

odvisnosti ovisnosti

Vol XII, Supl 1, 2012

zavisnosti ^{seea}addictions

book of abstracts

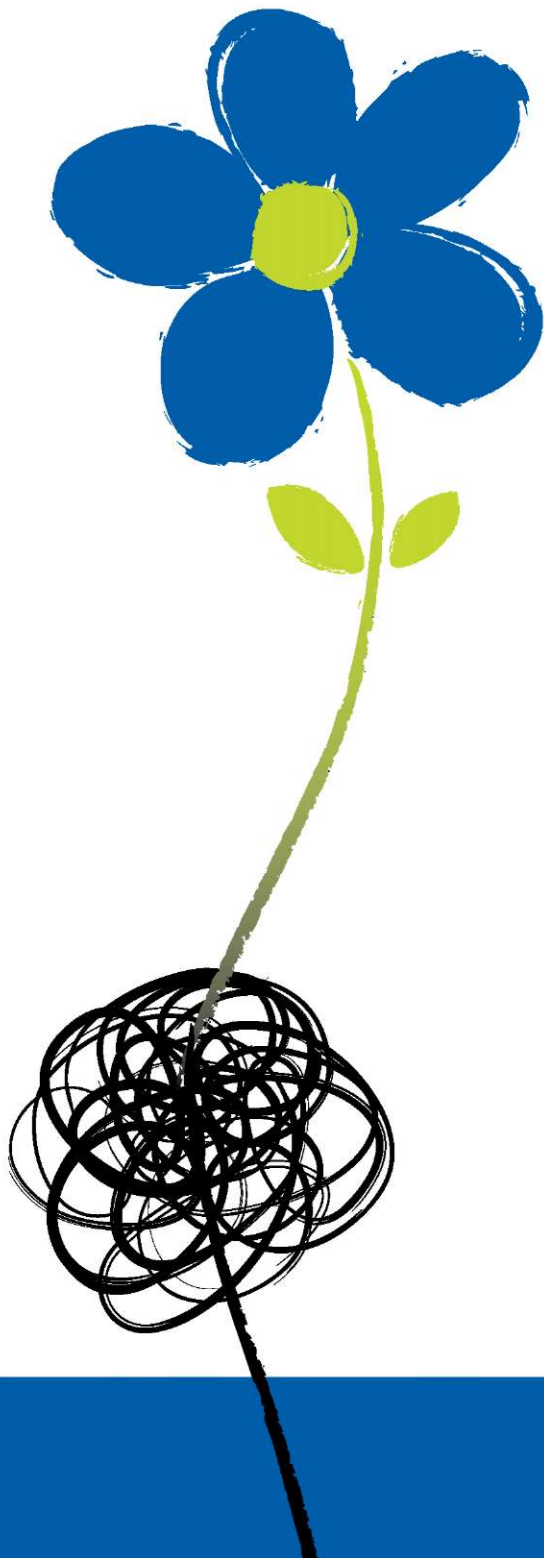
**6th ADRIATIC DRUG ADDICTION
TREATMENT CONFERENCE**
**8th SEEA net (South Eastern European
and Adriatic Addiction Treatment Network)**
SYMPOSIUM ON ADDICTIVE BEHAVIORS
June 21st – 23rd, 2012

**Hotel Tirana International
Tirana, Albania**



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Ante Ivančić

Odgovorna urednica/Editor

Tatja Kostnapfel Rihtar

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Gradivo navaja poglede avtorjev za katere ni nujno, da se ujemajo z načelnimi stališči stroke oziroma uredniškega odbora.

Objavljeni radovi predstavljajo mišljenje avtorja i ne moraju uvijek odražavati stavove uredničkog odbora.

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6th Adriatic Drug Addiction Treatment Conference

8th SEEA net (South Eastern European
and Adriatic Addiction Treatment Network)

Symposium on Addictive Behaviors

June 21st – 23rd, 2012
Hotel Tirana International
Tirana, Albania

www.seea.net



The 6th ADRIATIC DRUG ADDICTION TREATMENT CONFERENCE and the 8th SEEA (South Eastern European Adriatic Addiction Treatment Network) symposium on addictive behaviours

Dear Colleagues, Patients, Advocates, Stakeholders and Friends!

We are proud to welcome you all in a beautiful city of Tirana together with many colleagues throughout SEEA region and numerous international representatives, representing as well the partnership that SEEA net has developed with AKSION PLUS ASSOCIATION, EUROPAD, UNFPA, UNICEF, UNODC, WHO and other international organizations and members of the World Federation for the Treatment of Opioid Dependence.

SEEA net 2012 is a meeting that anyone concerned with the people who benefit from our services want to attend.

Our main conference topics are treatment of young drug users, patients with comorbidity and cooperation with drug prevention and treatment services, medical, social and other services and NGOs in the region, treatment of Hepatitis C, different praxis through the region and treatment in custodial settings.

The organizers are all excited about hopefully excellent conference program developed by our conference committees and coming together at nonformal meetings as Welcome reception, Awards party and other social program events.

The conference site, the Tirana International Hotel is just in the center of Tirana, so be sure to take some time to enjoy the city of Tirana already during hot summertime.

We are happy that so many of you have come to Tirana, Albania to celebrate SEEA net Conference and Symposium and to be a part of the premier addiction treatment conference in the region.

Warm regards to all of you,

Andrej Kastelic, President of SEEA net

Genci Muçollari
Voted president of SEEA net and President of
Local Organizing Committee

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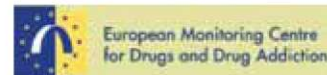
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DRUG AND CRIME ALBANIA

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BOJAN BELEC (046)



is specialist in child and adolescent psychiatry, currently working in the Counselling centre for children, adolescents and parents in Ljubljana, Slovenia. He has almost 20 years of experience working with drug addicts, initially worked for longer period as head of Detox unit in Centre for Drug Addiction treatment in Psychiatric clinic in Ljubljana. He was also

vice-president of the Coordination of the Centers for the Prevention and Treatment of Drug Addiction at the Ministry of Health of the Republic of Slovenia. Over the last decade he works with drug addicts, who are imprisoned. He also runs an outpatient clinic for non-chemical dependencies in Ljubljana, actually a first Therapeutic centre in Slovenia, specialized only for those who are addicted on internet.

He published a number of clinical papers and book chapters, including topics about Relapse prevention, Co-morbidities, Cannabinoids, Drug addiction treatment in prisons, Iatrogenic addiction, Deficit-Hyperactivity disorder and Internet addiction.

Counselling center for children, adolescents and parents, Ljubljana, Slovenia
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NATASHA BOSKOVA (050)

HOPS -Healthy Options Project Skopje
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BRANKO BREGAR (054)

Has a Nursing Diploma and Master's degree in human resource management. He began his career as a nurse in the department of intensive psychiatry care at Psychiatry clinic in Ljubljana. He has been working as a Head Nurse in Center for treatment of drug addiction since 2002. The fields of his professional focus are psychiatry nursing, addiction (especially drug addiction) and also management. Currently, he serves as a president of Professional group of nurses and health technicians in psychiatry and is a member of Slovenian Ministry of Health's National Board of Professionals in Nursing.

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ALKETA BULKU (031)

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SUELA BUSHI (041)



Suela Bushi holds a Master of Science degree in Molecular Biology from the University of Tirana.

Throughout the last year of her Master studies she has been cooperating with Institute of Public Health and Action Plus whilst simultaneously carrying out her thesis: 'The seroprevalence of Hepatitis B, C and HIV/Aids in higher group of risk'.

This project focused on analysis of higher risk groups such as drug users in Vlora. Currently she is pursuing the program of Action Plus to prevent illicit drugs in Vlora.

Action Plus, Vlora MMT center TIRANA, ALBANIA
bushi.suela@yahoo.com

HOLLY CATANIA (052)



After receiving her law degree from Temple University in 1989, Holly Catania has spent much of her career advocating for increasing and improving access to opiate addiction treatment and harm reduction to address the spread of HIV and other harms associated with illegal drug use and punitive drug policies. Since April 2011, she has been directing International Doctors for Healthy Drug Policies, a membership organization dedicated to increasing the participation of medical doctors in advocating for healthy drug policies.

For the last ten years she has been the Project Director at the International Center for Advancement of Addiction Treatment at Beth Israel Medical Center. Her work and passion involve assisting people in the medical profession, NGO's and government entities to foster humane and rational responses such as harm reduction and drug substitution treatment programs in prisons and in communities struggling with addiction and the related issues of health, justice and human rights.

From 2002 through 2011 she has worked as a consultant to the Open Society Foundations coordinating projects on harm reduction in prisons, and provided technical assistance in organizing the implementation and evaluation of opioid substitution treatment programs in a number of countries.

International Center For Advancement of Addiction Treatment
555 W. 57 St, 18th Floor New York, NY 10019 USA
International Doctors for Healthy Drug Policies
hcatania@icaat.org

CHRISTOPHER B CHAPLEO



ACADEMIC QUALIFICATIONS

1969 BSc Hons Chemistry (I) Leeds University

1972 PhD Organic Chemistry Leeds University

Thesis "Experiments on the Synthesis of some Des AB-Ergostane Derivatives"

EXPERIENCE

1972 (Oct) – 1975 (Dec) Post Doctoral Research Fellow with Prof A Drieding, Zurich University

1976 – 1977 Research Fellowship with Allen & Hamburgs / Prof S Roberts, Salford University. Synthesis of novel Prostaglandins.

1977 – Present Date Reckitt Benckiser Pharmaceuticals

1978 – 81 Section Head, Medicinal Chemistry

1981 – 86 Head of Medicinal Chemistry

1987 – 90 Head of Research & Development Chemistry

1990 – 94 Head of Analysis, Chemistry & Microbiology

1994 – 97 Head of Buprenorphine Business

1997 – 2010 Buprenorphine Clinical Director

2010 – Present Scientific & Clinical Affairs Director

SOCIETIES

Member of Society for Medicines Research (SMR)

Elected to SMR Committee

1994 – 96 Chairman of SMR

Member of Royal Society of Chemistry (RSC)

Elected Fellow of the RSC

PUBLICATIONS / LECTURES

Over 90 Scientific Publications and 30 Lectures

Chris.Chapleo@ReckittBenckiser.com

DANIELA CHAPAROVSKA (027)



Daniela Chaparovska is working as a Professor of Internal medicine on Medical faculty in University St.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 University in Belgrade, in 1994. She is the author and co-

author of more than 110 professional publications. She has also authored a number of research articles in space of Clinical Toxicology. She is a member of several professional organizations including Eurotox. She is teaching medical students since 1990 and 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 masters toxicology and population health students in addition to coaching basic and advanced physician trainees.

Medical faculty, University Clinic of Cardiology, Center for prevention and treatment of drug abuse and abuse of other psychoactive substances, Psychiatric hospital 'Skopje', R.Macedonia, danielachaparovska@yahoo.com

CICU GABRIEL



Family name: **Cicu**, First names: **Gabriel**,
Date of birth: 16th of June, 1971, Nationality: Romanian

Organisation: PsyMotion, Present position: Medical Director, Years within the firm: 4 years

Education:

1. University of Barcelona; 2003; Master in Addiction

2. University of Valencia; 2000; Medical Doctor

3. Romanian Association for Psychoanalytical Psychotherapy; 2007; Psychoanalyst

4. Motivational Interviewing Network of Trainers; 2007; Trainer in Motivational Interviewing

5. Ministry of Health of Romania; 2008; Trainer in Addictions

6. Vienna School of Clinical Research; 2005; Project management Certificate

Membership of professional bodies:

- National College of Romanian Physicians
- Romanian Association for Psychoanalytical Psychotherapy
- Motivational Interviewing Network of Trainers

Professional Experience Record:

2008 – present; PsyMotion Clinic; Medical Director, Psychiatrist and Psychoanalyst

2003 – 2008; National Anti-drug Agency of Romania; Head of Integrated Care Department

2000 – 2003; Alexandru Obregia, Psychiatric Hospital; Psychiatrist

Specific experience in International projects

National Coordinator/ National Focal Point/ Project Manager (projects developed by National Anti-drug Agency – NAA or were NAA was partner):

2006 -2008 Projects Funded by UNODC: „Support for development and diversification of prevention HIV / AIDS for drug users from South – East Europe” and “International Network of Drug Treatment and Rehabilitation Resource Centres (Treat-Net)”.

2004 – 2008: Project Funded by the Global Fund to fight AIDS, Tuberculosis and Malaria: „Strengthening the National Anti-drug management program.”.

2007 – 2008: Project Funded by UNODC: „ Prevention HIV / AIDS among injecting drug users in the community and in prisons.

2007 – 2008 Project Funded by PHEA (Public Health European

Agency): „ Fred goes Net - Early interventions for first time detected drug users,,, developed by LWL Germany.

2004 – 2007 Responsible for activities under the twinning projects (PHARE) implemented in cooperation with the National Antidrug Agency Plan Nacional sobre Drogas, Spain

Others:

2012 Expert - Workshop WHO – Regional Office for Europe on how to scale-up and implement opioid substitution treatment in the European Union, Lithuania

2009 Consultant - Expert within “HIV / AIDS among injecting drug users in the community and in prisons” project, developed by RHRN (Romanian Harm Reduction Network) and funded by UNODC. Purpose: Development of Clinic Guidelines for replacement therapy in opioid’s addiction

2008 Consultant - Expert within “HIV / AIDS among MARA”, developed by RHRN (Romanian Harm Reduction Network) and funded by UNICEF. Purpose: To develop quality standards for day care centers for drug users.

2008 – 2009 Consultant – Expert within ALIAT (Association to fight alcoholism and drug addiction) for implementation of projects funded by UNODC, NAA, Global Fund.

2009 Expert - Evaluator of DG Justice, Freedom, Safety of the European Commission for “ Drug Prevention and Information Programme” projects.

2008 Consultant - Mission Expert of the United Nations Organization (UNODC) in Kazakhstan

2009 Consultant - Mission Expert of the United Nations Organization (UNODC) in Rusia (Sankt Petersburg)

2006 – 2008 Expert within Council of Europe - Pompidou Group, Ethics Platform

DAFINA MUQAJ (047)

NGO LABYRINTH
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MIRJANA DELIC (028)



Ms Mirjana Delic works as a 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 motivational 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 reserch field in her country and worldwide.

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MARJETA DERVISHI (032)



Marjeta DERVISHI, MD, MPH

Family Name: DERVISHI
Name: Marjeta
Birthday: 30. 04. 1975
Birthplace: Burrel
Nationality: Albanian

Address: Quarter “V.huta”,pall.107/1,
Shk.2, Ap13,Tirane

Civil Status: Married

Tel. No: Home: 04/32 20 85

Mobile: 069 29 48 929

Email address: “marjeta2002 @yahoo.com”

EDUCATION

Dec. 2004 - Dec. 2005 Master in Public Health, Medicine Faculty and IPH.

May 2003 and on Post University Studies, Public Health, Tirana University.

1993-1999 Diploma of Medicine. Medicine Faculty, Tirana University

High School “Haki Fejza”, Burrel Albania

JOB EXPERIENCE

September 2000-April 2001 “Training and Establishment of the Community Health Committees and extension of the Family Planing and Sexually Transmitted Diseases and Drug concepts” in the communes of different districts (Durres, Kavaje, Elbasan, Kruje) organized by IHA (International Humanitarian Assistance)

May 2001-Jan 2003 Specialist of IEC (Information, Education, Communication), Office of “National Program of HIV/AIDS/ SST” in Public Health Institute, Tirane, Albania.

June 2002 and I have been working in USAID Funded Project aiming at training the PHC professionals in Albania in fields like **HIV/AIDS/STI, syndromic management of STI, HIV/AIDS counseling, breastfeeding and antenatal care**. I was trained as a trainer and conducted several training seminars in the field.

January 2003 and on Responsible of HIV/AIDS Surveillance at National Program of HIV/AIDS, IPH.

TRAINING and PROJECTS

July 2000 Certificate on Training organized by USAID and IHA “Family Planning and Sexually Transmitted Diseases “

November 2001 Certificate on Training “Rapid Assessment and Responses” (RAR) on HIV/AIDS focusing on Especially Vulnerable Young People “supported by UNICEF office in Albania.

November -December 2001 Field worker in implementation of “**Rapid Assessment and Responses”(RAR)** Team of Tirana.

January – July 2002 Research assistant of ASMA/PSI Research Project “Use of condoms among Young People in Albania”

August 2002 Research Methods” **for the National Survey on Reproductive Health in Albania** conducted by CDC (Centre for Diseases Control and Prevention) and Institute of Public Health, Tirana

April 2002 **Training of Trainers in Adult Learning Course** Conducted in Tirana, Albania, by the Institute of Health Services Management, Bucharest, Romania Under the auspices of the

Ministry of Health of Albania, Institute of Public Health and sponsored by the United States Agency for International Development.

April-September 2002 Attended successfully the Training Program "District Health Planning and Management" and met the examination requirements with mention: Excellent.

Institute of Public Health, Faculty of Medicine, University of Montreal, Ministry of Health.

17-21 June 2002 Training by SEATS/TASC/USAID

"Participatory Training Techniques" supported by MoH.

July 2002 Training "Principles of STD/HIV Research"

University of Washington, Seattle, Washington, USA.

August 2002 "Essentials of HIV/AIDS Program Planning Course" Seattle, Washington, USA.

November 2002 WHO Course "Training in second generation HIV surveillance for selected countries/territories in the European Region" organized by STI/HIV/AIDS programme, WHO Regional Office for Europe in collaboration with "Andrija Stampar" School of Public Health, Zagreb, Croatia.

22 June – 12 July The European Educational Programme in Epidemiology 16th Residential Summer Course, in Florence.

June – August 2005 Field Manager in "Biological and Behaviors Survey Surveillance" IPH and FHI, May – July 2005.

December 2007– January 2008 Supervisor at *Behavioral Surveillance for HIV and STI in Most at Risk Adolescents in Albania (MARA)*.

November 2011 Supervisor at Biological and Behaviors Survey Surveillance for HIV and STI, Among Roma Community.

Foreign Languages

English: Very good, with certificate by Faculty of Foreign Languages

Italian: Good Spoken

Computer skills

Windows '98, Word, Excel, Access, Epi info and Internet skills.

REDONA DUDUSHI (022)



Clinical Psychologist at the Institute of Public Health, Department of Control of Infectious Disease, in the National Program of HIV / AIDS. Study at University of Social Sciences, Clinical Psychology, MA in Human Rights and Democracy in Sarajevo, MSc in Social Justice and Peace Building in Vermont University, USA.

Institute of Public Health. Rr.«Aleksander Moisiu »,Nr 80 Albania, Departamenti I Kontrollit të Sëmundjeve Infektive, Programi Kombëtar I HIV/AIDS. instituti I Shëndetit, Albania, redonadudushi@yahoo.com

NAIM FANAJ (001)

Dr.med., psychiatrist

PhD candidate Psychology, European University of Tirana

Work: Main Family Health Center, Mental Health Unit for Child/Adolescent, Prizren, Kosovo



Executive Director of NGO 'PËR MENDJE TË SHËNDOSHË/FOR HEALTHY MIND'

Presented reserches (mainly in child/adolescent mental health) at several internationally psychiatric congresses as: EPA 18 (Munich), 19 (Wienn) and 20 (Prague), ESCAP 13 (Budapest) and 14 (Helsinki), EFCAP 2 (Basel) and 3 (Berlin), WONCA 17 (Varshava), IACAPAP 19 (Beijing) and

IACAPAP 20 (Paris)etc.

Main Family Health Center, Mental Health Unit for Children and Adolescents – Prizren, KOSOVO

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MARICA FERRI (068)



Mrs. Marica Ferri graduated in Sociology of Health Planning in 1994, since then she has been working as a researcher and methodologist in the field of drug addiction and other medical disciplines. She holds a Masters degree in Systematic Reviewing of Scientific Literature in the Biomedical Field (University of Milan) and a Masters degree in Epidemiology (Catholic University of Rome, La Sapienza).

She is currently working at the European Monitoring Centre for Drugs and Drug Addiction to promote Best Practice in Response to drug use.

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MILAZIM GJOCAJ (056)

Dr., mr.sci.

Head of Prison Health System, KCS / Ministry of Justice

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LILJANA IGNJATOVA (004, 030, 049)



Liljana Ignjatova 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. Liljana Ignjatova is author and coauthor of more than 100 scientific articles, manuals, guidelines and brochures in the subject of drugs and addiction and has organized and participated in many national and international conferences and seminars on the same topics. 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. Psychiatric Hospital Skopje, Marko Oreskovic, Skopje R. Macedonia, ignjatovaliljana@gmail.com

ANTE IVANCIC (070)



Born in 1955. General practitioner from Porec, Croatia.

Since 1993 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).

Member of the board of directors of EUROPAD . In 2006 have received the EUROPAD's "Chimera Award.

Co-editor of the regional magazine on drug addiction treatment : "Odvisnosti- Ovisnosti- Addictions".

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IVO JAMBROŠIČ (053)



Ivo Jambrošič was born in Novo Mesto, Slovenia. He has graduated at Faculty for Health Sciences in Ljubljana. The title of his graduation work was The role of a registered nurse in prevention of viral infections in a population of intravenous illicit drug users in Slovenia. Since 2007 he has been working as a RN at the Center for Treatment of Drug Addiction in Ljubljana, Slovenia.

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ANDREJ KASTELIC (073)



Andrej Kastelic, MD, is a head of the Center for the Treatment of Drug Addiction in Ljubljana (Slovenia) and head 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 especially for development of addiction treatment programs in communities and custodial setting for UNAIDS, UNODC, WHO, EU and Council of Europe. He has been involved as a consultant and/or principal trainer in Albania, Azerbaijan, Bosnia and Herzegovina, Kosovo, Macedonia, Moldova, Montenegro, Romania, Serbia, Ukraine, Taiwan, Turkey and the Baltics and 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 and articles on drug addiction and WHO guidelines for treating drug users in custodial settings and several manuals and leaflets for drug users on prevention of drug use. Andrej Kastelic has participated in more than 200 international conferences and has organized more than thirty national, international and global conferences on addiction and has offered about 900 lectures on the same subject.

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

Dole – Nyswander Award 2001 by American Association for Treatment of Opiate Dependence;

Gold Reflection Award 2002;

Slovene Ministry Of Justice Award 2005;

EUROPAD "Chimera" Award 2008.

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PASHO MAKŠUTI (005)



Date of birth: 23.02.1962

Place of birth: Kërçovë

Living place: Tirana

Address - Rruga e Elbasanit nr. 127

Education:

1993 Diplomation in the Faculty of Medicine in Tirana and achievement of the title of "general practitioner"

1994-1998 Finished the specialization and achievement of the title "Psychiatrist"

I continue to work as a psychiatrist in the clinic of psychiatry in the University Hospital Center N.Teresa (1998-2012).

2003-2004 I defended my thesis for the title Master titled "A comparative study on the efficacy of Risperdal and Haloperidol in the treatment of schizophrenia"

2010-2012 I continuing my Ph.D for the thesis "The epidemiology of suicides in Tirana in the time period of 2001-2010".

Main speeches in national and international conferences:

"Anxiety disorders in students"-study

"Haloperidol versus Risperidone in treatment the patients with schizophrenia"-study

"The knowledge on the profession of the psychiatrist in Tirana" - study

The identification of suicides in Tirana in the time period of 2001-2006 -study

The identification of suicides in Tirana associated to alcohol use and depression in the time period of 2001-2006 -study

Epidemiological Overview on Pattern of Suicide in the District of Tirana in Albania, Over the Period 2001-2010

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K. MALAJ (062)

Vlora Hospital, Nursing Faculty, Aksion Plus Center
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IVANA MANDARIC (029)



Born on February 9th 1978, in Sombor, Srbija. From 1993 living in Pula, from 2000 living in Ljubljana, Slovenia.

2002 graduated on Law Faculty, department for Social work, Zagreb University, Croatia. Post graduated student of Social Anthropology, Faculty for Post Graduate Humanistic Studies, Ljubljana, Slovenia

Since 2010 Certified Transactional Analyst - Psychotherapist . Employed as a qualified social worker at the Drug Addiction Treatment Centre in Ljubljana, Slovenia.

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ICRO MAREMMANI (065)

MD, Professor of Addiction Medicine, University of Pisa, Italy, EU 'Vincent P. Dole' Dual Diagnosis Unit, Santa Chiara University Hospital, Pisa, maremman@med.unipi.it



President European Opiate Addiction Treatment Association (EUROPAD)

www.europad.org

World Federation for the Treatment of Opioid Dependence (WFTOD)

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

www.wftod.org

Icro Maremmani graduated at the Medical School of the University of Pisa, Italy, in 1979, and went on to specialize in Psychiatry, taking his second degree cum laude, in 1983. He is currently on the Board of Directors of the Department of Psychiatry, at the Santa Chiara Hospital of the University of Pisa, Italy.

He is Professor of Drug Addiction Medicine at the School of Psychiatry of the Universities of Pisa and Siena.

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

CÉCILE MARTEL (067)



Cécile Martel is working at the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) since 2001 and currently holds the position as Head of the international cooperation Sector. Before that she worked during 5 years in the Drug Policy Unit and was analysing the EU drug legislation. Ms Martel holds a degree in Law and specialising in European Affairs.

Before joining the EMCDDA, Ms Martel has previously worked as a lecturer at the European research Center of University of Rennes and her research focused on the EU drug legal and policy framework as well as on the European construction, European legislation and legal instruments.

European monitoring centre for drugs and drug Addiction (EMCDDA)

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NERMANA MEHIĆ-BASARA (071)



Neuropsychiatrist
Director of the Institute for Alcoholism and Substance Abuse of Canton Sarajevo
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.
Recipient of the Nyswander-Dole "Marie" Award from AATOD in 2004.

Published more than 50 scientific and professional articles in relevant journals of which 14 in indexed literature. Author and coauthor of 11 publications and books.

LINDA MONTANARI (061)



Linda Montanari has been working at the European Monitoring centre for drug and drug addiction since 2000. She is coordinating the Treatment Demand Indicator in the European countries. She is also working on drug use among prisoners, for which she is responsible for the epidemiological data at European level. She is Italian and has a university degree

in sociology and a master degree in health sociology. Before joining the EMCDDA she has worked for 9 years in Italy in the field of social research first and then in drug addiction services, where she was coordinating the drug information system at local level.

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GENCI MUCOLLARI (036)



Date of birth: 18 April 1963
Nationality: Albanian
Education
Faculty of Engineers (1983-1989)
Master of Public Health (Institute of Public Health (2005-2006)
Membership of professional bodies:
Member of the working group – National Strategy on Reducing Harms of

Alcohol (2009)
Member of the working group - National Strategy on Youth (2002 and 2006)
Member of the working group - National Strategy on Drug Demand Reduction 2004-2010
Member of the Country Coordinating Mechanism of the Glob-

al Fund Against AIDS program
Member of the editorial Board of the Addiction Treatment Network/ South Eastern European Adriatic
Member of EHRN Steering Committee (Eurasian Harm Reduction Network); 2007-2010
Consultancy work for: PACA (PROJECT AGAINST CORRUPTION IN ALBANIA) Council of Europe, Pompidou Group, UNFPA, USAID.

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ENKELEJDA NGJELINA (063)



Born in Gjirokastra in 1978
Enkelejda Ngjelina is a specialist of Public Health and she works as a substance abuse counselor near Aksion Plus Association Albania. She holds a degree BA in Social Work and BA in Law from University of Tirana. She is specialized in Public Health MPH in 2005 from Faculty of Medicine, University of Tirana.

She has extensive knowledge in substance abuse treatment and she also has work as a consultant for Drugs Abuse & Prevention -Treatment Program in the Project "Network of Community Services for Alternative Sentence" 2009 - 2011
Enkelejda Ngjelina is a member of a Steering Committee of South East Europe Drug Policy Network SEE-Network, European Harm Reduction Network EHRN, International Drug Policy Consortium IDPC

Mrs.Ngjelina is a activist of the human rights of vulnerable groups and has published several articles on working with drug users, sex workers such as Practical skills on work with young offenders; Methadone Maintenance treatment in prisons; Drugs Users as Offenders and Collaboration with Probation Services; The Effectiveness of Alternative Sentences' implementation in Albania ; Drug users Rights' in Albania etc.

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MATEJA OKANOVIĆ (020)



Mateja Okanović was born in Ljubljana, Slovenija in 1967. She studied psychology in Ljubljana. She is a clinical psychologist and Transactional Analyst – Psychotherapist. She has 20 years of working experience. For the last 8 years she has working at Center for Treatment of Drug Addicts at University Psychiatric Hospital in Ljubljana with drug addicted persons.

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FIVOS E PAPAMALIS (024, 069)



Fivos Efstratios Papamalis is mental health researcher and practitioner. He owns BA in Counselling & Psychological Science, MA degree in Clinical Psychology and currently he is a PhD candidate at the University of Sheffield department of Public Health (scholarship from University of Sheffield) in a topic related to substance misuse treatment evaluation. He is a Certified Addiction Counsellor by the International Certification & Reciprocity Consortium (IC&RC), and has been trained in several psychotherapeutic approaches. Mr. Papamalis has worked for several years in inpatient/outpatient substance misuse treatment centres as a counsellor, team leader and responsible for the organizational functioning. Mr. Papamalis is one of the founders and Director of SENSE Southeast European Network of Social Empowerment. Projects that he is currently involve include Drug treatment evaluation of main treatment centres in Greece, Developer of the project on Community based treatment in Serbia; project coordinator for Greece and Serbia for the International study of offenders narratives; and consultant on Drug Policy reform in Southeast Europe. He is a member of several professional organizations, including APA (American Psychological Association), EAPP (European Association of Personality Psychology) and IAIP (International Academy of Investigative Psychology). Southeast European Network of Social Empowerment University of Sheffield, Department of Public Health, UK; SEERC, Greece
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PATRICK PENNINCKX (057)



DATE OF BIRTH: 25 October 1959
NATIONALITY: Belgian

Professional Experience

1 March 2009 – now Executive Secretary of the Pompidou Group (Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs) – and Adviser to the Special Representative of the Secretary General for Organisational Development and Reform on the strategic planning and implementation of the reform process of the Council of Europe;
2005 – February 2009 Special Adviser to the Secretary General and the Deputy Secretary General of the Council of Europe, initially on Strategic Planning; Budget and Finance; Human Resources management; Security and Logistics; Internal and External Audit (September 2005 – February 2008), later (March 2008 – February 2009) on Political Affairs and Democratic Institutions, as well as all policies related to Education; Cultural and Natural Heri-

tage; Youth and Sport. September/October 2009: Special Adviser to the Acting Secretary General on DGIV/ External Relations/Relations with the City of Strasbourg and Protocol;

2003–August 2005 Head of the Human Resources Policy and Development Division of the Council of Europe;
2002–June 2003 Chair of the Staff Committee (on full time secondment) of the Council of Europe;
2000–2001 Directorate General of Political Affairs – Directorate of Political Advice and Co-operation – Political Advisor and External Relations – Relations with International Organisations (United Nations and OSCE);
Head of Section – Education and Training – Directorate of Youth and Sport
1996–1997 Administrator in charge of the Educational Programmes in the Youth Directorate of the Council of Europe;
1989–1996 Tutor at the European Youth Centre, Youth Directorate of the Council of Europe, Strasbourg, France; Departmental Training Officer for the Youth Directorate;
1984–1989 Regional, and subsequently European Secretary General of the International Young Christian Workers, Brussels, Belgium.

Other Professional Experience

Module convenor and visiting professor on the module “Social, Community and Youth Intervention in Europe : emerging trends” in the M.A. Comparative European Social Studies of the University of North London, UK and the Hogeschool Maastricht and **visiting professor** on the module “Introduction to European Institutions and Policy” at the Greater London Metropolitan University and the Hogeschool Zuyd (Netherlands) ia. On Total Quality Management and Assessment.

Academic Qualifications

Master in Social and Political Sciences (with honors) – (1981–1984)– Katholieke Universiteit Leuven (Belgium) – one of the key institutions in Belgium for the education and training of high government officials and civil servants. Major in Public Administration (management in the public service), International Labour Law and European Institutions.
Dissertation: “Information and Consultation of Workers in Multinational Companies, The Vredeling-Directive and the position of the ETUC.”

Social and Community Development Worker (with honors) – (1978–1981) – Sociale Hogeschool voor Kristene Arbeiders, Heverlee (Belgium). High ranking institute for human resources managers, trade union officials, cultural, youth and social Workers.

Dissertation: “Tasks of the Youth and Community Development Worker in Training for the Unemployed”.

Post-Graduate Pedagogical Diploma (with high honors) – (1983–1986) – Katholieke Universiteit Leuven (Belgium)

For US-AID:

Mid-Term Evaluation for Humanitarian/Development Initiatives in Central/Eastern Europe, “The Saphir Initiative”, Strasbourg, 1993, 120 p.

Non-governmental Organisation Development in Russia and the Newly Independent States, Strasbourg, 1994, 62 p.

Developing Civil Society in Central and Eastern Europe, “The Saphir Initiative”
Strasbourg, 1994, 42 p.

For the Youth Directorate:

Cooperation in the publication of Training Course Resource

Files and Thematic Files, namely on Intercultural Learning (simulation games and exercises) and Multi-cultural Society. Coordinator of the publication of 'The European Labyrinth', an informative game about the European Youth Structures, 1992. Co-ordination of publications on the educational and policy aspects of European Youth Worker training on Organisational Management; Project Management; Intercultural Learning http://www.youth-partnership.net/youth-partnership/publications/T-kits/T_kits

University/College publications:

Tasks of the Youth and Community Development Worker in Training for the Unemployed, Sociale Hogeschool Heverlee, 1981, 80 p.

Information and Consultation of Workers in Multinational Companies, The Vredeling-Directive and the position of the ETUC, Katholieke Universiteit Leuven, 1984, 102 p.

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ALESSANDRO PIRONA (064, 068)



Alessandro Pirona is a psychologist with a PhD in experimental psychology from Sussex University. As a researcher he investigated the abuse liability of recreational drugs in young people. In 2007, he joined the European Monitoring Centre for Drugs and Drug Addiction as a scientific analyst in the Intervention, Best Practice and Scientific Partners Unit. He

is responsible for the monitoring of health and social responses in the EU, with a particular interest in drug treatment. He has been project manager of a number of key EMCDDA publications, such as Insights and Selected Issues on Internet-based treatment, Treatment and care for ageing drug users, Social reintegration for drug users and the latest one on Supervised heroin-assisted treatment in Europe and beyond.

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ANDREJ PIŠEC (002)



MD, psychiatrist, head of the Centre for prevention and treatment of drug addiction at Primary health Center dr. Adolfa Drolca Maribor, Slovenia.

References:

- * head of department of psychiatric activities,
- * head of Centre for treatment of drug addiction,

* court expert psychiatrist,

* the professional head of the citys coordination for prevention of drug abuse,

* an expert psychiatrist in disability commissions,

* member of the national coordination centres for the treatment of drug addiction,

* active in domestic and foreign profesional publications.

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MIRAN PUSTOSLEMSEK (003)



Asist.mag Miran Pustoslemsek, MD, psychiatrist, cultural anthropologist, head of Forensic department, Psychiatric department of University clinical center Maribor. Working also in prison Maribor, on Medical faculty, University of Maribor and on Faculty for psychotherapy Sigmund Freud. Regular columnist of Vecer, Saturday's edition, second biggest newspaper in Slovenia.

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ISMAJLI RUSHIT (048)



Dr. Rushit Ismajli from Prishtina, Kosovo, graduated in Medicine in 1997 and in Family Medicine in 2002 from the University of Prishtina. He also completed a master's degree in Family Medicine. Dr. Ismajli has extensive experience in clinical work, medical education, human rights and research. Currently, he is the physician for the non-governmental organization, Labyrinth, where he addresses health problems of people who abuse substances.

Dr. Ismajli has completed two programs in the field of addiction in the US: the first one was a Hubert H. Humphrey Fellowship completed at the Institute for Alcohol and Drug Studies in Richmond, Virginia, and the second, an INVEST/CTN Fellowship completed in 2012 at the Alcohol and Drug Abuse Institute in Seattle, Washington.

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NUSA SEGREC (055)



Ms Nusa Segrec MD works as a specialist in psychiatry at the Center for Treatment of Drug Addiction at University Psychiatric Hospital Ljubljana, Slovenia. She is specialised in the field of substance abuse. 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 numerous national and international conferences, trainings and seminars. She has been involved as a trainer in trainings for developing services for drug users in communities and prisons in Bosnia and Herzegovina (supported by United Nations Development Program), Montenegro and Kosovo (supported by Global Fund) mostly 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.

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KSENIJA SESLIJA (012)



has been working as a psychologist in the Methadone center "Savski venac" since it's opening in September 2009 in cooperation between the Primary health care center "Savski venac" and INGO Doctors of the World – France.. She is educated in cognitive-behavioral therapy and systemic family therapy (Association of systemic therapist, program

accepted by European Association for Psychotherapy). Ksenija is certified trainer for Volume B - Treatnet Training Package - Elements of psychosocial treatment – In the framework of the UNODC-WHO joint program on drug dependence treatment and care. Primary health care Savski venac, Methadone center Health Center Valjevo, ksenijases@gmail.com

ERISELDA SINJARI (011)

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HEINO STOEVER (059,060)



Heino Stöver, social scientist, PhD and Professor of Social Scientific Addiction Research at the University of Applied Sciences in Frankfurt/ Germany, Faculty of Health and Social Work. He is president of the national umbrella organisation working in the field of harm reduction for drug users called akzept e.V. (Bundesverband für akzeptierende Drogenarbeit und humane Drogenpolitik).

His main fields of research and project development expertise are health promotion for vulnerable groups, drug services, prisons and related health issues (especially HIV/AIDS, Hepatitis C and drug dependence). His research and consultancy

expertise includes working as a consultant for many international bodies (European Commission, UNODC, WHO, EMCD-DA, ICRC in various contexts.

He has published several articles in peer reviewed international journals and books on preventing and treating infectious diseases adequately (HIV/AIDS, hepatitis, STIs, and TB), opioid substitution programmes in the community and in prisons, and general health care issues in prisons.

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ZINI SULAJ (035)

Assoc. Professor of Clinical Toxicology at the Faculty of Medicine and Head of the Clinical Toxicology Service at the 'Mother Theresa' University Hospital Center, Tirana, sulajzihni@yahoo.com

SONYA TOTEVA ZHENKOVA (072)



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State Psychiatric Hospital of Alcohol and Drug Addiction, Sofia 1303, St.Pirotzka 117, Bulgaria;
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CAREER HISTORY

Feb – August 1975: General Hospital Kazanlak

Position held: Medical Academy, Sofia, General Practitioner
August 1975 – 1983: University Hospital of Drug and Alcohol Dependence, Suhodol

Position held: Assistant professor

Working in all clinical wards in the University Hospital of Drug and Alcohol Dependence, Suhodol
Participating in the national programmes for limiting alcohol, drug abuse and smoking

Jan 1984 – December 1995: State University Hospital of Neurology and Psychiatry, Sofia

Position held: Senior Lecturer. Head of the Alcohol and Drug Dependence Unit

Treatment and Diagnostics, consultative and psychiatric assistance rendered by a team of psychiatrists, psychologists, social workers and nurses
Lecturing to doctors, nurses and psychologists specializing in psychiatry and working on drug dependence problems

Jan 1996 – December 1996: Chelsea and Westminster Hospital, Drug Dependency Unit, London, UK

Position held: Drug Counselor

Jan 1997 – February 2001: State University Hospital of Neurology and Psychiatry, Sofia

Position held: Senior Lecturer.

Feb 2002 – 2005: Medical University of Sofia, Department of Psychiatry, Head of the Comorbidity and Substance Use Disorders Clinic

Feb 2006 - : Director of State Psychiatric Hospital of Treatment of Alcohol and Drug addicts

Position held: Associate professor, Director

EDUCATION

1968 – 1974: Higher Education – Medical Academy of Sofia
1982: Diploma of acknowledged Specialty in Psychiatry
1984: PhD on Psychiatry
1990: Training course on acupuncture at the National Institute of Acupuncture, Hanoi, Vietnam
1995 Feb – March: Participation in Diploma Course in Drug and Alcohol Studies, The Centre for Research on Drugs and Health Behaviour, London, UK
September 1995: Participation in the British Council Seminar 9574 – Nursing care of people with HIV disease
Jan – December 1996: Attended Diploma Course in Drug and Alcohol Studies, The Centre for research on Drugs and Health Behaviour, London, UK
Lectured on the Course on acupuncture treatment and Russian /Bulgarian alcohol policy changes
Further Qualifications: English – fluent
Russian – fluent
German – good
Research Publications: Forty-seven scientific articles published in various medical magazines in Bulgaria and abroad
Participation in twenty international conferences and symposia
Nongovernmental Organizations: Member of Bulgarian Association of Psychiatry; President of Bulgarian Association of Drug Prevention; Chairperson of European Collaborating Centre of Addiction Studies – ECCAS
Expert activities: WHO; Commission of Health of the Bulgarian Parliament; Member of Committee on National Alcohol Policy and Action, EC.

ESMERALDA THOMA (051)

Birthday: 26/01/1980, Place of birth: Kukës/Albania
1998-2004 I have studied at University of Tirana/Faculty of medicine
2008-2010 I have been graduated as clinical toxicologist. From December 2010 and onwards I am studying for road accidents related with alcohol and drug for my dissertations of doctorate.
Working experience: from October 2005 onwards I used to work as a lecturer at University of Tirana/ Faculty of nurse.

ELONA TOSKA (026)

Elona Toska is a Master student focusing on research and prevention of high-risk behaviours among most at risk populations, including sex workers, drug users and men who have sex with men. During the course of her MSc in Evidence Based Social Interventions programme, she researched and contributed to the International Harm Reduction Network's Global Status of Harm Reduction report for 2012, focusing on Harm Reduction in Eurasia. Prior to her masters, she worked in research and HIV prevention among female sex workers in South

East Asia and Monitoring & Evaluation of various donor projects. Her main academic interests are high-risk behaviour of young women, particularly the intersect of drug use and sex work in South Eastern Europe.

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VASKOVA P. (045)

Public Health Institution: Psychiatric Hospital "Skopje"-Skopje, R. of Macedonia
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VIKTORIJA VUKOVIC (033)



Profession: psychiatrist-psychoterapist-professor

Educations:

- university "st. Cyril and methodius", medical faculty, 1987; (9,1)
- psychodrama
- health education
- ego-psychology
- scientific-jung's interpretation of dreams

- conflict resolution
- peer counseling
- gestalt psychology
- systemic family therapy
- salzburg cornel seminar of psychiatry
- albert schweitzer seminar for adolescent psychiatry
- psychosocial stress
- psychiatric consultant of opse

Professional experience:

psychosocial workshops with refugees from bosnia, soros foundation educator of health education in the following institutions and centers:

1. In over 100 primary and secondary schools in macedonia, soros foundation and ministry of education
2. Youth centers in slovenia, soros foundation and organization of youth centers from slovenia
3. Youth centers across macedonia, 'care' international and ngo 'casvie'
4. Secondary school for education of policemen, soros foundation
5. Scout organization
6. Education of educators for youth centers, soros foundation educator of conflict resolution since psychotherapist in the youth counseling center, soros foundation; research on drugs used for anti panic attacks and general anxiety, eli&lilly usa, since researcher in the field of psychonocology, ministry of science psychosocial workshops in the state prison, ese educator of educators for peer counseling in the youth centers across macedonia, arc

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STEPHAN WALCHER (042, 043, 044)



Stephan Walcher, MD, GP, Specialist in Anesthesiology, Intensive Care and Addiction Medicine. Born Oct 5th, 1958. Anesthesiology, Intensive Care, Paintherapy and Internal Medicine since 1985, Addiction Medicine since 1993. Since 1994 running CONCEPT-Center for Addiction Treatment, which is integrating treatment of infectious diseases, psycho-

social support, psychiatry and general medicine around substitution treatment.

Introduced "UROD" in Germany 1995 (ultra rapid opiate detoxification in general anesthesia).

From 95-99 and 11- chair of the German Association of Addiction Medicine, cofounder of the Bavarian Academy of Addiction 97 and WFTOD 07, Board of Directors EUROPAD and others. Nyswander-Dole-Award of the AATOD 2012.

International and national studies, mainly on Hepatitis and Addiction.

More than 300 presentations and seminars on Hepatitis, Addiction, Substitution treatment and Emergency since 1995.

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Book of Abstracts



001

SOME FEATURES OF SUBSTANCE USE AMONG ADOLESCENTS IN REGION OF PRIZREN (KOSOVO)

Naim Fanaj, Fadil Bajraktari, Imet Poniku, Fitore Azemi¹

Aims:

Measure the level of substance use and possible links with level of hopelessness, self-esteem, suicidal tendencies and the other psychological difficulties of adolescents.

Methods:

Adolescents at school have been offered to fill out Hopelessness scale for children, Rosenberg self-esteem scale, SDQ questionnaire and one our questionnaire about substance use. All data has been analyzed by SPSS 14.0.

Results:

From 768 completed questionnaires from adolescents (mean age 17.51) we have found that 6.9 % of youth claim smoking, 2.7 % alcohol use and 1.7 % marihuana.

Students with better success significantly have less smoking and alcohol.

Adolescents who use tobacco, alcohol and marihuana reported significantly more suicidal tendencies.

Adolescents who use tobacco, alcohol and marihuana reported significantly more abnormal hyperactivity level.

Tobacco and alcohol users also reported significantly more abnormal level of conduct problems and psychological difficulties in general.

Substance users do not have any correlation significantly in relation to the level of self-confidence.

Alcohol and drug users have shown higher levels of hopelessness. Alcohol and tobacco users shown higher levels of depression.

1 Dr. Naim Fanaj & Dr. Fadil Bajraktari & Dr. Imet Poniku & Fitore Azemi
Main Family Health Center, Mental Health Unit for Children and Adolescents – Prizren, KOSOVO
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002

PATIENTS CHARACTERISTICS IN MMT

Andrej Pišec¹

In this paper the authors present the results of a survey conducted among 200 drug addicts in CPZOPD Maribor in the beginning of year 2012.

At the outset we were interested in the age of the people included in the substitutional therapy, their status, sex, education and employment.

Further questions in the survey related to their conditions growing up, relationships in their primary family, the reasons

for taking prohibited psychoactive substances (PAS) and the age when they started using drugs. The third set of questions was about their (non)infection with HIV, GCV, HBV and the immunization among the population of people who are included in substitutional therapy.

We also asked them about possible criminal related proceedings, their satisfaction with the treatment in our CPZOPD and what they think about legalizing drugs.

The survey is concluded with the question of co-morbidity, if they were searching help also in other institutions and about suggestions how to help the youth, so they do not start using drugs.

KEYWORDS – addiction, drugs, substitutional therapy, survey.

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003

THE USE OF SYNTETIC CANNABINOIDS AND COMPLIANCE IN PATIENTS WITH PSYCHOTIC DISORDERS

Miran Pustoslemsek¹

The use of syntetic cannabinoids will be presented, overview of compounds on the market. There are specific problems concerning legislation of these substances, aswell as problems in detection of them in urine tests. Effects and adverse effects will be presented, with focus on cognitive functions and compliance in treatment of persons with psychotic disorders.

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004

ASSESSMENT OF THE NEEDS OF WOMEN IN MIXED GENDER METHADONE MAINTENANCE PROGRAMS FOR TREATMENT OF OPIATE ADDICTION IN REPUBLIC OF MACEDONIA

Liljana Ignjatova¹, Nada Aleksovska¹, Aneta Spasovska Trajanovska¹, Marija Raleva², Viktorija Vujovik², Daniela Caparovska³

Aim of the study was to assess the main needs of women treated in the mixed gender, public drug treatment services in the country. Sample of 84 women undergoing treatment services voluntary complete anonymous questionnaires designed by DAD.NET network. The importance of each question was eval-

uated by using the evaluation scale from 1(not important) to 7 (very important).

The results shows that female patients are with average age of 32, 9 years, most of them attended health services for more then 3 years. The entire patients excluded one answered that currently attending the services because of methadone program. Other reasons for attending services for some patients were: psychosocial and social support, HIV and hepatitis testing or other reason. Only 8 of all patients answer that they got other pharmacological treatments. Most of the patients as very important evaluate: protected privacy; questions about sex, contraception, reproduction, unprotected sex, prostitution, violence, abuse, exposure to crime; presence of gynecologist and female professional staff for medical examinations; for women oriented care; counseling and support for patients who wants to have a baby; involvement of parents/relatives/partners in some cases. As not important most of them evaluate that woman should be received and followed by a female professional staff.

Most of the patients as very important in a woman's decision to abandon treatment evaluate: poor patient oriented treatments, not respected privacy, professionals' inability to support patients, fear of being reported to the police, parents/relatives or partner's involvement in the treatment, without the patient's consent. As very important in discouraging a woman from accessing treatment they evaluate: lack of knowledge on the services available or on the kind of support offered, fear of being identified by other services.

Even more then half of female patients answer that they are very satisfied with there health services they suggest that following aspects should be improve: presence of gynecologist; more staff, psychiatrists, pharmacotherapy and psychotherapy, psychological support, activity for prevention of relapses, education for patients and staff, sensibility for females patients, tolerance and support for mothers with children, secure; better conditions and coverage of travel expenses.

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005

EPIDEMIOLOGICAL OVERVIEW ON PATTERN OF SUICIDE BETWEEN PEOPLE SUFFERING OF ADDICTION IN THE DISTRICT OF TIRANA IN ALBANIA, OVER THE PERIOD 2001-2010

Pasho Maksuti, Vuksan Kola, Artan Simaku¹

Introduction: Suicide is an increasing phenomenon in Albania. Despite recent investments in mental health by authorities

there is a widespread culture of shame surrounding mental illness.

Aim: To present an epidemiological overview on the pattern of suicide between substance abusers in the district of Tirana over the period 2001-2010.

Method: A retrospective study with a homogenous cohort. Data was collected from the records of the Prosecution Office of Tirana district. Medical data and the statements of the witnesses were studied.

Results: A total of 254 people have committed suicide in the district of Tirana from 2001 to 2010. The prevalence of suicide was found 0.04 % (95 % CI 0.035 – 0.045). Suicide is most frequent among males 163 (64 %). The mean age of the victims is 38.5 (16-SD) years old. Suicides are more common during autumn 72 (28 %) or during the months of April 35 (13.8 %) and September 36 (14.2 %). 33 (13 %) of victims were substance abusers, 27 of them were alcohol abusers and 6 were drug abusers. The most frequent method of suicide between substance abusers was poisoning (12 cases or 36 %), followed by hanging in 8 cases or 24 %. 14 cases (42 %) have no data on whether they suffer from another illness. Only 6 cases (18 %) were medically treated.

Conclusion: A relatively small number of suicide victims were substance abusers (13 %) and only a small number were drugs abusers (2.4 %). About half of these victims have no data on whether they suffered from another illness. Only a small number of cases were treated before the suicide.

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006

PROLACTIN HORMONAL DISARISE IN OPIOIDE USERS WITH SEXUAL DYSFUNCTION POSTER

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Although endocrine abnormalities are recognized in opiate users, very little is known about the range of hormones affected, their pathophysiology and their clinical relevance. The primarily aim of this study was to explore the effects of heroin misuse and methadone maintenance treatment in the human endocrine system. So various endocrine abnormalities have been reported in this patients included, increased prolactin levels and abnormalities in sexual hormone.

The AIM of this study was to explore the effects of heroin and methadone maintenance treatment on the plasma prolactin levels a sexual function.

MATERIJALS AND METHODS

We evaluated 20 male heroin addicts maintained of methadone more than 3 years on oral high dose of methadone 60-120 mgr/day. We also evaluated group of twenty male heroin addicts who was on the street heroin. The prolactin plasma levels was assayed using an immunoradimetric methods (RIA methods) The sexual function was assessed using Questionnaire (IIEF) with 15 items in five levels of sexual function. The differences between two examination groups were determined by student's t-test.

The results show that patients treated with methadone therapy had not significantly lower frequency of sexual dysfunction and had not significantly higher plasma prolactin levels ($r>0,05$) compared with groups of street heroin addicts

Kay words; heroin addiction, methadone maintenance therapy, sexual dysfunction, plasma prolactin levels

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007

RELATIONSHIP BETWEEN METHADONE DOSE AND SEXUAL DYSFUNCTION IN METHADONE MAINTENANCE PATIENTS POSTER

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V. Vujovic, D. Janicevic, A. Cibisev,
L. Ignjatova¹**

Opioid substitution is the most widespread and well-researched treatment modality for opioid dependence. Methadone is currently the most commonly used pharmacotherapeutic agents. Sexual dysfunction has been reported as an aversive effect of opioids including methadone therapy.

The AIM of this study was to explore the relationship between methadone dose and sexual dysfunction in patients of methadone maintenance treatment

MATERIJALS AND METHODS

We evaluated two groups of methadone maintenance patients. Group A consisted of 20 male heroin addicts maintained of methadone more than 3 years on oral high dose of methadone 80-120 mgr/day and Group B consisted of 20 male heroin addicts with lower dose of methadone maintenance therapy 10-60 mgr/day. The sexual function was assessed using Questionnaire (IIEF) with 15 items in five levels of sexual function. The differences between two examination groups were determined by student's t-test.

The results show that patients treated with higher dose of methadone therapy had significantly higher frequency of sexual dysfunction ($p<0, 05$) compared with groups of patients treated with lower dose of methadone therapy.

KAY WORDS: heroin addiction, dose of methadone therapy, sexual dysfunction

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008

PRENATAL TOBACCO EXPOSURE IN CONJUNCTION WITH METHADONE TREATMENT LEADS TO SEVERE NEONATAL ABSTINENCE SYNDROME POSTER

**Ratković D¹, Vučković N²,
Dickov A², Martinović-Mitrović S²,
Budiša D³, Svilokos S³**

INTRODUCTION

Methadone as the long-acting opioid is proven to have potential side effects on the neonate, especially on development of Neonatal Abstinence Syndrome (NAS). This study examined the effect of prenatal tobacco exposure on NAS for infants born to mothers maintained on methadone during gestation.

AIMS AND METHOD

This study has included 15 women who were pregnant and using opiates and were attending the Methadone Treatment Centre of Clinical Centre of Vojvodina, from 2005 until 2011, and their newborn infants. Tobacco exposure was based on maternal self-report of cigarette consumption of 20 or less per day, or reporting smoking of 40 or more cigarettes a day.

RESULTS

There were no miscarriages or stillbirths as the outcome of the pregnancies of women undergoing methadone treatment and reported usage of tobacco, but out of 15, 8 neonates developed NAS of a severity that required treatment of the neonate (20 cigarettes or less per day) and 3 neonates' required prolonged hospitalisation (40 cigarettes a day).

CONCLUSION

According to our experience methadone seems to be an effective treatment of pregnant woman undergoing treatment for opioid dependence, i.e. it provides a healthy pregnancy, but high percentage of exposed neonates develops Neonatal Abstinence Syndrome which requires treatment and prolonged medical care and the use of tobacco in conjunction with methadone plays an important role in the severity of NAS in prenatally exposed infants.

KEYWORDS: Methadone, Neonatal Abstinence Syndrome, Tobacco

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009

A GENERAL VIEW OF DRUG ABUSE TREND DURING LAST 5 YEARS IN ALBANIA POSTER

Linda Matua, Mirnela Çinije¹

A number of 1243 urine samples from arrested people suspected of consuming or having illicit drugs are collected by police officers, all over Albania, for the period 2007-2011. These samples are analysed in the Laboratory of Toxicology, in the Institute of Forensic Medicine, using thin layer chromatography method to find the abused drugs consumed in all persons arrested.

A comparative evaluation shows the differences in drug use during the same year and in the time of 5 years, number of users and the most used substance.

KEYWORDS: Drugs of abuse, Urine analysis, TLC

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010

THE IMPORTANCE OF URINE ANALYSIS IN METHADONE USERS POSTER

Linda Matua, Mirnela Çinija¹

Urine samples from arrested people suspected of consuming or keeping methadone tablets were collected by police officers and sent to the laboratory of toxicology in the Institute of Forensic Medicine. These samples were analysed to compare additional consumption of illicit (street) heroin, pharmaceutical heroin or other drugs. Analytes of interest were morphine (MOR) and 6-monoacetylmorphine (MAM) as metabolites of pharmaceutical heroin, as well as 6-acetylcodeine (AC), codeine (COD), as markers of illicit heroin.

KEYWORDS: Methadone maintenance, Urine analysis, Street drugs

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011

COMMUNITY EMANUEL ALBANIA PRESENTATION

Sinjari Eriselda¹

It is an Albanian ONG, not religious, that welcomes without payment people with different social problems like drugs,

alcohol and not only.

Our point of reference is Comunità Emmanuel in Lecce, who continues to support us so far with a great economic effort and we hope that will do well in the future.

Our centers are

- 1 Tirane, Rr.Durresit, Hearing and Reception Center, Daily Centre;
- 2 Vaqarr, Tirane, residential center;
- 3 Shkoder Hearing and Reception Center for all of northern Albania

Our services

- Counseling for risk behaviour and orientation services for young
- Hearing and counseling for families;
- Therapy groups;
- School parents;
- Reception with partial housing;
- Prevention activities;
- Cultural activities directed to young people;
- Training of operators (educators);
- Relations with institutions and ONG;
- Crisis Center;
- Residential Center, community for alcoholic and drug addicted (rehabilitation and association);
- Vocational training and reintegration into society;
- Hospitality youth groups with various sporting activities, cultural and animation;
- Prevention in schools and other places frequented by young people, organizing conferences, meetings and media intervention
- Social re-entry after rehabilitation, personalized in various ways, of paying attention to the employment and vocational training

Emmanuel Community methodology is a path which is based on the life of the group, in specific and precise rules, is aimed to lead the person toward growth, maturity, and rediscover the authentic values

We offer these community type

- "classic"
- medium term;
- short term

Stages of treatment in therapeutic community "classic" are

- PRE-ADMISSION (2 months)
- HOSPITALITY (2 months)
- THERAPY-CORE (3 months)
- RESPONSIBILITY (3 months)
- PRE-RE-ENTRY (1 month)
- RE-ENTRY (2 months)

Medium term community goals are

- Deeper Evaluation of the general situation in family and of the person
 - Review and evaluation of the personal resources
 - Orientation regarding training business / school
- Short term community goals are
- Reaching and experimentation of Drug-Free conditions
 - The removal of the family environment, which can produce conflicting dynamics
 - Increasing awareness of personal limitations
 - He may learn to trust other people
 - Continued reduction of replacement therapy in action
- Difficulties that occur in providing services
- Major difficulty is the support in economic aspect

- Because of the complexity of the phenomenon must now build a great integration between services
We should follow the phenomenon of drug development, to adapt our services as well as we can.

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012 DRUG DEPENDENCE TREATMENT – UNODC TREATNET ACTIVITIES

**Milena Maksimovic, Ksenija Seslija,
Miroslav Miskovic¹**

In many societies drug dependence isn't still recognized as a health problem which requires a comprehensive approach which includes diversified pharmacological and psychosocial interventions.

Treatnet trainings are being conducted in many countries providing national health professionals with set of skills to successfully conduct trainings and deliver the latest knowledge on effective and quality drug dependence treatment, including HIV/AIDS prevention and care to health and other drug related professionals in their home countries. Treatnet modules represent the standardized package consisted of 3 volumes, each targeted at the different group of professionals: A: Screening, Assessment and Treatment Planning; B: Elements of Psychosocial Treatment and C: Addiction Medications and Special Populations. It ensures that the high quality of training is maintained regardless of the country.

Aims:

The main purpose of this study was to present the latest activities of the Treatnet trainings in Serbia and in Montenegro which were supported by UNODC and WHO.

Methods:

Two types of questionnaires were developed – for trainers and for trainees in order to show the differences in receptiveness for the Treatnet training package. This provided valuable feedback for the future trainings in order for them to be culturally adapted and modeled towards the better comprehension of the material.

The questionnaires were applied in different training sessions in Serbia and in Montenegro, with possibility of including other Balkan countries.

Results:

Participants have shown significant interest for each of the volumes. Younger professionals were more receptive for accepting principles of drug addiction treatment such as treatment compliance, confidentiality and ethical values.

Participants emphasized possibility to educate patients about drugs.

Most applicable techniques were motivational interviewing techniques, CBT and RP strategies.

The difference was noticed in attitude toward drug dependence among Serbian and Montenegrin professionals, mainly in terms of the attitude towards drug users.

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013 PSYCHOSOCIAL SUPPORT TO MMT USERS IN SERBIA POSTER

**Milena Maksimovic, Ksenija Seslija,
Miroslav Miskovic¹**

Opioid dependence is complex disease and requires long-term treatment and care. WHO Guidelines for the Psychosocially Assisted Pharmacological Treatment of Opioid Dependence recommends the use of medicines such as methadone, buprenorphine, naltrexone along with wide range of psychosocial interventions for drug users.

In line with recommended guidelines, 24 MMT centers were opened in Serbia in last 5 years.

New centers offered wide range of different supportative services in addition to pharmacological treatment especially resulting in more humane and ethical approach towards drug users. Demand for treatment has increased since additional services were developed or improved to make treatment more accessible. One of the services which is still in development phase in Serbia is psychosocial assistance to MMT users.

Since psychosocial support include various interventions and activities, in practice they vary from one center to the other because of following reasons:

- Number of health workers engaged in treatment services
- Number of different mental health professionals
- Motivation of mental health professionals to implement some psychosocial activities
- Number of mental health professionals with psychosocial training
- Number of MMT users

Additional psychosocial interventions resulted in more comprehensive addiction treatment and contributed to overall better understanding of addiction as a disease and emphasized importance of inter-sectoral approach

Besides evident improvement in acceptance and treatment of drug users, some problems still exist:

- The most health professionals show antagonism towards drug users
- Drug users avoid entering the treatment because of stigma and discrimination
- General lack of knowledge about addiction

Proposed solutions are:

- Permanent training of health professionals mainly targeting GPs and psychiatrists
- Dissemination of information and knowledge in local community
- Promotion of importance of evidence based psychosocially assisted treatment in order to increase availability and accessibility of treatment services

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014 ALCOHOL COVERS THE DIAGNOSIS OF BIPOLAR II DISORDER POSTER

Anila Hashorva¹

Most of that people that abuse with drugs and alcohol have mental disorders. The difference between psychiatric symptoms that stem from substance abuse and those promote that, is often difficult to be done. Many patients abusing with substances and drugs in order to "treat" emotional disorders that exist before as depression, anxiety and psychosis. Up to 40 % of people who consume alcohol frequently exhibit symptoms of depression. To 5-15 % of people who have problems with depression appear alcohol problems. Alcohol hide depressive symptoms but encourage hippocamic symptoms so covers diagnosis of bipolar II disorder.

In our study were interviewed 190 patients diagnosed with major depression disorder presented in QKSHM n 1 and n 2 and in Psychiatric Hospital in Tirana during 12 months (February 2011-2012) with age over 19 years. Was used as a measuring instrument HCL-32 to detect hippocamic symptoms.

In this study we found that 44 (23 %) of the patients with depressive disorder was in fact with bipolar II disorder and 36 (19 %) border cases.

21(47 %) of them hide this diagnosis with alcohol abuse. 13 (29 %) of them use hypnotics. Alcohol use negatively affects the social life to 12 % of the patients and negatively affects on family life to 13 % of them.

Conclusion: Alcohol covers a considerable amount Bipolar II disorder

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015 HOSPITALIZATION CAUSES ANXIETY AND MAKES IT HARDER TO CORRECT DIAGNOSIS POSTER

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Background: The fact remains that anxiety is a frequent concomitant of somatic illness or that it may masquerade as somatic disorder. Studies in different countries and clinics have shown

that most patients accompany their disease with strong emotions especially when they go to the doctor. Potentially of hospitalization, is a strong reason to justify higher level of anxiety. **Materials and methods:** Were interview 100 patents with different diagnosis that have received service at primary care and 100 people without any diagnosis as a group control (May-October 2010). The Hospital Anxiety and Depression Scale (HADS) was used like a clinical instrument to quantify anxiety severity. **Results:** From the patients involved 23 % of them had a high anxiety level (potential cause for concern). 31 % moderate anxiety. Only 6 % in group control had a high anxiety level and 9 % cases in the limits. This considerable difference shown that hospitalization strongly influences the development of anxiety. The level of anxiety is influenced by the type of the disease. The patents with oncologic and cardiologic diagnosis had a higher level of anxiety than others.

There's a close connection between the anxiety and age, but it is not related with the sex, marital status and academic level of the person.

Conclusions: The opportunity of hospitalization is a strong reason to justify the height level of anxiety, tested by HADS. The physician will be helped and will make is job easier if knows the anxiety of hospitalization level in patients, that why HADS requires a validation study in the Albanian version.

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016 CHARACTERISTICS NEW ADDICTS 2011th NOVI SAD POSTER

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INTRODUCTION: According to the World Health Organization the number of addicts in the world of Heron fall. In Novi Sad in 2010 began collecting data on drug addicts who first reported the treatment. Data collection was continued for 2011.

AIMS AND METHOD: The aim of this study was to determine the incidence of newly registered drug addicts and their basic socio-demographic characteristics. The study was conducted on the territory of Novi Sad in the period 01 januar to 15 December 2011th Year. Data were collected at the Department of Substance Abuse, Centre for the extension of drug treatment, outpatient clinic for substance abuse, the Special Hospital for addiction, "Vita", Novi Sad District Prison and Rehabilitation communes: "Country Living" and "Crossroads." Was used for the exploitation of an abridged version of the questionnaire Pampidou.

RESULTS: In 2011, in Novi Sad have registered 104 new addicts.

Age was 29 years. More than 40 % of the treatment occurred independently. In prisons, the treatment is started with only 14 % of addicts, and most of the first occurred in primary care. **CONCLUSION:** On the territory of Novi Sad was registered a significant decline in the number of new addicts. The problem is that addicts in treatment decisions, on average, after 10 years of drug use in this regard should establish the factors that prevent addicts to seek help earlier.

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017 SEVERITY OF THE ADDICTION AND INDIRECT SELF-DESTRUCTIVENESS OF OPIATE ADDICTS AND THEIR PARENTS POSTER

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Background: Persons with suicidal thoughts, intention or attempt are overtly and doubtlessly self-destructive. On the contrary, persons who are indirectly self-destructive engage in partial, chronic and long-term unconscious suicidal behaviours. In this form of self-destructiveness, neither conscious suicidal attempt, nor expectation of suicidal outcome are expected. According to the authors of the concept of indirect self-destructiveness, excessive smoking, alcoholism, and drug addiction *may be* a form of indirect self-destructive behaviour. Similarly, in Transactional Analysis, certain authors postulate that drug and alcohol addiction are in fact a manifestation of suicidal life script, which can be adopted through social learning and conveyed trans-generationally.

Subjects and method: Non-experimental correlational research design has been conducted on a convenience sample, composed of 140 opiate addicts and one of their parents, with an aim to determine the relation between the severity of the addiction and the expression of elements of the suicidal life script of addicts and their parents.

Results: Results of the canonical correlational analysis suggest that there is statistically significant correlation between the elements of the suicidal life script and the severity of drug and alcohol use and medical problems of addicts, which is in compliance with theoretical expectations in TA, as well as in postulates of the concept of the indirect self-destructiveness. No statistically significant relation has been found between the severity of legal issues and the expression of elements of the suicidal script decision, or any of the aspects of the severity

of the addiction with the expression of elements of parental suicidal life script.

Conclusion: In general, we can deduce that the examined theoretical assumptions received the expected partial affirmation. Opiate addicts with more severe problem of drug and alcohol use and medical problems have more pronounced elements of the suicidal life script.

KEY WORDS: opiate addicts, life script, transactional analysis, indirect self-destructiveness

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018 AGGRESSIVE BEHAVIOR IN PERSONS ON PROLONGED TREATMENT WITH METHADONE POSTER

Nade Aleksovskaja, L. Ignjatova¹

The purpose of these research was to discover the reason for the aggressive behavior of a particular group of patients towards their therapist, who continue to be on a methadone treatment after leaving prison.

Material and methods: In this study we included 50 patients. The average age of the participants was 37,4 years and all of the participants were patients of the daily hospital, admitted after they were released from prison and carried the diagnosis F11.22 (syndrome of opiate addiction, on maintenance treatment with methadone).

In this study we used a non-standardized questionnaire, developed for the purpose of this study.

The condition of 50 patients, divided into two groups of 25, has been monitored. The first group consists of patients who take the methadone therapy under supervision and in the second one the patients refuse to take the therapy under supervision. The obtained results are as follows:

The patients from the first group who take the therapy function normally in their everyday lives. New intravenous stings are not found during physical examination, and the result from the urine sample analysis for opiates, benzodiazepines and other psychoactive substances is negative.

The second group i.e. the patients who refuse to take the therapy under supervision, show aggressive behavior towards the therapist, new intravenous stings are found during physical examination, the urine sample result for opioids (heroin) is positive in 12 patients and the result for benzodiazepines is also positive.

Conclusion

The individuals who are on a prolonged treatment with methadone and who continuously take their therapy, function properly and behave normally, unlike patients who refuse to take the methadone therapy. They use opioids, benzodiaz-

epines and other psychoactive substances and show aggressive behavior.

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019 COMORBIDITY: PSYCHOACTIVE SUBSTANCE ABUSE AND OTHER MENTAL DISORDERS (DIAGNOSTIC AND THERAPEUTIC DILEMMAS) POSTER

**Snježana Marjanović-Lisac,
Nermana Mehić- Basara,
Miloš Pokrajac, Amir Tahirović¹**

Introduction: The comorbidity of psychoactive substances (PAS) abuse with other mental disorders is very frequent, both in the general population and in population of patients in psychiatric and addictive medicine treatments.

Many researches and scientific studies have shown that significant number of people abusing PAS has at the same time the other mental disorders.

Goal: The goal of the study was to determine the prevalence of psychiatric disorders in patients with developed PAS addiction treated at the Department for Drug Addiction of the Institute for Alcoholism and Substance Abuse of Canton Sarajevo in the period from January 2010 to January 2012.

Methodology: This retrospective study included patients treated as outpatients and inpatients with determined diagnosis - Abuse of and addiction on PAS (F11 - F19) according to ICD-10 classification during the two years period.

The data used were obtained from medical protocols, medical records of previous treatments, the Pampidou questionnaire, psychological diagnostic instruments, and psychiatric follow-up and diagnostics.

Results: In this study the highest representation of other psychiatric disorders are related to PTSD and personality disorders, followed by depressive and anxiety disorders.

Conclusion: Comorbidity of addiction and other psychiatric disorders is constantly increasing, which causes the attributes of modern society.

Diagnosis of comorbid disorders is complex as well as the therapeutic process.

Comorbid disorders should be treated simultaneously, preferably in separate departments, and the therapeutic process should be comprehensive and flexible.

KEY WORDS: comorbidity, psychoactive substance abuse, psychiatric disorders.

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020 PRESENTATION OF A SUPPORT GROUP THERAPY FOR ABSTINENTS FROM DRUGS

Mateja Okanović¹

Outpatient group was formed in 2006 as a continuous part of drug treatment programme at the Center for treatment of drug addiction (CZOPD) in Ljubljana, Slovenia. It is intended for clients that finished the whole programme of drug addiction treatment at the CZOPD and are maintaining abstinence. This support group takes place once a week for 75 minutes and the purpose of this support group is to provide help and support to clients in maintaining long-term abstinence from drugs and other psychoactive substances (PAS), to help improve the quality of integration back into their families, work environment and society in general.

The way that this support group functions, main topics and problems that occur during this period of treatment, some statistical data about the group and its members and a case study are presented in this article.

Beside the presentation the purpose of this article is also the motivation and acknowledging the needs in order to work long-term with abstinent.

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021 THE RISKY BEHAVIORS AMONG YOUNG INJECTING DRUG USERS RELATED TO STIS POSTER

**Florinda Balla, Roland Bani, Marjeta
Dervishi, Shpetim Qyra¹**

Objective: To determine the risk behaviors among young injecting drug users related to STIs.

Design: Respondent Driven Survey (RDS) method

Setting: IDU site in Tirana

Participants: IDU population in Tirana (n = 200)

Main Exposures: Risky behaviors related to STIs.

Results:

The biological data:

- HIV was not detected among the IDU.
- Syphilis rates were low among IDU (0.5 %),
- Hepatitis C among IDU was 7.6 %.

The behaviors data

- The estimates regarding the IDU population in Tirana, reveal that about 35 % of IDU are less than 25 years old
- The median age at first injection is 24 years
- About 30 % of IDU estimated to have injected before the age of 19.

- The most commonly used injectable and non-injectable drugs in the past month were heroin (85.2 %), diazepam (37.4 %), marijuana (55.8 %), and cocaine (39.1 %).
- The median age at first sexual encounter was 16 years.
- 45 % of IDU have had two or more sex partners in the previous 12 months.
- Even fewer IDU use condoms consistently.
- Approximately 30 % of IDU have had their blood tested for HIV, and of those, almost two-third were tested voluntary.

Conclusions:

There are correlation between risky behaviors and exposure to specific sexually transmitted infection (STIs). Although HIV was not detected, Hepatitis C occurred in a significant percentage among young IDU-s. This data (Hepatitis C) was estimated much higher in the Bio-BSS 2005 (26.7 %) which emphasized that IDU subgroup is one of the most vulnerable groups.

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022 VOLUNTARY AND COUNSELING CENTRE IN ALBANIA

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Albania is considered a low prevalence country with regarding HIV / AIDS. The most effective intervention strategies are associated with the risk of spreading HIV infection and behavior change communication for the general population and more specific programs for vulnerable groups. Number of voluntary testing for HIV / AIDS up to 2007 has resulted in low average of 300 tests per year volunteer. Opening 12 VCT centers, led to increased number of testing & counseling, in 2007 the number of testing& counseling for HIV / AIDS was 294persona (for three months), in 2008 was 2151persona, in 2009 was 2431persona. VCT is frequented by many of the men it relates to problems of gender equality. Men aged > 24 years are those that frequently more of VCT. Majority of clients visiting VCT comprised of volunteers but they are not lacking and the recommendation by the doctor. 30 % of VCT-s has been changes in staff that has worked full time. 80 % of the VCT centre used a coding system for maintaining the confidentiality of the person tested. Psychologist is responsible for entering all data in computer .The VCT function based on standards and protocols Counseling after the test is not always performed. Only the referent centre offers online counseling. The test used at each VCT is rapid test. Reporting of positive cases was made at IPH. Lack of a standard sheet-response is a problem also.

KEY WORDS: VCT, HIV, AIDS

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023 ILLICIT DRUG EXPOSURE: IMPACT ON THE BIRTH OUTCOMES POSTER

Sonela Xinxo¹

Despite the low prevalence of regular cocaine and marijuana user among women in Albania, it is important to increase the awareness on the impact of illicit drug, before or during pregnancy, on the birth outcome. Marijuana and cocaine are the illicit drugs that have been most commonly studied for their potential effects on adverse birth outcomes.

Aim: To present facts on the effect of regular marijuana and cocaine use, before and during pregnancy, on birth outcome (preterm birth, low birth weight)

Method. Review of the available literature on the effect of illicit drug exposure (cocaine and marijuana) on the birth outcomes (preterm birth , low birth weight)

Results: Several studies shows the regular use of cocaine was associated with an increased risk of delivering a low birth weight (range of OR varies from 1.2 to 3.56) and premature birth (range of OR varies from 1.1 to 10.6). Other study underlines a significant negative correlation between the average cocaine use per day for trimesters one and three and for the entire pregnancy and birth gestational age. In addition, the studies reporting the association between gestational length and the use of marijuana are conflicting . Only in some studies, marijuana use was related to preterm delivery in white women (OR = 1.9); or women who had positive assays for marijuana had infants with decrease in birth weight (p = 0.07) and in gestational age (p = 0.01).

Conclusion: Most studies have shown an association between cocaine or marijuana exposure and birth outcomes such as prematurity and low birth weight. These facts emphasizes the importance of screening , from both the health professions or psychologist , of the pregnant women on the their behavioral factors in order to reduce the risk for adverse birth outcomes

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024 ECONOMIC RECESSION AND TREATMENT OF SUBSTANCE MISUSE:THE NEED FOR COMMUNITY RESOURCE-DRIVEN APPROACH

Fivos E. Papamalis¹

During the last decades, SEE countries faced tremendous societal challenges, war, destabilization and significant decrease of the quality of life. Coupled with the unprecedented economic reces-

sion, decreased institutional capacity to correspond to the current demands, it appears that serious threat to public health and safety may arise. Economic recession presents a fertile ground for expansion of multiple public health related problems. This is particularly pertinent in middle and low income countries, where lack of resistance to such exposure makes them vulnerable to withstand. Previous experience shows that a downturn of economic crisis seriously affects public health as it is related to a raise of mental health problems, substance/alcohol misuse, increased rates of mortality and suicide, violence, delinquency, violation of human rights and social exclusion. While current trends for treatment demand demonstrate a sharp increase in SEE, mental health and substance misuse treatment services are being cut back as part of government radical austerity programs. This is of concern, since international reports point out a threatening growth of mental health problems and substance misuse in the upcoming years. Despite international lessons learned and available evidence indicating that protection of social welfare increases resilience of communities and alleviates the mental health effects and associated stressors, policy makers often adopt paternalistic cut-off policies, mistakenly maneuvering the resources to implement a cost effective approach. Nevertheless, withholding resources from health care institutions in time of societal disequilibrium consistently indicates opposite results in the long run. That is, increased rates of untreated mental health conditions and substance misuse problems are associated with greater demand for primary care, emergency drop-in, increased rates of conventional crime, delinquency, incarceration and social disorganization. Hence, the consequences of such approach are excessive for the society, as their impact involves overburden of the health and criminal justice system. In this context, this presentation focuses on the need for development of integrative care pathways using evidence-based and community-based assets and treatment evaluation in order to utilize all available resources wisely and effectively, enhance treatment specificity, and upgrade standards of care.

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025 THE ROLE OF ADHD IN CRIMINAL BEHAVIOR OF OPIATE ADDICTS POSTER

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Ratkovic D¹, Svilokos S¹**

INTRODUCTION:

Attention Deficit Hyperactive Disorder (ADHD) significantly increases the risk for drug and alcohol abuse, independently of other comorbid psychiatric disorders (Wilens, 2011). Between one third and one-half of adolescents who abuse drugs and have ADHD (Milin et al, 1991). In 35 % to 71 % of adults who

abuse substances and alcohol have history of ADHD in childhood and in 15 % to 25 % of these people are ADHD is still present (Retz, 2009). Also, there is much evidence that ADHD is increased in forensic populations.

AIM OF THE STUDY:

1. Determine the difference of prevalence of ADHD symptoms during childhood and adolescence in heroin addicts compared to general population.
2. Determine whether the presence of ADHD symptoms during childhood and adolescence contribute to criminal behavior of adult heroin addicts.

METHOD:

The carried out retrospective study at the Clinic for Psychiatry Clinical Center of Vojvodina. The study included 50 heroin addicts on methadone substitution therapy and 50 control subjects. We used Wender Utah Rating Scale for the Attention Deficit Hyperactivity Disorder- self-assessment scale to determine the presence of ADHD symptoms in childhood and adolescence (Wender et al, 1993). Variables related to the criminal behavior of drug users were obtained using Pompidou questionnaire.

RESULTS:

Analysis of variance revealed a statistically significant correlation between the severity of ADHD symptoms and the period in which addicted committed first crime ($F = 2.813$, $df = 3$, $p = 0.050$). Also, heroin addicts with most pronounced ADHD symptoms committed criminal offense before they develop dependence symptoms. The presence of ADHD symptoms in childhood and adolescence was significantly associated with earlier court issues ($F = 3.268$, $df = 5$, $p = 0.014$). We found positive correlation of ADHD symptoms and how many times they were in prison. However, the presence of ADHD symptoms stands out as a significant factor in the current legal problems. According to our opinion, it can be interpreted by the fact that some of addicts overgrow their ADHD, some of them have benefits from different programs specially designed for addicts and finally some addicts have tendency to give socially desirable answers.

CONCLUSION:

According to our study, presence of ADHD symptoms during childhood and adolescence present a significant factor in addicts criminal activity.

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026 DOUBLE BURDEN OF SEX WORKER AND DRUG USE – AN UPDATE OF EVIDENCE ON PREVALENCE AND INTERVENTIONS WITH A FOCUS ON SOUTH EASTERN EUROPE

Elona Toska¹

Young women engaged in sex work who use drugs, including injecting drugs, are at high risk of infection by HIV, HCV and other STIs. According to the 2010 UNAIDS Epidemic Update,

Eastern Europe and Central Asia had the highest regional increase in HIV prevalence in 2009-2010. Existing data from the region indicate that the interplay between sex work and drug use is fuelling the HIV epidemic, with coverage by HIV prevention and treatment services lagging behind for the stigmatized populations of sex workers and drug users. Existing evidence on the double burden of drug use and sex work mandates that this highly vulnerable group is reached by comprehensive harm reduction and HIV prevention services.

Not only in South Eastern Europe, but worldwide, research on the temporal association between sex work and drug use is scarce. Evidence on whether injecting drug use precedes sex work or vice-versa, whether it is driven by economic or physical (in the case of pimps) coercion, has important implications for prevention and designing interventions. From the perspective of developing evidence based social interventions, the information available on the prevalence of drug use among sex workers, their vulnerability to HCV, HIV and other STIs is not sufficient to enable policy-makers and local practitioners to identify and implement the most effective interventions that can address the risk factors for this highly vulnerable group.

This poster/presentation will present the results of a review of the evidence to date on the overlap of drug use and sex work worldwide with a focus on South Eastern Europe, specific risk and protective factors, existing initiatives that address this vulnerability (harm reduction, HIV prevention) and coverage of sex workers by these programs. The purpose of this review is to highlight future research needs and engender discussions on existing evidence on successful interventions.

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027

ANABOLICS ABUSE AND CARDIOMYOPATHY IN A BODYBUILDER: CASE REPORT

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Background: Anabolic-androgenic steroids are synthetic derivatives of testosterone that some athletes have used to enhance muscle mass and improve their athletic performance. Adverse cardiovascular events attributed to anabolic steroid use, such as arrhythmias, myocardial infarction, cardiomyopathy, and sudden death, are rarely reported. not been associated with use of γ - Case report: A 39-year-old male bodybuilder was admitted to Intensive-Care Unit. The patient had a history of anabolic steroid abuse over the last 3 years, self-administered in cycles of 6-10 wk, with a 2-3 wk suspension period between cycles. He had no family history or past personal history of cardiovascular diseases. The patient was in good physical condition until approximately three weeks prior to admission, when he experienced increasing fatigue, decreased exercise tolerance and general malaise. Although he stopped exercising and self-administering the drugs, these symptoms continued to progress and he subsequently developed anorexia, becoming short of breath during exertion and tiring easily, blood pressure was low. Laboratory testing:

Free testosterone and delta 4-androstenedione concentrations were elevated. Acetaminophen level was undetectable and with the suspicion of anabolic steroid-induced toxic hepatitis. Chest X-ray also revealed cardiomegaly, despite no evident pulmonary congestion. Echocardiogram showed a dilated cardiomyopathy with an estimated ejection fraction of 35%. Serial echocardiograms showed left ventricular function (the fractional shortening increased < 30%). After 18 days hospitalization, the patient was discharged with oral therapy. Treatment: General treatment measures and drugs, such as angiotensin-converting enzyme (ACE) inhibitors, angiotensin II receptor blockers, beta-blockers, spironolactone were given. Antiarrhythmic drugs were given to prevent abnormal heart rhythms. These drugs were prescribed in small doses. Conclusions: Several years after chronic misuse of AAS, power bodybuilder show a clinical impairment myocardial function, strongly associated with mean dosage and duration of AAS use. The interval of interrupted of AAS abuse is relatively short, to be able to evaluate the improvement of left heart cavity function

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028

ADULT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER AND CO-EXISTING SUBSTANCE USE DISORDER: DIAGNOSIS AND TREATMENT

Mirjana Delic¹

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

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029

SOCIAL ANTHROPOLOGICAL VIEW OF SUBSTANCE ABUSE

Ivana Mandarić¹

Every culture is familiar with drug use. Different substances that affect consciousness, stimulate or relax, have always been a part of various social practices. In archaic societies, they were an inevitable part of different rituals – initiation, healing, hunting, etc. In modern times, drug use is usually associated with the distinction between legality and illegality, pathology and health. Anthropology, as an interdisciplinary scientific discipline, together with ethnography, as the basic method of research, focuses on the social aspect of drug abuse in a more comprehensive manner. It looks for answers to questions like why certain substances are forbidden whereas others are not, and what significance is ascribed to the consumption of certain substances, on the basis of which ratios of power, etc. Most of all, it changes focus from the substance and the biological consequences of its use to the user and his context.

The article aims to outline the social anthropological view of substance use, which categorizes the use of drugs as predominantly social phenomenon. We wish to emphasize the meaning of ethnographic research methods, which can complement and provide an important corrective to more quantitatively oriented approaches, such as epidemiological surveys.

KEY WORDS: anthropology, ethnography, social practices, drugs

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030

DRUG USE AMONG MINORS AND CHALLENGES FOR THEIR TREATMENT

Liljana Ignjatova¹, Marija Raleva², Viktorija Vujovik², Daiela Caparovska³, Aneta Spasovska Trajanovska¹, Nada Aleksovskaja¹

The research shows increasing trends in drug use among youngsters, the lowering age of drug initiation and increased number of adolescents referred to drug treatment. [1] Drug using children usually start with evaporators and marihuana, but there are children whose first experience with drugs is with heroin.[2] Although the number of youth who use drugs is incising services for treatment of young people are not as developed as other services or are still insufficient[3],[4].

Aim of this study was to collect data for drug users under eighteen from the relevant institutions in the country and to explore the challenges for their treatment. For collecting data we use un-standardized questionnaire designed from the author of this study.

The collected data shows that 100 drug users has been registered by Ministry of Interior until end of 2011, of whom 4 are to 15 years old. In the evidence of educational correctional home - »Tetovo«, in 2011 there are registered 13 male drug users from whom 7 are under 18 years old. There is only one 17 years old Macedonian, cannabis user in Juvenile Prison in Ohrid. NGO-HOPS from 1999 to 2011 have contacted a total of 38 young drug users under eighteen. In 2011 they contacted with 15 young drug users under eighteen (11 male and 4 female), from 5 to 16 years of age. Of the total number contacted young drug users in 2011, 1 is deceased, 2 are in educational correctional home - »Tetovo«, 1 is in the Public Institution for accommodation of children and youth with educational and social problems - »25 Maj« and 1 is located in the Pediatric Clinic in Skopje. Regarding the type of drug use, 3 of them are using only glue, and other 12 commonly are using heroin, but they also use glue, methadone and benzodiazepines. Ministry of Social Welfare, Department for social inclusion has registered 17 male and 3 female drug users under eighteen in capital Skopje, of whom 14 are heroin users and 6 are inhalants users. At the Psychiatric Clinic, Department for kids and adolescents from 2005 to 2011, 18 drug users under eighteen, from 14 to 17 years old have been treated, vast majority with co morbidity. In 2011 they treated 4 drug users under eighteen, 3 males and 1 female, 3 Macedonians and one Roma. One male 12 years old heroin user (Roma) is treated in Pediatric clinic because of co-morbid somatic disorders related to drug use. Challenges for treatment of youngsters drug users are lack of specific services for youngsters, limited access to certain services based on age, lack of specific and controlled studies for the treatment of youngsters, lack of registered medicines, lack of knowledge and educated staff, lack of guidelines for treatment of youngsters etc.

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031

PREVENTIVE AND TREATMENT SCHOOL-BASED APPROACHES TO CHANGE ADDICTED BEHAVIORS AMONG YOUNG ADOLESCENTS IN ALBANIA

Alketa Bulku¹

The education institutions have in their mission, beside schooling and learning process the duty to educate youngsters about

the damages that are caused by the misuse of substances, alcohol and smoking at early ages. This duty is incorporated in the whole education process and it is represented in all the activities organized at school (extracurricular events) and also during the schooling process (part of the curricula and books). An important aspect of the work that the education institutions do is the work they do with parents. They inform parents about the social behavior of the children at school and if there are incidents that parents need to know about their children. What is needed to be in coherence with this mission of the school and having an effective attitude toward this problem by teachers is the knowledge that teachers must have and must know very well about psychological characteristics of this age and the factors that drive to the use of drugs, alcohol and smoking by youngsters. It is well-known that addictive behaviors begin at an early age, usually at 14 years old. The Albanian school-based approaches to prevent and treat these addictive behaviors are mainly implemented in two ways: school-based approaches implemented by the school staff including here teachers and psycho-social staff (social workers, psychologists and medical staff); and approaches implemented by outside institutions such as NGOs' Projects, Local Institutions (police and health). It is needed a close partnership between schools and other institutions to implement effectively these approaches. This paper will present how this has functioned during the last years in Albanian public schools, the initiatives and the projects implemented and what are main challenges for the future.

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032

HIV DATA AMONG SPECIFIC GROUPS, IN ALBANIA

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Based on the statistics Albania remains a low HIV prevalence country.

By the end of 2011, Albania has reported a cumulative total of 485 cases. The distribution of HIV cases in years shows that the trend is going up. For the year 2011, 72 new cases were reported, 40 out of them in the stage of AIDS. The rate of newly diagnosed HIV infections in 2011 was 2.25 per 100 000 population, which is the highest rate /per year, in the period 1993-2011. In total 40 % of them have developed AIDS and 19 % of them died from AIDS-related causes. According to the distribution by sex, 70 % were males and 30 % females. Most of the cases or (66 %) of them belong to the age group 25-49 yr. old; 5 % of the total belong to the age group 0-15 yr. old.

33 % of PLWHA were on antiretroviral therapy (ART). The only governmental institution providing follow-up and antiretrovi-

ral therapy (ART) for people living with HIV in Albania is the University Hospital Centre, in the capital city of Albania.

In 2011, approximately 26 000 people over 15 yr. old were tested for HIV in Albania.

Sexual transmission is most common way of infection, 82 % were transmitted via heterosexual contact, 10 % via homo-bisexual intercourse, 4 % from mother to child transmission, 2.5 % from blood transfusion, and less than 1 % has been reported as IDU. The main findings from the studies were that HIV prevalence in IDUs has been 0 % while prevalence of Hepatitis C was 26.7 % and 7.6 % respectively in Bio-BSS 2005 and Bio-BSS 2008. The behaviors data show that the risk behaviors are evident among this group and show a high risk to get HIV infection.

Conclusion: Adoption of standardized, continuing sero-prevalence surveys and as well as qualitative surveys on IDUS would provide a better means of monitoring the occurrence of HIV infection in this group.

KEYWORDS: HIV, prevalence, IDU

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033

EATING DISORDERS AS ADDICTIVE BEHAVIOR, REPERCUSSIONS THAT THESE DISEASES GIVE IN PSYCHOLOGICAL, CORPORAL AND SOCIAL PLAN

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Behavioral addictions are considered as the repetitive occurrence of impulsive behaviors without consideration of their potential negative consequences. Eating addiction refers to the increasing number of patients with bulimia-anorectic symptoms and the problem of overeating as well as the repercussions that these diseases give in psychological, corporal and social plan, not only for the individual, but also for the family and wider social environment. Concurrently, the authors notice a connection between eating disorders, therapeutic possibilities and individual characteristics of the individual, family dysfunctionality and social influences. In the conclusions the author states multi-causality of etio-pathogenic mechanisms regarding eating disorders. In the research, after the analyzes of the individual vulnerability of personality from one side and the dysfunctional family and social relations that have certain role in the pathogenesis of the eating disorder from another side, there are indications of existence of personality specific structural characteristics that predispose to appearance of certain types of eating disorders and, at the same time, the role of the social and family dysfunctionality that instigate manifes-

tation of certain type of eating disorder during the presence of individual predisposition, is being covered. In the therapeutic approach the author aims towards patients' inclusion in intensive out-patient treatment with application of individual, family and group psychotherapy as well as of psychopharmacologic support. At the same time the authors recommend development of a model of intervention with preventive strategies intended for the population with disfunctionalities in the behavior related to the nutrition, taking into consideration the premise "Health improvement means fight for mental health, opposite the traditional fight against the disease."

KEYWORDS: psychotherapy, eating addictive behavior, prevention

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034

CBT TREATMENT AND ANGER MANAGEMENT ON EROTIZED ANGER IN SEXUAL ADDICTIVE BEHAVIOR

Biljana Gagachovska, V.Vujovic¹

Behavioral addictions are considered as the repetitive occurrence of impulsive behaviors without consideration of their potential negative consequences. Sexual addiction has been defined as "distress about a pattern of repeated sexual relationships involving a succession of lovers who are experienced by the individual only as things to be used, compulsive searching for multiple partners, compulsive fixation on an unattainable partner, compulsive masturbation, compulsive love relationships and compulsive sexuality in a relationship."

Anger and rage have many faces in human sexual behavior that have been obscured by their erotic content. Clients addicted to sex frequently are unaware of the underlying feelings, especially anger. Cognitive behavioral therapy (CBT) treatments have been found to be effective and time-limited treatment for anger problems. Targeting the erotized anger in 12 week program of cognitive behavioral anger management treatment resulted with decreasing of addictive behavior.

Like other addictions, recovering from sex addiction involves learning new ways to cope with the world, and changing certain undesirable behaviors, treatment plan in which cognitive behavioral therapy has much to offer.

KEYWORDS: cognitive, therapy, anger management, sexual addictive behavior

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035

THE CONVERSION OF CLINICAL DATA UNDER THE EMCDDA FORMAT (TDI PROTOCOL 2) REGARDING PATIENTS TREATED AT THE NATIONAL TOXICOLOGY SERVICE IN THE 'MOTHER TERESA' UNIVERSITY HOSPITAL CENTER DURING THE PERIOD 2006-2011

Z. Sulaj¹, Çeko²

Illegal drug abuse disorders in Albania in the last two decades represent one of the most critical public health issues, visibly impacting many aspects of the social and economic activities in the country.

Scope: The aim of this study is the evidencing of the basic characteristics of patients who have sought treatment in the last six years and the conversion of these data as per the criteria of the EMCDDA.

Context: The study includes all the patients being treated from 2006 to 2011, a period in which there were 4,405 patients registered, 11,495 treatment visits and 917 hospitalizations.

Method: This is a retrospective study based on clinical documentation. In order to elaborate the data, it was initially necessary to transfer into electronic format all the physical data recorded on paper using such software as MS Access and MS Excel.

Results: The calculation of the 4,405 registered patients was done as per the guidelines of the TDI Protocol Ver. 2 of the EMCDDA. Of the 11,495 treatment visits, only about 5 % were female patients while the rest were males ones. The average starting age for drug use was 19.21 years. In terms of age groups, 57 % of patients were aged 16-24 years while 72.2 % were unemployed and had only grade-school level education. In 2006, the length of drug use among patients was 5.3 years whereas in 2011 this period shot up to 8.35 years. About 79.9 % of patients received ambulatory treatment.

The number of annual patients seeking treatment has decreased sensibly from 862 patients in 2008 to 440 in 2011. On average, patients have undergone 2.5 treatment visits on an individual basis. About 69.9 % of patients used opiates as primary or secondary drug of choice. The average number of patients using multi-drugs was 13.7 % in 2006 and 24.6 % in 2011. On about 44.6 % of cases, were administered via intravenous routes.

The number of patients that sought help for the first time has varied between 4.8 % in 2008 to 34.9 % in 2009 and 24.8 % in 2011. In 94 % of the cases, patients were self-referred coming from 29 different cities and communes representing almost all the geographic areas of the country.

Conclusion: Difficulties in converting data into a retrospective study are obvious especially when there is a lack of consolidated national information systems and experience with the EMCDDA indicators.

There is a clear need for the correct adaptation of these indicators and the creation and implementation of a collection and

reporting system for data relating to problematic drug users in Albania.

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"EXCHANGING GOOD PRACTICES IN OST" – ALBANIA CASE, 2012

Genci Mucollari, Edlira Sharra¹

Methadone maintenance treatment (MMT) is implemented since 2005 by Aksion Plus, funded by IHRD. The programme's continuity is ensured by the HIV/AIDS Global Fund financial support since 2007. The overall number of clients enrolled in MMT as outpatients, from June 2005 until the end of 2011, is 593. The programme included also prisoners and offenders in the Probation Service), with an agreement with the Ministry of Justice. From mid 2008 this service is extended outside Tirana, in five other big cities: Durrës, Korça, Elbasan, Shkodra and Vlora.

Concerning MMT we have produced: 1- MMT Guidelines; 2- Methadone Basic information brochure and 3- WHO – Principles of Drug Dependence Treatment. They are adopted and printed by Aksion Plus as a need to provide the best service to our clients on MMT centers as well as to other service providers.

MMT Guideline produced by Aksion Plus is a comprehensive document which is compiled based on other Guidelines and MMT publications, as well as based on our experience. Prisons and other pre-trial settings are provided with the same Guidelines to ensure the continuum of care in case our clients and other drug users are incarcerated or held under custody.

Achievements.

Aksion Plus strategy it to introduce the MMT to some of targeted cities in close collaboration with the local authorities (local government and health structure), so they can commit some of their annual funds for MMT in the future. Once the MMT has started, the local authorities will be urged to carry on funding such needed projects from the given communities.

Coordination has been always a crucial problem for the line ministries and other structures involved in the area of drugs.

Barriers

1. Is there any national register of those persons under treatment in Albania?
2. Specific issues of treating persons with dual diagnoses (Hep, A, B and C; HIV/AIDS; mental disorders; TB; alcohol use) those with multiple addiction.
3. Psycho-social support and counselling: the need to provide training and skills for future counselors in the area of drug addiction.
4. The main source of financial support for methadone procurement in long run.
5. How professionals will be licensed, trained and instructed about MMT

6. How the MMT centers will be supervised and monitored?

Capacity building

1. Training of police officers from the anti-drug unit on issues related to HIV, human rights, ethics and harm reduction and MMT concepts. Similar capacity building activities should be carried out among MEDIA professionals.
2. To carry out capacity building activities for health personnel and social workers.
3. Carrying out capacity building activities for *key individuals* identified at the community level.

Last remarks

Already the model of low threshold and community based, non-discriminatory, also friendly and gender sensitive is being applied by Aksion Plus in consultation and cooperation with the local government, local professionals, members of health NGOs, drug users (their parents and siblings) of the given city. This model works perfectly and is very well welcomed by clients and parents. The view of A+ is that no model from outside or above structures i.e from the Ministry of Health (MOH) should be imposed on how and where the MMT will be located and administered.

There is a proven model that has worked out, no need to reinvent the wheel.

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037

GENDER ASPECTS OF EPIDEMIOLOGICAL CHARACTERISTICS OF HEROIN ADDICTS CLINICALLY TREATED IN PSYCHIATRY DEPARTMENT FROM NORTH-EASTERN POST-WAR BOSNIA AND HERZEGOVINA POSTER

Mevludin Hasanović^{1,2}, Abdurahman Kuldija¹, Izet Pajević^{1,2}, Sandra Zorić¹

Aim: To assess the gender differences in frequency of some epidemiological characteristics amongst heroin dependant psychiatric patients in area of north-eastern post war Bosnia and Herzegovina.

Methods: We analyzed sixty heroin addicts (47 males) aged 26.6±5.6 years who were treated in the Department of Psychiatry Tuzla, during the period 1st July 2007- 30th Jun 2008, and were interviewed using Pompidou questionnaire.

Results: The average age of the first intake of heroin was 20.5±4.5 year and average duration of heroin addiction was 5.2±4.4 years. Parents did not know about addiction of their children for 2.8±1.2 years. 23/60 used intravenous application of heroin and 36/60 snuffed it. Males significantly more often used marijuana and benzodiazepines than females. 34/60 owned driver's licenses, males significantly more frequently (31/47) than females (3/13). Material status of parents was be-

low average for 16/60, and average for 42/60. Two thirds had judicial proceedings, and 32/60 was punished, males significantly more often. Hepatitis "C" virus infections were reported from 20/60 heroin addicts.

Conclusion: Majority of heroin addicts who were treated in Psychiatry Clinic in Tuzla were males, from towns, unemployed, not married, with finished secondary schools, owners of driver licenses, had average parents' material status. Majority of them had judicial proceedings with imprisonment. Hepatitis "C" infection was highly presented. Male patients lived more often in primary families; they used more often marijuana and benzodiazepines as secondary drug; they were more often licensed drivers and they were punished more often because of criminality than female patients.

KEYWORDS: Gender aspects - Heroin addiction - epidemiology - Pampidou questionnaire, Bosnia and Herzegovina

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038

QUALITY OF LIFE OF HEROIN ADDICTS AND THEIR FAMILY MEMBERS IMPROVED DURING MEDICAL ASSISTED TREATMENT OF OPIATE DEPENDENCE WITH BUPRENORPHINE/NALOXONE (SUBOXONE) POSTER

Mevludin Hasanović^{1,2,3}, Izet Pajević^{1,2,3}, Abdurahman Kuldija^{1,2}, Amra Delić¹, Alija Sutović^{1,2,3}

Introduction: The most modern medically assisted method of substitution treatment of opiate dependants with Buprenorphine/Naloxone (Suboxone) has been implemented in Department of Psychiatry in Tuzla from 27 July 2009. The treatment may improve quality of life (QoL) of treated opiate addicts and of their family members.

Aim: To assess QoL of treated opiate dependant individuals and their family members who signed contract to be partners in outpatient administering of substitution medicament Suboxone in Bosnia and Herzegovina.

Methodology: The study was carried out in northeast part of Bosnia and Herzegovina, in August 2009-October 2011. We assessed 40 (six of them were females) opiate addicts aged 27.5 ± 5.3 years who were in medically assisted treatment with Suboxone. The first testing realized during psychological assessment in the beginning of treatment and retest realized two years after treatment initiated; also we tested and 40 family members of treated addicts for QoL. We used Manchester Short Assessment of Quality of Life (MANSA).

Results: During the first and second measuring of QoL there were no significant differences between opiate dependant individuals and their family members ($p > 0.05$). After sec-

ond measuring, QoL of treated individuals increased from (mean \pm standard deviation = 39.4 ± 9.3) to (65.1 ± 9.3) ($t = -8.277$, $P < 0.001$, Paired Samples test); and QoL of their family members increased from (44.7 ± 13.9) to (64.2 ± 9.2 , $t = -5.956$, $P < 0.001$, Paired Samples test).

Conclusion: Medically assisted treatment of opiate dependence with Suboxone implemented as outpatient treatment with involvement of close family members who are not drug dependant, improved quality of life of treated opiate dependants and their family members.

KEYWORDS: Opiate dependence, Substitution therapy, Buprenorphine/Naloxone, Suboxone, Quality of life, Bosnia and Herzegovina.

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039

SOME EDEMOLOGICAL CHARACTERISTICS OF OPIATE ADDICTS WITH HEPATITIS C WHO ARE IN SUBSTITUTION MAINTENANCE THERAPY WITH BUPRENORPHINE/NALOXONE (SUBOXONE) IN BOSNIA-HERZEGOVINA POSTER

Mevludin Hasanović^{1,2,3}, Abdurahman Kuldija^{1,2}, Izet Pajević^{1,2,3}, Amra Delić¹, Alija Sutović^{1,2}

Introduction: The most modern method of substitution treatment of opiate dependants with Buprenorphine/Naloxone (Suboxone) has been implemented in Department of Psychiatry in Tuzla from 27 July 2009. The treatment helps in discovering of hepatitis C infected intravenous users (IVUs), who are included in treatment of chronic hepatitis C (HCV) with Pegylated interferon-alpha-2a or Pegylated interferon-alpha-2b and the antiviral drug Ribavirin for a period of 24 or 48 weeks, depending on hepatitis C virus genotype.

Aim: To assess epidemiological characteristics of treated opiate dependant IVUs infected with HCV in outpatient administering of substitution medicament Suboxone in Bosnia-Herzegovina.

Methodology: The study was carried out in northeast part of Bosnia and Herzegovina, in August 2009-October 2011. We assessed 112 (eleven females) opiate addicts aged 27.2 ± 4.9 years who were in medically assisted treatment with Suboxone. In the sample we found 29 (25.9) of 112, (four females) who were HCV infected.

Results: There were 61 (54.5%) of 112 who were IVUs. HCV in-

ected and non-infected opiate addicts did not differ regarding age, age of the first drug intake, age of the first IV use, level of retention in Suboxone treatment and daily dose of Suboxone ($P > 0.05$). HCV positive drug users significantly more often did intake heroin intravenously inside one month before Suboxone treatment ($p < 0.001$).

Conclusion: Medically assisted outpatient treatment of opiate dependence with Suboxone helps in discovering of HCV infected individuals and helps in recovery of both: opiate dependency and HCV infected with simultaneous treatment of chronic (HCV) with Pegylated interferon 2a/b with Ribavirin.

KEYWORDS: Opiate dependence, Substitution therapy, Buprenorphine/Naloxone, Suboxone, Hepatitis C virus, Intravenous users, Bosnia-Herzegovina

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040 BUPRENORPHINE/NALOXON (SUBOXONE) OF HEROIN ADDICTS IN PRISON WHO ARE AGING PENALTIES POSTER

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Introduction: The substitution treatment of opiate dependants with Buprenorphine/Naloxone (Suboxone) may be implemented in prisons' environment for heroin addicts who must aging penalties during the treatment started.

Aim: To describe the treatment of opiate dependant individuals who have to spent certain period in prison, who were previously introduced in outpatient administering of substitution medicament Suboxone in Bosnia-Herzegovina.

Ethodology: With presentation of clinical vignettes, authors described how opiate dependants with criminal past imprisoned in jail because of aging penalties avoided discontinuation of treatment after they were included in the Suboxone maintenance treatment program. This practice has been implemented in cooperation of Department of Psychiatry in Tuzla and Tuzla prison from 27 July 2009. We assessed 10 male opiate addicts (five married) aged 24.8 ± 4.7 years.

Results: All exemplars described with clinical vignettes showed that opiate dependants previously had open doubts in efficacy of this particular treatment during imprisonment, and after implementation of continual treatment in prison in cooperation with jail officers (nurse and guards) they surprised with positive effects on overall outcomes of Suboxone. Also they were very satisfied with life quality during treatment in prison. Also jail officers, family members of dependant person

showed satisfaction with achieved efficacy of Suboxone eider during aging penalties.

Conclusion: Medically assisted treatment of opiate dependence with Suboxone for imprisoned addicts implemented as outpatient treatment with involvement of jail officers who were instructed in Suboxone daily administration, improved quality of life of treated opiate dependants, and quality of their relations in prison with others.

KEYWORDS: Opiate dependence, Substitution therapy, Buprenorphine/Naloxone, Suboxone, Prison, Aging penalties, Bosnia-Herzegovina.

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041 RECENTLY SERO-PREVALENCE SURVEY FOR HEPATITIS B, C AND HIV IN HIGHER RISK GROUP (INJECTING DRUG USERS ENROLLED IN MMT IN VLORA CITY)

Suela Bushi¹

Injecting drug users function as a "bridging population" for hepatitis B,C and HIV transmission between a core HIV risk group and the general population. It is a growing trend which that has been accompanied by a high prevalence of risk behaviors such as sharing equipment and having unprotected sex.

Structured questionnaires were used to collect behavioral data relating to drug injections and sexual behavior.

The behaviors data show that the risk behaviors are evident among this group and show a high risk to get hepatitis B hepatitis C and HIV infection.

The study sample for this investigation was carried out at a methadone therapy center a branch of Action Plus in Vlora.

Aim: To present the last seroprevalence of HCV, HbsAg and HIV in very high risk group such as injecting drug users.

Method: specific analyses ELISA (Enzyme-linked immunosorbent assay method) for the HCV, HbsAg and HIV infections evidence.

Results: The majority of injecting drug users involved in the study were male, about 40 percent were less than 24 years old and the median age at first injection was 18 years. HCV positive 14 % HbsAg 4 % HIV less than 1 %. Risk behaviours like unprotected sex show a higher prevalence 97 %.

Conclusion: Several studies show a higher number of injecting drug users sharing needles and other injecting paraphernalia. Majority of them are having unprotected sex which increases the risk of getting infected by blood-borne infections.

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IMPACT OF DOUBLE-DIAGNOSIS AND ILLICIT DRUG ABUSE ON THE OUTCOME OF HEPATITIS-C-TREATMENT IN PATIENTS ON MEDICATION ASSISTED TREATMENT (MAT)

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Background: There is still reluctance treating patients under opioid maintenance therapy for chronic hepatitis C with concomitant psychiatric disease and drug abuse being the main concern. Recent studies (M. Schaefer et al., Bruckmann et al., Robaeyts et. al., Sylvestre et al.) and own data suggest excellent compliance and adherence - even in cohorts of addicted patients with psychiatric comorbidity - when closely followed in medication assisted treatment (MAT)- setting (daily direct dosing) and treated for sideeffects.

Little is known, however, about the effect of concomitant drug abuse on outcome of HCV-therapy under real-life conditions.

Methods: From October 2005 to August 2010, 1630 patients with chronic HCV who were on stable opioid maintenance due to illicit drug abuse were documented in the non-interventional study PRISMA and the ongoing German-wide observational study on chronic hepatitis C therapy BNG. In the current analysis, patients were stratified according to concomitant use of illicit drugs, none, 1-3 illicit drugs or ≥ 4 substances. The SVR was assessed according to the intensity of illicit drug use.

Results: This analysis includes 767 patients completing a period corresponding to the standard duration of HCV-therapy plus 24 weeks follow-up. Main baseline-characteristics: age 35.9 ± 9.3 years, 76.3 % male, BMI 24.2 ± 3.7 kg/m², mean known duration of infection 8.9 ± 6.4 years, GT-1/4 48.6 %, GT-2/3 51.4 %, 58.7 % high HCV-RNA (≥ 400.000 IU/ml). Mean duration of therapy in GT 1/4 36.7 ± 17.4 weeks and 23.4 ± 9.3 weeks in GT 2/3. Opioid maintenance therapy: 54.6 % methadone (mean daily dose 57.4 mg), 24.5 % L- polamidone (mean 40.4 mg), 16.7 % buprenorphine (mean 8.7 mg), 1.3 % other. Concomitant illicit drug use during HCV-therapy: cocaine (4.7 %), opiates (7.8 %), benzodiazepines (8.3 %), amphetamines (1.2 %), cannabis (THC) (26.1 %). Overall SVR (sustained virus response) was observed in 49.9 % pts. (43.4 % GT-1/4 vs. 56.1 % GT-2/3). In detail SVR was observed in 54.1 % pts. with concomitant use of illicit drugs and in 37.9 % pts. without ($p < 0.0001$). SVR was not lower in pts. with concomitant use of ≥ 4 illicit drugs compared to concomitant use of 1-3 substances (76.5 % vs. 53.4 %; $p = 0.082$). Treatment discontinuation: no illicit drug use 39.9 %, concomitant use of 1-3 substances 24.6 %, ≥ 4 substances 17,6 %.

Conclusions: These data demonstrate that patients on stable opioid maintenance with concomitant dual diagnose and/or illicit drug- and even polysubstance abuse can be successfully treated with Peg-IFN and ribavirin due to good adherence to therapy. Thus, multiple concomitant illicit drug use reflects rather a kind of automedication for side-effects than a typical addictive behaviour. This is especially clear for cannabinoid use having positive effect on sleep disorders, depression and appetite. The relatively low overall SVR reflects a heterogenic

therapeutic landscape, most of which showing separate locations for both OST and HCV-treatment. Once integrated in the same institution and followed closely over 90 % SVRs can be reached (Waizmann et al., Rehak et al.)

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DRUG-INTERACTIONS AND MEDICAL COMPLICATIONS IN MAT

Stephan Walcher¹

Like all psychoactive medications ST-substances interfere with a lot of other substances and drugs. Knowing that swinging from one to another drug (incl. legal and illicit drugs and alcohol) is the normality in IvDus knowledge about interactions can be lifesaving. Furthermore a lot of other drugs are in use to control infections (mostly bloodborn viruses like HIV, HCV and HBV), psychiatric disorders or other medical conditions with sometimes even more impact on the cytochrome P450-system. Enzyme-induction of HIV-medicaments can for example cut methadone-levels by half, changing the medications therefore can double the meth-level by stopping induction! Especially in patients with high comorbidity-rates sometimes it is impossible to predict the pattern of interactions, so that close clinical observation and sometimes plasma-level-testing is necessary. Buprenorphine shows a much better profile of interactions most of which can only be seen in vitro, so a strong recommendation can be given to replace other ST-drugs in case of complex medication-patterns for safety reasons.

Misuse-potential of all ST-drugs is significant, further complications may arise from combination with other (mainly psychoactive) drugs or medicaments. Overdose mostly in the polydrug-using individual is therefore a real challenge for the staff in addiction-clinics or rescue services.

Not only the quantity and combination of drugs is life-threatening but also the way of application may lead to severe complications. Specific symptoms of intoxications and the most important and urgent algorithms for first-responders will be discussed.

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044

EMERGENCIES IN MEDICATION ASSISTED TREATMENT (MAT)

Stephan Walcher¹

Misuse-potential of all ST-drugs is significant, further complications may arise from combination with other (mainly psychoactive) drugs or medicaments. Overdose mostly in the polydrug-using individual is therefore a real challenge for the staff in addiction-clinics or rescue services.

Not only the quantity and combination of drugs is life-threatening but also the way of application may lead to severe complications.

Specific symptoms of intoxications and the most important and urgent algorithms for first-responders will be discussed. First-aid is not complicated, but correct indications and procedures are mandatory.

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045

PSYCHOSOCIAL SUPPORT OF WOMEN, VICTIMS OF ALCOHOL-RELATED DOMESTIC VIOLENCE BY THEIR HUSBAND ALCOHOLICS

Vaskova P., Krsteska R., Popovska D.¹

Women victims of alcohol-related domestic violence committed by their partners, have need of a comprehensive support, acceptance and protection. Repeated intentional act of violence, put these women at risk of losing their health, humiliate them and cause harm to their physical and psychological health.

The Association of Treated Alcoholics Social Clubs can help these women to cope with the problems very successfully, providing individual counselling and group psychosocial and supportive therapy throughout various group activities together with the trained members, such as therapists and long-term abstinent, who already have overcome the problem.

Supportive role in victim's recovery makes the Association of Treated Alcoholics Social Clubs an indispensable part of a comprehensive public health approach.

The benefits are as following:

Women, victims of alcohol-related domestic violence, are better informed.

Women get clear perspective of their problems.

The self-confidence returns by participation in the psychosocial workshops, as well as their feeling of guilt disappears, they are included in the social environment and get help from their relatives.

Improvement of skills for stress and fear relief and self-help. Social Clubs supportive activities represent a cost-effective approach in resolving of alcohol-related problems with benefits for alcohol addictive persons, their families, public health system and for society in general.

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046

ADHD INCREASES RISK OF SUBSTANCE ABUSE

Bojan Belec¹

Attention deficit/ hyperactivity disorder (ADHD) is a heterogeneous neurobehavioral disorder with multiple possible etiologies, which typically starts in childhood and persists into adulthood in approximately half of cases. ADHD is highly comorbid and is associated with substantial educational, occupational and interpersonal impairments across the life span. Longitudinal studies following children with ADHD consistently identify early substance use in adolescence as an important negative outcome of the disorder. ADHD also contributes to a faster progression from initial use to abuse, and substance abuse may follow a more aggressive course among individuals with a history of ADHD.

This presentation will focus on clinical problems why some kids with ADHD develop substance abuse and others don't, whether particular treatment approaches can prevent substance problems, and how best to treat adolescents and young adults that have both ADHD and substance abuse.

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047

SUBSTANCE USE PATTERNS IN YOUNG ADULTS REFERRING FOR SUBSTANCE USE TREATMENT IN KOSOVO

Dafina Muqaj, Eric Benotsch, Daniel Snipes, Simon¹

This research is important due to the fact that it is the first one being conducted in Kosovo that gives data's regarding to the use of Alcohol, Prescription medications and shows findings of highly increased of cocaine use among young adults in Kosovo.

Young adults (N=235) in Kosovo who referred for substance

use treatment completed an anonymous survey assessing their substance use patterns. The most common recreational substance used in the previous three months was alcohol (72 %), followed by marijuana (44 %), cocaine (24 %), heroin (14%), ecstasy (13 %), and amphetamines (4 %). Overall, 17 % reported the use of injection drugs in their lifetime and 11 % reported the use of injection drugs in the previous year. Among individuals who reported using injection drugs, 18 % reported sharing needles in the past year. In addition, a substantial minority of participants (47 %) reported the non-medical use (without a doctor's prescription) of prescription medications. The most common prescription medications used were sedatives (37 %), followed by analgesics (35 %), and anxiolytics (11 %). In some cases, participants reported combining the use of prescription medications with alcohol (39 %) or traditional recreational drugs (30 %). Results showed the relative rates of use of difference substances in this population. Findings suggest significant rates of the use of drugs with a high addictive potential as well as substantial rates of other health-jeopardizing behaviors such as sharing needles. In addition, the non-medical use of prescription drugs was relatively common in this sample, including in contexts that may jeopardize health such as using prescription drugs concurrently with alcohol or traditional recreational drugs.

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048 RISKY BEHAVIORS AND SBIRT INTERVENTION – A PILOT STUDY IN TWO HIGH SCHOOLS IN PRISHTINA, KOSOVO

Ismajli Rushit¹

The study has two phases:

Phase 1:

The data on drug use among high school students were collected in two schools of Prishtina: one school in May to 151 12th grade students, and to the other school in October to 145 13th grade students

For ATOD (Alcohol, Tobacco, and Other Drugs) Risk Behaviors

- Less than 1 percent of students have tried heroin, methamphetamine, ecstasy, glue sniffing, or injecting drugs
- Less than 2 percent have tried prescription drugs, steroids, cocaine
- Less than 10 percent have tried marijuana
- 48 percent have tried alcohol; 35 percent report current drinking; 18 percent report binge drinking; and less than 3 percent report drinking at school
- 73 percent have tried cigarettes and of these, 39 percent report smoking in the last 30 days; 19 percent report smoking at school; and 17 percent report smoking daily; and 25 percent report trying to quit in the last year

Phase 2:

In the second part of the study an Albanian version of the

Screening, Brief Intervention and Referral to Treatment (SBIRT) was tested.

The study design for SBIRT includes experimental and a control group selected from the students in one school. They were used answers to alcohol, tobacco and drug questions on the CDC Survey to create a risk score for each student. The students were categorized as low risk, medium risk and high risk of addiction. It was then selected ten percent of the low risk, and all of the medium and high risk students to participate in the SBIRT study. Fifty percent of these students were offered the SBIRT intervention. The other 50 percent were assigned to the control group.

Results of SBIRT Intervention are not yet available.

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049 OPIATE SUBSTITUTION TREATMENT IN REPUBLIC OF MACEDONIA

Liljana Ignjatova, Roza Krstevska

There are approximately 1500 patients on methadone treated in public, private and penitentiary services and approximately 100 patients on buprenorphine treated by private and public psychiatrist and at the Clinic for Toxicology. Geographically, methadone treatment is available in ten cities, as well as in three prisons. Professionals in treatment field are psychiatrist, medical doctors, nurses, pharmacist, social workers, and psychologist. Half of the patients are treated in Skopje. Less than 10 % of all patients are women. The average methadone dose varies in different centers from 5 ml to 11 ml. The average dose of the methadone in the penitentiary services in Skopje is lower than in community services, (5,5-6 ml) due to patients decreasing dose during their stay in prison.

There are guidelines for methadone, buprenorphine and for treatment of neonatal withdrawal syndrome. The guidelines for substitution treatment includes recommendation for short and long-term detoxification as well as for short and long maintenance treatment with substitution. Criteria for admission in treatment are: patients must be older than 18 years; diagnosed as F11.2; voluntary agreement for treatment with methadone and must sign therapeutic contract with the Centre. Patients younger than 18 can be treated with substitution therapy if additional criteria are satisfied: written concordance and therapeutic agreement signed by the patient and the parent, or in case the patient is HIV/AIDS positive

There are no guidelines for treatment of pregnant woman with opiate addiction, treatment of youngsters, HIV/AIDS positive addicts, addicts with difficult somatic co-morbidity etc. There is no regular evaluation of addiction treatment in the country. However in 2010 for the first time Evaluation of treatment services "Client and staff satisfaction survey" was conducted by Country Coordinating Mechanism and evaluation report was produced. In the Republic of Macedonia services for treatment of opioid addicts are available in most of the cities in the country

but the availability of services in the capital and in some other cities are still insufficient according to the needs. There is "waiting list" for admission to treatment in the capital Skopje. Buprenorphine can be provided only in the capital and is not available in the Centers around the country. The methadone maintenance treatment is available in three prisons, but still efforts should be made for development of treatment services for drug addicts in other prisons in the country.

Services for treatment of stimulants, services for women, children and adolescent are insufficient as well. There are very limited capacities in regards to rehabilitation and reintegration.

At the Universities there is no Specialty in addiction medicine, and medical students receive very limited knowledge in this area, so medical staff has resistance to work in services for treatment of drug addiction due to prejudice and fears. Therefore, there is lack of medical staff in the services, especially psychiatrists and medical doctors.

The Global fund funded programs support supervisory visits in Centers for treatment of drug addictions around the country by experienced professionals from the Centre in Skopje. Also follow up trainings are being organized for the Centers for treatment of drug addictions' staff.

050

DRUG RELATED TREATMENT FOR CHILDREN

**Natasha Boshkova,
Hristijan Jankuloski, Vlatko Dekov¹**

In recent years, civil society organizations, medical personnel and decision makers have expressed alarm about the growing problem of children who use drugs in the Republic of Macedonia. While most agree that the issue deserves attention, consensus dissolves around how to respond to the problem. Although the Constitution guarantees enjoyment of the right to health to all, still there are legal and institutional barriers that restrict children to access drug related treatment. Based on the data available there are around 30 street children in capitol city, mostly from Roma ethnicity who use drugs. Also treatment for people under 16 years old still is not designed.

One of the most notable cases of drug use among children was documented last year when twelve year boy was admitted in Clinic for children's diseases – department for toxicology and pulmology, as a result of intoxication with psychotropic substances. He was treated of addictions and other drug use related illnesses. Because of complications caused by an infection, the minor was transferred for treatment at the specialized surgical orthopedic hospital, from where, after only several days, he was sent without any medical intervention in Private geriatric institution in Skopje. The minor was relocated to the Clinic for children's diseases due to a repeated leg infection.

This case HOPS brought to the Ombudsperson, Ministry of Labor and Social policy and the Ministry of Health, demanding appropriate treatment and rehabilitation of minor drug users. A Request for urgent reaction was submitted to the Minister of health, pursuant to the Law on patients' rights protection. The child still has not being treated with a medical intervention. Continuous disregard of the problem leads to serious viola-

tion. The Ministry of Health finally formed a Commission for drafting protocol on drug treatment of children. Other institutions remain silenced.

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051

PREVALENCE OF ANTI-HBsAg and anti HCV AMONG INTRAVENOUS DRUG USERS IN ALBANIA

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Introduction: Drug use was relatively unknown in Albania till '90. After 1990, as people began to leave Albania and be exposed to other lifestyles in other countries, drug use flourished and made its way among Albanian habitants. Initially, there were just a few people that used illegal drugs.

However, over the years the number of drug users in Albania increased becoming a present and a persistent problem. Drug use affects all the generations and has become a real and difficult phenomenon to tackle, especially among the youth. Currently, drug use and all its dangerous elements are considered a major problem in Albanian society. The most life-threatening risks of injection drug use is the transmission of infectious diseases, such is viral infections.

Aim: The aim of the study is to assess the prevalence of HBV and HCV serological markers among injection drug users who are subjects to detoxification under managed care.

Results: 204 injection drug users, aged 24.+ 5.64 years, hospitalized for detoxification were screened for HBsAg and anti-HCV, with ELISA third generation (ABBOTT). Prevalence of the seropozitivity for HbsAg and anti-HCV was calculated. The results were compared.

Prevalences of 9.3 % for HbsAg and 5,9 % for anti-HCV were observed respectively. For both markers, the age of positive-scoring subjects was predominantly under 30 years.

Based on the screening results, the prevalence of HBV and HCV markers among injection drug users was higher than the prevalence of these markers among the healthy population. These results were generally comparable with published information from some other countries, however differences were observed with results published from BLAH and BLUH, especially regarding the prevalence of anti-HCV, which in our studies resulted in much lower levels.

Conclusions: in Albania, the incidence of viral hepatitis is still low among injecting drug users. Nevertheless, the risk should be continuously evaluated and monitored with further studies to asses the incidence of bloodborne viruses in injection drug users. Efforts to decrease risk of transmission should be made.

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052

BRIDGING THE GAP BETWEEN GOOD PRACTICE AND HEALTHY DRUG POLICIES: WHAT CAN MEDICAL CARE PROVIDERS DO?

Holly Catania¹, Chris Ford, Rebecca Murchie²

Objective: To understand the effect of drug policies on the health of people who inject drugs, and the need for medical care providers to get involved in advocating for healthy drug policies.

Countries' systems of caring for people who use drugs appear to be affected by their national drug policy, mostly in a negative way, particularly with regards to health and rates of blood borne diseases, and often against evidence-based medical treatment. Many countries have reported similar issues, for example, the impact of stigma or where there is interference by law enforcement.

Drug policies that adversely affect access to quality health care need to be challenged to improve drug treatment and improve the health of people who inject drugs. Healthcare professionals, especially medical doctors, need to actively engage in drug policy reform to promote harm reduction and reduce the spread of HIV/AIDS and other infectious diseases, and support humane and healthy drug policies based on science. Doctors are in a strong position to help achieve this and need to step up as leaders to influence policy in their countries. We also need to be able to support doctors who struggle to do this in isolation in their countries.

We know drug policy is particularly vulnerable to political influence that has little to do with evidence-based medicine, probably more so than any other area of health, and it is important to identify and challenge this where it is happening.

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053

USAGE OF URINE TESTING

Ivo Jambrošič¹

This article presents healthcare of addicted patient and addiction itself. It presents the role of a nurse in urine testing in a drug addiction health process in the Center for Treatment of Drug Addiction in Ljubljana, Slovenia. Statistical data about using urine tests in a laboratory are shown. Descriptive method was used in this work. Data were collected by reviewing the register of urine tests done for a particular patient. Microsoft Excell was used to sort data. Results are shown descriptively and graphically.

Results showed that urine testing is an important tool in maintaining abstinence from drugs.

KEY WORDS: urine testing, nurse, an addict, healthcare

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054

PATIENT VIEW OF ADDICTION NURSING

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Evidence based researches worldwide demonstrate that nursing for addicted patient is demanding role. Therapeutic role with patient have to be supportive, with empathy and minimal criticism. In many settings mostly nurses are engaged with the patient so their therapeutic role is very important. However there are many findings that nurses are often marked as inappropriate professionals. Knowledge about motivational interview is one of the optional fields that could support professionalism among nurses who participate in addiction medicine.

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055

SEXUAL DISORDERS IN DRUG USERS

Nusa Segrec¹

Sexuality has an important impact on person's welfare - moreover, satisfaction with sex life has a significant effect on quality of life. Sexual disorders are often overlooked dimension of psychiatric disorders and still associated with stigma in patients with co-morbidity of substance use disorders. It is the fact that we are dealing with the population that is multiple stigmatized, both because of substance use disorders (including substitution therapy), as well as possible mental illness and sexual disorder.

Unfortunately, long term opioid (ab)use leads to sexual difficulties; sexual dysfunction symptoms include loss of libido (diminished or absent libido), inability to achieve orgasm and erectile dysfunction (in men).

Sexual dysfunction as a side effect of methadone and buprenorphine maintenance treatment is quite common, there are several studies confirming higher prevalence of sexual disorders in patients in opioid maintenance treatment compared to general population. In addition, there is a higher prevalence of co-morbid mental disorders in population of drug users and the possible side effects on sexuality of antipsychotic and antidepressant medication should be considered.

Author will present the overview of sexual disorders in opioid users, focused on maintenance treatment programmes and accenting the importance of recognition of the problem.

Unrecognised or untreated disorder may lead to poor compliance in treatment and relapse of otherwise stable patients with substance use disorder. Last but not least, the possibility of comprehensive treatment of illness also indirectly contributes to the reduction of stigma in this vulnerable population.

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056 CHALLENGES OF DRUG SUBSTITUTION TREATMENT INTO THE PRISONS OF KOSOVO

Gjocaj Milazim¹, Ramadani Valbona

Drug substitution treatment is a imperative and the challenge today in the different countries.

For Kosovo is more than challenge because of the first time implementation of it officially with the approved Administrative Instructions.

Implementing the substitution treatment for the drug into the prisons of Kosovo includes more problems and challenges, like;

Is it the public health enough prepared to do it into the public health?

Is it organized to be implemented at all parts of the associations?

Are there connections for all institutions to follow the cases?

Is it a right time to start it officially into the prisons or not?

Is there a guaranty for sustainability of this treatment insured by all relevant factors?

Taking into the consideration all those factors, Prison Health System is ready to implement the substitution treatment for the interest of the prisoners, persons in need for substitution. Prison Health system wants to be sure that all relevant factors will function and the substitution will continue without interruption for any upcoming reason.

What Prison Health System prepared:

All regulations including, all procedures of making the formal list, way of giving substitution therapy, rules of connections for the persons coming into the prison and going out the prison; management of the Methadone etc.

Insuring that all rules and instructions will be implemented.

Making sure that the Government is dedicated to continue the ad will prepare all necessary documents.

Occlusion: Are there all factors ready to give all needed issues for the following the person that wants and need to take the substitution treatment without interrupting because he will belong to a different institution or he will have the different juridical status.

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057 THE POMPIDOU GROUP'S CORE MISSION IS TO CONTRIBUTE TO THE DEVELOPMENT OF MULTIDISCIPLINARY, INNOVATIVE, EFFECTIVE AND EVIDENCE-BASED DRUG POLICIES IN ITS MEMBER STATES

Patrick Penninckx¹

It seeks to link Policy, Practice and Science and focuses especially on the realities of local implementation of drug programmes. The shifting, dynamic nature of the drug phenomenon has required the Group to adapt its role in order to deal with emerging problems and changes in the drug situation. Flexibility and capacity for innovation are two key attributes that have assisted the Group in meeting this challenge.

The first meeting on drug policy cooperation in South-East Europe took place in Dubrovnik in February 2012 following an initiative of the Croatian and Slovenian authorities as follow up to the declaration on the reinforcement of international cooperation among drug authorities in the region of South-Eastern Europe adopted at Ljubljana High-Level Meeting on 13 December 2011 and the subsequent endorsement by Permanent Correspondent of the Pompidou Group at their 69th meeting. The objectives of the drug policy cooperation in South-East Europe are to:

- actively support the further development of cooperation on drug policy in South-East Europe;
- enhance the dialogue and the practical exchange of knowledge and experience among member States; and
- support the development of coherent policies on psychoactive substances and the fostering of cooperation among law enforcement, customs, border control and judicial authorities with a view to effectively addressing drug related problems in South-Eastern Europe in a holistic approach and focussing on achieving clear outcomes and tangible results.

The second meeting focused on the treatment of young addicts and took place in Belgrade on 14 and 15 June. It is the intention to report on the results of this meeting and the recommendations and guidelines stemming from it.

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058 GENDER GROUP TREATMENT FOR WOMEN ADDICTED TO PSYCHOACTIVE SUBSTANCES POSTER

Mojca Hvala Cerkovnik, Sara Bahovec¹

Single-gender groups are the most common way of implementing the treatment, because trauma is often sexual or

physical in nature, and clients are likely to feel more comfortable with others of the same gender. The clinicians are the same gender as the group (although having a group leader of the opposite gender can create positive new experiences that may be healing for trauma survivors). The outpatient supportive women's group encourages women to express their feelings and to explore the self-destructive behaviours that might occur. Above all provides safe environment for resolving the consequences of trauma and prevent relapses with psychoactive substances.

The group of open format takes place once a week for 60 minutes and it is co-led and long-term (1 year or more). Clients are women who are either sexually, physically and/or emotionally abused. The majority of them is drug-addicted, however in order to enter the group they must be drug-free (toxicology – urine samples).

As a therapeutic group it integrates approach to PTSD (Post Traumatic Stress Disorder) and SUD (Substance Use Disorder): supportive therapy with elements of CBT, psychoeducational approach, personal attention, problem-solving and supportive ways rather than confrontational ways.

The main purpose of the gender group is to establish a safe and positive environment, provide support in transition period – addiction recovery (relapse prevention), stress management in every-day situations, recognition of emotions, addressing less adaptive behaviors and encouragement of adaptive behaviors – intrapersonal (self recognition, self control, self discipline), interpersonal (listening, empathy, cooperation, problem solving, reasoning) and system (responsibility, feedback, cooperation in group) skills.

After the treatment women display a more assertive behavior and are able to express their feelings more openly.

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059 ACCESS TO HIGH QUALITY MEDICATION-ASSISTED TREATMENT FOR OPIOID DEPENDENT PERSONS – DATA FROM THE PAN-EUROPEAN EQUATOR STUDY

Heino Stöver¹

Treatment approaches for opioid dependence and delivery of opioid maintenance treatment vary significantly across national borders despite the fact that the underlying problem (i.e., opioid dependence) is inherently similar. The consequences and implications of such variability from a clinical and public health perspective remain unclear, due to a lack of pan-European studies that have assessed patient-reported outcomes (PRO) using a common methodology. The European Quality Audit of Opioid Treatment (EQUATOR) project is

designed to characterise the current state of treatment provision in Europe, by exploring the attitudes and experiences of treatment among physicians, patients and out-of-treatment opioid users using PRO methods. EQUATOR involves a combined analysis of survey data collected from physicians (n≈900), patients (n≈2,600) and out-of-treatment opioid users (n≈1,100) collected between 2009 and 2012 in 11 participating countries: Germany, Italy, Portugal, Austria, Greece, France, Denmark, Norway, Sweden, the UK and Switzerland. Surveys in each country included a core set of common questions adapted from the original Project IMPROVE initiative in Germany. EQUATOR provides a unique pan-European dataset and the opportunity to arrive at new insights regarding the different strategies that have been employed to address opioid dependence in different countries, the degree of success achieved by those strategies in maximising the benefits of treatment and minimising the potential for harm, and the relevant implications for future health-policy decision-making. This presentation will review the key knowledge gaps regarding variation in treatment implementation for opioid dependence across Europe and how EQUATOR will seek to address these. Furthermore it will present key findings regarding the quality of care provided to opioid-dependent patients undergoing maintenance treatment in Europe.

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060 ADDICTION TREATMENT IN CUSTODIAL SETTINGS – WHAT WORKS? THE CRUCIAL ROLE OF MAT

Heino Stöver¹

Drug users form a considerable proportion of the prison population throughout Europe and many other parts of the world. EMCDDA data indicate that every sixth prisoner is supposed to be a problem drug user. Although many of them stop at prison entry, some continue to use drugs in a less frequent pattern. However, any (intravenous) drug use is associated with risks of infectious diseases (e.g. HIV/AIDS, hepatitis B/C) and overdoses. Studies show that a substantial part of drug users started first to inject while in prison.

The custodial responses to these challenges differ throughout Europe. From a predominantly abstinence-oriented approach towards MAT with several drugs and psycho-social interventions.

Given the enormous investment in criminal justice system interventions for drug dependent prisoners, we know remarkably little about what works, for whom in which period of his/her sentence and drug career. It is difficult to just transfer results of evidence-based interventions into the custodial setting. However, taking into account the lack of funds for many prison administrations only those interventions should be supported, which have proven evidence, are effective and efficient. Furthermore it can be stated that "positive experience

from in-prison treatment helps inmates to continue treatment after release, reduce relapse rates and related health risks, and also reduce delinquency recidivism" (Uchtenhagen 2006).

Apart from the necessary continuity of care research evidence shows that treatment success largely depends on the duration of the intervention (the longer the intervention, the better the outcome) and its connection with additional services; and the provision of help and support on and after release, with aftercare being increasingly seen as an important component of an integrated treatment programme offered to drug-using prisoners.

The Lord Patel Report (2010, p. 24) puts it this way: "One of the overall themes to emerge is that people need to feel they have choices. This is as important when deciding about treatment and interventions options and in choosing their own route to recovery i.e. working toward abstinence. The reality of supported self-change is vital in a recovery focused treatment system in order to raise aspirations and create opportunities for further self-change and personal development".

Isolated interventions, not linked with offers of psychosocial or pharmacological treatment are not promising ways to reduce drug use or drug-related risks, e.g. there is not a great deal of evidence, either within or outside prisons on the effectiveness of substance misuse related advice and information.

The presentation will try to give an overview of treatment approaches in European custodial settings.

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061 DRUG TREATMENT CLIENTS IN EUROPE: PROFILE AND TRENDS OF PEOPLE ENTERING TREATMENT IN EUROPEAN COUNTRIES USING THE TREATMENT DEMAND INDICATOR

Linda Montanari¹

In 2010 around 500 000 people were reported to have entered specialised treatment for their drug use in the European countries (27 Member States, Croatia, Turkey and Norway). Around half of them have entered treatment for the first time in their life. The people entering drug treatment are mainly males (80 %), with a mean age of 31 years and are entering treatment mainly for the problems related to heroin use. However differences between countries are relevant, both in the number of the reported clients (varying between 230 in Luxembourg to 130 000 in United Kingdom) and in the characteristics (gender and age) and patterns of drug use (primary drugs, patterns of drug use, etc.). Opioids represent the most frequently reported drug (48 % of drug clients entering treatment), followed by cannabis (25 %), cocaine (15 %), amphetamines (6 %) and other drugs. However this proportion hides relevant country variations, with a group of countries mainly reporting opioids as main drug, a second group recording cannabis as primary substance, few countries reporting primary cocaine use and some primary use of amphetamines.

Between 2005 and 2010, the number proportion of people who have entered treatment for the different drugs have changed, with a decrease of people entering treatment for primary heroin use and an increase of those who have entered treatment for primary use of cannabis and, to a lesser extent, for cocaine. Primary amphetamine users have remained fairly stable during the period.

This picture was drawn on the basis of data collected in the European countries according to the same harmonised standard: the Treatment Demand Indicator (TDI). The TDI is one of the 5 EMCDDA Key epidemiological indicators and has the objective to provide comparable information on the number and characteristics of people entering treatment for their drug use, their patterns of drug use and the trends over time. The TDI is being used as indirect indicator of problem drug use and in general is the most available information source in the field of drug use and problem drug use. Recently the Indicator has been revised and the current version 3.0 of the Protocol is composed by 24 items; they concern socio-demographic information on the clients, patterns of drug use, risk behaviours, infectious diseases, and treatment. The TDI Protocol ver 3.0 provides clear guidelines and specifications on how to collect the data; it also provides detailed instructions on the most important definitions and on each of the 24 items. To dispose of harmonised data is extremely relevant at European, national and local level, since it allow identifying similarities and differences between countries and describing a European picture of the people seeking treatment for their drug use in Europe.

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062 ANEMIA IN I.V DRUG USERS FROM 14 - 26 YEARS OLD AT "QUO VADIS VLORA CENTER"

Malaj K, Baka V, Muçollari G.¹

Background: the blood parameters control in i.v drug users from 14 - 26 years old at "Quo vadis Vlora Center is important for discovering and treating the anemia on time.

The aim of this study: is to evaluate the values of Hb, HCT and MCH, MCHC, RDW, Ferritin and iron as parameters for identification of anemia.

Material and methods: In our study we have 40 i.v drug users for exams of blood parameters, separated in 2 groups. The first group contains 35 boys from 14 - 26 years and the second group is 5 girls from 14 - 26 years. The parameters are measured using an ABX micros 60 cell-counter analyze and EKO autoanalisator.

Anemia is defined by the World Health Organization as haemoglobin (Hb) < 120g/l in woman and Hb < 130g/l in men.

Results: For 30 i.v drug users from the first group we took this values: for Hb 13g/l, for HCT=39 % and for MCV=80 m³, and for the second group we took for Hb= 10.4 g/l, for HCT=31.2 % and for MCV= 72 m³.

In 5 i.v drug users from the first group we have discovered these values: Hb <11g/l, HCT<33 % and MCV=70m³,

In the second group 2 of them have these values: HB<10 g/l, HCT <30 % and MCV < 55

Conclusion: We can conclude that like hepatitis B, C, AIDS even Anaemia is found in the i.v drug users.

It's necessary to make regular controls of blood parameters in i. v drug users, where the anemia is not so rare, in order to realize adequate treatment of it and to insure healthy condition.

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063 NETWORK OF COMMUNITY SERVICES FOR OFFENDERS

Enkelejda Ngjelina¹

This action aims to support Probation Service on implementation of alternative sanctions in Albania offering treatment programmes for the offenders in the community, assists Probation Service in finding, enhancing and using effectively partnerships within the community and improves public confidence in the effectiveness of community sentences.

Methodology

Establishment of the Network of Community Services for Offenders – activities of the network will be a website, quarterly e-newsletter, leaflet, presentations

Developing and offering treatment, rehabilitation and counseling programs for the offenders in the community with these main activities: drug rehabilitation program, alcoholic program, anger management program, behavior program (one-to one counseling), vocational training program, domestic violence and housing and employment assistance with the aim to treat, rehabilitate and reintegrate the offenders in the society.

Exchange of information between Probation Service (national and local offices) and local actors about community resources that will help, assist and support the offenders in the community through the project website, contacts published, project publications, a data-base of community services

Results and Conclusion

Building and managing a Network of Community Services for Offenders that will support Probation Service to match the appropriate programs for offenders needs and involve local community resources in the implementation of community sentences,

Developing and offering treatment, rehabilitation and counseling programs for the offenders in the community as drug rehabilitation program, alcoholic program, anger management program, behavior program (one-to one counseling), vocational training program, domestic violence and housing and employment assistance,

Enhancing knowledge, skills and relationships of Probation Service (national and local) to build and develop partnerships with the community services- essential to the effective commissioning of probation services,

KEYWORDS: Network, Drug Users, Offenders, Services, Community

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064 CONTINUITY OF CARE FOR CLIENTS IN DRUG TREATMENT - WORKSHOP

Alessandro Pirona¹, Heino Stöver²

In an increasing number of European countries, there appears to be a gradual shift away from a view of drug treatment as the responsibility of a few specialist disciplines providing intensive, short-term interventions, towards a multidisciplinary, integrated and longer-term approach, with emphasis on continuous care. In part, this is a response to increasing recognition of drug addiction as a chronic condition, with the progress of many clients marked by cycles of remission, relapse, repeated treatments and disability. However, a continuous care approach requires coordination and integration of interventions between different drug treatment providers (e.g. discharge from residential to outpatient services, from prison to community services) and between treatment and the broader spectrum of health and social services. Continuous care builds on regular monitoring of client status, early detection of potential problems, effective referral between health and social care services, and ongoing client support with no set timeframe.

Thus, the aim of this workshop is to share national and regional experiences on a number of relevant topics regarding continuity of care of drug users, particularly those in treatment. Therefore, the facilitators of this workshop, Heino and Alessandro, will debate, with an active participation of the audience, about different aspects of continuity of care in Europe. The emphasis will be on barriers and good practices regarding inter-agency partnerships, transition between community-prison services for drug users, access to drug, health and social services and finally, social reintegration and quality of life of drug treatment clients.

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065 TOWARDS A PSYCHOPATHOLOGY OF ADDICTION

Icro Maremmanni¹

Considering the overlap of the biological substrates and the neurophysiology of addictive processes and psychiatric symp-

toms associated with addiction, it is proposed the inclusion of specific mood, anxiety and impulse control dimensions in the psychopathology of addictive processes. 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, emphasizing how addiction is a relapsing chronic condition in which psychiatric manifestations play a crucial role.

From a therapeutic point of view, this stresses the importance of a correct agonist opioid treatment to treat the psychopathology of patients at treatment entry.

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066

DRUG SITUATION AND MMT PROGRAMME IN KOSOVO

Blakaj Safet¹

NGO Labyrinth was founded in year 2002 in Prishtina and has two sectors: prevention sector which deals with the prevention of drug abuse and infectious diseases associated to injecting drugs, such as HIV, Hepatitis B and Hepatitis C; and treatment sector which provides psycho-medical treatment for people addicted to drugs. There are three multidisciplinary centers functioning under the umbrella of NGO Labyrinth: Labyrinth Center in Prishtina and its branches in Gjilan and Prizren. In its databaza Labyrinth has 1000 problematic drug users registered and systematically collects this data.

In 1978, according to the statistical office of RSFJ there was no drug user registered in Kosovo. But in 1984, 71 drug users were registered. Since then Kosovo has no official data on the number of drug users, but according to professionals working in this field, the estimated number of drug users is 5000 problematic drug users (drug addicts). Nevertheless, until now there has not been any institutional response to the drug use issue. In 26 of April 2012 Methadone Maintenance Therapy has started in Kosovo, after a solid legal infrastructure has been created and NGO Labyrinth has been equipped with operating licence for narcotics. Until now 36 heroin addicts have been included in MMT and take away dosage is only allowed for weekends and rarely for special occasions after an evaluation of those cases from the commission. The initial dosage is 30-50 mg and the maintenance dosage is 100- 120.

Although the number of people in the waiting list is becoming longer, we are evaluating our capacities to include as more heroin addicts as possible.

Until the end of the year 2012, we are planning to include 100 heroin addicts in MMT programme.

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067

THE ROLE AND THE ADDED VALUE OF THE NATIONAL DRUG OBSERVATORIES IN MONITORING DRUG ISSUES

Cécile Martel¹

Almost twenty years ago, European policy makers decided that there was a need for an independent information point on drugs. Today Europe possesses considerable capacities to monitor drugs and drug addiction in the European Union and that is one of the main reasons why responses are more targeted and more effective. The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is bringing together the addiction sciences and enabling better links across disciplines on subjects of policy and practices. Although it is clear that the EMCDDA played an important role in this process, we would not have done so without the work of the Reitox National Focal Points that have been the driving force behind such progress. In the framework of its international cooperation, the EMCDDA is working for the last 6 years in South Eastern Europe, supporting those countries which are willing to be member of the EU in their preparation for participation in the work of the EMCDDA and the Reitox network. Different technical cooperation projects were implemented and allowed to finance a lot of activities at national and regional level. One specific objective of these projects is to support the establishment or strengthening of National Drug Observatories (NDO) when already existing. It is crucial to remember that a NDO is nothing without any data or information, which are frequently produced by other entities at different national, local level therefore the establishment of a NDO goes together with the creation /strengthening of a National drug information System. Most of the activities identified in the current project (IPA4) for the next 2 years target treatment data collection and best practices in the field of treatment. The EMCDDA has a unique position to inform policy-making and support the development of drug-related interventions in Europe by providing easily accessible and unbiased information. As a platform for knowledge exchange, the EMCDDA needs to be aware of the challenges practitioners face, and to produce ready to use knowledge, tailored to the needs of our difference audiences.

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068

GUIDELINES AND STANDARDS ON TREATING YOUNG DRUG USERS

Marica Ferri, Alessandro Pirona¹

The last two decades have witnessed an increase in the development of treatment guidelines in the European drugs



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1. National Treasury Employees Union v. Von Raab, 109 S. Ct. 1384 (1989).

field. This has largely built on a body of evidence on the treatment of drug dependence that has developed since the 1980s, alongside a growing interest in, and understanding of, the effectiveness of interventions. A range of tools became available to translate evidence into satisfactory and sustainable results, among them: guidelines and standards, education and training, implementation and assessment, monitoring, and accreditation systems based on quality standards.

As of June 2012 EMCDDA collected an inventory of 147 national and 5 international guidelines (or standards) on the treatment of drug addiction. Twelve guidelines address a wide target group which includes also young people and 7 are specifically focussed on youngsters.

The inventory of guidelines and standards is one of the elements of the EMCDDA Best Practice Portal (BPP), which also includes synthesis of evidence and a collection of evaluated European projects: the EDDRA database.

The presentation will illustrate the concepts and contents of the BPP and will provide some details on the available evidence and on some of the guidelines specifically targeted to young people.

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069

TREATMENT OF CO MORBID DISORDERS IN SUBSTANCE MISUSE TREATMENT: CURRENT STATE, CHALLENGES AND RECOMMENDATIONS

Fivos E. Papamalis¹

Empirical studies have consistently demonstrated that drug treatment is effective and produces significant measurable changes in drug use and other behaviors, compared with no treatment or a pre-treatment status. However, warningly increasing rates of drop out and relapse following treatment have put in question the effectiveness of treatment services and service users' social reintegration. Alarming data worldwide indicate that around a third of clients usually drop out after the initial assessment, whereas from those who initiate treatment approximately two thirds drop out early on. Co morbidity appears to be one of the most challenging issues affecting the course and treatment as it is often associated with lack of treatment engagement, non-compliance, poor retention, and greater risk for relapse. Literature indicates that dual diagnosis is the rule rather than the exception in substance misuse treatment. In this line, it has been supported that term "co occurring disorders" includes a multiplicity of diagnostic categories that covers all types of substance use and mental health disorders, without distinguishing the levels of severity and intensity of those disorders. Moreover, the extensive overlap among categories brings into question its usefulness in treatment planning process. Current shift in research evolved towards the recognition that a number of personality traits commonly observed in drug users do not necessarily reflect patho-

logical states. In this line, several prominent authors including DSM-V and ICD-10 task forces have questioned the fundamental appropriateness of the categorical model and suggest it should be reconceptualised by including progressive methods of dimensional assessment and discriminating adaptive and maladaptive personality traits. Despite perceived homogeneity related to epiphenomenal attributes of drug use, individuals who misuse substances present quite different problems that vary with developmental status, predisposed tendencies and socio-cultural adjustment.

It appears there is a need to develop treatment responses that facilitate treatment engagement and target clients' major attrition vulnerabilities. In this context, the complex relationship among clients' personality traits and their phenotypic expression within treatment process is of major importance. This would allow the formulation of individualized interventions, facilitate individuals' adaptation and allow greater flexibility to respond to the diversified clients' needs. Under this prism, it appears there is a need to explore whether and how personality dimensions are associated with or likely to influence individuals' treatment responses.

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070

TWENTY YEARS OF OMT IN CROATIA

Ante Ivančić¹

Croatia was one of the first European countries that have introduced Opiate Maintenance Treatment (OMT) on the large scale twenty years ago.

The philosophy of the Croatian approach is that heroin addiction is not substantially different from any other disease, or at least any other addiction. Consequently, addiction treatment, which includes OMT, is based on Primary Health Services.

The key determinants of the model are:

- "low threshold", or no threshold at all for commencing and maintenance in the treatment. The only inclusion criteria is heroin addiction itself while exclusion criteria are similar to any other treatment: persistent non compliance or aggression to the personal.
- decentralization - OMT is provided only by GP offices, thus it is available in "every village". As a result there are no waiting lists for treatment.
- prescribing and dispensing of OMT is not strictly regulated. The regulation protocol is practically clinical guidelines that allows a lot of independence for individual practice. The dispensing and take home protocol are rather best practice recommendation than strict rules.

The outcomes and indicators related to heroin addiction treatment are in line with the best outcomes among European countries: mortality and overdose mortality, HIV and HCV rate among addicts, treatment coverage, retention rate, imprisonment rate, etc.

Given the fact that the model is integrated in the existing treatment structure with limited specialized services, it is very economical.

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TREATMENT PROGRAMS FOR OPIATE ADDICTS IN BOSNIA AND HERZEGOVINA- REAL SITUATION VERSUS DREAMS

Mehić-Basara N.¹

In European history since World War II, the last war in Bosnia and Herzegovina (1992-1995) was the bloodiest and most brutal, and the consequences of committed evil are still visible and the damage done irreparable. In the general atmosphere of destruction, socio-economic crisis, the inversion of life values, and illegal drug trafficking, quite expectedly, there was an increase in the number of people who experiment with drugs and an increase in the number of addicts. The organization of the health system has suffered great damage and the reform process which is inevitably followed, included the area of mental health care services and the establishment of network of community based mental health centers (CBR).

Centers are functioning in the primary health care in majority of the country and today they represent the basic organizational units which help people who have a problem with drugs. In addition in B&H there are specialized centers for the prevention and treatment of addicts, as well as therapeutic communities which implementing programs of rehabilitation and resocialization of these people, while the Law on the Suppression of Drug Abuse in B&H (2006) and the National Strategy for Control of Narcotic Drugs (2009) provided legality for the existing services and treatment programs.

This network of treatment centers for drug addicts, although insufficient, provides consulting services, psycho-education and early detection of disease, along with detoxification and substitution programs with Methadone and Suboxone.

Estimates based on indirect indicators suggest that B&H now has 10000-15000 opiate addicts and that among them are 3-8000 intravenous drug users. Of the total number of addicts in treatment programs is included only 20 % of people, among them more men (90 %) at the average age of 25-34 years. The prevalence of hepatitis C (2011) in both genders among persons in substitution treatment programs is 40-45 %, and hepatitis B about 5 %. The prevalence of HIV/AIDS in the general population in B&H (2009) is very low (0.1 %), as well as in the population of opiate addicts and by case of transmission modes, IDU (21) are at the third place (12.9 %).

Today in MMT programs in Bosnia and Herzegovina (9 centers) there is 846 addicts and in the Suboxone program (7 centers) 262 addicts.

Given that many addicts who are in treatment, especially in the MMT program, have unexpected fluctuations in the course

of treatment in terms of frequent relapse, interrupting therapy because on their own decisions, transfer to another treatment program, etc., it is evident that the number of opiate addicts who are in the past involved in some of the treatment program is three to four times bigger than the number of those currently in treatment, which is an important fact, for both the addicts and their families and for the local community.

Although very complicated political and administrative structure of the country, insufficient financial support, obvious stigmatization of addicts and insufficient numbers of staff and treatment centers, represent an objective obstacles to progress in the treatment of drug addicts in B&H, we are aware that existing resources provide optimism and that this beautiful small country in the heart of the Europe, despite the tragic and turbulent history, has the right for development and better future.

KEYWORDS: opiate addiction, treatment, Methadone, Suboxone

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THERAPEUTIC PROGRAMS IN BULGARIA FOR OPIATE PROBLEM USERS

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The situation with the use and problem drug use in Bulgaria for the last five years is analyzed. The reform in the psychiatric network is underway and in particular, the implementation of new therapeutic methods and standards for good practice in the drug treatment centers. There are about 31 000 problem drug users of whom 26 000 (15 to 65 years old) persons use opiates, mainly heroin and methadone. 72,1 % of them inject drugs (IDU).

In 2011 the number of the opened positions for engagement in methadone maintenance programs is 5196.

Medications that contain buprenorphine are in process of registration.

A National Program for harm reduction from drug use and problem drug use is adopted. The programs for psycho-social rehabilitation are few and don't respond to the actual needs for treatment of addictions.

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DRUG ADDICTION TREATMENT IN THE REPUBLIC OF SLOVENIA

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National guidelines for management of drug addicts including methadone maintenance treatment were adopted by the Health Council at the Ministry of Health in 1994 and methadone maintenance program policies were confirmed in 1995.

The methadone maintenance program is one of the fundamental treatment and harm reduction programs in current drug policy that aims to protect the users of illegal drugs by increasing the number of users who make contact with the medical service and go on to join higher threshold therapy programs.

Eighteen regional Centers for the Prevention and Treatment of Drug Addictions have been established since 1995, and the professional staff working at the Centers have received additional training.

In 2003 National Center for Treatment of Drug Addicts was established.

Additional substitution medications- buprenorphine and slow release morphine were registered and launched in 2005. Buprenorphine/naloxon combination was registered in 2009.

Treatment programs in prisons from harm reduction programs to widely used substitution treatment and drug free units have been developed since 1995.

The Law on the prevention of illicit drug use and treatment of drug users (Official Gazette 98/99) sets the guidelines for medical treatment of drug users and for the establishment and operation of the Centers for the Prevention and Treatment of Addictions. New guidelines were prepared in 2005 and updated in 2012.

More than 80 trainings were organized for medical staff, employees in public medical service for the prevention and treatment of addiction network, specialist gynecologists, infectologists, pediatricians and school doctors. Organized trainings were also carried out in psychiatric hospitals. Professionals working in prisons, social work centers and police received additional trainings.

Slovene experts assisted at setting the methadone guidelines of the European Commission, which were published by the EuroMethWork in 2000

Our programs were set as an example of a successful practice in recommendations of UNDCP (United Nations- Best Practice Case Study). We have participated in the trainings for development of the addiction treatment programs in community and custodial settings in more than 30 countries. Most of them were supported by major international organizations like UN with WHO, UNAIDS, UNODC, Council of Europe and Pompidou Group, EU grants, Global Fund and local support.

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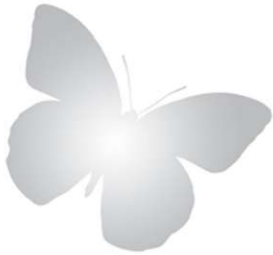
	No.	Authors	Organisation	Title	EMAIL
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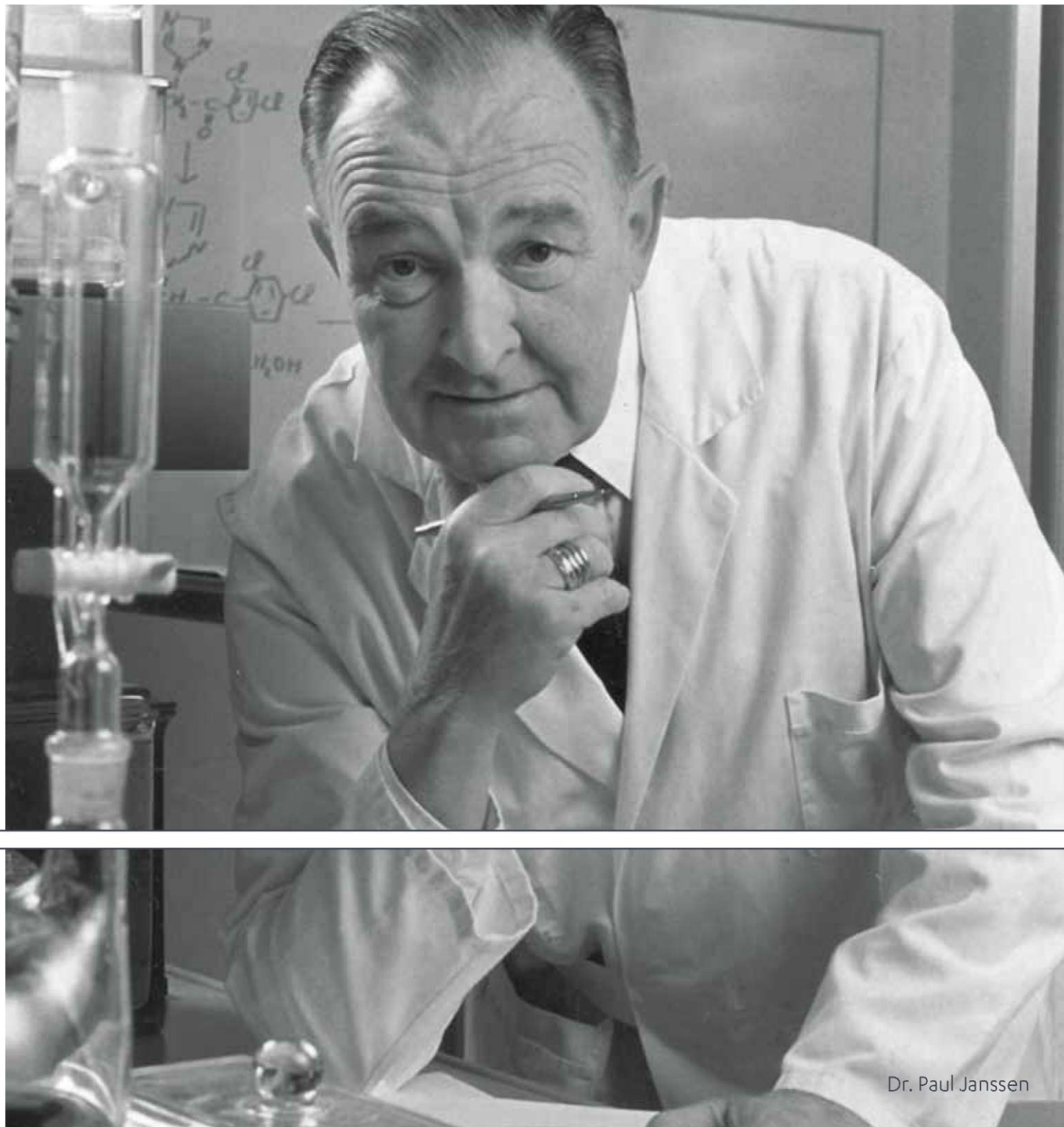
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