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seea

7TH SOUTH EASTERN EUROPEAN
AND ADRIATIC DRUG ADDICTION
TREATMENT CONFERENCE

14TH SEEANET SYMPOSIUM ON
ADDICTIVE BEHAVIOURS

6. SLOVENSKI SIMPOZIJ O OKUŽBI
Z VIRUSOM HEPATITISA C PRI OSEBAH,
KI UŽIVAJO DROGE

March 12th - 14th, 2015
Cankarjev dom, Ljubljana,
Slovenia, EU



10 YEARS of SEEA net
20 LET MREŽE CPZOPD/CZOPD

Abstract book



ODVISNOSTI - OVISNOSTI - ZAVISNOSTI - SEEA ADDICTIONS, Vol XV, Supl 1, 2015

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Andrej Kastelic
Tatja Kostnapfel Rihtar

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7th South Eastern European and Adriatic Drug Addiction Treatment Conference

14th SEEAnet Symposium on Addictive Behaviours

6. slovenski simpozij o okužbi z virusom hepatitisa C pri osebah, ki uživajo droge



March 12th - 14th, 2015
Cankarjev dom, Ljubljana,
Slovenia, EU

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SEEAnet

and

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UNDER THE HONORARY AUSPICES OF/POD POKROVITELJSTVOM

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REPUBLIKA SLOVENIJA
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UNDER THE AUSPICES OF

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POMPIDOU GROUP - COUNCIL OF EUROPE
WORLD HEALTH ORGANIZATION - REGIONAL OFFICE FOR EUROPE
WORLD FEDERATION FOR THE TREATMENT OF OPIOID DEPENDENCE

THE CONFERENCE IS ORGANISED AS A PART OF THE 20-YEAR CELEBRATION OF
ORGANISED DRUG ADDICTION TREATMENT SERVICES IN SLOVENIA AND
TO HONOR 10 YEARS OF SEEAnet



THE 7th SOUTH EASTERN EUROPEAN AND ADRIATIC DRUG ADDICTION TREATMENT CONFERENCE

with

14th SEEA-net SYMPOSIUM ON ADDICTIVE BEHAVIOURS

and

THE 6th SLOVENE SYMPOSIUM ON HEPATITIS C AMONG PEOPLE WHO USE DRUGS

Dear Colleagues, Patients, Advocates, Stakeholders and Friends!

We are happy to welcome you at the 7th SEEA-net CONFERENCE and 14th SEEA-net SYMPOSIUM ON ADDICTIVE BEHAVIOURS in Ljubljana, Slovenia together with the 6th SLOVENE SYMPOSIUM ON HEPATITIS C AMONG PEOPLE WHO USE DRUGS.

You are part of the unique conference in this field within the region together with many colleagues and international friends representing the partnerships that SEEA-net has developed with Global Addiction Association, European Monitoring Center for Drugs and Drug Addiction, European Opiate Addiction Association, Pompidou Group – Council of Europe, World Federation for Treatment of Opiate Dependence and others.

Our main conference issues are treatment of people who use new psychoactive substances, treatment of people with comorbidity of drug dependence and personality disorders, addiction to internet and social networks, and last hepatitis C in people who use drugs.

The organisers are all excited about a comprehensive conference program developed by our conference planning committee and about all of us coming together at the Welcome and Award Reception. The latter is to be held in order to celebrate ten years of SEEA-net as well as to present SEEA-net Reflection Awards and Appreciations during the 20th anniversary of organised treatment of drug addiction in the Republic of Slovenia.

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About SEEAnet



SEEAnet - SOUTH EASTERN EUROPEAN and ADRIATIC ADDICTION TREATMENT NETWORK



During the 1st Congress of Psychiatrists of Bosnia and Herzegovina in Sarajevo, October 3rd 2003, the second meeting of the coordination committee of drug addiction treatment experts in South Eastern Europe was held. At the meeting the need for the further cooperation and the institutionalization of this need through the network was recognized. With the agreement of all participants, "to preserve ideas and the spirit of Poreč (Croatia) – Piran (Slovenia) during 1st Adriatic Drug Addiction Treatment Conference in May 2003 and to ensure continuity of cooperation" South Eastern European and Adriatic Addiction Treatment Network (SEEAnet) was born.

SEEAnet is an informal organization of experts on addiction treatment and harm reduction from the countries all over South Eastern Europe and Adriatic coast. Each country gives 3-5 representatives. The number of countries is not limited. The Network has a president, co-president and coordinator. Technical support for the Network is provided by SEEAnet Society from Slovenia.

SEEAnet is "home grown" and not organised by some other international body or organization. That's is why it is intrinsic motivated and not burdened by expectations from outside. The Network is based on professional connections and friendship. These are the arguments that allow us to believe that "SEEAnet" plays an important role in the creation of new strategies and approaches in drug addiction treatment and reduction of drug related harm in the region and broader, even globally.

SEEAnet is the founder of World Federation for Treatment of Opiate Dependence (WFOTD) – together with European Opiate Addiction Association (EUROPAD) and American Association for Treatment of Opiate Dependence (AATOD) during 1st World Conference of Opiate Addiction in Ljubljana, Slovenia that was organized by SEEAnet, as well. SEEAnet is the founding member of International Drug Policy Consortium (IDPC), Drug Policy Network in SEE and is the member of EUROPAD.

SEEAnet has been involved as an organization or through the experts who are the members of SEEAnet in developing treatment and harm reduction programs in communities and custodial settings worldwide. Most of this activities have been done pro bono or through the cooperation with major international organizations as EU, Council of Europe – Pompidou Group, UNAIDS, UNODC, WHO, OSCE, Global Found, Open Society,... Numerous trainings, workshops, study visits, meetings, conferences and symposia have been organized for governmental and non governmental organizations, treatment professionals, practitioners, volunteers, drug users, patients etc. including direct consultations.

SEEAnet Conferences and Symposia

- 1st Adriatic Drug Addiction Treatment Conference: Treatment, Hard Reduction, Rehabilitation, May 21st-22nd, 2003, Poreč, Croatia
- 1st SEEAnet Symposium, Sarajevo, 2003
- 2nd Conference & 2nd SEEAnet Symposium, May 19–21st, 2005, Kranjska Gora, Slovenia
- 3rd SEEAnet Symposium, May 17th, 2006, Novi Sad, Serbia
- 3rd Adriatic Drug Addiction Conference & 4th SEEAnet Symposium, Sarajevo, Bosna and Hercegovina
- 5th SEEAnet Symposium – Izazovi i odgovori na problem ovisnosti o drogama – regionalna iskustva, 17. 10. do 18. 10. 2008, Poreč, Hrvatska
- 4th Adriatic Drug Addiction Treatment Conference and the 6th SEEA (South Eastern European Adriatic Addiction Treatment Network) Symposium on Addictive Behaviours, May 21–23, 2009 Budva-Bečići, Montenegro
- 5th Adriatic Drug Addiction Treatment Conference & 7th SEEA (South Eastern European and Adriatic Addiction Treatment Network) Symposium on Addictive Behaviours, September 30 – October 2, 2010, Ohrid, Macedonia
- 6th Adriatic Drug Addiction Treatment Conference & 8th SEEAnet Symposium, June 21st –23rd, 2012, Tirana, Albania
- 9th SEEAnet Symposium, October 12th, 2012, Tuzla, BIH
- 10th SEEAnet Symposium, May 10th, 2013, Pisa, Italy
- 11th SEEAnet Symposium, May 22nd, 2013, Ohrid, Macedonia
- 12th SEEAnet Symposium, February 6th, 2014, Ljubljana, Slovenia
- 13th SEEAnet Symposium, June 26th, 2014, Rome, Italy
- 7th SEEAnet Conference, March 12th – 14th, 2015, Ljubljana, Slovenia
- 14th SEEAnet Symposium, March 13th, 2015, Ljubljana, Slovenia

SEEAnet participating countries

Albania

Austria

Bosnia and Herzegovina

Bulgaria

Croatia

Cyprus

Greece

Hungary

Italia

Kosovo

Romania

Macedonia

Moldova

Montenegro

Slovenia

Serbia

SEEAnet was strongly involved, as well, in developing addiction treatment programs in:

Azerbaijan

The Baltic countries

Egypt

Kyrgyzstan

Taiwan

Tajikistan

Turkey

Ukraine

Joined European Union - Latin American and Caribbean project

prohealth



- PROGRAMI ZA VZPODBUJANJE ZDRAVEGA NAČINA ŽIVLJENJA
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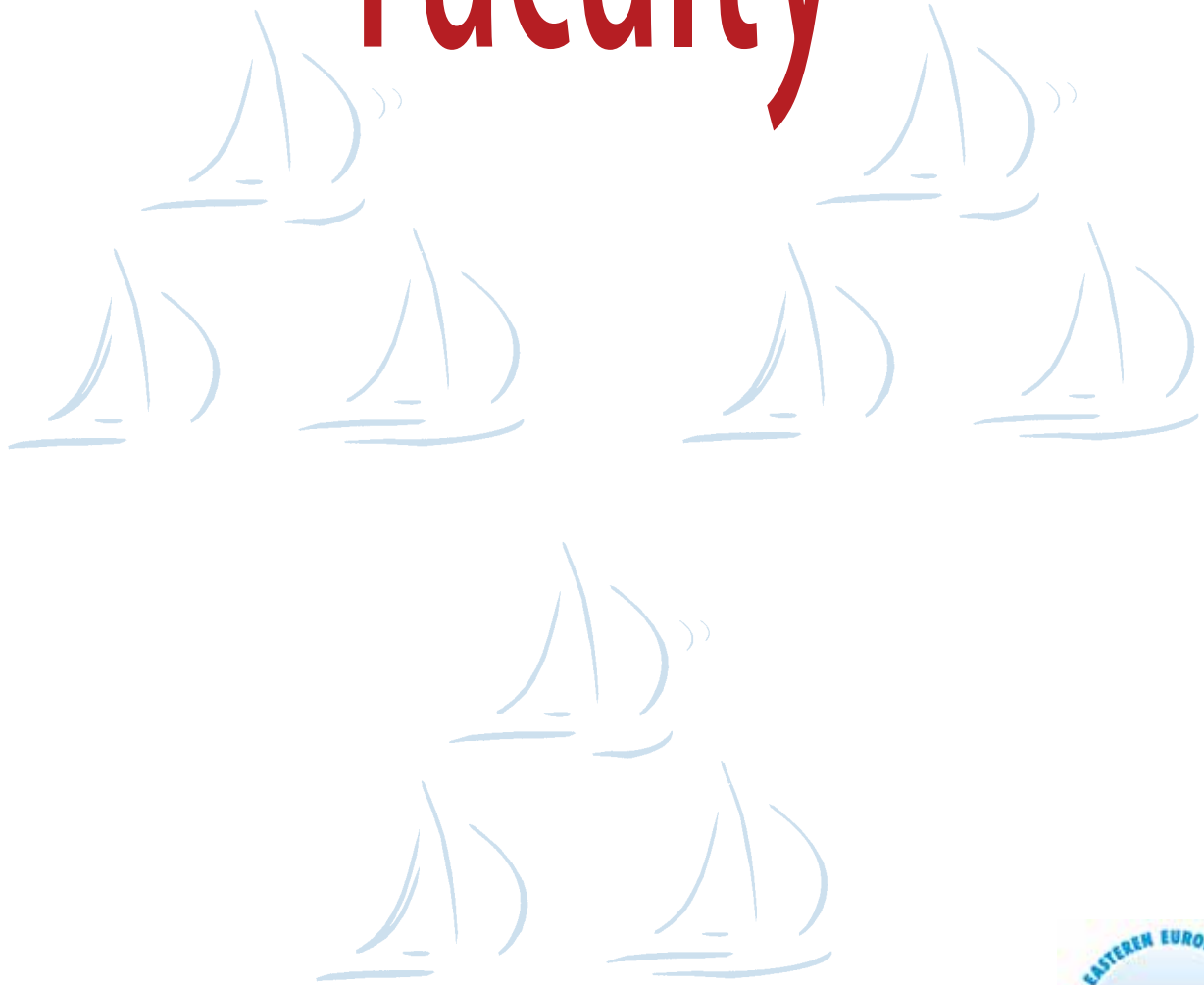
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Faculty



DIMA ABDULRAHIM (026, 037)



has been working in the field of drug misuse treatment for over 20 years. She is currently working at the Club Drug Clinic (Addiction and Offender Care Directorate) of Central and North West London NHS Foundation Trust. Dima manages the NEPTUNE national programme and is the first author of the NEPTUNE clinical guidance. She has previously worked for the

National Treatment Agency for Substance Misuse, the Substance Misuse Advisory Service and the University of East London.

Dima was a member of the UK government's Advisory Council for the Misuse of Drugs from 1991 to 2010. She is currently a member of the Independent Scientific Committee on Drugs and sits on the editorial board of *Drugs and Alcohol Today*.

Relevant publications include:

- Abdulrahim D, Bowden-Jones O and the NEPTUNE group (forthcoming March 2015) *Guidance on the management of acute and chronic harms of club drugs and novel psychoactive substances* Novel Psychoactive Treatment UK Network
- Abdulrahim D: 2008 *The 2007 service user satisfaction survey of Tier 4 service users in England*. London NTA
- Abdulrahim D: *Harm reduction- findings from the National Treatment Agency's 2006 survey of user satisfaction in England*. National Treatment Agency (NTA) August 2007
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- Gordon D, Burn D, Abdulrahim D and Campbell A: *The National Treatment Agency's NTA's 2006 user satisfaction survey*. NTA 2007
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- Abdulrahim D, Annan J, Custer R, Dale-Perara A, Drummond C, Hackland F, J, Lavoie D, A, Strang J, Ghodse H): 2002 *Models of Care* London National Treatment Agency and Department of Health
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- Abdulrahim, D., White, D.G. and Phillips, K.C. 1999 *Drug dependent Women and the Experience of Risk*, Staffordshire University
- Abdulrahim D: (1998), 'Power, Culture and the Hard to Reach: the marginalisation of minority ethnic populations from HIV prevention and harm minimisation' in Barbour R and Huby G (eds) *Meddling with Mythology; the social construction of knowledge* London Routledge
- Abdulrahim D, White D, Phillips K, Boyd G, Nicholson J and Elliott J: (1994) *Ethnicity and Drug Use: Towards the Design of Community Interventions* North East Thames Regional Health Authority.

BOJANA AVGUŠTIN AVČIN (047)



Present Position

Psychiatrist, Unit for Psychotherapy, University Psychiatric Hospital Ljubljana
2005–2012 Training in group psychotherapy

2005; PhD in Medicine, Medical faculty Ljubljana

1996; BA in Medicine, Medical faculty Ljubljana

I have published several original scientific articles on:

- long term group psychotherapy for patients with psychosis;
- immunological dysfunction in schizophrenia
- on the effects of economic crisis for mental health

DANIELA CHAPAROSKA (031)



is working as a Professor of Internal medicine and Professor of Emergency medicine on Medical faculty in University Sts. Cyril and Methodius in Skopje. She received her Master degree on internal medicine at Medical faculty in Skopje in 1987, and PhD degree on medical science from Medical faculty in University of Belgrade, Serbia, in 1994. She is the author

and coauthor of more than 120 professional publications. She has also authored a number of research articles in *Spices of Clinical Toxicology*. She is a member of several professional organizations including Eurotox. She is teaching medical students since 1990 and she has subsequently developed teaching and curriculum programs and mentored both medical students and junior doctors at Medical faculty in Skopje. She currently teaches medical students master and PhD toxicology and population health students in addition to coach in basic and advanced physician trainees. Medical faculty, University Clinic of Toxicology, Center for treatment of drug abuse and abuse of other psychoactive substances, hospital Mother Teresa, Skopje, Macedonia.

Email: chaparoskadani@gmail.com

JASNA ČUK RUPNIK (044)



She started her medical career as GP and later as a paediatrician for the area of 10.000 inhabitants of central Slovenia. From the foundation of slovenian *Centers for prevention and treatment of addiction of illicit drugs* (CPTAID) in the year 1995 she started working also with drug addicts. For the Center of Logatec she made a lot of research in the field of opioid treat-

ment, many of them regarding the children of drug addicted people. For spreading new knowledge to the general and medical population of Slovenia she wrote the book »My methadone children – I love you«. From 2008 to 2012 she was also the director of Primary Health Center where CPTAID Logatec is situated.

MIRJANA DELIĆ (036, 040)



is the psychiatrist at the Centre for Treatment of Drug Addiction Ljubljana, University Hospital Ljubljana. She earned her medical degree from the University of Novi Sad in 2002 with a specialization in psychiatry in 2010 from the University of Ljubljana. Postgraduate training included transactional analysis, cognitive behavioral therapy and short courses in motiva-

tional interviewing, group psychotherapy and psychopathology. She is a PhD student at the University of Ljubljana. Her main fields of interest are: dual diagnosis, cocaine addiction and ADHD in adults. She is regularly attending congresses in psychiatry and research field in her country and worldwide.

ANDREJA DREV (025)



National Institute of Public Health. As a member of National Focal Point for the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) she is responsible for coordination and management of the Slovenian Early Warning System on New Psychoactive Substances and for preparation of the National Report on Drug Situation in Slovenia. She is a member of inter-ministerial expert working group of the national Early Warning System on NPS and taking an active part in a European project entitled I-SEE - aiming on strengthening information exchange between Italy, Slovenia and Croatia on New Psychoactive Substances. She has participated in various surveys on drugs and youth health behaviour; at the moment she is participating in the Survey on Drugs use in Prison.

MILAZIM GJOCAJ (004, 005)



Since 13. 07. 2013, Ministry of Health / Prison Health Department in Prishtina.

Position: Director of Kosovo of Prison Health Department.

01. 01. 2003–13. 07. 2013, Ministry of Justice of Kosovo / Kosovo Correctional Service – KCS in Prishtina.

Position: Head of Prison Health System of Kosovo for KCS.

01. 01. 2003 – 31. 01. 2006 National Institution of Public Health in Prishtina

Position: Doctor on residence for Human Ecology and Public Health until graduated as specialist

Since 2004, MPTC "Labirinti" and NGO "KEA"

Position: Medical advisor for drug addicts and TBC

2002, Institute of Public Health in Peja

Position: Doctor on residence and responsible for Humane Ecology and Public Health for Peja Region.

Dubrava Prison

Position: Medical Doctor and than Medical Coordinator for Dubrava Prison Hospital.

Pharmacies Sans Frontiers – CI

Position: Doctor, coordinator for monitoring drugs distribution and training projects for Peja Region.

Medicines Sans Franciers – France

Position: Doctor, coordinator for health reorganization, mobile clinics including, in Peja Region.

UNHCR

Position: Doctor, one of the supervisors of the vaccination program for refugees based in Montenegro.

133 Brigade "Adrian Krasniqi", Dukagjin

Position: Medical doctor and organizer for health for soldiers and civilian population.

UNICEF

Position: Doctor, participating in the campaign for eradication of POLIO disease in Kosovo.

10. 10. 1996 – 24. 03. 1999: Mother Teresa NGO

Position: Doctor and coordinator in Clinics of Mother Teresa NGO for Istog District supported by MSF (Doctors without Borders).

Current Positions:

- Professor at the Medical Sciences University "Rezonanca" in Prishtina
- Director of Kosovo of Prison Health Department / Ministry of Health
- Director of NGO "Pro Vitae"
- Member and Deputy Head of the National Ethical Medical Board of Kosovo / Ministry of Health

Other professional activities:

Thesis of the specialization:

"Hygienic and sanitary conditions of the detention centers and prisons of Kosova"

Thesis for magister of science:

"Management of Prison Health System of Kosova"

ALEXIS GOOSDEEL (038, 039)



Head of Unit Reitox & International Cooperation, European Monitoring Centre for Drugs & Drug Addiction (EMCDDA)

Mr. Alexis Goosdeel is the Head of Unit "Reitox & International Cooperation" at the European Monitoring Centre for Drugs & Drug Addiction (EMCDDA). He is the Coordinator of the European drug information network, called the Reitox network, and he

is responsible for the definition and implementation of the International Cooperation Strategy of the EMCDDA.

Mr Goosdeel has a Master in Clinical Psychology from the Catholic University of Louvain (B), which he completed with a Special Diploma in Advanced Management from ICHEC Brussels Management School (B).

SEDIN HABIBOVIĆ (012, 013)



He graduated in psychology at the Faculty of Philosophy in Sarajevo. He prepares doctoral thesis *Experimental insights into the effects of the application of therapy of EMDR in the hospital detox opiate addicts*. He is Head of Department for Prevention and Counseling in Public Health Institution Addiction Treatment Centre of Zenica-Doboj Canton. He is

trained in the field of Transactional Analysis, Systemic Constellation, EMDR-a, Mindfulness, Neuro Emotional Integration, Non-violent communication. He is editor of the journal *Bilten* (www.zedo-ovisnost.ba). He was delegate in European Association for Transactional Analysis. He was member of organizing committee in three international scientific and professional meetings. He has published 27 article as the author or co-author. He has published chapters in four manuals.

HRVOJE HANDL (017)



Born 29th October 1966.g., living in Zagreb, being a cosmopolitan by faith, believing in unconscious and that „the struggle is not yet over“. Medical faculty and faculty of drama and arts, actors class, finishing after so many years, specialisation of psychiatry in the heart of Zagreb, in Psychiatric hospital „St.John“ learning from the best team. A status of candidate

in psychoanalysis earned a few years ago, finished personal analysis in 2013.g. 10 years in eating disorders as psychotherapist. Now leading day hospital for eating disorders in Psychiatric hospital „St.John“.

ROK HREN (048)



received his PhD in Physiology and Biophysics from Dalhousie University, Canada and MSc in International Health Policy (Health Economics) from London School of Economics and Political Science, UK. He is an Assistant Professor at the University of Ljubljana and a President of ISPOR (International Society for Pharmacoeconomics and Outcomes Research) Slovenia

Regional Chapter. Currently, he also holds the position of a Managing Director of Carso, a Member of Salus Group PLC (SALR.SI). In total, his publications gathered more than 200 citations in the SCI data base, excluding self-citations.

LILJANA IGNJATOVA (018, 019, 020)



is head of the Center for Prevention and Treatment of Drug Abuse and Abuse of the Other Psychoactive Substances and Assistant Professor of Psychiatry and Medical psychology at the Medical faculty of the University St.Cyril and Methodius in Skopje.

She graduated at the Medical faculty of the University St.Cyril and Methodius in Skopje

in 1986 and completed her specialization in psychiatry in 1994. She received her master degree on psychiatry in 2006, and PhD degree on medical science in 2010 at Medical Faculty in Skopje. Dr. Liljana Ignjatova is author and coauthor of more than 100 articles, manuals, guidelines, brochures and leaflets in the subject of drugs and addiction and has organized and participated in many national and international conferences and seminars on the same subject. She became a founding member of the SEE Adriatic Addiction Treatment Network and is currently on its Board of Directors. She is founding member of the World Federation for the Treatment of Opiate Dependence and permanent correspondent from Macedonia for Pampidou Group, Council of Europe.

ANTE IVANČIĆ (050)



General practitioner from Porec, Croatia. Since 1993 has been engaged in the field of addiction treatment. Head of the Centre for Addiction Treatment in his hometown since 1995.

One of the pioneers and promoters of the Croatian model of substitution treatment in Croatia where ST is provided exclusively in GPs offices.

Member of the expert group who wrote the "National Strategy for Illegal Drug Abuse Control" and "National Methadone Guidelines"

Lecturer at conferences, seminars and workshops on addiction treatment for GPs and other medical professionals in Croatia and other South-Eastern European countries. First president of the SEEA Network (South-Eastern European Addiction Treatment Network) and a member of the board of directors of EUROPAD.

ALEXANDER KANTCHELOV (027, 028)



Dr. Alexander Kantchelov is a specialist in psychiatry, working in the addiction field since 1993 - Professional Bionote 2015. He serves as the President of the Bulgarian Methadone Treatment Association and the Director of the Kantchelov Clinic in Sofia, Bulgaria.

For the last 15 years Dr. Kantchelov had invested sustained professional efforts to

promote and contribute for the development and extension of methadone maintenance treatment, as well as contemporary methods of addiction treatment in Bulgaria.

He has collaborated in the development of the first Bulgarian National Strategy Against Drugs, the Bulgarian National Programme for Prevention, Treatment and Rehabilitation and the Bulgarian National Strategy for Methadone Treatment, that had reconsidered the national treatment policy and put methadone maintenance as a central treatment modality.

In 2002 Dr. Kantchelov established the Kantchelov Clinic in Sofia, the first specialized clinic for psychotherapy and addiction treatment in Bulgaria. It has the mission to develop and introduce comprehensive treatment models, implement the state-of-the-art clinical practice, reach high clinical results, and be the leading face in the addiction treatment in Bulgaria. The therapeutic team of the Clinic had developed and implemented the Integrative Methadone-assisted Psychotherapy Model for heroin addiction treatment.

As a sign of recognition for his contributions to extending methadone maintenance treatment and developing and providing quality therapeutic models for heroin addicted patients, Dr. Kantchelov has been awarded the "Chimera Award" of the European Opiate Addiction Treatment Association and the "Nyswander-Dole Award" of the American Association for the Treatment of Opioid Dependence.

SAMIR KASPER (006, 007, 011)



1997- Medical Faculty University of Sarajevo MD degree

1998-2005 At the Center for Mental Health and Head of Zenica ambulance for substitution treatment

2003-2007 residency in neurology and psychiatry in the Cantonal Hospital Zenica and Sarajevo Clinical Center

2005-2008 doctor in a clinic for substitution

treatment for addiction institute Zenica-Doboj Canton
2008-2011 Head of department of hospital detox Institute for Addiction Zenica-Doboj Canton

2008-2010 postgraduate studies in clinical medicine Medical Faculty, University of Sarajevo (MSc degree)

2011 -Head of medical service and hospital detox Institute for Addiction Zenica-Doboj Canton

2011-2013 member of the expert group for the development of guidelines for the treatment of opiate addicts in the Ministry of Civil Affairs BiH

2012 -UNODC trainer in the field of addictive medicine

2013-2015 Subspecialty areas addictive medicine

ANDREJ KASTELIC (043, 045)



Andrej Kastelic, MD, PhD, is the head of the National Center for the Treatment of Drug Addiction in Ljubljana (Slovenia) and the president of coordination of the Centers for the Prevention and Treatment of Drug Addiction at the Ministry of Health of the Republic of Slovenia. He earned his medical degree from the University of Ljubljana in 1981, with a specialization in psychiatry in 1989.

He works as a consultant expert specially for development addiction treatment programs in communities and custodial setting for UNAIDS, UNODC, WHO, EU, Council of Europe - Pompidou Group, OSCE, Global Found. He has been involved as a consultant and/or principal trainer in Albania, Azerbaijan, Bosnia and Herzegovina, Egypt, Kosovo, Macedonia, Moldova, Montenegro, Romania, Serbia, Ukraine, Taiwan, Tajikistan, Turkey, Baltic's countries and the Caribbean.

He has served as guest editor of *European Addiction Research on Buprenorphine: Current Perspectives*, as well as editor-in-chief of *SEEA Addictions*, a Slovenian magazine titled *Reflection*, and a series of books titled *Drugs Amongst Us* and as a member of the editorial board of *European Addiction Research* and *Heroin Addiction and related Clinical Problems*. He is the author of more than 300 books articles on drug addiction and WHO guidelines for treating drug users in custodial settings and several manuals and leaflets for drug users and on prevention of drug use. A. Kastelic has participated in more than 300 international conferences and has offered about 900 lectures on the same subject.

He serves as the president of Global Addiction Association, the secretary general of the European Opiate Addiction Treatment Association, is the founding member of the World Federation for the Treatment of Opiate Dependence, the president of the SEEA Society, and the president of the SEE Adriatic Addiction Treatment Network.

He has received Dole - Nyswander Award in 2001 by American Association for Treatment of Opiate Dependence, Gold Reflection Award 2002, Slovene Ministry Of Justice Award 2005 and Europad "Chimera" Award 2008.

THOMAS KATTAU (014, 015)



is the Deputy Executive Secretary of the Pompidou Group. The Pompidou Group is the Council of Europe's drug policy cooperation body. Before this he held various positions at the Council of Europe: he was responsible for setting up childhood policies at the Council of Europe and assistance programmes in Eastern Europe. In the late 90s and early 2000 he was engaged in conflict resolution and post conflict stabilization in the Balkans and North Caucasus. He took up his present position in the field of drug policy in 2004.

Since 2005 he is also a professor for Political Science at Syracuse University in Strasbourg.

Prior to taking up duties with the Council of Europe he worked in criminological research, taught comparative law and was a practicing attorney.

JELENA KAVARIĆ BRKOVIĆ (009)



Prim. Dr., is a head of the Department of the Section for Consultative and Therapeutic Services and a head of the Department of Counseling for HIV and HCV in the Special Hospital for Addiction Diseases in Belgrade, Serbia (Teodora Dražera 44).

She finished Faculty of Medicine at the University of Belgrade in 1982 and magistristerium in 1995. Together with two specialisations, one in clinical immunology in 1992 and other in internal medicine in 1996, she has gathered more than thirty years of working experience leading to clinical immunology in the field of HIV infection and intravenous addiction as her main field of academic expertise. Working on many projects related to consultative and therapeutic services and counseling for HIV and HCV, she was appointed member of the National Council for monitoring the implementation of projects in the field of HIV / AIDS and tuberculosis (CCM-Global Fund) and a member of the Supervisory Board of the Council. "Expanding and enhancing the quality of methadone programs in Special hospital for Addiction Diseases" is the most recent project that she was involved in, conducted together with the Ministry of Health of the Republic of Serbia, under the 6th round of the Global Fund to fight AIDS, malaria and tuberculosis (2007-2014).

Most important publications include:

- Kavarić Brković, J. 2012. "Undesired Nephrology Complications in the Implementation of Buprenorphine Treatment", paper presented at 25th ECNP Congress, Vienna, Austria, 13 - 17 October.
- Brković, J., 2010. DPST za prevenciju HIV i HCV infekcija u primarnoj zdravstvenoj zaštiti. Vodič za nacionalne smernice za lekove u primarnoj zdravstvenoj zaštiti: Tretman zavisnika od opijata i opioida, Beograd, april 2010.
- Brković, J., i Kovacević, M., 2007. HIV i HCV infekcija. Priručnik – bolesti zavisnosti, Beograd, str. 31.
- Suvaković, V., Kavarić Brković, J., Alcaz, S., Zavišić, L., Janković, T. i Djokić, D., 1998. Sirenje sindroma stecene imunodefijencije u Beogradu medju osobama koje koriste droge intravenskim putem. Srpski arhiv, sveska 11/12, godiste - 126, novembar - decembar 1998.

NUŠA KONEC JURIČIČ (008)



dr. med., specialistka javnega zdravja in socialne medicine, je zaposlena na Območni enoti Celje Nacionalnega inštituta za javno zdravje. Vodi strokovno skupino za duševno zdravje na NIJZ, delovno skupino za nenalezljive bolezni na enoti Celje. Na področju preprečevanja rabe in zlorabe psihoaktivnih snovi (PAS) in zasvojenosti je bila dolgoletna vodja

LAS Celje in LAS Savinjske regije dela, bila je pobudnica in vodja prvega programa zamenjave igel in brizg zasvojenim z nedovoljenimi PAS na Celjskem. Je svetovalka mladim v spletni svetovalnici www.tosemjaz.net, predavateljica vsebine o PAS specializantom družinske medicine na Medicinski fakulteti v Ljubljani in drugim strokovnim in splošnim javnostim. Je soav-

torica knjige »Srečanja na spletu. Potrebe slovenske mladine in spletno svetovanje«, ki jo je NIJZ izdal v letu 2014.

MILAN KREK (021)



Milan Krek is a medical doctor and specialist of public health and head of national focal point for drugs in the REITOX network. He is employed at the National Institute for Public Health. In the past he was one of the founders of the network of the Centres for prevention and treatment of illicit drug addiction in Slovenia.

In the beginning of 90's he was started with methadone maintenance substitution therapy in Slovenia on the Coast region. He is a founder of the Centre for prevention and treatment of illicit drug addiction in Koper – Coast region (1991). From the very beginning he started with the prevention and treatment of hepatitis C and HIV. Together with his colleagues he implemented treatment of hepatitis C for drug addicts on a local level.

Later, he was a Director of the Office for Drugs at the Government of the Republic of Slovenia. As a director of the government office he was working on better cooperation on the field of drugs among the Western Balkan Countries. Together with his colleagues, he wrote the first drug strategy in Slovenia. He is a researcher in the field of addictions and, as such, is actively involved in numerous professional seminars and educations at home and abroad.

During the Slovenian Presidency of the EU he has been a Chairman of the HDG the Council of Europe. He has been involved as a representative of Slovenia in pre accession negotiations process. He has a long term and nice experiences in cooperation with EMCDDA agency. Today, he is a head of the National Focal Point on Drugs on the National Institute of public health.

ICRO MAREMMANI (016)



is Professor of Addiction Medicine at the School of Psychiatry of the University of Pisa. He graduated at the Medical School of the University of Pisa, Italy, in 1979, and went on to specialize in Psychiatry taking his second degree cum laude in 1983.

He is currently on the Board of Directors of the Department of Psychiatry, at the

Vincent P. Dole Dual Diagnosis Group, Santa Chiara Hospital, University of Pisa, Italy.

He has been President of the European Opiate Addiction Treatment Association (EUROPAD) since its foundation in Geneva (Switzerland) in 1994. As President of EUROPAD he has organized international symposia in the USA, during the Conferences of the American Association for the Treatment of Opiate Dependence (AATOD), and Conferences in several European cities (Saint-Tropez, 1995; Ljubljana, 1997; Arezzo 2000; Oslo 2002; Paris, 2004; Bratislava, 2006; Sofia, 2008; Zagabria, 2010; Barcelona, 2012; Glasgow, 2014).

He received the Dole-Nyswander Award in Washington (DC), USA, in 1994; he was the first non-American winner of that

award. In 2004 he received the "Chimera Award", in Paris. In 1990 (Cagliari, Italy) he became a founding member of the Società Italiana Tossicodipendenze - Italian Society of Addiction Medicine (SITD-ItSAM), and is currently its Past-president. He is President of the World Federation for the Treatment of Opioid Dependence (WFTOD), an NGO with Special Consultative Status with Economic and Social Council (ECOSOC), since 2011.

He is author of the chapters on Drug Abuse and Aggression in the second edition of the *Trattato Italiano di Psichiatria*. To date he has 500 scientific publications and has given over 300 scientific presentations. He is Editor of *Heroin Addiction and Related Clinical Problems*, the official journal of EUROPAD and WFTOD, and board member of *Journal of Maintenance in the Addictions*, *Italian Journal on Addictions*, *Addictive Disorders and their Treatment*, and *Odvinosky*.

MOJCA MATIČIČ (049)



is the Head of the Viral Hepatitis Unit at the Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre Ljubljana, and the Head of the Outpatient STI Service at the same University Medical Centre. Besides, she is a Professor in the field of Infectious Diseases and Epidemiology at the Medical Faculty, University of Ljubljana, Slovenia. She obtained her Medical Degree

from the University of Ljubljana where she also received her speciality in Internal Medicine as well as Infectious Diseases. Professor Matičič completed her MD thesis on HIV/aids and her PhD thesis on hepatitis C at the University of Ljubljana. She undertook her post doctoral training at the Middlesex Hospital and the Royal Free Hospital in London, UK. Professor Matičič is a member of the European Association for the Study of the Liver (EASL) the European Society for Clinical Microbiology and Infectious Diseases (ESCMID), and used to be the Slovenian representative in the International Herpes Management Forum (IHMF).

Her main focus are clinical aspects, teaching and research in various areas of viral infections, primarily viral hepatitis, herpesviruses, sexually transmitted infections and HIV/aids. She leads the National interdisciplinary expert group for the management of viral hepatitis in Slovenia and is an active member of the HIV/AIDS Committee at the Slovene Ministry of Health. She co-authored the National consensus guidelines for the management of Hepatitis B (2010) and Hepatitis C (1997, 2009) in Slovenia. She is also a co-author of the national guidelines for the management of hepatitis C in users from drug treatment programmes (2007) and co-organises annual interdisciplinary national conferences on viral hepatitis in drug addicts (since 2006). Professor Matičič has published over 200 papers in national and international journals and actively participates at the national and international scientific meetings.

Prof. Mojca Matičič, MD, PhD
Clinic for Infectious Diseases and Febrile Illnesses
University Medical Centre Ljubljana, Japljeva 2
1525 Ljubljana, Slovenia
e-mail mojca.maticic@kclj.si

NERMANA MEHIĆ-BASARA (030)



Ass. professor MD, PhD
Neuropsychiatrist, Addiction specialist

- Director of the Institute for Alcoholism and Substance Abuse of Canton Sarajevo
- Ass. professor at the University of Sarajevo, Faculty of Health Studies Sarajevo, for the subject „Mental Health Care“ since 2014.

- Born 1957 in Sarajevo, Bosnia and Herzegovina, where she lives and works. Graduated at the Medical Faculty of the University of Sarajevo in 1981. Residency examination in neuropsychiatry passed in 1989 in Sarajevo.
- Master thesis defended 2007 and doctoral dissertation with title: „The Association of the Dopamine Receptor Gene Polymorphs and Psychological Dimensions of Personality in the Development of Opiate Addiction“ in 2012.
- The period of the war 1992-1995 spent in besieged Sarajevo and was actively involved in the work of teams for psychological assistance and support to local population and refugees.
- National WHO Coordinator for Alcoholism and Drug abuse in Federation of Bosnia and Herzegovina
- Member of the Expert group for Community mental health Project in Bosnia and Herzegovina
- Vice President of the SEE Adriatic Addiction Treatment Network.
- Since 2007 member of the European Association for the treatment of opiate addicts (EUROPAD - European Opiate Addiction Treatment Association).
- Recipient of the Nyswander-Dole "Marie" Award from AA-TOD in 2004.
- Published more than 50 scientific and professional articles in professional journals of which 18 are indexed. Author and co-author of 12 publications and books.

SAMO NOVAKOVIČ (032)



Prof. mat. in rač. in je zaposlen, kot strokovni delavec v soc. varstvu v NVO Društvo Svit Koper, kjer dela v programu za zmanjševanja škode na področju drog. Sodeluje oblikovno in vsebinsko pri izdelavi časopisa »Svit« ter spletne strani svit-kp.org ter pri znotraj zveze NVO na področju zmanjševanja škode. Od leta 2013 sodeluje pri oceni indikatorja o problematiki uporabi drog, kot zunanji sodelavec NIJZ.

MINA MARIJA PAŠ (001, 002, 003)



Dr. med., leta 2002 diplomirala na Medicinski fakulteti v Ljubljani. Od leta 2003 zaposlena v Združenju DrogArt kot koordinatorica programov. V letu 2004 opravljen strokovni izpit s socialnega varstva. Soavtorica večih knjig in strokovnih publikacij s področja zmanjševanja škode zaradi psihoaktivnih snovi.

Trenutno specializantka Integrativne relacijske psihoterapije in vodja Terapevtskega programa za uporabnike kokaina in klubskih drog, ki deluje v sklopu DrogArt svetovalnice.

BLAŽ PODGORŠEK (024)



My name is Blaž Podgoršek and I am a third year medical student at the University of Ljubljana. Since 2012 I lead the project "Tea, not tears" which fights against alcohol abuse. This time me and my colleagues were interested in ways which students our university use to help them study. We used an electronic survey in which students were asked to indicate which substances they take as a study aid. We are very proud that we are the first in Slovenia who have ever done that kind of research.

SANJA ROZMAN (022, 023)



MD, CSAT, TAP, Expert Council Chairman
She has finished the Medical Faculty of the University Ljubljana and spent 35 years working as a medical doctor, specialist in occupational medicine in the Rehabilitation Institute of Ljubljana. In 1991 she sought help for her codependency and her former husband's problem gambling with dr. Janez Rugelj, the founder of socio-andragogic method and therapist in an alternative holistic therapeutic program for addictions. Her first book »Dreaming about the Red Clouds« was published in 1993 and was an exceptionally honest story about her own path of recovery from codependency. She has written 6 books and conducted a large number of workshops and lectures on process addictions. Her basic psychotherapeutic education is in Transactional Analysis TAP (Transactional Analyst - Psychotherapist), with additional training in group analysis and behavior-cognitive therapy, psychodrama.

METKA SHAWE-TAYLOR (033, 034)



was born in Slovenia where she graduated in mathematics at the University of Ljubljana. She then studied psychology and obtained a PhD in psychology from Royal Holloway, University of London and completed her clinical psychology training at the University of Surrey. She has worked for National Health Service (NHS) of England for over 20 years. She is employed by Surrey and Borders NHS Foundation Trust, which is a large organisation providing 140 services to people of all ages with mental health problems and learning disabilities. She is the Trust's professional lead for psychological therapies. Her clinical work is with adults with complex mental health problems. Metka has extensive experience of teaching and training in psychological therapies and has had teaching appointments at different English Uni-

versities. She currently contributes to the teaching of the doctorate course in clinical psychology at the University of Surrey.

JASMIN SOFTIĆ (011)



He was born in 1959. in Zenica, Bosnia and Herzegovina. He graduated from the Faculty of Medicine, University of Novi Sad in 1984. Examination of the neuropsychiatry passed in 1992. in Belgrade. Master thesis defended in 1997 at the University of Novi Sad, 2013. doctoral dissertation on the topic: „The differences in quality of abstinence and other characteristics of heroin addicts on methadone and after detoxification“ at the University of Banja Luka.

He worked as a physician in Kikinda since 1984 and as a neuropsychiatrist at the General Hospital in Kikinda from 1992 to 2006. Most of the time worked in acute psychiatry. Participated in organizing a series of expert meetings of Psychiatric section of the Society of Physicians of Vojvodina and showed works at meetings.

From 2006 to 2015 he worked in the Public health institution for addictions in Zenica-Doboj Canton, Zenica.

He made a significant contribution in building the concept of prevention, treatment and rehabilitation of addiction in the Zenica-Doboj Canton. He worked on the education of doctors, medical staff and social workers from Bosnia and Herzegovina in the field of substitution therapy and participated in the project of introducing substitution treatment in prisons in the Federation.

Author of several scientific papers in journals and a number of popular articles related to addictions. He has collaborated in the development of brochures regarding the treatment of addiction.

He has participated in several international congresses on addiction (SEANET, EUROPAD) and conferences and professional meetings in Croatia and Serbia. He is an active participant in the second and third congress of psychiatrists in BiH and Academy of addictions. Contributed to the establishment of a system of reporting on addiction in BiH and was in the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in Lisbon in 2010 and 2013.

MD, PhD, neuropsychiatrist, primarius

Director of Public health institution for addictions Zenica-Doboj Canton, Zenica, Bosnia and Herzegovina

NATAŠA SORKO (035)



Univ. dipl. soc. ped., dipl. ekon., je predsednica Društva Žarek upanja in strokovni vodja programov psihosocialne obravnave oseb s težavami zaradi odvisnosti od alkohola in njihove pomembne bližnje osebe. Je tudi vodja programa za mladoletne otroke, ki se spopadajo s težavami zaradi odvisnosti od alkohola. Je strokovna delavka na področju socialnega varstva z opravljenim strokovnim izpitom iz socialnega varstva in članica razis-

kovalne skupine v Društvu Žarek upanja. Je avtorica več strokovnih člankov in predavateljica na strokovnih in znanstvenih posvetih doma in v tujini. Avtorica prispevka je bila odlična in zupanja vredna organizatorica več strokovnih posvetov in konferenc s področja zdravljenja in obravnave zasvojenosti z alkoholom, se aktivno in strokovno vključuje v psihosocialno obravnavo odvisnosti od alkohola, preventivne in raziskovalne aktivnosti. In je doktorska kandidatka na Pedagoški fakulteti, smer socialna pedagogika in se izobražuje s področja sistemske družinske psihoterapije v tujini.

BERNARD SPAZZAPAN (051)



Diploma v Medicini v Trstu leta 1974, specializacija v Psihiji na isti Univerzi leta 1980. Več kot 20 let zaposlen kot psihiater v Gorici (Italija), v Centru za duševno zdravje. Leta 1993 je postal Direktor službe za odvisnosti pri Goriškem podjetju za zdravstvene usluge. To funkcijo je opravljal do upokojitve leta 2008. Od leta 2000 do upokojitve je zastopal Deželo

Furlanijo-Julijsko krajino v Rimu v Državni Konzultni za probleme ki so povezani z alkoholizmom in uporabo drog.

Trenutno dela kot privatni psihiater v Gorici. Dela tudi v Novi Gorici v ambulanti za ne-kemične odvisnosti.

V zadnjih letih se ukvarja predvsem s takozvanimi "novimi odvisnostmi": igre na srečo v vseh raznih oblikah, Internet in nove tehnologije, odvisnost od hrane, fizičnih dejavnosti, ipd. Zanima ga zlasti prehajanje od ene odvisnosti v drugo ter istočasna prisotnost raznih psihiatričnih motenj. Sodeluje pri raznih publikacijah in pri kongresih na to temo.

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bspazzapan@yahoo.it

TSVETANA STOYKOVA (029)



Tsvetana Stoykova is a clinical psychologist and psychodynamic psychotherapist with more than 15 years of experience in the mental health treatment field. Since 2003 she has been working in a specialized addictions clinic, The Kantchelov Clinic, Sofia, Bulgaria that deals in developing integrative therapeutic models and providing comprehensive treatment for

heroin addicted patients. She is performing the duties of the Clinical Director and the Senior therapist, providing individual and group psychotherapy to clients in this clinic.

Her broad-ranging interests in psychotherapy include the application of self-psychology and dynamic treatment of chronically mentally ill people. She is nondirective therapist. The most useful activities in her work consist in developing the therapist's internal feeling, the manifestation of empathy and the development of hypotheses with regard to the patients' functioning.

Her therapeutic skills involve interpreting the nature of unconscious processes, assisting patients in performing psychological

work and gaining self-understanding. In her view establishing a positive, collaborative and friendly client/therapist relationship is central in the counseling process. Among the most desirable clinician characteristics she considers good interpersonal skills and the capacity to meet the client where the client is.

NUŠA ŠEGREC (042, 043)



Dr. Segrec works as a psychiatrist. She is specialised in the field of substance abuse in Center for treatment of drug addiction. Her primary professional focus is on clinical work with patients with complex needs - drug users with comorbid mental disorders.

She has presented and actively participated at different national and international conferences, trainings and seminars. She has been involved as a trainer in trainings for developing services for drug users in community and prison environment in Bosnia and Herzegovina (supported by United Nations Development Program), Montenegro (supported by European Commission and Global Fund) and Kosovo (supported by Global Fund), generally, in the area of substitution treatment and for patients with comorbidities; and as a trainer for improving mental health programs in prisons in Turkey organised by Council of Europe.

Center for Treatment of Drug Addiction University Psychiatric Hospital Ljubljana, Grabloviceva 48, Ljubljana, Slovenia

University of Ljubljana, Faculty of Medicine, Department of Psychiatry, Vrazov trg 2, Ljubljana, Slovenia

E-mail: nusa.segrec@psih-klinika.si

ARIJANA TURČIN (052)



MD, is a psychiatrist and the head of staff at the Outpatient Unit of the University Psychiatric Hospital. She is also the head of staff of the Liaison Psychiatric Service provided for the University Medical Centre Ljubljana, and her fields of interest are psychotic and affective disorders, as well as psychiatric disorders that occur in patients treated for somatic illnesses. She is

active in teaching and research.

TINA ZADRAVEC (046)



is a clinical psychologist, working on psychotherapeutic hospital unit at the University Psychiatric Hospital Ljubljana. She works in hospital and outpatient setting predominantly with patients with personality disorders. The treatment on the unit is based on group analytic psychotherapy. She finished her Phd on suicidology in 2006 at the Medical faculty and is cognitive-behavioural (2012) and psychodynamic psychotherapist (2014).

TIJANA ŽEGURA (053)



PROFESSIONAL SUMMARY

Social Worker with more than 10 years of professional practice in provision of social and health care and support to vulnerable population in Montenegro. Experienced in work with diverse population in health care, outpatients, and imprisoned, in conflict with law, as well as ones whose human rights were not protected by govern-

mental organizations due personal situation or affiliation. Also, professional practice in research, management- executive and financial one, fundraising. Work in national non- government and health oriented government organizations, with lots of experience with prison settings and law enforcement.

CORE COMPETENCIES

- Provided group, individual and family counseling for people who use/inject drugs, sex workers, prisoners, minors in conflict with law, minors drug users, children of drug users, both in health/social care or prison institutions and in community during street work.
- Provided support to vulnerable population in conflict with law, as well as with exercising their rights in connection with social and health care and legal issues.
- Provided support to vulnerable and marginalized population with obtaining IDs, medical documentation, refugee documentation, as well as referral and accompanying to the administrative offices.
- Provided individual and psycho- social support during emergency situations regarding health.

WORK EXPERIENCE

Jan 2009- current

NGO Juventas, Podgorica, Montenegro

Title: Director of Harm Reduction Program (full time job)

Job description: Coordinating Program for reduction of health, social and criminal harm among people who use drugs, people who sell sex and prisoners; Provision of counseling and support to program beneficiaries, their children and their families; Project proposal writing, budgeting, fundraising, implementation, reporting, etc.

Jan 2008- Jan 2009

NGO Juventas, Podgorica, Montenegro

Title: Executive Director (full time job)

Job description: Management of organization; Finance management, Program and Project development, implementation, evaluation, monitoring and reporting; Research Work; Advocacy and Lobbying; Work with vulnerable and marginalized populations; Networking and Cooperation with Governmental Organizations.

Apr 2004- Jan 2008

NGO Juventas, Podgorica, Montenegro

Title: Program Coordinator (contract on co- operation/ full time job)

Job description: Coordination of project implementation; Founding of Harm Reduction Program in Montenegro; Research Work; Advocacy and Lobbying; Work with vulnerable and marginalized populations; Networking and Cooperation with Governmental Organizations.

PUBLICATIONS

Prison Drug Treatment, Systems Overview, Montenegro Country Report

Pompidou Group/ Co-operation Group to Combat Drug Abuse and illicit trafficking in Drugs/ Council of Europe; December 2014.

Authors: Tijana Žegura, Jelena Colakovic.

Drugs, harms and youth. The state of drug use and harm reduction amongst youth in European countries.

YODA- Youth Organization for Drug Action in Europe, Vienna; March 2014.

Authors: Jan Stola, Luca Stefenelli, Martina Markoc, Tijana Žegura, et. al.

Survey on HIV/AIDS related risk behavior, HIV, HBV and HCV Seroprevalence among injecting drug users in Montenegro in 2013/2011/2008.

Institute for Public Health/ UNDP, CO Podgorica, Montenegro, 2013/2011/2008.

Authors: Boban Mugosa, Dragan Lausevic, Itana Labovic, Zoran Vratinica, Rajko Strahinja, Tijana Žegura, et. al.

Survey on HIV/AIDS related risk behavior among female sex workers in Montenegro in 2012/2010/2008.

Institute for Public Health/ UNDP, CO Podgorica, Montenegro, 2012/2010/2008.

Authors: Boban Mugosa, Dragan Lausevic, Itana Labovic, Zoran Vratinica, Rajko Strahinja, Tijana Žegura, et. al.

EDUCATION

2013, Bachelor's degree in Political Science Faculty – Department: Social Politics and Social Work

2004-2014, Non-formal education gained in local and international NGOs: project management/ workshop, skills/ research/ communication/ human rights.

AWARDS

First Prize for Program Coordination of young professional under the age of 35 at "4th Adriatic Drug Addiction Treatment Conference; 6th and 1st Montenegrin Psychiatric Days with International Participation (MPD)"; May 2009.

MEMBERSHIPS

Association Parents, Board Member since 2014, Board of Directors South East Europe Adriatic Addiction Treatment Network since 2007.



Programs

7TH SOUTH EASTERN EUROPEAN
AND ADRIATIC DRUG ADDICTION
TREATMENT CONFERENCE

14TH SEEA^{NET} SYMPOSIUM ON
ADDICTIVE BEHAVIOURS

6. SLOVENSKI SIMPOZIJ O OKUŽBI
Z VIRUSOM HEPATITISA C PRI OSEBAH,
KI UŽIVAJO DROGE

MARCH 12TH - 14TH, 2015
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Koordinacija centrov za preprečevanje in zdravljenje odvisnosti od drog
organizirata šesti simpozij

OKUŽBA Z VIRUSOM HEPATITISA C PRI OSEBAH, KI UŽIVAJO DROGE

12. marec 2015
Cankarjev dom, Ljubljana



PROGRAM



09.00 – 09.15	Otvoritev srečanja
09.15 – 09.40	Matičič M: Leto 2015: ZDRAVLJENJE HEPATITISA C PRI UŽIVALCIH DROG V EVROPI IN DOMA
09.40 – 10.05	Kordiš P, Kastelic T, Matičič M, Kastelic A in sod.: SPREMEMBA ŽIVLJENJSKEGA STILA IN TVEGANEGA VEDENJA UŽIVALCEV DROG PO USPEŠNEM ZDRAVLJENJU HEPATITISA C: REZULTATI SLOVENSKE RAZISKAVE
10.05 – 10.25	Kotar T: UVEDBA NOVE DIAGNOSTIČNE METODE ZA UGOTAVLJANJE PRIZADETOSTI JETER BOLNIKOV S HEPATITISOM C
10.25 – 11.00	Matičič M: ZDRAVLJENJE HEPATITISA C BREZ INTERFERONA: MIT ALI RESNIČNOST?
11.00 – 11.30	Odmor
11.30 – 11.45	Krek J: IZKUŠNJE Z OBRAVNAVO BOLNIKOV S HEPATITISOM C V CENTRU ZA PREPREČEVANJE IN ZDRAVLJENJE ODVISNOSTI OD PREPOVEDANIH DROG
11.45 – 12.15	Kastelic A: PRISTOP K BOLNIKU, KI JEMLJE DROGE IN NE SODELUJE V POSTOPKU ZDRAVLJENJA
12.15 – 12.30	Kastelic A: OBRAVNAVA OKUŽBE Z VIRUSI HEPATITISA PRI BOLNIKI, HOSPITALIZIRANI V CZOPD PKL: REZULTATI NEDAVNE RAZISKAVE
12.30 – 13.00	OKROGLA MIZA (Baklan Z, Čuk Rupnik J, Kastelic A, Matičič M, Zamernik E): ALI DOSLEDNO UPOŠTEVAMO NACIONALNE SMERNICE OBVLADOVANJA HEPATITISA C PRI LJUDEH, KI JEMLJEJO DROGE?
13.00	Kosilo

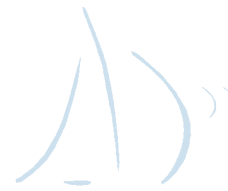
7th SOUTH EASTERN EUROPEAN AND ADRIATIC DRUG ADDICTION TREATMENT CONFERENCE
and
14th SEEAnet SYMPOSIUM ON ADDICTIVE BEHAVIOURS

6. SLOVENSKI SIMPOZIJ O OKUŽBI Z VIRUSOM HEPATITISA C
PRI OSEBAH, KI UŽIVAJO DROGE

March 12th – 14th, 2015
Cankarjev dom, Ljubljana, Slovenia, EU
www.seea.net



PROGRAM



Thursday, March 12th

Štih hall/Štihova dvorana

09.00 – 13.00

**6. SLOVENSKI SIMPOZIJ O OKUŽBI Z VIRUSOM HEPATITISA C PRI OSEBAH, KI UŽIVAJO DROGE –
v slovenščini (glejte prosim prilogo)**

6th SLOVENE SYMPOSIUM ON HCV INFECTION AMONG DRUG USERS - in Slovene

SEEAnet CONFERENCE

14.30 – 16.30

NEW PSYCHOACTIVE SUBSTANCES (NPS)

Štih hall/Štihova dvorana

Chairs: Liljana Ignjatova, Andrej Kastelic

Alexis Goosdeel (EMCDDA): **THE CHALLENGE OF NPS IN EUROPE (38)**

Mina Paš (Slovenia): **THE USE OF NPS IN SLOVENIA (3)**

Dima Abdulrahim (UK): **NOVEL PSYCHOACTIVE TREATMENT UK NETWORK (NEPTUNE): DEVELOPMENT OF
CLINICAL GUIDANCE ON THE MANAGEMENT OF ACUTE AND CHRONIC HARMS OF CLUB DRUGS AND NOVEL
PSYCHOACTIVE SUBSTANCES (26)**

Mina Paš (Slovenia): **OUTPATIENT THERAPEUTIC PROGRAMME FOR NPS USERS (2)**

Andreja Drev (Slovenia): **EARLY-WARNING SYSTEM ON NEW PSYCHOACTIVE SUBSTANCES (25)**

16.30 – 17.00

COFFEE BREAK

17.00 – 19.00	OTVORITEV 7. SEEAnet KONFERENCE <i>Štih hall/Štihova dvorana</i> 7th SEEAnet CONFERENCE OPENING SESSION <i>Chairs: Liljana Ignjatova, Tatja Kostnapfel, Nermana Mehić Basara, Ante Ivančić, Alexander Kantchelov, Andrej Kastelic, Aleksandar Tomčuk</i>
	Ministry of Health of the Republic of Slovenia: OPENING OF THE CONFERENCE Thomas Kattau (Pompidou Group, Council of Europe): WELCOME Alexis Goosdeel (EMCDDA): WELCOME FROM EMCDDA Icro Maremmani (Italy): WELCOME FROM WFO AND EUROPAD PRESIDENT Andrej Kastelic (Slovenia): 20 YEARS OF DRUG ADDICTION TREATMENT IN SLOVENIA, 15 YEARS OF SEEA net ADDICTIONS JOURNAL AND 10 YEARS OF SEEAnet (45) Jasna Čuk (Slovenia): HOW DOES TREATMENT WORK IN PUBLIC HEALTH NETWORK OF CENTRES FOR PREVENTION AND TREATMENT OF DRUG ADDICTION (44) Mirjana Delić (Slovenia): FACTORS ASSOCIATED WITH OUTCOME OF OPOID ADDICTION TREATMENT AT CENTRE FOR TREATMENT OF DRUG ADDICTS, UNIVERSITY PSYCHIATRIC HOSPITAL LJUBLJANA (36) Nuša Šegrec, Andrej Kastelic (Slovenia): TREATMENT OF PEOPLE WHO USE DRUGS WITH COMORBID MENTAL HEALTH DISORDERS (43) Thomas Kattau (Pompidou Group, Council of Europe): ADDICTED SOCIETIES – A CHALLENGE FOR POLICY MAKERS (15) BUSSINESS ACCELERATOR - PODJETNIŠKI POSPEŠEVALNIK
19.00	AWARD SESSION and WELCOME COCTAIL

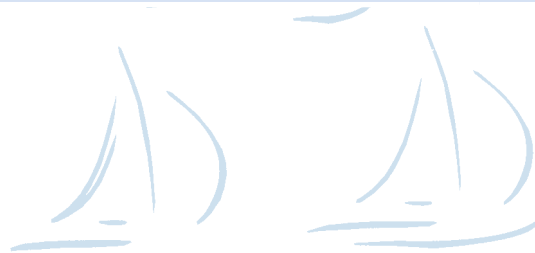
Friday, March 13th

09.00 – 10.30	INVITED LECTURES <i>Štih hall/Štihova dvorana</i> <i>Chairs: Liljana Ignjatova, Alexander Kantchelov</i>
	Alexis Goosdeel (EMCDDA): EMCDDA SUMMARY REPORT ON THE DRUG SITUATION IN THE WESTERN BALKANS (39) Thomas Kattau (Pompidou Group, Council of Europe): WEB-BASED DRUG DEMAND REDUCTION (14) Icro Maremmani (Italy): DOES THE PROMINENT PSYCHOPATOLOGY OF HEROIN ADDICTS EXIST? (16)
10.30 – 11.00	COFFEE BREAK
11.00 – 13.00	COMORBIDITIES: PERSONALITY DISORDERS AND DRUG USE <i>Štih hall/Štihova dvorana</i> <i>Chairs: Nuša Šegrec, Aleksandar Tomčuk</i>
	Tina Zadavec (Slovenia): PERSONALITY DISORDERS - CLINICAL AND PSYCHODYNAMIC ASSESSMENT AND THERAPEUTIC IMPLICATIONS (46) Bojana Auguštin Avčín (Slovenia): THE NEUROBIOLOGY OF PERSONALITY DISORDERS: IMPLICATIONS FOR TREATMENT (47) Metka Shawe-Taylor (UK): CO-OCCURRENCE OF PERSONALITY DISORDER AND SUBSTANCE DEPENDENCE: IMPLICATIONS FOR TREATMENTS (33) Sanja Rozman (Slovenia): CHILDHOOD TRAUMA, PERSONALITY DISORDERS AND ADDICTIONS (23)
13.00 - 14.00	LUNCH

13.45 – 14.15	HOT TOPIC SYMPOSIUM Rok Hren (Slovenia): PHARMACOECONOMICS-DO WE NEED IT? (48) <i>Štuh hall/Štuhova dvorana</i>	
14.15 - 16.30	<i>Štuh hall/Štuhova dvorana</i> 14th SEEAnet SYMPOSIUM: HEPATITIS C IN SE EUROPE <i>Chairs: Mojca Matičič, Nermana Mehić-Basara</i>	<i>Seesion room M1</i>
	<p>Mojca Matičič (Slovenia): RECOMMENDATIONS FOR TREATMENT OF HEPATITIS C: WHAT IS NEW IN 2015? (49)</p> <p>Nermana Mehić-Basara (Bosnia and Herzegovina): ANTIVIRAL THERAPY APPLICATION IN CHRONIC HEPATITIS C AMONG OPIATE ADDICTS WITHIN THE OPIATE SUBSTITUTION TREATMENT (OST) (30)</p> <p>Daniela Chaparoska (Macedonia): HEPATITIS B AND HEPATITIS C VIRUS RELATED CHRONIC LIVER DISEASES IN INTRAVENOUS DRUG ABUSERS (31)</p> <p>Milan Krek (Slovenia): SOME EPIDEMIOLOGICAL DATA AND EXPERIENCES IN TREATMENT OF HEPATITIS C IN CPZOPD (21)</p> <p>Milazim Gjocaj (Kosovo): HEPATITIS C IN KOSOVO'S PRISONS AMONG IMPRISONED DRUG USERS DURING YEAR 2014 (4)</p> <p>Tijana Žegura (Montenegro): HEPATITIS C AMONG DRUG USERS IN COMMUNITY AND PRISON IN MONTENEGRO (53)</p> <p>Samir Kasper (Bosnia and Herzegovina): HEPATITIS C TREATMENT-WHERE IS THE BORDER OF ADDICTOLOGY? (7)</p> <p>Alexander Kantchelov (Bulgaria): INTERDISCIPLINARY TEAM PARTNERSHIP AND PSYCHOLOGICAL INTERVENTIONS IN TREATING HEPATITIS C IN METHADONE MAINTAINED PATIENTS (28)</p>	<p>WORKSHOP 1</p> <p>Metka Shawe-Taylor (UK): STEPS PROGRAMME FOR TREATMENT OF BORDERLINE PERSONALITY DISORDER (34)</p> <p>SELECTED TOPICS</p> <p>15.30</p> <p>Mina Paš (Slovenia): CHEMSEX: IS THE HIGH RISK PHENOMENON ALSO PRESENT IN SLOVENIA? (1)</p> <p>Blaž Podgoršek (Slovenia): SUBSTANCES THAT MEDICAL STUDENTS FROM UNIVERSITY OF LJUBLJANA USE TO HELP THEMSELVES TO STUDY (24)</p> <p>DrogArt: REDUCER</p> <p>Samo Novakovič (Slovenia): THE USE OF PRESCRIPTION DRUGS AMONG IDUS: COLLECTING DATA AMONG USERS OF HR PROGRAMS IN SLOVENIA (32)</p>
16.30 – 17.00	COFFEE BREAK	
17.00 – 18.00	<i>Štuh hall/Štuhova dvorana</i> SELECTED TOPICS: OST TREATMENT IN SEEA REGION <i>Chairs: Jasna Čuk Rupnik, Milazim Gjocaj</i>	<i>Seesion room M1</i>
	<p>Alexander Kantchelov (Bulgaria): DOSE ADEQUACY AND BEYOND (27)</p> <p>Liljana Ignjatova (Macedonia): COMORBIDITY AMONG HIGH THRESHOLD PATIENTS IN METHADONE MAINTENANCE PROGRAM (20)</p> <p>Samir Kasper (Bosnia and Herzegovina): DEPRESSION IN OPIATE ADDICTION DISEASE OR SYMPTOM? (6)</p>	<p>WORKSHOP 2</p> <p>Dima Abdulrahim (UK): THE CLUB DRUG CLINIC: EXPERIENCE AND MODEL OF CARE OF THE CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST (37)</p>
18.00	SEEAnet MEETING	

Saturday, March 14th

09.00 – 10.15	SELECTED TOPICS: EXPERIENCES FROM SEEA REGION <i>Chairs: Mirjana Delić, Jasmin Softić</i>	<i>Štih hall/Štihova dvorana</i>
	Ante Ivančić (Croatia): OST IN GP SETTINGS (50) Milazim Gjocaj (Kosovo): CHALLENGES FOR METHADONE MAINTENANCE TREATMENT PROGRAM AT KOSOVO PRISON HEALTH SYSTEM (5) Jasmin Softić (Bosnia and Herzegovina): HEROIN ABSTINENTS USE ALCOHOL AFTER DETOXIFICATION FROM METHADONE (11) Tsvetana Stoykova (Bulgaria): DRUG AND DRINKING PROBLEMS IN WOMEN WITH BORDERLINE PERSONALITY – PRECONDITIONS AND PSYCHOTHERAPEUTIC MECHANISMS OF CHANGE (29) Karmen Kajdiž (Slovenia): ASSOCIATION OF PERSONALITY TRAITS AND OUTCOME OF HOSPITAL TREATMENT OF OPIOID ADDICTION (40)	
10.15 – 10.45	COFFEE BREAK	
10.45 – 12.45	INTERNET, NEW TECHNOLOGIES, SOCIAL NETWORKS AND ADDICTION <i>Chairs: Arijana Turčin, Hrvoje Handl</i>	
	Miha Kramli (Slovenia): DO WE PREPARE YOUNG PEOPLE TO USE NEW TECHNOLOGIES? Sanja Rozman (Slovenia): CAUGHT IN THE NET (22) Hrvoje Handl (Croatia): SELFIE OF FACEBOOK IN THE LIGHT OF NARCISSISM (17) Bernard Spazzapan (Italy): HOW TO SUPPORT PEOPLE ADDICTED TO NEW MEDIA? (51) Arijana Turčin (Slovenia): EVIDENCE BASED MEDICINE VS. FORUM BASED MEDICINE (52) Nuša Konec Juričić (Slovenia): THE NEEDS AND DILEMMAS IN THE FIELD OF DRUGS WHICH ADOLESCENTS CONFIDE TO WEB COUNSELLORS (8)	
12.45	CONCLUSIONS and SEE YOU AGAIN AT GLOBAL ADDICTION ASSOCIATION AND SEEEAnet JOINED CONFERENCE IN BELGRADE, SERBIA, JUNE 1st - 3rd, 2015	





Abstracts



001 CHEMSEX: IS THE HIGH RISK PHENOMENON ALSO PRESENT IN SLOVENIJA?

Mina Paš

The use of stimulant drugs and GBL for sex is a phenomenon that is getting bigger throughout Europe, especially in the MSM population. Typical chemsex session consists of two or more days of using drugs (mainly cathinones, other stimulants and GBL) and having multiple sexual partners. Under the influence of drugs there is much bigger risk of unprotected sex and the sexual practices connected with chemsex (multiple partners, using of sexual toys without condoms, damage of anal and oral mucosa, because of rough sex and the use of stimulants ...) carry with them a very big risk of Hepatitis, HIV transmission and transmission of other STDs. In United Kingdom they are already faced with rapidly growing numbers of Hepatitis C infections among gay men, the main reason for it, being chemsex.

Chemsex is happening also in Slovenija and MSM that enrol in this kind of sexual practice are of great risk for transmission of HIV, Hepatitis and other STDs. The population requires special approaches of harm reduction strategies, that's why it is very important for the professionals who come in contact with this population to be well acquainted with high risk situations in order to inform the chemsex population about the specific risks and harm reduction measures. They also need special counselling and therapeutic programmes, which would enable them to talk openly about their sexual practices and help the establish a less risky, but satisfying sex life.

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002 OUTPATIENT THERAPEUTIC PROGRAMME FOR NPS USERS

Mina Paš

In the last three years we experience an increasing number of NPS users in DrogArt Outpatient counselling and therapeutic centre. NPS users come from very different user groups: minors, occasional NPS users, whose use has become problematic, ex opiate users, users in abstinence based programmes who use NPS to avoid positive urine testing, gay men who use NPS to enhance and prolong sexual pleasure.

Because of the sparseness of the user group it is impossible to have a uniform therapeutic programme for NPS users. That's why we work with this users the same as we work with others: the key worker lines out a treatment plan for each user, in which we combine different therapeutic interventions (individual work, group work, working together with the in-patient programmes, social services, families, school counsellors, etc.), based on the needs and motivation of the client.

When working with NPS users it is crucial, that the professional working with the client has a great knowledge about different NPS that are used in Slovenija and is well acquainted with the risks, connected to the use of NPS. This is crucial in order to focus on reducing the specific risks, connected with NPS use, because the majority of patients are not able to achieve abstinence at once, and for many of them, reducing the risks is the first step to more controllable use and abstinence.

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003 THE USE OF NPS IN SLOVENIA

Mina Paš

In the abstract I will present the main findings of a survey on NPS use in Slovenija, which was made by Association DrogArt (NGO) between september 2013 and september 2014. The survey consisted of quantitative and qualitative part and was focusing on the patterns of NPS use, the risks, connected to their use and needs for specialised therapeutic and harm reduction programmes, targeting the NPS users.

Cathinones are the most widely used NPS in Slovenija, the most popular among them being 3MMC. Users use NPS by nasal or oral route, injecting of NPS is not common in Slovenija. The main perceived risks, are mixing NPS with other drugs, using large quantities of NPS in one binge and problems regulating the use of NPS. The users are well acquainted with harm reduction strategies and also use them in considerable percent. One of the main general conclusions of the survey was that we have a very colourful NPS market in Slovenija, which is rapidly changing, which is the reason why we need to connect the programmes for the users of psychoactive substances that already exist and thus create a multidisciplinary network, that will adequately and quickly respond to the needs of NPS users.

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004 HEPATITIS C IN KOSOVO'S PRISONS AMONG IMPRISONED DRUG USERS DURING YEAR 2014

Milazim Gjocaj

Objective: Identifying, treating and following their clinical status within the prison health system of inmates at the first medical examination with HCV.

Prevention of the new infections with HCV among other inmates which were not identified as infected at the first medical examination.

Making possible the equal medical treatment, in cooperation with the public health system of the country for the infected inmates with HCV.

Methodology: Is based at clinical examination of all inmates at the admission, laboratory testing with rapid tests of the suspected cases, health promotion and training of the infected and non-infected inmates that use drugs and enforcement of data collection in all Prison health units overall Kosovo.

Results: From the 4,981 inmates at the first medical examinations, 289 were drug users and 19 of them were infected with HCV; 0.38 % of all the total number of inmates and 6.57 % of the inmates that use drugs had HCV infection.

Discussion: The rate of HCV infections among the inmates that use drugs has doubled as compared to the year 2013 when the rate of inmates with HCV infection was 0.17 % of total number and 3.26 % of the inmates that used drugs.

HCV is increasing among the inmates that use drugs in Kosovo. There are no new cases of infection within the prisons. All the infected inmates received the infection before their admission in the prison.

Risk awareness of the spread of the disease to the other persons exists between the infected inmates.

Conclusions and recommendations: There is an immediate need to conduct the wide research for HCV among the drug users and start professional and organized health promotion for harm reduction with main focus in drug users in Kosovo.

Keywords: Hepatitis C, inmates, drug users, infection, health promotion

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005

CHALLENGES FOR METHADONE MAINTENANCE TREATMENT PROGRAM AT KOSOVO PRISON HEALTH SYSTEM

Milazim Gjocaj

Objective: Identifying and managing the procedural and professional challenges for MMT program at Kosovo Prison Health System.

Methodology: Is based at observation, monitoring and regular, periodic data collection.

Results: Since 01 September 2013, when MMT program started to be implemented at Kosovo Prison Health system, 20 clients were part of the program. 12 of them left the program during this period.

Difficulties to start program were very big as a consequence of not having before the program, pressure of drug sellers of the prison to prevent other inmates to participate at the program and propaganda against the program as something to damage inmates from the prison side.

Discussion: The beginning of the program was very difficult. The program was new method of treatment at all in Kosovo

and specifically at prison system. Not enough experience and support by public health system. Sustainability of the program was not strongly guaranteed as permanent program.

Initially 0.05 % of depending inmates from 5 % of them which are verified as drug users participated at the program.

Conclusions and Recommendation: There is necessarily for more professional attitude and cooperation between the health sector in the interest of sustainability and adequate treatment for inmates on need and wish for the program.

Ministry of Health was not completely ready to manage MMT Program overall Kosovo, especially to inmates at new current status of Prison Health system as part of Ministry of Health.

Prison health staff needs to have more commitment and professional training for more qualitative service within the MMT Program.

The sensitive professional training to the inmates for understanding and participating to the program for their benefit and avoid of transmit ions diseases.

Keywords: Methadone, prisoners, procedure, maintenance treatment, depending;

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006

DEPRESSION IN OPIATE ADDICTION DISEASE OR SYMPTOM?

Samir Kasper, Jasmin Softić, Hassan Roushdy Awad

One-year – retrospective-prospective , analytical qualitative study conducted in opiate addicts who are treated at the Institute of Zenica. In that period, the change in the emotional state of patients through the relevant psychological instruments and undertaken appropriate therapeutic interventions. Criteria for inclusion in the study were : opiate addiction,opiate susptitution treatment in Cantonal Institute for Addictions Zenica.Criteria for exclusion in study were:nonopiat addictions and non OST treatment in our institutionBy these criteria the study included 270 patients . The vast majority of patients at some stage of the treatment had a depressive symptom. These symptoms are most often pointed to the inadequacy of doses of OST or the imminent recurrence. Only 13 percent of patients had symptoms that would indicate a major depressive disorder . The aim of the study was to try to contribute to the differential diagnosis of co-morbidity with opiate addiction, as well as guidelines for better and more adequate treatment.

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007

HEPATITIS C TREATMENT-WHERE IS THE BORDER OF ADDICTOLOGY?

Samir Kasper, Jasmin Softić, Hassan Roushdy Awad

Among the population of drug addicts in BiH Hepatitis C is a major problem. The size of this problem is still not precisely defined. Here are the experiences in working with HCV + drug in our health center. Every addict before or during the implementation of OST is tested for hepatitis and HIV. With positive patients is undertaken advisory work and more detailed diagnostic testing. If necessary, patients are hospitalized and implemented therapeutic procedures on stabilization of liver status. In our institution is not carried antiviral therapy. The paper presents the five-year experience of our institution in the treatment of HCV positive patients, and examines the obstacles and barriers that exist in their adequate treatment, as well as the importance of cooperation with specialized institutions. Our experience shows that these services are of great importance in retaining patients in the OST as well as for the implementation of potential detoxification.

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008

THE NEEDS AND DILEMMAS IN THE FIELD OF DRUGS, WHICH ADOLESCENTS CONFIDE TO THE WEB COUNSELLORS ON WWW.TOSEMJAZ.NET

Nuša Konec Juričič, Ksenija Lekić, Petra Tratnjek, Marjan Cugmas

The National Institute of Public Health published a monograph entitled *Srečanja na spletu. Potrebe slovenske mladine in spletno svetovanje (Encounters on the Web. The Needs of Slovenian Youth and Online Counselling)* in the year 2014. It includes the images of adolescents, which were formed in the fourteen years of existence of www.tosemjaz.net online counselling service. Described are the experiences of online counselling and the perspectives and guidelines in the field of preventive, informative and counselling work with youth on the web.

The analysis of over 5870 questions, which adolescents confided in the web counselling site in the years 2012 and 2013, showed that the most questions were related to physical development and physical health (33 %), relationships and mental health (30 %) and sexuality and sexual health (24 %). 80 (1,4 %) of all questions were related to drugs and addictions. Those were mainly in the field of tobacco smoking (27.5 %), alcohol (23.8 %), marihuana (23.8 %), recreational drugs (7.5 %) and about the excessive use of computer (5 %).

An overview of age groups shows that those aged 10-13 years mainly ask questions on tobacco and alcohol, and on excessive use of computer. The questions in the age group 14-17 years are mostly related to alcohol and marihuana, which are followed by tobacco.

Adolescents ask these questions to search advice for themselves, their friends, schoolmates, or even for their parents. They wish to learn about the effects of drugs simply out of curiosity or because they are already using them. Some of these adolescents already have their own opinions on drugs, while some of them are only just forming theirs, and are confused by contradictory information on particular sort of drug. Among seekers of information are those who do not wish to use drugs, but are afraid that they will not be able to resist peer pressure, and those who are tempted to try drugs but are at the same time aware of their consequences. Among them are also the adolescents for whom drugs are no longer an occasional attraction, but a refuge from problems they do not know or cannot resolve.

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009

PATIENTS IN SUBSTITUTION THERAPY ARE MORE RELUCTANT TO TREATMENT OF HEPATITIS C – SPECIAL HOSPITAL FOR ADDICTION DISEASES' EXPERIENCE

Jelena Kavarić Brković

Special Hospital for Addiction Diseases through its Counseling for HIV and HCV conducts Voluntary and Confidential Counseling and Testing.

First testing on HCV was carried out in 1997 when 442 patients were tested out of which 55.6 % were reactive. From 2001 to 2003, 840 patients were tested (64.28 % reactive). From 2007 to 2014, 5195 patients were tested (42 % reactive). From 2004 to 2014, 224 patients were referred to program of Hepatitis C treatment out of which 183 were treated. On the methadone maintenance program there was 210 patients (82 % reactive) and 90 patients on buprenorphine maintenance program (52 % reactive).

For the analysis, we conducted data gathering from the medical records of our patients. Firstly, we used records of 70 patients on buprenorphine program (48 % reactive) among which only 8 showed interest in the treatment of hepatitis C. Furthermore, among 50 patients on methadone maintenance program (88 % reactivity) only 10 were interested in the treatment. Moreover, we used records of 183 patients who were treated from 2005 to 2014, where 153 patients were on the therapy of opiate receptor blockers and only 30 patients were on methadone substitution therapy program. In the end, we used medical records of 68 patients (100 % reactive), who were preparing for the treatment of Hepatitis C through the project "From Education to Hepatitis C Treatment". In this group, 20 patients were on opiate receptor blockers, 13 patients were

on the "provision" without treatment therapy, 10 patients on buprenorphine and 25 patients on methadone maintenance. This means that more than 50 % of patients in treatment programs were without substitution.

If larger population is to be motivated several causes that emerged during analysis should be tackled: gender, age, family situation, the frequency of arrival for check-ups, regular detection, length of heroin abuse and the complexity of the programs.

Keywords: Hepatitis C, antiviral therapy, replacement therapy, intravenous drug addicts

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010 EFFICACY OF METHADONE MAINTENANCE TREATMENT AND SOCIAL LIFE IN METHADONE MAINTENANCE PATIENTS

**Aneta Spasovska Trajanovska,
Liljana Ignjatova**

Substitution therapy is one of the treatments of opioid drug addicts. Methadone treatment is useful for many opioid addicts. Long treatment with stable dose of methadone therapy tends to stabilization heroin addicts. Efficacy of methadone treatment may describe such as some personal and social characteristics (employment, education, marital status). The Aim of this study was to determine the efficacy of methadone maintenance therapy in improvement the social life at heroin addicts. Material and methods: We determined two groups. The first group A consisted of 60 heroin addicts on methadone maintenance therapy >2 years with optimal methadone doses and second group B consisted of 60 street heroin addicts. Classification variable was: age, genders, education, emolument, marital status. Data were collected by structured interview on socio-demographic characteristic the results were statistical analyzed by descriptive methods and t-test for independent samples. Results: The patients in methadone maintenance treatment have higher percentage of years in education (>8 years) then heroin addicts. The percentage of patients in MMT who were employed has bigger with statistical significances ($p < 0.05$) then group of street heroin addicts. The number of married patients in MMT has bigger (45 %) then heroin street addicts (36, 67 %). So methadone therapy with stable dose tends to improve the social life in heroin addicts.

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011 HEROIN ABSTINENTS USE ALCOHOL AFTER DETOXIFICATION FROM METHADONE

Jasmin Softić, Samir Kasper, Hassan Awad

The aim of the study is to look for differences in use of psychoactive substances between the two groups of heroin abstinents: abstinents on methadone treatment and abstinents after detoxification from methadone. Socio-demographic indicators and duration of the disease and treatment were examined.

Methodology: A prospective study was conducted during the 2012th at the Institute for addiction diseases in Zenica (Bosnia and Hercegovina). The sample consists of 68 patients in methadone treatment and control of 52 patients abstinent after methadone detoxification. Both groups were abstinent from heroin one year. As research instruments were used: urine test for psychoactive drugs, Alco test (breath test) and AUDIT (The alcohol use disorders identification test) questionnaire.

The research results There is no difference between the two groups in the prevalence by gender, average age, marital status, number of children, number of years of education and housing.

There is no difference between the two groups in duration of the disease and treatment.

Urine analysis shows no phencyclidine, barbiturates and buprenorphine in both groups.

There is no difference between the two groups in the presence of cannabinoids, ecstasy, cocaine, amphetamine, methamphetamine and tramadol in urine.

Alco test shows that the abstinents after methadone detoxification are positive in 19,2 % and the abstinents on methadone in 5,9 %.

AUDIT shows that the patients after methadone detoxification use alcohol in 55,8 % and patients on methadone therapy in 20,6 %.

Conclusions: The study shows that the heroin abstinents after methadone detoxification use alcohol. This findings support the theory of „masked heroinism“ in the form of alcohol use.

Key words: alcohol use disorder; heroin abstinents; masked heroinism.

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012

THE PRESENCE AND PREVALENCE OF INTERNET ADDICTION AMONG HIGH SCHOOL STUDENTS

POSTER

Sedin Habibović, Jasmin Softić, Meliha Brdarević, Mirnes Telalović, Samir Kasper, Emina Babić, Adila Softić, Nermina Mujčinović, Hassan Awad

Aim: Assess the presence and prevalence of Internet addiction among high school students, as well as the Internet use by parents, brothers/sisters and friends and what are the most common activities carried out while surfing on the Internet.

Methods: The research included 2081 students from the first grade (55.1 % of them) and third grade (44.9 % of them) of high schools in Zenica and Zavidovići. The research was conducted during the period of November/December, 2014. The research used the method of analysis theory, respectively, representation of the studies which have been done by now on this particular topic and survey research method. Instruments that were used: Questionnaire on the socio-demographic data, variables for testing the use of Internet by parents, brothers/sisters and friends of the students and Young scale Internet addiction. Data processing was done by statistical package SPSS 17.0, and descriptive statistic was used as a statistical procedure.

Results: The research included 47.2 % of male students and 52.6 % of female students. The most important results are:

- 61.8 % of students replied that a mother uses the Internet
- 65.6 % of students replied that a father uses the Internet
- 90.9 % of students replied that their brothers/sisters use the Internet

- 86.4 % of students replied that their friends use the Internet.

Parents mostly spend 1-2 hours on the Internet; 82.5 % students said that for their mothers, and 76.5 % students said that for their fathers. Brothers and sisters spend a bit more time on the Internet so we have the result of 20.2 % that says that brothers/sisters spend more than 4 hours daily on the Internet. Parents usually do their business activities on the Internet (mother 41.7 %; father 58.7 %) and social networking (mother 26.5 %; 15.7 % father). Brothers and sisters spend most of their time playing games (32.2 %) and on social networks (29.3 %). The research proved that the most students spend 2-4 hours a day on the Internet (37.9 %), provided that it is worrying fact that 10.6 % of students spent more than 10 hours a day on the Internet. According to the Young scale Internet addiction: absence of addiction among 59.3 % students, mild addiction among 26.4 % students, moderate addiction among 12.9 % students and serious addiction among 1.5 % students.

Conclusion: We can notice that high school students show some signs of Internet addiction, even though they spend a lot of their free time online. Nevertheless, one should not neglect the fact that 1.5 % of the students are heavily addicted to Internet, and that 40.8 % of them are actually in a way addicted to

the Internet. The worrying fact is the increase of use and abuse of the Internet, as well as the higher percentage of the students addicted to the Internet which we can easily see from the data that we got from their brothers/sisters (90.9 %) and their friends too (86.4 %) and their use of the Internet.

Key words: addiction, use of Internet, addiction to Internet

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013

INTERNET ADDICTION AS A REACTION TO A TRAUMATIC EVENT AND DISEASE

POSTER

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Problem statement. Internet addiction is not so far been the focus of researchers. Addicts are rare in treatment. Many parents do not know how to use the Internet, what consequences the Internet can cause and often do not control how much time their child spends online. Public Health Institution Addiction Treatment Centre of Zenica-Doboj Canton in study from 2014. found that 10.6 % students of public high school in Zenica and Zavidovići spent more than 10 hours a days on the Internet, moderate addiction among 12.9 % and serious addiction among 1.5 % students.

Aim: presenting a case study regarding addictions after a traumatic event and diagnosis of disease Fibromyalgia (M 79.7)

Methods: In this case study describes a case of man 27 years old. Initially received individual treatment, but after three months is involved his father and mother. Older brother did not want to come to the meetings. This is qualitative methods.

Results: Initial interview is conducted in the presence of father. We found that the client has spent about 19 hours a day on the Internet. He used the Internet for games and chat mainly with girls. Parent expresses helplessness and care. Client does not show the emotional response. Sleeping during the day only. Three months had received individual treatment but there was no progress. After that involved parents. After three months, progress has been made. Parents are empowered to set the structure of daily time. After that he spent 6 hours a day. Fibromyalgia was also treated. The next step was planned work on trauma. Before it was discovered Fibromyalgia his chief gave him a suspension. He had behavioral changes and chief concluded that does not work well. And a suspension caused trauma and dissociation of people and spending time on the Internet and fantasizing about leaving the country. Today more comes out and socialize but not yet ready for processing trauma. The next step is the application of EMDR in the treatment of trauma

Conclusion: Study indicates a correlation Internet addiction with the traumatic event or/and diagnosis of disease and the need to incorporate family into treatment system.

Key words: Internet addiction, Fibromyalgia, trauma, family

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014

WEB-BASED DRUG DEMAND REDUCTION

Thomas Kattau

For drug abuse prevention, treatment and the reduction of risks related to drug use, the internet's greatest advantage is its ability to reach potentially large groups of youth on local and global levels. Offering treatment to drug users via the Internet is rapidly increasing. It has the potential of reaching groups who are currently not reached. It also can offer specialised services in remote areas and provide a cost-effective way to support a large number of clients. A constructive debate among professionals, government regulators and the public on internet-based drug prevention and treatment is needed to explore the full potential.

While overall, internet-based drug treatment has a lot of potential, there are still possible limitations that should be considered. For example, physical presence of treatment versus anonymity online, the cost coverage by health insurance schemes and professional responsibility and accountability are some potential confines of online treatment and intervention.

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015

ADDICTED SOCIETIES – A CHALLENGE FOR POLICY MAKERS

Thomas Kattau

Societies struggle increasingly with the phenomenon of addictions: be it to dependency on legal and illegal drugs, licit substances like alcohol and nicotine; or addiction to gambling, the internet or electronic games.

Findings from all areas of relevant research create a picture that will require societies to re-consider their position vis-à-vis addictions:

It is not a fringe phenomenon that only concerns a few. It has become a mainstream problem for the greater part of society. Statistics and indicators show that number continue to increase and spread through all parts of society and all age groups.

There are no quick solutions in sight, on the contrary: research shows that addictions are difficult to cure and have to be considered as chronic conditions just like diabetes. They are chronic conditions with, at best, a chance of cure; and always with the risk of relapse.

The receptor and neuro transmitter systems in our brains do not seem to function along the same divisions based on which we have drawn up our policies. This may already suggest that the time of compartmentalised policies is over and the dawn of coherent policies on substances, as a step towards an overall policy on addictions, has begun.

Furthermore is now widely acknowledged that addictions often go hand in hand with correlate with serious mental health problems. Either because dependency can create and trigger mental illnesses or mental illness is among the causes. In either case mental illnesses are aggravated by addictions.

Even those not it addicted themselves often become victims of co-dependency in their efforts to help those of their kin that suffer from an addiction. This spread the negative consequences of addiction even further in society, multiplying the numbers of those in need of support and care drastically. Leaving these problems unattended will increase overall costs of addictions for societies even more: personal financial ruin, unemployment, illness, etc.

There is strong evidence that we live in addicted societies and they we will not be capable of curing this 'disease' at present or in the near future. We must therefore look for ways to manage the situation in order to avoid that our societies will be held hostage by addictions.

Already scientific discussion in neuro science starts to question if the concept of the free will of the human being. This is touching the concept of the autonomy of man, the core of liberty and the prerequisite of a functioning democracy. What if citizens cannot be responsible because of addictions not being dealt with? What will happen to the rule of law if its jurisprudence cannot rely anymore on the concept of the 'reasonable man riding the Clapham omnibus' because reason is driven for many by dependency and addiction?

As we can see now, addiction is not only a challenge for the treatment, care and social systems. It is an issue touches upon the fundamentals of societies: freedom, democracy and responsibility.

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016

DOES THE PROMINENT PSYCHOPATHOLOGY OF HEROIN ADDICTS EXIST?

Icro Maremmanni and Angelo Giovanni Icro Maremmanni

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.

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017 SELFIE OF FACEBOOK IN THE LIGHT OF NARCISSISM

Hrvoje Handl

Starting from the invitation to this event that is understood as a narcissistic food for a psychotherapist that so often talks to people with eating issues this theme will have to do something with being present, being online, being in. That is why it seems so right to take You on a journey around the social networks and their meaning to our psychodynamic selfie, our understanding of others selfies and new phenomena on the Web. There is no intention to take a side and speak with a judgement but only to explore what Internet and social networks in his context do to our minds and a way that we think about ourselves.

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018 CO MORBIDITY OF MENTAL DISORDER IN PATIENT WITH OPIATE ADDICTION-CASE REPORT

Vesna Labroska¹, Liljana Ignjatova²

The purpose of this paper is to describe the insufficiency of treatment system for dealing with co-morbidity of opiate addiction and mental disorder. This paper describes a patient in methadone program at the Centre for treatment of drug addiction, a part of General Hospital Ohrid, that besides opiate dependence suffer from other mental disorder. He lives in the community with his primary and secondary family and occasionally works as car mechanic. He is 39 old man, married, and father of two young children who was treated with 110 mg of methadone longer than 5 years and with antipsychotic in the outpatient psychiatric ward in the same hospital. Before admission in methadone program he used cannabis, benzodiazepines, narcotic analgesics and heroin. After long stable period the patient who was calm, quiet, and correct, became verbally aggressive, dissatisfied with the family and treatment program, threatened staff and family and become paranoid. This situation occurred after self initiative interruption of the neuroleptic therapy. Attempts by staff from the center to con-

vince and motivate him to take prescribed neuroleptic therapy were unsuccessful, and the patient's condition is getting worse, as manifested by physical aggression towards family. Thus with medical vehicle he was transported in a psychiatric hospital in another city Demir Hisar where was treated with anti psychotics, psychotherapy and socio-therapy. The methadone was quite as it is not available in that psychiatric hospital so the dependence during hospitalization wasn't treated.

After two weeks he came out of the hospital with recommendation for treatment with neuroleptic therapy and benzodiazepines. Patient return to the Centre without symptoms of psychosis but with withdrawal symptoms, anxiety, irritability, pain in bones and muscles, nausea, sweating, fast heartbeat, depression, emotionally exhausted, crying and praying for "at least a drop of Methadone". Immediately Methadone was induced and gradually increasing to 65 mg.

The patient is now stable and functional in everyday life, and regularly takes neuroleptics and methadone. Discussion and conclusion: For the treatment of opiate dependence with co morbid psychosis unacceptable is termination of substitution therapy. In such cases, it is needed a comprehensive treatment of both conditions. Unacceptable is unavailability of substitution therapy at psychiatric wards and hospitals that treated psychiatric co morbidities in people with opiod addiction. Neuroleptic therapy can't solve both, psychosis and addiction. Key words: methadone, co-morbidity, mental disorder.

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019 HEPATITIS C PATIENTS IN THE CENTRE FOR ADDICTION IN OHRID MACEDONIA POSTER

Vesna Labroska, Liliana Ignjatova

- The Attention about the dependence of Ohrid is a regional center attention about Southwest Macedonia.
 - treated opiate addiction with sol.Metadon
 - for ten years of work were treated 201 patients
 - 2015-January treatment 12x patients, 114 women and 11 men
 - Before entering treatment risky drug used 90 % while it was 20 % of the treatment are still injecting substances
 - The Center patients have a 70 % comorbidity with hepatitis C
- NOTE
- The 30 new patients in the period from 2013 to 2015 only 3 HCV +
 - Only one of the patients were infected while on treatment
 - 3 Patients infected while serving a sentence which is not available exchange program needle

at the conclusion
Availability needle, methadone therapy and education reduces icidencata hepatitis C among people who inject drugs.
The diagnostic procedure is carried out in a clinic for Gastro-

enterology and infectious clinic in the capital Skopje and the Fund for health insurance.

Treatment with pegylated interferon and ribavirin is conducted in local hospitals and is charged to the Fund for Health Patients at the Center for Addiction Ohrid having comorbidity with Hepatitis C 60 %. On treated them with 10 % called relaps and conducted retreatment. Only one patient has no cure and retreatment.

In January 2015 three patients treated infective separated in Ohrid General Hospital and five patients in the diagnostic procedure.

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020 CO MORBIDITY AMONG HIGH THRESHOLD PATIENTS IN METHADONE MAINTENANCE PROGRAM

**Liljana Ignjatova, Aneta Spasovska
Trajanovska**

Major studies of psychiatric co morbidity in opioid users reported rates of co morbidity that far exceeded general population estimates. Co morbidity may have prognostic value and important implication of the treatment. Aim of this study is to determine the prevalence of co-morbidity among high threshold patients in methadone maintenance program. Material and methods: Out of 137 high threshold patients (117 male and 20 female) from the day hospital for treatment of opiate addiction 87 were interviewed with eight-item screening interview, the Standardized Assessment of Personality – Abbreviated Scale (SAPAS), 86 were examined with Zung Self-Rating Depression Scale (SDS) and 88 were examined with Zung Self-Rating Anxiety scale (SAS). Only 54 of them were examined with all three tests. The results show that small number of the patients have anxiety 12(13,6 %), bigger number 28(32,5 %) have depression from mild to severe and the biggest number have personality disorder 56(64 %). Out of 54 tested with all 3 tests 15 have higher scores than normal on 2 or 3 test. Six have higher scores than normal on 3 test SDS, SAS, SAPAS, 8 have higher scores than normal on SAPAS and SDS, and one has higher scores on SDS and SAS. The Minnesota Multiphasic Personality Inventory (MMPI) was done to 50 patients and 20 of them (40 %) had higher score on Pd (Psychopathic Deviate) scale. Number of patients that have history of psychosis are 20(14,6 %) of 137, and only 5 (3,6 %) of them have bigger score and on SDS. Such results show that even in high threshold methadone program number of co morbidity especially co morbidity with personality disorder is very present.

Key words: Co-morbidity, methadone program, high threshold

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021 SOME EPIDEMIOLOGICAL DATA AND EXPERIENCES IN TREATMENT OF HEPATITIS C IN CPZOPD

Milan Krek¹, Jelka Mišigoj Krek²

From an epidemiological point of view, the infection with the hepatitis C among drug users in Slovenia is significantly greater problem as an HIV infection. All programs for drug users in Slovenia are systematically monitoring the incidence of hepatitis C and all programs are also carried out preventive activities to reduce new infections with hepatitis C. The objective is to reduce the number of infected persons and found infected persons, and include as many infected drug users with hepatitis C in treatment. Staffs in the network of Centres for prevention and treatment of illicit drug addiction are motivating patients for testing and treatment of hepatitis C and in the same time faced with a many problems. The key could be the fear of drug users to be infected with hepatitis C. There is also a big fear to be involved in the treatment of hepatitis C, and side effects of the treatment. The method of treating a patient requires a lot of commitment and perseverance and discipline in the treatment of addictions and hepatitis C.

In Slovenia we are monitoring the epidemiological data in the Centres for prevention and treatment of illicit drug addiction, using Treatment demand indicator questionnaire made and standardised by EMCDDA agency. Review of the data showed that the proportion of persons who have not yet been tested for the presence of anti-HCV were among those who were re-entering the program significantly lower than among those who were entered for the first time in the program. This indicates a successful testing to hepatitis C in Centres for prevention and treatment of illicit drug addiction and other programmes. The proportion of positive anti-HCV tests among users, which in recent years have been re-entered in the program, is slightly raised. The proportion of anti-HCV positive was declining among those who were first entered the program. The proportion of anti-HCV positive tests in long term users programme, were slowly increasing. By logistic regression, we found that the greater proportion of anti-HCV positive tests was among those who did not have permanent residence and among those who have injected drugs. There were also more infected people among the older clients and long term drug users.

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022 CAUGHT IN THE NET

Sanja Rozman

One cannot be addicted to internet just as one cannot be addicted to bottles: smartphones, tablets, computers, television and other electronic media are just a way of transmitting a flow of information, and it is the information they convey that can become addictive. It is much more helpful to understand media addictions by the information that is transferred, and it could be:

1. Pornography – a sort of sex addiction
2. Internet gambling – a sort of pathological gambling
3. Games – internet or other
4. Social networks – a sort of relationship addiction

What do these different activities have in common, except that they are transferred by contemporary media?

If you remember how you started your computer use, you must have noticed that you sometimes experienced altered states of consciousness: time elapses uncontrollably (just a little bit more and I will stop ...), one loses track of surroundings and becomes absorbed into the virtual world, one forgets all the troubles, no awareness of physical pain, hunger, fatigue; the inability to stop or limit the behavior, one can easily have 500 friends and thousands of »likes« on facebook and never have to bother to meet these people. Most people get over the beginner's troubles in a couple of months and learn to limit the behavior – some don't.

Fantasy, arousal and satiation are three brain mediated processes that combine in the making of process addictions to create a unique personal cascade of behaviors that can accelerate into an addiction cycle. New computers are capable of gathering information about the users' preferences and can adapt to their sexual or social templates, becoming just too good to compete with the real world. Internet is affordable, accessible and anonymous (or is it?), which makes it a very powerful combination. More than 75 % of all people use it in Europe, and it has been known that 1-10 % of users develop addiction. Are we prepared for the tsunami?

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023 CHILDHOOD TRAUMA, PERSONALITY DISORDERS AND ADDICTIONS

Sanja Rozman

Survivors of chronic developmental trauma suffer several long-term changes in personality and are vulnerable to develop chemical and non-chemical addictions. Early chronic interpersonal trauma crushes the vulnerable personality of a child and induces several defense mechanisms like severe dissociation, denial, distortions, fantasy, that all contribute to further vulnerability in the relationships of the survivor. In adult life, these persons present with:

1. Impaired affect modulation (black and white thinking, impulsive emotional changes, inflicting self harm and addictions),
2. Defense mechanisms of dissociation and illusion, trauma repetition and unhealthy relationships,
3. Problems with self-esteem: self hatred, suicidal ideations
4. Problems with body regulation, sleep, stress related and autoimmune diseases,
5. Problems with identity, that is negative and developed around trauma (survivor!) instead of core self
6. Violated attachment patterns, unsafe attachment
7. Addictions, chemical and non-chemical, as an outgrowth of defense mechanisms.

Most people with chronic developmental trauma would fit into one of personality disorder categories: borderline, dependent personality disorder, dissociative identity disorder. Trauma specialists speak of complex posttraumatic stress disorder (Judith Herman) and developmental trauma (Van der Kolk). The terms known to addiction specialists are pathological codependency (Rozman, Mellody), adult children of alcoholics (Mellody, Dayton), pathological caretaking, enablers, codependents, women who love too much, love addicts, sex addiction and sex anorexia (Carnes), traumatic bonding (Carnes). Child development specialists refer to the same as developmental trauma (Van der Kolk), relational trauma (Dayton), unsafe attachment styles (Bowlby, Ainsworth) and projective attachment (Gostečnik). Legal systems call them victims and survivors of child abuse.

It is time that all these concepts are unified to better help the clients in recovery.

Self-reported frequency of emotional, physical and sexual abuse in a sample of clients of our therapeutic program for non-chemical addictions will be compared with the results of a similar program in the USA.

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024 SUBSTANCES MEDICAL STUDENTS FROM UNIVERSITY OF LJUBLJANA USE TO HELP THEM STUDY

Pirnat Zala, Plevel Danaja, Podbregar Primož, Podgoršek Blaž, Poličnik Kristina, Preskar Jasna, Milan Krek

As a group of third year medical students at the University of Ljubljana we were interested in the substances medical students use to help them study. We conducted a cross-sectional study using an internet survey in which students were asked to indicate which substances they use as a study aid. The survey was anonymous and was completed by 393 medicine and dental care student. They were asked to specify their gender, age (18 to 20 years; 21 to 25 years; 26 and older) and their grade average (less than 8; 8 and more). The students selected

which of the following substances they use: coffee, tea, vitamin drinks, energy drinks, guarana, sedatives, homeopathic substances, marijuana, antidepressants, amphetamines, beta blockers, new synthetic drugs, cocaine and other (they specified the substance later in the survey). We asked them to define how often they use specific substances and if they believe it is helping them.

The results showed that most students use coffee (76 %) and tea (68 %). Other more used substances are vitamin and energy drinks, guarana and sedatives. Less students use homeopathic substances, marijuana, antidepressants, amphetamines, beta blockers, new synthetic drugs and cocaine. Students are using most of the substances occasionally while coffee and tea are drunk frequently. Approximately half of the students believe that specific substances help them with their study. There is a slight higher percentage of specific substance use in the group with grade average of 8 or less.

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025 EARLY-WARNING-SYSTEM ON NEW PSYCHOACTIVE SUBSTANCES

Andreja Drev

In the last decade the number and variability of new psychoactive substances (NPS) appearing in the EU and also in Slovenia is rising. In the period 2005-2013 more than 300 NPS were reported for the first time within European Early Warning System (EU EWS). In Slovenia, according to National Forensic Laboratory data 12 NPS were detected in 2013 and 90 in 2014. As a response to this problem Slovenia developed national Early Warning System in order to early detect NPS, rapidly exchange information on production, trafficking, use and on risk associated with use of NPS and furthermore to rapidly inform experts working in the field of drugs and users.

The establishment of national EWS started in 2002 and in 2004 five key members (National Institute of Public Health, General Police Directorate with National Forensic Laboratory and Illicit Drug Section, Centre for Poisoning and Institute of Forensic Medicine) have formed the system. In 2007 the Ministry of Health formally appointed an interministerial working group of EWS and in 2009 a new enlarged interministerial working group was appointed; representatives of the Ministry of Health and representatives of NGO's DrogArt and Stigma have joined the system. By including non-governmental organisations into a system important step has been made, since these organisations represent an important source of information and also an important part in the process of passing on the information to the NPS users.

In 2005 the first NPS was detected within national EWS and reported to EU EWS; in 2013 national EWS took necessary measures to stop a number of serious intoxications with GHB/GBL. At present national EWS is extending to regions in order to better address the growing problem of NPS.

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026 NOVEL PSYCHOACTIVE TREATMENT UK NETWORK (NEPTUNE): DEVELOPMENT OF CLINICAL GUIDANCE ON THE MANAGEMENT OF ACUTE AND CHRONIC HARMS OF CLUB DRUGS AND NOVEL PSYCHOACTIVE SUBSTANCES

Dima Abdulrahim

NEPTUNE is a project that is developing a suite of tools aimed at improving clinicians' understanding of club drugs and novel psychoactive substances (NPS) and their confidence in managing harms relating to acute toxicity and those linked to long term use and/or dependence.

NEPTUNE guidance and tools address the screening /identification of club drug-related harms, the assessment of these harms and their clinical management. They are aimed at emergency departments, drug treatment services, primary care and sexual health services.

Phase I of the project consisted of the development of clinical guidance based on the review of the peer reviewed literature and clinical consensus. The presentation will describe the rationale of NEPTUNE development, the diverse 'cultural' contexts of club drug use and harm and presentations to a range of treatment services. It will also describe methodology of guidance development, taxonomies used and issues addressed in the guidance.

The presentation will also mention phase II of the project which has started recently and which aims at translating the comprehensive evidence into practical tools with clinical utility. These include care bundles, E-learning modules and other tools.

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027 DOSE ADEQUACY AND BEYOND

Alexander Kantchelov

Though addiction science, world leading experts and professional organizations clearly define the proper methodology of opiate agonist treatment, inadequate dosing policies are still existing and quite often common practice. These reflect underlying basic views and professional attitudes and understanding of the essence of addiction as well as the clinical characteristics of opioid agonists and specifically methadone as a treatment tool.

Besides the anti-withdrawal, anti-craving, and blocking effects of methadone, there is a probability that the medication could

have more effects on the opioid brain system, depending on the dose.

A critical reevaluation of established dosing traditions shows that past interpretations of adequate methadone dose and the prescribing practices of many clinicians are no longer valid. 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 with methadone doses significantly higher than the average, as well as conceptual shifts and points of view related to methadone dosing are discussed.

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028 INTERDISCIPLINARY TEAM PARTNERSHIP AND PSYCHOLOGICAL INTERVENTIONS IN TREATING HEPATITIS C IN METHADONE MAINTAINED PATIENTS

**Alexander Kantchelov, Marija
Dobrev, Tsvetana Stoykova, Valeri
Parvanov**

This presentation shares the clinical model of the Kantchelov Clinic in Sofia in interdisciplinary and institutional partnership of addiction treatment professionals with specialized gastroenterology unit for the treatment of Hepatitis C in methadone maintained patients.

Special attention is paid to the specifics and psychological aspects of patient experiences, related to the disease, interferon treatment, prejudice and stigma (fears, ambivalence, resistance, insecurity, anxiety), and subsequent reactions to Hepatitis C treatment.

Therapeutic approach and a model of psychological interventions focused on supporting patients and families to overcome fears and ambivalence, to enhance compliance and patient cooperation with gastroenterologists in applying treatment procedures, as well as key components of interdisciplinary team partnership between the specialized gastroenterology team and the addiction treatment team are also discussed.

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029 DRUG AND DRINKING PROBLEMS IN WOMEN WITH BORDERLINE PERSONALITY – PRECONDITIONS AND PSYCHOTHERAPEU- TIC MECHANISMS OF CHANGE

Tsvetana Stoykova

This presentation discusses clinical characteristics of borderline female patients with drug and drinking problems. Clinical interest in these women is related to their specifics of being the victims of extreme stigma and stereotyping, and very difficult to treat. The attitude to such women is often rejection, disgust, prejudice, or apathy and indifference. Their basic psychological characteristics, the reasons why they use drugs and alcohol as well as the main psychotherapeutic mechanisms of change in this kind of patients are discussed. The presentation also provides a brief clinical example from our psychotherapeutic work at the Kantchelov Clinic in Sofia.

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030 ANTIVIRAL THERAPY APPLICATION IN CHRONIC HEPATITIS C AMONG OPIATE ADDICTS WITHIN THE OPIATE SUBSTITUTION TREATMENT (OST)

**Mehić-Basara Nermana, Pokrajac
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Introduction: Opiate addiction is chronic relapsing brain disease, which often occurs in comorbidity with other diseases. Representation of Hepatitis C (HCV) in a group of heroin addicts is up to ten times higher (30-50 %) than the prevalence in the general population (5 %) and therefore is greater mental health impairment in this population.

Goal of this study is to present the results of the evaluation of hepatitis C treatment with interferon in patients who are in the program of opiate substitution therapy (OST).

Material and methods: This study was clinical, retrospective and prospective, which included opiate addicts who are in the OST program for a period of three years. For each addict the diagnosis of viral hepatitis C was determined by laboratory tests of peripheral blood on anti-HCV and HCV antibody detection through polymerase chain reaction (HCV-RNA PCR).

Results: The positive results for anti-HCV test were found in 162 (41 %) patients, and after consultation with the infectious disease specialist/hepatologist is indicated interferon therapy in 56 cases of which 17 (11 %) were included in this treatment during the period surveyed, for which we expect to cause changes of mental status in terms of reduction of anxiety and

depression, improved concentration and better aggressiveness control.

Conclusion: Interferon antiviral therapy of hepatitis C in opiate addicts in OST program is preferred, because besides to the treatment of diseases of the liver, also have effect on the improvement of mental disturbances and therefore lead to a better addict's quality of life.

Keywords: opiate addiction, substitution therapy, Hepatitis C, Interferon

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031 HEPATITIS B AND HEPATITIS C VIRUS RELATED CHRONIC LIVER DISEASES IN INTRAVENOUS DRUG ABUSERS

**Daniela Chaparoska, Victoria
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HBV I HCV virus infection are very common in drug users due to the transmission of infection through the syringers that have been previously used by an infected person.

Aim of this study was to present main features of hepatitis B and C virus related chronic liver diseases in patients with positive history for drug abuse.

Analyses included 74 cases with chronic liver viral diseases. Routine laboratory techniques for detection of viral markers for HBV and HCV were used. Identification of C viral infection was made using ELISA II test for the detection of anti-HCV antibodies of the serum. Detection of HCV RNA was made by PCR method as well as the genotyping and quantification of viral load. HBV DNA detection was made by dot blot hybridization and using PCR method. Liver biopsy was done in order to establish the degree of order of necroinflammation in the liver parenchyma.

Among our patients, 64 were positive for hepatitis C virus, 1 had single HBV infection, and 9 had dual viral infection (B and C). Viral genotype 3 of HCV was present in 62/73 (85 %) and genotype 1 in 11/73 (15 %) patients. The level of viraemia ranged between 130 000 and 1200000 copies/ml.

The analysis of viral markers for HBV has shown HBc Ag positivity in 3 cases (one of them was a case with single HBV infection), and the other 8 pts have shown presence of anti-HBc antibodies. HBV DNA was identified in the case of the single HBV infection and in 4 pts with dual B and C infection. Histological examinations showed of chronic active hepatitis in 18 cases, moderate chronic hepatitis, in 25 pts, whereas 28 pts had mild form of chronic hepatitis. The Knodell score ranged from 2 to 12. Three cases had a progressive form of liver disease with a collagen deposition, meaning development of liver cirrhosis.

Our results indicate that majority of patients with chronic liver diseases related to HBV and HCV among drug abusers had HCV infection genotype 3, which is important for the treatment and prognosis. The presence of HBV is an additional factor for poor prognosis of liver disease, especially in the stage

of chronic active hepatitis, or cirrhosis. HBV DNA identification in cases with negative HBcAg suggest the infection by precore mutant type of HBV, meaning more severe course and outcome of liver disease.

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032 THE USE OF PRESCRIPTION DRUGS AMONG IDUS: COLLECTING DATA AMONG USERS OF HR PROGRAMS IN SLOVENIA

Samo Novakovič, Ines Kvaternik

In recent years trends regarding drug use among IDUs have changed. The median age increased significantly, the illegal drug market does not provide sufficient quantities of decent quality of traditional substances, such as heroin, so drug users resort to a cheap alternative. With this research we focused on user of HR programs in Needle Exchange Programs, and try to minimize additional burden for users and workers in programs to collect data in the context of the existing Needle exchange service record. Our purpose is to obtain the greater number of IDUs. We designed new collecting data tool, which contained the area of contact, gender and age, involvement in substitution therapy (ST) and the type of drugs intravenously consumed. The average age of the respondents was 36 years, 82.2 % of men and 78.32 % of the participants in ST. Most commonly injected in 2014 is heroin (65.91 %), followed by cocaine (55.19 %), slow-release morphine (25.97 %) and other prescription drugs (29.87 %). In Primorska region the highest average age is observed – almost 39 years and the largest proportion of inclusion in ST (87.38 %). Older users mostly inject prescription drugs and are significantly more often included in ST. The collected data are useful in analyzing trends among IDUs, thus it is possible to estimate the effects and predict some of the consequences of current drug policies and prescription practices in ST programs. The above data collection method has proved to be useful in the assessment of the prevalence of high-risk use of illicit drugs.

033

CO-OCCURRENCE OF PERSONALITY DISORDER AND SUBSTANCE DEPENDENCE: IMPLICATIONS FOR TREATMENTS

Metka Shawe-Taylor

The talk will address the relationship between personality disorder and substance dependence. It will mainly focus on borderline personality disorder but it will also consider anti-social personality disorder. It will explore the challenges that the co-occurrence of personality disorder and substance dependence presents to the treatment of such patients. Some generic principles of such treatment will be outlined and an exemplar specific psychological treatment will be discussed.

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034

STEPPS PROGRAMME FOR TREATMENT OF BORDERLINE PERSONALITY DISORDER

Metka Shawe-Taylor

The workshop will focus on the treatment of borderline personality disorder (BPD). The initial part of the workshop will look at the main principles behind such treatments while the part will be focussed on Systems Training for Emotional Predictability and Problem Solving (STEPPS) a group psycho-educational programme developed by Nancée Blum et al. (1995) and is becoming increasingly integrated in the mental health systems across European countries. Evidence for its effectiveness is accruing as more studies are published. Its effectiveness with other patient groups and co-morbid presentations is now also starting to be investigated.

The aim of the workshop is not to equip the participants with the STEPPS skills but to provide enough information about the programme to enable participants to start considering its appropriateness for their services.

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035

HOW WE CAN INFLUENCE THE ATTITUDE TOWARDS ALCOHOL IN SLOVENIAN PRIMARY?

Nataša Sorko

Slovenian primary third triad were surveyed in 2009 and 2014. Together, we surveyed 13,585 children's (2009: 6798 and 2014: 6787 children's). In primary school children's were assessed their attitudes towards alcohol.

In the analysis of the five-year period, we note some positive trends. Presenting the findings that we have to worry about.

In our recent survey among Slovenian primary third triad aged between 12 and 15 years of age during the school year 2014, we found that primary school first drinking alcohol at an average age of 10 years, girls somewhat earlier than boys, which is at a slightly higher age than five years ago. The survey results show that alcohol tried to survey more than 90 % of 15 year olds, 35 % of 15 year olds were already drunk, so more third, the fact that any drinking of alcohol-age children and adolescents harmful and risky.

In the last five years, however, we note some positive trends. We note that a 7 % increase in the proportion of those children and adolescents who have not tried alcohol. It is important to decrease (from 16 to 7 %) proportion of primary school children who drink alcohol at least once a week and to have a more elementary-age when buying alcohol problems are now more important problems more than five years ago. One-tenth of primary school are not able to enjoy without alcohol, which is almost twice larger share than in 2009. An important influence of parents. Effect of wet Slovenian culture is also reflected in the fact that parents in greater proportion than five allow her to drink alcohol-age children.

To summarize the findings in the future is extremely important as adequate awareness and inform adults on the dangers and risks and drinking-age. At the same time, it is necessary to consider how they can appropriate, healthy way recruit children, adolescents and adults that have managed to realize the benefits of a healthy lifestyle and will resonate with him.

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036

FACTORS ASSOCIATED WITH OUTCOME OF OPIOID ADDICTION TREATMENT AT CENTRE FOR TREATMENT OF DRUG ADDICTS, UNIVERSITY PSYCHIATRIC HOSPITAL LJUBLJANA

Delić Mirjana¹, Lusa Lara², Pregelj Peter^{3,4}

Aims: The purpose of the study was examination of the relationships that exist among hypothesised variables and outcomes of hospital treatment of drug addiction treatment.

Methods: A cohort of 192 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 (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 abstained from drugs, 11 of them finished the whole 278 days long treatment. Finishing the whole treatment or according to agreement about duration 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 intake 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.

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037

THE CLUB DRUG CLINIC: EXPERIENCE AND MODEL OF CARE OF THE CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST

Dima Abdulrahim

The Club Drug Clinic was established at the end of 2010, as a response to the limited understanding by 'traditional' drug treatment services of the needs of the users of club drugs presenting for treatment. By the end of 2014, approximately 600 people had undergone treatment or an intervention pathway.

The workshop will address a number of issues, which include:

- Why club drugs have required treatment services to think differently; how they should adapt existing evidence-based interventions
- Who is presenting for drug treatment
- What type of clinical services are club drug users are presenting to, other than drug treatment services
- Partnerships, clinical and referral pathways
- Models of care and treatment interventions, including GHB/GBL medically-assisted detoxification
- Case studies
- Treatment outcomes

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038

THE CHALLENGE OF NEW PSYCHOACTIVE SUBSTANCES IN EUROPE

Alexis Goosdeel

In 2014, 101 new psychoactive substances were notified to the EU Early Warning System, bringing the number of substances monitored to more than 450. Formal risk assessments are launched for substances suspected of causing significant harm at the European level. Risk assessments were carried out on six substances in 2014.

An example of the challenges posed by new psychoactive substances is the difficulties in determining the implications at European level of reports from some countries of severe reactions to the use of synthetic cannabinoids. These substances can be extremely potent, but are not chemically similar to cannabis, and therefore may result in different and potentially more serious health consequences.

With the continuing release of new psychoactive substances on the drug market, there is concern that new or obscure substances that have contributed to deaths may escape detection. The high potency of some synthetic substances further

complicates their detection, and also has implications for law enforcement, as even small quantities of these drugs can be converted into multiple doses.

In recent years, more than 50 substituted cathinone derivatives have been identified in Europe. The best known example, mephedrone, has established itself on the stimulants market in some countries. Another cathinone, MDPV (3,4-methylenedioxypyrovalerone), is sold on the European market predominantly in powder and tablet form as a 'legal high', but also directly on the illicit market. More than 5 500 seizures of MDPV powder have been reported from 29 countries between 2008 and 2013, amounting to over 200 kilograms of the drug.

The Internet is playing a growing role in shaping how drugs are being sold and poses unique challenges to disrupting the supply of both 'new' and 'old' drugs. The fact that manufacturers, suppliers, retailers, website-hosting and payment processing services may all be based in different countries makes it particularly difficult to control.

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039 EMCDDA SUMMARY REPORT ON THE DRUG SITUATION IN THE WESTERN BALKANS

Alexis Goosdeel

This report focuses on Albania, Bosnia and Herzegovina, the former Yugoslav Republic of Macedonia*, Kosovo, Montenegro and Serbia — all current candidate and potential candidate countries to the European Union (EU) in the Western Balkans.

The findings synthesised in the report provide a first *indication* of the regional situation in 2013–14, and should not be considered conclusive or stable, as new studies and data collection tools are continually being implemented.

The situation could be characterized as follows:

- The prevalence of drug use in the general population seems to be comparable with the situation in the EU. Cannabis is the drug most frequently reported as used, although at a level below the EU average.
- Estimated population sizes of persons who inject drugs (PWID) vary in the region but are significant, as reflected by the prevalence of drug-related hepatitis C infections.
- There has been a substantial effort to develop treatment options and harm reduction services in the region, but the coverage of these programmes remains generally too low.
- The long-term financing of such programmes by the state remains a challenge and should be made a higher priority.
- Investment in monitoring of the drug situation and responses to it is still at a preliminary stage, and needs to be consolidated.

The emergence and development of national drug strategies in line with the EU Drug Strategy and Action Plans, as part of the region's approximation to the EU, represent significant progress that highlights the need to build consensus between the main stakeholders, and the importance of securing adequate human and financial resources in the long term.

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1 The asterisk indicates that this designation is without prejudice to positions on status, and is in line with United Nations Security Council Resolution 1244 and the International Court of Justice opinion on the Kosovo Declaration of Independence.

040 ASSOCIATION OF PERSONALITY TRAITS AND OUTCOME OF HOSPITAL TREATMENT OF OPIOID ADDICTION

Delic Mirjana¹, Kajdiž Karmen¹, Pregelj Peter^{2, 3}

Aims and hypothesis: The purpose of the study 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.

Background: Despite different treatment approaches many patients with drug addiction continue to use drugs during and after treatment. Personality traits are considered risk factors for drug use, and, in turn, the psychoactive substances impact individuals' traits.

Method: A cohort of 186 patients consecutively admitted to the detoxification unit between November 2011 and May 2013 was investigated. The semi-structured 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: During one year after intake 67 (36.02%) patients abstained from illicit drugs. Twelve months after admission 82 (44.9%) patients abstained completely. Agreeable patients are more likely to abstain on substitution therapy at admission ($\tau = 0.13$); also they remain in treatment longer ($\tau = 0.13$). Extraversion and openness are negatively correlated with abstinence after six and twelve months ($\tau = -0.13$; $\tau = -0.12$). Neuroticism is in negative correlation with duration of treatment, which means neurotic patients are more likely to abandon treatment sooner than emotionally stable patients ($\tau = -0.15$). Complete abstinence seems to be less related to patients' personality. Patients who are less open to new experiences are more likely to abstain from drugs 6 months after admission ($\tau = -0.13$).

Conclusions: There were significant reductions in heroin and other illicit drugs use, injection of drugs and criminal activity after one year. Personality measured with BFI correlates with treatment outcome poorly. At the same time personality has crucial role in responding to treatment, but one personality trait could at the same time have protective as well as risk function.

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Keywords: personality traits, opioid addiction, treatment outcome, Big Five Inventory

042

USE OF NEW PSYCHOACTIVE SUBSTANCES AMONG PATIENTS HOSPITALISED AT UNIVERSITY PSYCHIATRIC HOSPITAL LJUBLJANA BETWEEN SEPTEMBER AND DECEMBER 2014

Nuša Šegrec

Introduction: We can observe an increased use of new psychoactive substances (NPS) in last few years in clinical practice. They are easily accessible, relatively cheap, often legal, giving the user a false feeling of safety; they are changing rapidly and are mostly not detectable by routine urine tests.

The data about new drugs and potential psychiatric side-effects are very scarce. Limited data in literature describe wide range of psychiatric symptoms associated with NPS use: agitation, insomnia, cognitive dysfunction, psychotic symptoms with paranoid feelings and hallucinations, delirium, anxiety, affective disturbances and suicidality.

Method: Retrospective study was based on reviewing medical records of patients, hospitalised between September and December 2014 at University Psychiatric Hospital Ljubljana for use of new drugs. We checked for patients with diagnoses F11-19 (according to ICD-10) at admission or discharge from the hospital for use of new drugs and related psychiatric problems. The use of new drugs was based on auto- or hetero-anamnesis data.

Results: The results (number of patients reported NPS use, number of hospitalizations – first and re-hospitalizations-, duration of hospitalization, medication used, urine tests results, psychiatric symptoms associated with NPS use and information about further treatment have been compared with data from literature.

Discussion: Better understanding of new drugs use and their negative consequences can contribute to better recognising, understanding and better quality of treatment/ rehabilitation of patients with co-morbidity.

Keywords: new psychoactive substances, psychiatric disorders, co-morbidity of psychiatric disorders and substance use disorder

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044

HOW DOES TREATMENT WORK IN PUBLIC HEALTH NETWORK OF CENTRES FOR PREVENTION AND TREATMENT OF DRUG ADDICTION - DOCTOR'S WORK IN CENTER FOR PREVENTION AND TREATMENT OF ADDICTION OF ILLICIT DRUGS

Jasna Čuk Rupnik

Doctors who work in CPTAID treat patients in opioid treatment or/ and in psychosocial rehabilitation. They need and use their knowledge from the field of general/family medicine and their additional knowledge of addiction medicine. There are 18 such Centers in Slovenia. They are all located in Primary Health Centers and include from less than 100 to more than 500 patients. Doctors need some extra knowledge from the field of psychiatry and also the knowledge in diagnosing and treating hepatitis C infections. They have to develop reasonable cooperation with parents and partners, social workers, teachers, employers, policemen, lawyers, journalist, politicians and organisations like Alcoholics Anonymous and Narcotics Anonymous. Good work includes also once own researches.

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045

20 YEARS OF PUBLIC HEALTH NETWORK FOR TREATING PEOPLE THAT USE ILLICID DRUGS IN SLOVENIA

Andrej Kastelic¹, Tatja Kostnapfel²

In January 1995 the first detoxification unit was opened at the Center for Mental Health at University Psychiatric Hospital Ljubljana. Since that year the public health network of eighteen centres for the prevention and treatment of drug addiction have been established in Slovenia. In 2003, the Centre for the Treatment of Drug Addiction was founded at the University Psychiatric Clinic Ljubljana. Substitution treatment with methadone was introduced in 1990. In 2004, buprenorphine and in 2005 sustained release morphine were registered, followed by buprenorphine in combination with naloxone in 2007. In 2013 in the network of centres for the prevention and treatment of drug addiction 3.908 patients were treated, 3.191 of them with substitution medications. Substitution medications were also given to 556 persons serving a prison sentence in 2012. At the Centre for the Treatment of Drug Addiction at the University Psychiatric Clinic Ljubljana about 1000 patients were treated in the outpatient clinic, 169 as inpatients and 98 in the day hospital.

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046

PERSONALITY DISORDERS - CLINICAL AND PSYCHODYNAMIC ASSESSMENT AND THERAPEUTIC IMPLICATIONS

Tina Zadavec

All treatments should begin with good diagnostic assessment which is the starting point for pharmaceutical and psychotherapeutic interventions. Patients with addictions have a lot of comorbidities, that need to be thoroughly assessed - personality disorders being one of the more common diagnosis that have major influence on the process and outcome of the treatment. Patients with personality disorders have deficits on several areas (interpersonal relationships, identity, affect and impulse regulation, moral sensibility, distress tolerance, cognition and reality testing, mentalization) that lead to poor work and social functioning. In therapy this results in the slow development of therapeutic working alliance, distrust and difficulties in forming attachment, intense transference and countertransference reactions, distortions in reality testing, intense emotional reactions that are poorly regulated, self-destructive and aggressive behaviour and consequently to difficulties in adherence to therapeutic contract and to high drop-out and relapse rate. For the therapeutic purposes one should not be satisfied with classifying the patient in the category of specific personality disorder, but should assess specific deficits on the before mentioned areas and adjust the treatment according to the patients' capacities. If possible different treatment programmes should be offered according to the severity of personality disorder and in different treatment phases.

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047

NEUROBIOLOGY OF PERSONALITY DISORDERS: IMPLICATION FOR TREATMENT

Bojana Avguštin Avčič

We present possible neurobiological background of personality disorders, particularly borderline personality disorder (BPD) and antisocial personality disorder (APD) and implication for treatment. The cause of BPD and APD is a complex dynamic system both psychologically and neurobiologically, with several factors interacting in various ways with each other. BPD and APD are associated with a combination of early adverse (traumatizing) childhood experiences as well as later, adolescent adverse experiences, deficits in brain development and genetic polymorphisms predominantly affecting the serotonin system and the stress axis. In BPD structural and functional neuroimaging have revealed a hyperreactive hypothalamic-pituitary-adrenal (HPA) axis, a dysfunctional frontolimbic network of brain regions with reduced hippocampal, orbitofrontal, and amygdala

volumes with an increased activation in the amygdala in response to negative emotional stimuli. Heightened impulsivity and emotional dysregulation seems to mediate object relations in patients with BPD. Both lead to dysfunctional behaviours and psychosocial deficits. Several types of psychotherapeutic modalities have been shown to be effective. Pharmacological interventions can reduce depression, anxiety, and impulsive aggression. In APD there is a strong evidence that structural or functional impairments of several areas of the prefrontal cortex and increased sub-cortical activity, for example in the amygdala, are associated with impulsive aggression and violent behaviour. The failure of "top-down" control systems in the prefrontal cortex to modulate aggressive acts that are triggered by anger provoking stimuli appears to play an important role. Insufficient serotonergic facilitation of "top-down" control, excessive catecholaminergic stimulation, and subcortical imbalances of glutamatergic/ gabaminergic systems as well as pathology in neuropeptide systems involved in the regulation of affiliative behavior may contribute to abnormalities in this circuitry. Of pharmacological interventions mood stabilizers dampen limbic irritability, selective serotonin reuptake inhibitors may enhance "top-down" control. A psychosocial interventions which help to develop alternative coping skills and reinforce reflective delays may be therapeutic.

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048

PHARMACOECONOMICS – DO WE NEED IT?

Rok Hren

Few would disagree that innovation in health care is worthwhile; the tremendous technological success in pharmacological treatment of HIV patients is a case in point. On the other hand, a relatively large number of "me-too" entries in the pharmaceutical market and the diminishing productivity of R&D sector call for robust tools, which could distinguish high-value, breakthrough products.

To this end, health technology assessment (HTA) methodologies, such as pharmacoeconomics, are now widely used, however, the inherent analytical design of HTA is often both understated and inadequately understood by critical stakeholders within the health care, inter alia, authorities, health care professionals, and marketing authorization holders.

In this presentation, we will introduce key concepts which are applied in pharmacoeconomics and particularly focus on cost-effectiveness (CE) analyses. Specific elements of CE study design will be discussed in detail, such as the choice of comparator, coping with often inadequate and/or unreliable input data, and determining the appropriate willingness-to-pay threshold that would be acceptable to a given jurisdiction/society. We will illustrate usefulness of pharmacoeconomic modeling, which have proven instrumental in decision-making process by real-life case studies. Finally, we will discuss the importance of HTA against the backdrop of limited resources within the health care. HTA has been accepted as a critical means in quantitative assessment of "value-for-money" that new technology brings to the health care market, however, the implementation of HTA con-

cepts in practice is often fraught with difficulties. The relevant stakeholders within the health care should thus make a conscious effort in building capacities which would enable HTA to live up to its full potential.

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049 RECOMMENDATIONS FOR TREATMENT OF HEPATITIS C: WHAT IS NEW IN 2015?

Mojca Maticič

Currently, over 180 million people worldwide live with chronic hepatitis C virus (HCV) infection, approximately 15 million of them in Europe, where each year, 86 000 die due to HCV-related end-stage liver disease or hepatocellular carcinoma. Nowadays, people who inject drugs (PWID) are at highest risk for acquiring HCV infection. The prevalence of HCV in PWID varies from 18 % to up to 80 % among the European countries. In the past, treatment of hepatitis C in PWID using the combination of pegylated interferon (PegIFN) and ribavirin (RBV) has shown to be safe and effective and sustained virological response (SVR) was comparable to that in general population. However, historically the HCV treatment rate among PWID across Europe has been extremely low due to several barriers, one of them being also the use of recommended standard of care. With several and common side effects that may be even life-threatening, unfriendly treatment application and regime and overall efficacy of 54-65 % (less than 50 % in genotype 1 patients) the PegIFN/RBV has been the only standard of care for a decade.

The last five years bore witness to a remarkable progress in the field of HCV treatment with the development of highly potent direct acting antivirals (DAAs). After the regimens containing the first wave of DAAs, protease inhibitors boceprevir and telaprevir, which increased the SVR by 25-30 %, but still included PegIFN/RBV, had extremely high daily pill burden, cost, lengthy treatment duration as well as low safety and efficacy in treatment experienced patients, the triple therapy regimens with newer second wave DAAs combined to PegIFN/RBV have improved efficacy by exceeding 90 % SVR, dosing schedules, and safety profiles. They include second wave protease inhibitors, nucleoside inhibitors, and NS5B inhibitors and are being used for both treatment naive and experienced patients.

The current standard of care treatment regimens include simeprevir, sofosbuvir and daclatasvir that should be individually used in combination, with or without PegIFN and/or RBV, and all oral IFN-free regimens combining the different DAAs (sofosbuvir/ledipasvir and paritaprevir/dasabuvir/ombitasvir) that have shown to achieve the SVR between 95% and 100 %, independent of the severity of diseases or previous treatment, being of short treatment duration and with no significant side-effects. However, the effectiveness of IFN-free regimens is not optimal in previously most easy-to-treat patients with HCV genotype 3 that represents the most common HCV genotype in PWID. Moreover, the new DAA regimens are extremely expensive, thus efforts should be made to reduce costs and provide universal access in all HCV-infected patients, independent

of the severity of the liver disease and, above all, independent of the risk group the HCV-infected patients belong to.

So far, the use of the DAAs has not been evaluated in PWID in particular. However, since in PWID even the treatment with patient highly unfriendly PegIFN/RIBA has proved to be as safe and effective as in the general population, the new waves of DAAs are expected to work perfectly in PWID. Nonetheless, to translate the promise of excellent clinical efficacy into a real-life effectiveness, appropriate public health strategies, well designed action plans and appropriate resource allocations that all include PWID are needed starting with a multidisciplinary approach to the complex management of HCV infection in PWID.

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050 OST IN GP SETTING

Ante Ivančić

OS treatment is the gold standard in treatment of opiate addicts worldwide. In Croatia OST is provided exclusively in GPs offices. More than half of all GPs in Croatia have at least one patient in ST. Croatian treatment model, results and outcomes as well as personal experience in the treatment of opiate addicts will be presented.

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051 HOW TO SUPPORT PEOPLE ADDICTED TO NEW MEDIA

Bernard Spazzapan

We have to answer first to the question, where is the borderline between normal and pathological use of technological devices, mainly Internet. From the normal use of selfies (narcissism and self-sufficiency) to derealization (full immersion in a virtual world, where there is an answer for any existential need like friends, study, work, sex). When this crossing from normal to pathological behaviour happens and what is the involved psychiatric category? The DSM 5 board has decided that this disturb needs a supplement of research. Indeed, we observe frequently that these are symptoms of early psychoses or depressions.

How to deal with these disturbs? First of all it is necessary to stress the importance of preventive measures. Dealing with persons affected by the disorder is important the early detection, when the way back to normality is still open. These are usually very young persons, brought to consultation by par-

ents or teachers, without any motivation for change. We need to speak with them about their behaviour and the need for a change. It is necessary to find out the type of disorder through differential diagnosis and then act through all the psychiatric therapeutic instruments

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decade in community, as well as information, support and advocacy within prison settings. For last three years we founded Self support groups for drug users living with hepatitis C infection and/or HIV.

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052 EVIDENCE BASED MEDICINE« vs. »FORUM BASED MEDICINE«

Arijana Turčin

The World Wide Web is a powerful, yet inadequately controlled source of information. Health issues are much emphasized in contemporary societies, and while modern lifestyles are speeding up, the possibility of a shortcut to the quickest available medical advice and/or solution is also highly appealing. Using the internet, a quick diagnosis is just a mouse-click away and no medical knowledge is needed. Individuals that use the internet to diagnose and treat their medical conditions and problems are called »cyberchonders«. Although health oriented internet forums may provide valuable and useful information, the lack of a more comprehensible medical knowledge can make them highly problematic. To date, there are no verified studies on actual benefits (or dangers) of internet forums, and yet it may seem that the users tend to trust internet forums far more than they trust their medical practitioners, creating a gap in understanding of complex medical problems. In this presentation, some thoughts on this gap will be offered.

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053 HEPATITIS C AMONG DRUG USERS IN COMMUNITY AND PRISON IN MONTENEGRO

Tijana Žegura

Hepatitis C is the most represented infections among drug users in Montenegro. Fortunately, treatment is still free of charge for all citizens with health insurance, but we still have low percentage of ones treating infection in relation to the total number of infected.

At the other hand, there are no national guidelines on treatment of pregnant infected drug users, neither on treatment their new-borns.

Although there is existing treatment of those imprisoned, process of diagnostics and starting treatment are very long, and there are suspicions on contempt of anonymity.

NGO Juventas is providing preventive services for more than