses represent an evolving population in Florida OTPs. Over the past decade, access to prescription opioids increased rates of addiction and created a surge in persons seeking care. With increased law enforcement activity focused on illegal 'pain management clinics', supplies of prescription opioids were constricted and heroin addiction has rebounded. Simultaneously, over the past decade, the prescribing of opioids, across the population, by well-intended primary care physicians, has created another pathway to care as persons with pain histories appear for care in OTPs. While patients continue to receive care for their addictions, and some improvements in access and care coordination were reported, care integration remains a challenge in the health care system as currently designed.

P-10

Usefulness of a brief educational event to challenge providers' approaches with families affected by substance misuse

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INTRODUCTION: Substance abuse has profound effects on families and significant others and serves as a factor in child abuse and neglect, intimate partner violence, and family emotional and economic instability. This poster will summarize the usefulness of a brief educational event as a tool to shift the attitudes of providers away from commonly used labels and approaches that lack empirical support in lieu of evidence-based models that are more likely to be effective. METHODS: Two groups of social workers, professional counselors, and addiction counselors (N= 138) completed pretest ratings of the perceived value of four terms, participated in a one-hour workshop during 2014 on working with families affected by substance abuse, and then submitted a posttest at the conclusion. RESULTS: (using a 1-5 scale with 5 indicating "Strongly Agree") indicate that, on average, participants rate the importance of utilizing these terms very highly including codependence (4.67), family disease (4.48), family roles (4.39), and enabling (4.42). CONCLUSIONS: Posttest results found that ratings declined 9.2% – 18.4% following the training session, which indicates that provider education may be useful in challenging the continued use of terms with families that may be less effective than alternative evidence-based models. NOTE: A summary handout will be available containing references, web links, and other resources for use by programs and providers who work with families affected by substance abuse.

P-11

Acute stress response in alcohol dependent subjects with comorbid depression

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INTRODUCTION An important challenge in alcohol dependent subjects is to discriminate between induced and independent major depression. Stress plays an important role in both, depression and substance use disorders. Acute stress response could be a useful biomarker to differentiate independent from induced major depression in alcohol dependent subjects. OBJECTIVES To evaluate the acute stress response in alcohol dependent patients with independent or induced major depression. MATERIALS AND METHODS A total of 23 alcohol dependent patients -DSM-IV-TR (14 with comorbid independent major depression, 9 with comorbid induced major depression) and 20 healthy controls were assessed. To evaluate acute stress response the Trier Social Stress Test (TSST) was used. Plasma cortisol levels were measured before TSST (pre-TSST), immediately after TSST (post-TSST) and 30 minutes later (post-30'TSST). The data were analyzed with repeated measures ANOVA and post hoc analysis using the Bonferroni test. RESULTS In alcohol dependent patients, those with induced depression showed an increase in stress response (measured by increase in cortisol plasma levels) similar to controls, but the those alcohol patients with independent major depression did not show cortisol changes in the TSST. CONCLUSIONS These preliminary results show a different response to acute stress between patients with independent or alcohol -induced major depression. Stress response could be a biomarker to differentiate depression in alcohol dependent subjects. No conflict of interests reported. Supported in part by grants of Instituto de Salud Carlos III-FEDER (RTA RD12/0028/0009), and Plan Nacional Sobre Drogas (PNSD 2012I054)

P-12

Update on the new full specialty in addiction medicine in Norway

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INTRODUCTION: In 2012 the Ministry of Health decided to establish a full specialty in Addiction Medicine in Norway. METHODS: A work group for the new specialty was appointed by the Directorate of Health with medical doctors representing different parts of the system, user representatives and other professions. The Norwegian Medical Association appointed a specialty board. The specialty and the interim rules were decided in November 2014 by the Ministry of Health. RESULTS: The requirement for the full specialty is five years of internship in accredited institutions and 270 hours of coursework. Three and a half year of internship must be in Addiction Medicine, including one year in a detoxification ward, one year in a department for out-patient treatment and half a year in a hospital department for in-patient treatment. One year of training should be in psychiatry. The candidate should be supervised closely in his/her clinical work by a specialist in Addiction Medicine. So far more than 35 specialists have been appointed after interim regulations and approximately 60 doctors are in training for the full specialty. The process of certifying the first teaching hospitals is well on the way. DISCUSSION: Addiction Medicine is a full medical specialty in Norway, probably as the first country in the world.

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