SAAMS-AMECA Conference

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31 August & 1 September 2018

Venue: The River Club, Liesbeek Parkway, Observatory, Cape Town

Co-hosted by African and Middle Eastern Congress on Addiction (AMECA) & the South African Addiction Medicine Society (SAAMS)

The Intersection of Gender, Trauma and Addiction: Lifespan Perspectives

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Dear Delegates,

We are delighted to host you at the first ever jointly held scientific meeting of the African and Middle Eastern Congress on Addiction (AMECA) and the South African Addiction Medicine Society (SAAMS) in the beautiful city of Cape Town. As the organising committee, we are excited to be convening a meeting that will provide a platform for professionals and students like you to share your wisdom, cutting-edge insights, and perspectives on the intersecting epidemics of trauma and addiction.

The conference aims to foster discussion, debate and collaboration around seeking solutions to these epidemics and ultimately providing the most effective tools for refining patient care. We have a line-up of distinguished international and local experts from the trauma and addiction fields who will cover key advances resulting from research and practice innovations, outline treatment approaches for successfully treating trauma, substance use disorders, and co-occurring disorders, and highlight key trends in, and implications of, neuroscience research as they apply to substance use disorders and trauma.

We are grateful for your attendance at the meeting and hope that you will find it a highly rewarding experience. Your participation is important and will add value to efforts to strengthen the existing initiatives of AMECA and SAAMS, and serve to promote new scientific endeavour and collaboration in the addiction and trauma fields.

We hope this inaugural AMECA/SAAMS conference will be the beginning of a series of regional functions to foster exchange of knowledge, research collaboration, and capacity building activities in the area of addiction and related mental health comorbidity.

We cannot wait to welcome you and to enjoy this time together.

On behalf of the AMECA-SAAMS Organising Committee

Professor Soraya Seedat & Professor Mustafa al’Absi
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Prof Mustafa al’Absi

Mustafa al’Absi, Ph.D., LP, FABMR, is a Professor in the Department of Family Medicine and Biobehavioral Health, the holder of the Max & Mary La Due Pickworth Endowed Chair at the University of Minnesota Medical School. He also serves as an adjunct professor in Psychiatry and in Epidemiology, and as a graduate faculty member in the Departments of Neuroscience, Physiology and Pharmacology, and Integrated Biological Sciences. Dr. al’Absi directs the Behavioral Medicine Laboratories at two sites of the University of Minnesota Medical School (Duluth and Minneapolis); and he is the current Director of the Duluth Global Health Research Institute (DGHRi) of the University of Minnesota.

Dr Sean Chetty

Sean Chetty is a Specialist Anaesthesiologist and Deputy Head of the Department of Anaesthesiology & Critical Care at the University of Stellenbosch. Dr Chetty sub-specialised in critical care and has a strong interest in pain management. Dr Chetty is currently the honorary Treasurer of the SA Society of Anaesthesiologists and is also the President Elect of the Pain SA society.

Prof Willie Daniels

Prof Willie Daniels is the Head of Physiology at the University of the Witwatersrand. His current interest is in studying molecular mechanisms that may underlie addictive behaviour and in particular that induced by nyaope consumption. At present he is investigating how the opioid system in the brain can be manipulated to influence drug-seeking behaviour.

Prof Lee Hogarth

Lee Hogarth is Associate Professor at the University of Exeter. His research in the field of experimental psychology focuses on the abnormal learning mechanisms that underpin individual vulnerability to drug dependence. His most recent work has focused on understanding why psychiatric illness confers increased risk of drug dependence, and the role played by early traumatic experience.

Prof Alexander McFarlane

Professor McFarlane is a Professor of Psychiatry and the Director at the Centre for Traumatic Stress Studies, The University of Adelaide. He is an international expert in the field relating to the impact of trauma on veterans, disaster survivors and civilians involved in accidents. He is a Past President of both the International Society for Traumatic Stress Studies and the Australasian Society for Traumatic Stress Studies. He has acted as an advisor to many groups in post disaster situations, including the Kuwait Government, and the United Nations and has lectured and run workshops in Europe, the United States of America and Asia.
Prof Bronwyn Myers

Prof. Bronwyn Myers is a Chief Specialist Scientist in the Alcohol, Tobacco and Other Drug Research Unit of the South African Medical Research Council and honorary professor at UCT’s Department of Psychiatry and Mental Health. Over the last 15 years her work has focused on improving access to and the quality of services for co-occurring mental and substance use disorders for vulnerable populations, with a special interest in effectiveness research and implementation science.

Prof Noeline Nakasujja

Professor Noeline Nakasujja is the Head of the Psychiatry Department at Makerere University and holds a double PhD degree from Makerere University and the Karolinska Institutet. Her research has examined neurologic and neuropsychiatric comorbidity in people living with HIV/AIDS, as well as the mental health of caregivers.

Prof Charles Parry

Charles Parry is the director of the Alcohol, Tobacco & Other Drug Research Unit at the South African Medical Research Council and an extraordinary professor in the Department of Psychiatry at Stellenbosch University. His current research centres on alcohol and drug epidemiology, burden of disease and policy; alcohol use and HIV/TB treatment; and fetal alcohol spectrum disorders.

Prof Willie Pienaar

Willie Pienaar MBChB, MMed(Psychiatry), MD(Psychiatry) MPhil(Applied Ethics), FC(Psychiatry) is currently a part time lecturer in the Department of Psychiatry; Faculty of Medicine and Health Sciences, Stellenbosch University. He has a special interest in bioethics in medical and psychiatric care. Prof Pienaar has been involved in bioethics teaching at the Faculty of Medicine and Health Sciences for the past fifteen years and is also a part-time lecturer in the Centre for Medical Ethics and Law.

Mr Shaun Shelly

Shaun Shelly is dedicated to the understanding of drugs, their use, the rights of people who use drugs and the development of effective drug policy. He holds posts at the Department of Family Medicine, University of Pretoria; TBHIV Care Association (where he heads up the SA Drug Policy Week); The United Nations VNGOC on Narcotic Drugs; the International Drug Policy Consortium, and sits on a number of national and international boards. Shaun is widely published and has co-authored guidelines for the UNODC, book chapters, policy briefs and has spoken at a number of international conferences.
Clinical practice guidelines for management of neuropathic pain: expert panel recommendations for South Africa

ABSTRACT:

Neuropathic pain (NeuP) is challenging to diagnose and manage, despite ongoing improved understanding of the underlying mechanisms.

Many patients do not respond satisfactorily to existing treatments, and there are no published guidelines for diagnosis or management of NeuP in South Africa. A multidisciplinary expert panel critically reviewed available evidence to provide consensus recommendations for diagnosis and management of NeuP in SA.

Following accurate diagnosis of NeuP, pregabalin, gabapentin, low-dose tricyclic antidepressants (e.g. amitriptyline) and serotonin norepinephrine reuptake inhibitors (SNRIs) ( duloxetine and venalaxafine) are all recommended as first-line options for the treatment of peripheral NeuP.

If the response is insufficient after 2 – 4 weeks, the recommended next step is to switch to a different class, or combine different classes of agents.

Opioids should be reserved for use later in the treatment pathway, if switching drugs and combinations therapy fails.

For central NeuP, pregabalin or amitriptyline are recommended as first-line agents.

Companion treatments (cognitive behavioural therapy and physical therapy) should be administered as part of a multidisciplinary approach.

Dorsal root entry zone rhizotomy (DREZ) is not recommended to treat NeuP.

Given the large population of HIV/AIDS patients in SA, and the paucity of positive efficacy data for its management, research in the form of randomised controlled trials in painful HIV-associated sensory neuropathy (HIV-SN) must be prioritised in this country.

Introduction:

Neuropathic pain (NeuP) is defined as pain that arises as a 'direct consequence of a lesion or disease affecting the somatosensory system'. Importantly, NeuP differs from nociceptive pain in respect of causes, mechanisms, symptomology and different therapeutic approaches required for successful management.

The burden of NeuP for the patient is substantial. NeuP is associated with psychological distress, physical disability and reduced overall quality of life. Patients with peripheral NeuP generally experience difficulty in sleeping, lack of energy, drowsiness and difficulty in concentrating.

In South Africa the costs of NeuP are considerable, with underdiagnosis, inappropriate treatment and mental and physical comorbidities such as depression and nerve damage contributing to the cost, in addition to the usual diagnostic and treatment costs.

Reduced work ability of patients and carers, and medical expenses contribute to the overall cost of NeuP. In the USA a survey revealed that almost 65 % of working patients with painful diabetic neuropathy reported absence from work or decreased work productivity due to pain. Another study reported that employment status was reduced, owing to pain, in 52 % of patients with peripheral NeuP.

In South Africa there are a number of specific challenges to evaluating and treating NeuP. Lack of education and awareness among physicians, including specialists, was noted as a problem in SA, leading to suboptimal identification, assessment and management of NeuP.
Patient access to care varies widely in SA, from rural to urban areas and across socio-economic divides. Access to care does not guarantee access to the most appropriate drugs, as financial and supply-chain constraints, and restricted formulary in the public sector and restricted reimbursement in the private sector limit access to appropriate medications. Lack of trained personnel is also a problem.

Inappropriate use of non-steroidal anti-inflammatory drugs (NSAIDs) and opioids as first-line treatment is widespread, and referrals to pain clinicians are often too late.

**Evidence evaluation:**

Neuropathic pain (NeuP) arises as a ‘direct consequence of a lesion or disease’. Recommendations from recent international and regional guidelines were reviewed in addition to discussion of recent systematic reviews, meta-analyses, and peer-reviewed randomised, double-blind, placebo-controlled studies, a number of Cochrane reviews were also referred to.

**Epidemiology and the burden of NeuP:**

The prevalence of NeuP is estimated at 6 – 8 % in the general population. Approximately 20 % of patients with diabetes and 8 % of people who have had herpes zoster suffer from NeuP. There are no published estimates of NeuP prevalence in SA.

Low back pain is a major contributor to NeuP prevalence globally, and there may be a neuropathic component in nearly 50 % of black Africans with lower back pain. The reported occurrence of peripheral neuropathy in patients with diabetes varies widely in sub-Saharan African countries from 4 % in Zimbabwe to 69 % in Nigeria and was estimated at 28 % among black African diabetes patients in a 1997 audit of public-sector diabetes care in South Africa. While not all diabetes related neuropathy is painful, as many as 20 % of diabetes patients could suffer from NeuP related to DPN (diabetic peripheral neuropathy), and this clearly represents a large, and growing cause of NeuP in SA.

HIV-associated sensory neuropathy (HIV-SN), a frequent complication of both HIV and neurotoxic antiretroviral medications, is a major concern in SA. Prevalence NeuP was reported to be 20.9 % among South African AIDS patients who had not received prior antiretroviral treatment. The prevalence of symptomatic HIV-SN was 57% in HIV-positive black South Africans exposed to stavudine, with 76 % of affected individuals experiencing pain as their primary symptom.

A recent study conducted in a South African hospital revealed that although 71 % of patients with HIV/AIDS had pain documented in their medical charts, only 34% of the patients reported adequate pain management.

More than 40 % of HIV-positive outpatients in pain receive no treatment, and of those who receive treatment less than 3 % received drugs recommended for the treatment of NeuP, despite over a third of the patients having symptoms consistent with HIV-SN. NeuP, by definition, arises ‘as a direct consequence of a lesion or disease affecting the somatosensory system’, and the mechanisms are thought to operate at both central and peripheral levels.

**Clinical features of NeuP:**

Patients with NeuP experience symptoms arising in an area of altered sensation (numbness/loss of sensation and/or hyperexcitability) and exhibit a number of typical observable signs. The painful symptoms include both spontaneous pain (occurs with no apparent stimulation), which can be both continuous or paroxysmal, and evoked pain.
Terms commonly used to describe painful and unpleasant sensations (dysaesthesias) include burning, shooting and electric shock-like pain. A number of altered, but not unpleasant, sensations (paraesthesias) – tingling, ants crawling, and pins and needles – are also common. Stimulus-evoked pain is described as allodynia if normally non-painful stimuli (e.g. light breeze, skin contact with clothing, temperature change) evoke pain, and as hyperalgesia when a normally painful stimulus (e.g. pinprick) evokes a heightened pain sensation.

**Diagnosis and clinical assessment of NeuP:**

Clinical tools, such as questionnaires for screening and assessment, focus on the presence and quality of neuropathic pain, and can be used to alert a clinician to the likelihood of NeuP and the need for careful examination.

A simple examination based way to identify NeuP and differentiate from nociceptive pain is the 3L approach: Listen, Locate and Look.

Listen to the verbal description of pain and non-painful symptoms in the same area as the pain.

Locate the region of pain and document with a pain drawing, created either by the patient or by the physician. Any abnormal sensations may also be highlighted on the same illustration.

Look for the sensory abnormalities and recognise the distribution pattern. Any differences in colour, texture, temperature, etc. should be noted. A simple bedside examination of somatosensory functions would include touch, cold, warmth and pain sensibility. The aim is to determine altered sensation in the painful area, and hence responses should be compared with a non-painful adjacent area.

Where the underlying pathology is understood, it is recommended that both symptomatic treatment (pain management) and treatment of the aetiology should be initiated. Where the underlying pathology is not clear, symptomatic treatment should be initiated while further testing is done to clarify the pathology.

**Pharmacological treatments:**

Despite a reported 66% increase in published randomised, placebo-controlled trials (RCTs) for NeuP in the past 5 years, there are several gaps in the evidence for NeuP treatments.

The treatment choices should address the possible pain mechanisms as well as comorbid conditions (anxiety, sleep disorders, depression) associated with pain.

In NeuP, patient education is a vital aspect of pain management. The patient should be informed that the onset of analgesic effect will take time and reduction of pain is not achieved quickly, in most cases. Non-pharmacological methods of coping with pain should be discussed, including the importance of stress reduction and good sleep hygiene, and access to physical therapy and psychotherapy should be recommended or arranged.

Pregabalin and gabapentin are recommended (grade A) as first-line therapy in various international guidelines.

SNRIs are also considered a first-line treatment option by most of the international guidelines.

Both duloxetine and venlafaxine are approved for the treatment of major depression disorder (MDD) and generalised anxiety disorder (GAD) and hence are the treatment of choice in NeuP patients with these comorbid conditions.
Published international guidelines have documented the efficacy of tricyclic antidepressants (TCAs) for treating a variety of types of NeuP. TCAs are an attractive option mainly because they are inexpensive and have a convenient once-daily dosing.

International guidelines showed the efficacy of opioid analgesics, including tramadol, in patients with different types of NeuP and recommend them as second-line agents, except in certain specific clinical situations in which first-line use could be considered. In head-to-head comparisons, opioids provided at least as much analgesia as TCAs and gabapentin. Most international guidelines reserve opioid analgesics as second- or third-line agents, because of the long-term side-effects and possible misuse and addiction.

**Recommendations for peripheral NeuP:**

Three classes of drugs are recommended for first-line monotherapy: α,δ- ligands (pregabalin or gabapentin), TCAs (low-dose amitriptyline or other TCAs) and SNRIs (duloxetine or venlafaxine). Pregabalin is the preferred first-line option because of its simple pharmacokinetics and good tolerability.

Patients should be evaluated at 2-4 weeks after initiating therapy. If response is good, maintain current therapy. If response is sustained for three months, slow down-titrations can be attempted. If symptoms return treatment should be titrated back to an effective dose.

In case of partial response to first-line therapy, increase the dose of the current drug or add a drug from a different class. For combination treatment, pregabalin with either an SNRI or amitriptyline is recommended. A combination of SNRI and TCA is not recommended.

If the patient does not respond to combination therapy or a switch strategy, tramadol is recommended, followed by strong opioids, or a combination of first-line options with opioids.
The combination of morphine and gabapentin seems to provide better pain relief than each drug given alone. If a patient does not show a satisfactory therapeutic response, he/she should be referred to a pain specialist centre.

In painful DPN (diabetic peripheral neuropathy) the panel recommends use of pregabalin or gabapentin, low-dose amitriptyline (or other TCA), duloxetine or venlafaxine (SNRIs).

In painful HIV-SN the panel recommends following the framework outlined for other polyneuropathies and step-wise management. If the onset of the neuropathy is associated with starting antiretroviral therapy, then an alternative regimen should be considered, where possible.

In postherpetic neuralgia (PHN), the panel recommends pregabalin, gabapentin or amitriptyline for first-line treatment of PHN, and to continue with drugs from a different class as a second-line approach. Opioids should be reserved for third-line treatment.

In trigeminal neuralgia (TN) the panel recommends the use of carbamazepine and oxcarbazepine.

In Central NeuP (CP) the panel recommends using pregabalin or amitriptyline for first-line treatment.

The panel also recommends the use of psychotherapy, particularly cognitive behavioural therapy, and TENS (transcutaneous electrical nerve stimulation) alongside appropriate physiotherapy and pharmacological treatment, for the management of NeuP. Comprehensive patient education can also help improve treatment outcomes.

The panel does not recommend DREZotomy for management of any NeuP, because of limited evidence and risk of worsening of NeuP after this invasive procedure.

The management of NeuP is challenging and even when NeuP is diagnosed and treated according to the best evidence available, not all patients can achieve a satisfactory response.
Clinical practice guidelines for the management of neuropathic pain: expert panel recommendations for South Africa

1. Neuropathic pain (NeuP) is defined as pain that arises:
   a) As an indirect consequence of a lesion or disease affecting the somatosensory system
   b) As a direct consequence of a lesion or disease affecting the somatosensory system
   c) As a result of a traumatic brain injury
   d) As an indirect consequence of health neglect

2. NeuP is associated with:
   a) Psychological distress, physical disability and reduced overall quality of life
   b) Psychological distress and improved quality of life
   c) An increase in appetite, energy and sleep pattern
   d) An overall improvement in quality of life

3. NeuP in South Africa is:
   a) Fully understood and diagnosed
   b) Always diagnosed but undertreated
   c) Always appropriately treated
   d) Often underdiagnosed and inappropriately treated

4. In South Africa there are a number of specific challenges to evaluating and treating NeuP e.g.:
   a) Lack of education among physicians and specialists, lack of trained personnel
   b) Inappropriate use of non-steroidal anti-inflammatory drugs and opioids as first-line treatment, restricted formulary, supply constraints
   c) Late referrals to pain clinicians
   d) All of the above

5. It is estimated that approximately what percentage of patients with diabetes and what percentage of people who have had herpes zoster suffer from NeuP respectively?
   a) 50 % and 49 %
   b) 23 % and 10 %
   c) 20 % and 8 %
   d) 2 % and 28 %

6. Prevalence of NeuP among South African AIDS patients who had not received prior antiretroviral treatment is:
   a) 20,9 %
   b) 25 %
   c) 29 %
   d) 18 %

7. Patients with NeuP experience painful symptoms of both spontaneous and evoked pain. Terms used to describe painful and unpleasant sensations include:
   a) Dysaesthesias- burning, shooting and electric shock-like pain
   b) Parathesias- tingling, pins and needles
   c) Allicolyina and Hyperalgensis
   d) All of the above

8. Recommendations for first-line monotherapy treatment for peripheral NeuP are:
   a) Pregabalin or gabapentin, TCAs and SNRIs-duloxetine or venlafaxine
   b) Non-steroidal anti-inflammatories
   c) Muscle relaxants
   d) Opioids

9. It is recommended, patients be evaluated at how many weeks after initiating therapy, to determine response to treatment:
   a) 1 week
   b) 2 to 4 weeks
   c) 5 to 6 weeks
   d) 10 to 12 weeks

10. Second-line therapy for the combination treatment recommends:
    a) Opiates
    b) SNRIs and TCAs
    c) Pregabalin with either an SNRI or amitriptyline
    d) Discontinuation of all drugs
Multiple choice Answers

Complete the answer sheet by colouring in the correct circle
e.g. ○ A  ○ B  ○ C  ○ D

Name: ____________________________________________

Practice number: _____________________________________

Representative: _______________________________________

Contact number: ______________________________________

HPCSA number: _______________________________________

Email address for certificate delivery (please print clearly):

_________________________________________________________________

1. ○ A  ○ B  ○ C  ○ D
2. ○ A  ○ B  ○ C  ○ D
3. ○ A  ○ B  ○ C  ○ D
4. ○ A  ○ B  ○ C  ○ D
5. ○ A  ○ B  ○ C  ○ D
6. ○ A  ○ B  ○ C  ○ D
7. ○ A  ○ B  ○ C  ○ D
8. ○ A  ○ B  ○ C  ○ D
9. ○ A  ○ B  ○ C  ○ D
10. ○ A  ○ B  ○ C  ○ D
THE PERCEIVED IMPACT OF SELECTED THERAPY PROGRAMMES ON MITIGATING THE RELAPSES OF PATIENTS WITH SUBSTANCE USE DISORDERS.

Nyasha Chatikobo, Rumbidzai Nyanhoto
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Background and aims
The issue of drug use and drug use relapse has been a global problem for many years and efforts to mitigate it has proved rather futile in most countries. Repeated relapses of patients with substance use disorders has been an aggravating concern, with most undergoing rehabilitation treatments with no yielding results but deepened addictions (Sanders, 2016). Perhaps the phenomenon raises many questions of whether these substance users have fallen victim of poor treatment, ineffectiveness of the treatment interventions, or the wrong approach towards the treatment offered at rehabilitation centres generally.

Methods
The study used mixed methods concurrently with the qualitative method being predominant and quantitative approach being less dominant. Utilization Focused Evaluation approach and the Relapse Prevention Model formed the theoretical foundation of the study.

Results
Pilot study results showed that repeated relapse occurred due to treatment programmes which were not adequately tailored to treat repeated substance use disorders. Results also showed that treatment programmes covered little on the psycho-social which greatly impacts relapses. More to that substance use disorders are mental health problems which seem to need more than just cognitive behavioural treatments offered by this centres.

Conclusions
It is hoped that the selected programmes used by rehabilitation centres to treat substance use relapses maybe may be more tailored through improvements in ways that can aid reducing repeated relapse rates.

THE AFTERCARE NEEDS OF NYAOPE USERS: IMPLICATIONS FOR AFTERCARE AND REINTEGRATION SERVICES
(Presented at the SAAMS-AMECA Conference, 2018.)

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Background and aims
Nyaope is a relatively new drug on the South African market and mostly used by youth. Without targeted intervention, this drug could negatively affect the well-being of the people involved. Aftercare and reintegration services are often neglected, with little emphasis in both research and practice. The aim of the study was to explore and describe the aftercare needs of nyaope users from both the users’ and the significant others’ points of view.

Methods
A qualitative study, implemented through a collective case study design, was adopted in order to enable the researchers to combine/compare data obtained from the users and the significant others, i.e.triangulation. The study population included both nyaope users who relapsed after treatment and significant others who reside in the Hammanskraal township, Gauteng Province. Semi-structured interviews were conducted to the point of data saturation. Data were analysed through thematic analysis and different strategies were employed to ensure the trustworthiness of the study.

Results
Based on the findings from both nyaope users and significant others, themes are reported on the causes of relapse, unique needs to enable the reintegration of nyaope users in the community after treatment, the support required to maintain abstinence, as well as recommendations from service users to the service providers.

Conclusions
Recommendations are offered to role players (i.e., treatment centres, aftercare and reintegration, service providers, family members and significant others involved with nyaope users and government) to enable abstinence among this vulnerable group who often live in the resource-constrained South African townships.
IMPLEMENTING SUBSTANCE ABUSE PREVENTION PROGRAMME IN SOUTH AFRICA’S GAUTENG PROVINCE
Priscalia Khosa, Nkosiyazi Dube & Thobeka Nkomo
1. Stellenbosch University

Background and aims
Internationally and locally, substance abuse by primary and secondary school learners is a major public health issue. In an attempt to curb this problem, the South African government introduced the “Ke Moja I’m fine without drugs” substance abuse prevention programme which was launched in 2003 and has been rolled out to schools in all the five regions of South Africa’s Gauteng Province. This paper presents how the “Ke Moja” programme is implemented within Gauteng schools.

Methods
A qualitative research approach was adopted in this study. Data was collected through in-depth interviews with the director of Africa Youth Development Fund (AYDF) organization which administers the “Ke Moja” programme. The AYDF Facilitators Manual documents together with the National Drug Master Plan were an additional data source used for triangulation purposes.

Results
The study revealed that the “Ke Moja” programme is mainly targeted at learners in schools. However the general population also benefit from this programme, especially in areas where other out-of school platforms like churches have been reached. While there has been an increase in awareness and number of children and youth reached in Gauteng schools, there was no evidence to suggest whether there had been reduction in the use of substances at Gauteng schools.

Conclusions
Although it was established that there was a lack of consistency in terms of the implementation of the programme across schools within the five regions in Gauteng Province, the “Ke Moja” programme was found to be well received by learners and out of school youth.

HARM REDUCTION IMPLEMENTATION PILOT PROGRAM IN NAIROBI COUNTY, KENYA
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Background and aims
People who inject drugs (IDUs) in Kenya are estimated to be 18,000. Previous treatment interventions such as rehabilitation worked very minimally, hence implementation of Harm Reduction program in Kenya.

Methods
The WHO harm reduction program is being implemented using peer led approach via respondent driven sampling technique involving heroin users who at first contact are educated on specific services offered followed by signing of informed consent. The socio demographic information, drug user behavior and risk assessment are enumerated, thereafter the respondents are referred to the program sites where they continually receive WHO harm reduction package services.

Results
The heroin users contacted is 2814; majority 86% (2419) male. The HIV prevalence is 5.1% in 2070 and 306 tested respondents who are linked to care. Currently 218 respondents are linked to opiate substitution therapy while all contacted heroin users are: offered behaviour change modification therapy, reached with the Needle and Syringe, provided with relevant IEC materials, condoms and lubricants.

Conclusions
Harm reduction program has seen more acceptability among heroin users. There is good and informed uptake of harm reduction services leading to improved health seeking behavior. Less risky sexual and injecting patterns, more community acceptability of the DUs due to less crime and increased desire for improved socio economic status through job seeking, better nutrition and improved self-care are being observed.
“DRUGS YOU SHOULD TRY IT” : EXPLORING HIP-HOP CULTURE’S PROMOTION OF DRUG USE

Kerry McLuckie

Background and aims
Popular music has long been synonymous with substance use, with lyrics referencing drug use becoming more frequent since the late 1960’s. Whilst the representation of substance use in music and popular culture has always been a contentious issue the promotion of drug use in hip-hop culture is an increasingly concerning issue. The objectives of this paper are to (i) briefly illustrate the portrayal of substance use in hip-hop culture, (ii) to present the findings of focus group discussions with high school students regarding their views about the opinions expressed in this music, and (iii) finally to consider the implications that this has for addiction in adolescent and young adult groups.

Methods
Qualitative Analysis of interview data obtained.

Conclusions
Hip-hop music simultaneously glorifies and normalizes substance use, challenging previous social discourses about the dangers of substance use. Through these two avenues substance use is effectively promoted through a culture which previously sought to embody the elements of civil rights, activism, political and justice.

A PROSPECTIVE COHORT STUDY OF NYAOPe USERS ATTENDING REHABILITATION: 3-MONTH OUTCOMES

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Background
Nyaope is a heroin-based cocktail street drug that is ravaging the townships of South Africa. There has been little data published on the psychiatric comorbidities and treatment outcomes of nyaope users.

Objectives
To describe the clinical characteristics of nyaope users seeking treatment and determine the outcomes of drug use, psychopathology, social function, injection related behaviour and criminality post rehabilitation.

Methodology
The study followed participants during and after treatment. Treatment consisted of in-patient detoxification and psycho-social rehabilitation. Three hundred nyaope users were recruited from two rehabilitation centres in Johannesburg and followed-up 3-months and 9-months after rehabilitation. Preliminary results. Ninety five percent of participants smoked cigarettes and cannabis before onset of nyaope use. The majority (75%) smoked nyaope with cannabis while 28.7% were injecting users. Approximately 18% reported being HIV positive, although most did not have an HIV test in the preceding 6 months. Excluding Antisocial Personality Disorder 49.3% of the sample had at least one mental illness. Of the 300 participants, 252 (84%) were seen at 3-month follow-up. Of these, 6.3% were abstinent, 65.5% had continued heroin use (CHU) and the balance used other substances. About 70% of the CHU group used heroin daily. Only one participant received a short duration of opioid substitution therapy post rehabilitation.

Conclusion
Nyaope users have high rates of psychiatric co-morbidities and low rates of abstinence post treatment. Despite nyaope being classified as 'low-grade' heroin, the study suggests that opioid substitution therapy may be an essential component of treatment.
ALCOHOL ADVERTISING, AFFORDABILITY AND AVAILABILITY, AND THE EFFECT ON ADULT DRINKING: FINDINGS FROM THE INTERNATIONAL ALCOHOL CONTROL STUDY (SOUTH AFRICA).

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5. Department of Psychiatry, Stellenbosch University, Cape Town, South Africa.

Background and aims

Alcohol harm is a major contributor to the burden of disease in South Africa. This study aimed to identify the extent of heavy drinking and symptoms of alcohol problems among adult drinkers and associated demographic and other risk factors in the Tshwane Metropole of South Africa.

Methods

A household survey was conducted using multi-stage stratified cluster random sampling. Heavy drinking was defined as consuming at least 120ml for men and at least 90ml for women of absolute alcohol on one occasion at any location at least monthly while symptoms of alcohol problems were measured using the Rapid Alcohol Problems Screen 4 (RAPS4). Stata version 14.0 was used to perform all the analysis.

Results

Just over half (52%) of the sample reported heavy drinking, and half (50%) reported symptoms of alcohol problems. Gender marital status, age, travel distance and mode of transport used to purchase alcohol and exposure to alcohol promotions and advertising through sponsorships all impacted heavy drinking. Those who noticed alcohol brands being advertised through famous people promoting it and on radio had lower odds of reporting symptoms of alcohol problems, while those who noticed alcohol brands advertised in magazines and newspapers had higher odds of reporting symptoms of alcohol problems. Additionally, age impacted on symptoms of alcohol problems.

Conclusions

The study raises important questions about various policy related mechanisms to curtail heavy drinking and highlights the need for more extensive research to assess the nature and extent of heavy drinking and alcohol problems in South Africa.

PERCEPTIONS AND EXPERIENCES OF THE OPIOID SUBSTITUTION CLINIC AT STIKLAND PSYCHIATRIC HOSPITAL

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Background

Opioid use disorder is a chronic, relapsing disease that can be fatal if untreated. Opioid substitution therapy (OST) has not been widely used in South Africa, which means that very little is known about the clinical utility of this treatment in our local setting. There is a need for qualitative data to provide a more accurate interpretation of the effectiveness and quality of OST, and to identify areas in which service delivery could be improved.

Aim

To explore patients’ perceptions and experiences of attending the OST outpatient clinic (OST-OC) at Stikland Hospital.

Methods

This qualitative study, conducted between January to June 2017, involved 8 patients who had been attending OST-OC for at least 6 months. Semi-structured interviews were conducted based on five established indicators and assessment areas for evaluating OST clinics. Interviews were audio-recorded and transcribed verbatim, and data were analysed in Atlas.ti using a phenomenological approach to indentify emerging themes.

Results

Patients felt OST was helpful and contributed to maintaining a sober lifestyle. Family support and interaction emerged as a vital theme contributing to successful patient outcomes. The preference for methadone and buprenorphine treatment depended on individual experiences. Patients reported that improved interactions with non-clinical staff could better facilitate treatment.

Conclusions

These findings may contribute to optimised service delivery and improved quality of care in this OST-OC, and may help to develop future policy concerning the treatment of opioid use disorders, both locally and abroad.

Disclosure

None to declare.
DUAL-DIAGNOSIS: HOW ADULTS DIAGNOSED WITH BIPOLAR DISORDER EXPERIENCE INPATIENT SUBSTANCE ABUSE TREATMENT FOR STIMULANT USE DISORDER
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Background and aims
Dual-diagnosis (DD), specifically bipolar disorder (BD) and stimulant use disorder (SUD), is increasing and has become a topic of interest among service providers. In South Africa, individuals with DD are often left without adequate service due to the separation of substance abuse and mental health treatment services. The aim of the study was to explore how adults diagnosed with BD and SUD experience treatment at in-patient treatment centres.

Methods
A qualitative research approach, implemented through a phenomenological research design, was adopted to explore the lived experiences of four adults living with DD while in treatment in the Gauteng Province. Semi-structured interviews were conducted to obtain rich information. Data were analysed through thematic analysis and different strategies were used to ensure the trustworthiness of the study.

Results
Considered from a bio-psychosocial perspective, themes are reported that give voice to service users’ opinion in terms of their lived world experience, experiences and unique needs for treatment, and the requirements they indicated to maintain abstinence.

Conclusions
The effects of DD on the service users result in unique needs for bio-psychosocial treatment. Pharmacological treatment and a formal diagnosis were not sufficient in managing symptoms or encouraging service users to take ownership of their recovery. Psycho-education and counselling were seen as the most beneficial aspects of addressing the psychological needs. Education in terms of lifestyle, treatment options and outcomes of treatment should be addressed. Treatment groups seem to have the most profound impact and act as a source of education and motivation.

HUBBLY BUBBLY: A GATEWAY TO SUBSTANCE ABUSE?
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Background and aims
Although people have experimented with various chemical substances such as alcohol, tobacco and illicit drugs for centuries, the issue of substance abuse has intensified over the past century, making it one of the major social problems that numerous countries are currently confronting. In recent years there is a widespread trend amongst the youth to smoke tobacco using a hubbly bubbly. At the University of the Witwatersrand, students can be frequently observed sitting in groups and using a hookah pipe in social areas on campus. Despite the possible social benefits that come with the social smoking of hubbly bubbly, there could be possible negative implications for the students that participate in this practice, as the smoking of tobacco has been confirmed to act as a gateway drug. For this reason, the study sought to establish if there was a link between the smoking of hubbly bubbly and substance abuse or experimentation with drugs among the youth who smoke it.

Methods
This study engaged students from a South African university, above the age of 18, who smoked hubbly bubbly. Using a mixed method approach and an exploratory research design, data were gathered from 50 questionnaires and 10 interviews. Data were analysed using descriptive statistics and thematic analysis.

Results
The results of this research study showed that smoking hubbly bubbly can possibly act as a gateway to more illicit drug use.

Conclusions
The findings have possible implications for the manner in which substance abuse intervention and prevention methods are conducted on a university campus.
PROGNOSTIC VALUE OF IMPULSIVITY IN TREATMENT OUTCOMES IN PATIENTS WITH ALCOHOL- AND/OR COCAINE USE DISORDER IN A REHABILITATION PROGRAM
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Background and aims
Impulsivity is linked to factors which are negatively correlated with drug and alcohol use. Individuals with Substance Use Disorder (SUD) often suffer from cognitive deficits and additionally have high levels of impulsivity. Studies show that cognitive deficits are associated with lower Self-efficacy (SE), and the latter is considered an important indicator of SUD management and treatment outcomes. The relationship between Impulsivity and SE, however, remains unclear. This prospective study examined impulsivity as a prognostic indicator for SE in SUD populations admitted for inpatient treatment.

Methods
50 individuals, aged 18-61, with either a Cocaine Use AND/OR Alcohol Use Disorder diagnosis were examined within 72 hours of; i) the start, and, ii) completion, of treatment.

Results
Impulsivity was a significant predictor of self-efficacy. Duration of abstinence (in days), estimated intelligence, Global Assessment of Functioning (GAF), and patient age explained 16% of the variance in the change in SE at discharge. After including impulsivity in the regression model, the total variance explained by the model was 28% (F (5.505) = 3.47, p=.01). Impulsivity explained an additional 12% of the variance after controlling for the above variables (R2 change= .12, F change (4.45) =7.206, p=.01).

Conclusions
Impulsivity is a significant predictor of self-efficacy following an 8-week inpatient treatment programme for individuals diagnosed with SUD. To our knowledge, this is the first study to demonstrate that Impulsivity holds prognostic value in respect of the change in SE after inpatient treatment of individuals with SUD. Based on our findings, replication studies are warranted.

ALCOHOL USE PATTERNS IN AN OUTPATIENT REHABILITATION CENTRE IN GABORONE, BOTSWANA
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Background and aims
Alcohol and substance abuse is approaching pandemic levels in Botswana, but there is little empirical evidence on its impact. Alcohol is the most used and substance in Botswana and has been identified as one of the key drivers of HIV/AIDS, one of the key factors in non-communicable diseases which are also at unprecedented levels as well as being linked to illicit substance use as a gateway drug. The current paper aims to look at drinking patterns of Batswana

Methods
Archived data from the Alcohol Use Disorder Identification Test (AUDIT) used at the rehabilitation centre was collected and analysed. Only data from clients who were enrolled at the centre between January 1, 2017 and December 31, 2018; and aged 12 years to 57 years old. Data was collected from both males and females.

Results
The results show that most participants drink 2-3 times a week or more and have more than 10 standard drinks when they do drink. The majority of participants also reported not being able to stop drinking once they had started. Of great concern was that almost half the participants reported that they or someone else was injured while they were drinking and the majority of that in the last 12 months.

Conclusions
Alcohol consumption is still a major concern and more research around this issue and attitudes towards its perceived lack of harm is needed.
SOCIAL WORKERS’ VIEWS ON FACTORS INFLUENCING RELAPSE IN INDIVIDUALS WITH SUBSTANCE USE DISORDERS

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Background and aims
Relapse is the most noted outcome following treatment for substance use disorders. It is a problem that has educed considerable concern among patients, families, clinicians and researchers alike. Many factors have been nominated as precipitants of relapse, ranging from environmental, intrapersonal, interpersonal, to physical. Previous work has failed to explore the views of social workers as treatment professionals, focusing mostly on the service user and his significant others. The purpose of this study is to present the views of social workers employed at treatment centres regarding factors that influence relapse in substance use disorders.

Methods
The study is qualitative in nature and an exploratory research design is used. Semi-structured interviews will be used, with the aid of an interview guide to collect data.

Results
It is envisaged that the findings from this study will contribute to the development of more strategies and programmes to combat relapse as well as help in formulating and augmenting relapse prevention and aftercare programmes best suited for the South African context. Furthermore, the wider social work practice and other professionals, especially those in the addictions field could benefit from such contributions, and the greater vision of a substance abuse free nation can be within reach.

Conclusions
Literature has shown that most factors related to the precipitation of relapse are environmental, physical, intrapersonal and interpersonal.

GLUTATHIONE-S-TRANSFERASE PI AND SGLUTATHIONYLATION CONTRIBUTE TO ALCOHOL DEPENDENCE AND CONSUMPTION

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Background and aims
Recent evidence suggests that ethanol-induced oxidative stress signalling not only contributes to cellular injury, but also influences the motivational states that drive heavy ethanol consumption. Cysteine residues are under-represented in mammalian proteins, but play critical roles in protein folding, antioxidant defence, and redox signalling. Oxidative stress can modify reactive cysteine residues in proteins via the redox-mediated posttranslational modification S-glutathionylation, thereby dynamically influencing cellular functioning under pathological conditions. Previous work has shown that glutathione S-transferase Pi (GSTP), the enzyme responsible for S-glutathionylation, contributes to cocaine-induced sensitization behaviour and may be triggered by redox signaling mechanisms common to all drugs of abuse. The purpose of this study was to determine how ethanol exposure alters expression of GSTP in the nucleus accumbens core (NAcc), and if this redox-sensitive protein plays a role in regulating ethanol consumption.

Methods
We employed a drinking-in-the-dark (DID) model of voluntary ethanol consumption in C57BL/6J mice. GSTP expression and cysteine thiol modifications were measured using Western blot and fluorescent thiol-specific probes respectively.

Results
DID exposure significantly increased both GSTP expression and cysteine thiol modifications in the NAcc. Examination of intake levels using the DID model revealed that mice with a genetic deletion of GSTP consumed significantly more ethanol than their wildtype littermates. Treatment with carnosic acid (25 and 50 mg/kg), increased GSTP
Background and aims
The incidence of Fetal alcohol spectrum disorders (FASD) in the Western Cape is among the highest recorded in the world. Many of the risk factors associated with having a child with FASD have been well documented. Fewer studies, however, have investigated specific factors that may be protective with regards to the occurrence or severity of FASD. This study describes the population demographics and selected lifestyle characteristics of five rural communities in the Western Cape. In addition, the study aims to identify protective factors that may enhance the design of future community interventions.

Methods
The sample consisted of a group of 200 individuals recruited from the community through a household survey and a group of 500 mothers who had a child assessed for FASD. Community surveys that were conducted assessed general health status, attitudes and beliefs about drinking and community values, among other variables. For the maternal study, mothers were surveyed on maternal drinking behaviours, nutrition and social support, among other variables.

Results
Preliminary results suggest that previously identified risk factors are relevant in these study communities. To build on this, we intend to identify protective factors that may reduce risk.

Conclusions
It is envisaged that such knowledge may form the basis for future positive interventions in these communities to reduce the prevalence of FASD.

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EARLY LIFE ADVERSITY AND HIGH RISK SEXUAL BEHAVIORS AMONG ATTENDEES OF HIV/AIDS COUNSELING AND TESTING CENTERS IN TUNISIA
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Background and aims
There are indications that exposure to early life adversity may increase risk for engaging in high risk behaviors. The current study examines the role of exposure to violence early in life on adult risky sexual behaviors.

Methods
A cross sectional study was conducted among attendees of two voluntary HIV counseling and testing centres (VCTC) in the region of East Central Tunisia (Monastir/Mahdia). Only people with risky sexual behaviors were included in this study. During the counseling, the participants completed the Adverse Childhood Experiences-International Questionnaire (ACE-IQ).

Results
A total of 390 participants were invited to take part of this study. The mean age was 27.6 years old (SD=7.9). Females have significantly more Common Mental Disorders (CMD) and men consume significantly more tobacco and alcohol. Regarding risky sexual behaviors, unsafe sex was significantly more frequent in women (p<0.001) and multiple sexual partners was significantly more frequent in men. Women were more likely to experience intra familial adversities such as neglect (p=0.03), and sexual abuse (p<0.001). Men were more prone to experience social adversities such as peer violence (p=0.02), and exposure to war or collective violence (p=0.03). After adjustment to CMD and intra familial adversities the three forms of social violence were significantly associated to risky sexual behaviors among both genders (p<.001).

Conclusions
These data demonstrate that exposure to early life adversities may increase high risk sexual behaviors during adolescence and adulthood. Implications of these findings in managing risk for sexual health will be presented.
Background and aims
Substance abuse treatment is a specialist field. The anomaly of early onset of adolescent substance abuse is that it frequently mimic normative psychosocial developmental changes in adolescence. The literature and practice experience further echo the importance of tailoring adolescent drug treatment to the contextual and cultural realities of the adolescents. The aim of this study was thus to explore the unique treatment needs of adolescents as perceived by the multidisciplinary team from an in patient adolescent drug treatment centre.

Methods
The qualitative study, employed an exploratory descriptive research design. Data was collected through two focus group interviews and fourteen individual semi-structured interviews with members of a multidisciplinary team at an adolescent drug treatment centre. All ethical considerations were attended to.

Results
The research findings indicate that the multidisciplinary team needed to implement specific behavioural programmes for male adolescents and emotional support treatment interventions for female adolescents. Trauma interventions were also required for adolescents who hailed from environmental context characterised by gang violence and normative community drug use. Experiences of marginalisation and collective community trauma furthermore echoed the need for contextually and culturally relevant interventions.

Conclusions
Adolescent substance abuse treatment should be responsive to the unique developmental needs of adolescents, and furthermore tailored to the contextual and cultural realities of the adolescents.

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EARLY LIFE ADVERSITY AND PASSIVE SMOKE EXPOSURE PREDICTS SLEEP DISRUPTION IN PREGNANT WOMEN
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Background and aims
Sleep disruption is common during pregnancy. Women with high levels of adverse life experiences (ALE) are at greater risk for sleep disruption, depressive affect, and smoking, particularly with social adversities such as peer, community or collective violence. The aim of this study was to determine whether sleep disruption during pregnancy is exacerbated by high ALE.

Methods
Tunisian women receiving prenatal care during the second, third, and early postnatal periods were interviewed regarding pregnancy risks, ALEs, secondhand smoke, and sleep disruption. The analysis examined ALE and secondhand smoke as predictors of the change in sleep across pre- and postnatal periods.

Results
Sleep problems progressively increased across the pregnancy (p < .001). Simple models supported the need to covary for low birthweight, stress, and depressive affect (ps < .01) but not age, pregnancy term, high risk pregnancy, and need for monitoring. Intra-familial adversity and social adversity predicted sleep disruptions in a linear fashion (ps < .001). Adding secondhand smoke and covariates weakened the association between social adversities and sleep disruption (p > .10), but the interaction between intra-familial adversities and change in sleep remained significant (p < .05). Secondhand smoke exposed women with high intrafamilial ALEs had very high sleep disruption (p <.05).

Conclusions
Sleep disruption was sensitive to high, but not low, intra-familial ALEs, especially with secondhand smoke exposure. Risk for sleep disruption due to social ALE, however, appear to be mediated by psychosocial factors. Important clinical implications will be discussed.
PSYCHIATRIC RISK AND SUICIDE AMONG HIGH-RISK SOUTH AFRICAN AND GUYANESE YOUTH
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Aims
Low and middle-income countries (LMIC) are estimated to account for 85% of all suicides, worldwide. Yet, contextual identification of clinical risk factors to suicide among LMIC youth is sparse.

Methods
190 youth, from South Africa and Guyana, separated from biological parents at the time of assessment, were assessed using 7 clinical scales: Substance Abuse, ADHD, Depression, Atypicality, Social Stress, Anxiety, and Somatization. Using an integrative data analytic technique to combine datasets, clinical scale scores were standardized to predict suicidal ideation and attempts in binary logistic regression analysis. Odds ratios and 95% confidence intervals were estimated with adjustments for age, sex, country, and reason for orphan placement.

Results
26% and 40% of South African and Guyanese youth, respectively, endorsed suicide plan/attempt. Social stress significantly predicted youth suicide attempt. Results showed a significant interaction effect of gender on somatization symptoms predicting suicide attempt (OR = .25, p = .015) and overall suicidal behavior (OR = .34, p = .04). Results also showed a significant interaction effect of youth substance abuse on ADHD symptoms predicting suicide ideation (OR = 5.29, p = .03) and overall suicidal behavior (OR = 3.95, p = .009). Youth at highest risk for overall suicide endorse ADHD symptoms and substance use, but youth at lowest risk for suicide endorse ADHD symptoms without use of a substance.

Conclusion
Youth endorsement of clinical symptoms may indicate insight to emotional dysregulation, limited social supports, and access to substances. Our data demonstrates feasibility of suicide investigation in LMIC settings.

IMPROVING MEASUREMENT AND CHARACTERIZATION OF THE ASSOCIATION BETWEEN ALCOHOL USE AND INTIMATE PARTNER VIOLENCE IN LOW- AND MIDDLEINCOME COUNTRIES
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Background and aims
Partner alcohol use is a consistent correlate of intimate partner violence (IPV) in low- and middle-income countries (LMICs). However, the magnitude of this association differs across studies, which may due to contextual and methodological factors. This study aims to estimate the association between alcohol use and IPV in LMICs and explore sources of heterogeneity between countries.

Methods
Nationally representative data from 114,968 couples in 29 LMICs were included in this analysis. Partnered women of reproductive age reported on their male partner’s alcohol use and IPV perpetration. We used propensity score methods to equate male drinking and non-drinking partners on several potential confounders. Country-specific odds ratios were combined using a random effects model to estimate the pooled odds ratio by world region. Country-level indicators of health and development were regressed on odds ratios to identify characteristics that explain variability in these estimates.

Results
The adjusted odds ratio describing the association between alcohol use and IPV was 2.55 (95% CI: 2.25, 2.88). There was substantial variability between countries (I²=74.5%), which was explained, in part, by the prevalence of alcohol use and colonization history. The region-specific odds ratios ranged from 1.92 in Latin America and the Caribbean to 12.55 in Middle East and North Africa.

Conclusions
Partner alcohol use is associated with increased odds of IPV in LMICs, but to varying degrees across regions. Differences in the prevalence of alcohol use and colonization history were related to heterogeneity in these estimates between countries.
CHALLENGES IN TREATMENT OF SPECIAL POPULATION WITH ADDICTION. AN EXPLORATION OF SPECIFIC CONSIDERATIONS IN LGBTQ PATIENTS AND SUBSTANCE USE DISORDER.
Robert B Levy MD

1. Challenges in treatment of special population with addiction. An exploration of specific considerations in LGBTQ patients and substance use disorder.

It is clear in the literature that patients who identify as homosexual, bisexual, or transgender have worse outcomes after treatment for substance use disorder (SUD) than those who do not identify in this manner. They are also more likely to overdose, commit suicide, or suffer severe relapse (defined as requiring an inpatient hospital stay, become infected with HIV or Hep C, or use IV drugs. What are the causes of this? What is it that drives these outcomes? What can we do to help reverse this trend? I will review the literature and summarize expert opinion on why this happens and what we can do to help tailor treatment for those that identify as LGBTQ.

The Data show that LGBTQ patients are more likely to use stimulants, more likely to have drugs play an important part of their sexual identity, more likely to use with the majority of their social support network, and more likely to have a partner that also uses. On top of this LGBTQ patients have fewer community support and can often feel ostracized from AA/NA meetings.

Simple interventions such as LGBTQ focused group therapy, training of therapists and providers around special needs of LGBTQ patients and reducing the stigma of being LGBTQ have been shown to greatly reduce risk of OD, death, and relapse.

EXPOSURE TO EARLY LIFE ADVERSITY AND ADDICTIVE BEHAVIORS IN TUNISIA: THE MINNESOTA-MONASTIR STRESS AND ADDICTION (MIMOSA) PROGRAM
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Background and aims
Early life adversity and trauma have long been linked to substance use (alcohol, tobacco, and illicit drug use) and related physical and mental illneses. In 2014, our team launched a research program in Tunisia focusing on the links between early life adversities (peer, community and collective violence) and addictive behaviors.

Methods
A series of cross-sectional studies were performed since 2014 in the region of East Central Tunisia including three cities. Data collection was based on the use of the Adverse Childhood Experiences-International Questionnaire (ACE-IQ) in addition to various addiction and psychosocial measures. The research included young adults, university students, community adults, attendants of primary care clinics, and pregnant women.

Results
Across all studies we have found that early life stress increased the odds of tobacco, alcohol and other substance use. In studies that included both men and women, we have found that exposure to collective violence was associated with increased risk for substance use in both men and women (ps<.0001). Odds of alcohol use increased similarly in men and women after experiencing peer violence. Among pregnant women, history of social adversity was associated with premature delivery, low birth weight and fetal distress (p<.0001).

Conclusions
Data from the MIMOSA program indicates that experiencing early life stress and social adversity increases the probability of addictive behaviors in both genders. Efforts in managing these adversities are needed in order to reduce risk for addictive behaviors and its health effects.
CHALLENGES AND STRENGTHS OF MOTHERS WITH SUBSTANCE-PROBLEMS LIVING IN A HIGH-RISK COMMUNITY

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Background and aims
The aim of this research was to explore the challenges and strengths of mothers with substance problems who are the heads of their households and living in a South African high-risk community. When mothers are dealing with substance-problems, there are serious health, emotional and economic issues and these problems impact the entire household.

Methods
Within the qualitative approach, purposive sampling was used and 24 mothers who complied with the inclusion criteria participated. Data were collected via unstructured interviews (phenomenological research design) and the World Café method (qualitative descriptive design). Descriptive interpretive analysis was used for data collected via unstructured interviews and thematic data analysis for data collected via the World Café method.

Results
Findings revealed that although mothers with substance-problems as the heads of their households are dealing with several serious past and present problems, these families do have various strengths to be encouraged. However, the challenges of FHHs living in a high-risk community include additional perils and vulnerabilities due to mothers’ substance-problems.

Conclusions
This research shows that female-headed households residing in a Western Cape high-risk community are surely seriously challenged as they are continuously exposed to a “hostile environment” (Schoeman, 2016:5) as well as to the suffering associated with mothers’ substance-problems. Seemingly, such FHHs can be described as families where most pain is felt.

DSM IV TO DSM 5 –THE CHANGES AND THEIR IMPLICATION WITH RESPECT TO SUBSTANCE USE TREATMENT

Rodger Meyer
1. Dr Rodger Meyer MBChB, DIRECTOR, Prac Number 1523902

Background and aims
The long awaited DSM 5 was introduced in May 2013 with much fanfare. It contained significant modifications, in particular with respect to the substance use construct. These changes had far-reaching consequences as to how we diagnose the condition, conceptualise the disorder and treat it.

Methods
Yet, for many clinicians, it is business as usual with scant regard to the changes. Others have embraced the changes and are now effectively working with a different paradigm for the same condition.

Results
The addiction treatment field has always been fraught with uncertainty and disagreement. Has DSM 5 simply added to the lack of consensus about the nature of the problem and how to manage it?

Conclusions
The presentation will highlight the changes and emphasise where this has brought clarity and where it has added to ambiguity.
SUBSTANCE MISUSE AMONG VULNERABLE WOMEN IN SOUTH AFRICA
Ilze Slabbert

Background and aims
Substance misuse poses a major threat to the wellbeing of some women. It is especially those who are subject to poverty and abuse who are at risk of substance misuse. Although statistics indicate that more men than women use and misuse substances, the consequences of substance misuse among women should not be underestimated. The capability approach was used as a theoretical basis for this study. The central human functional capabilities, as identified by Nussbaum, are useful indicators to assess the wellbeing of vulnerable women misusing substances. The goal of this study is to explore the experiences of vulnerable women who misuse substances in South Africa.

Methods
A qualitative study was undertaken of a descriptive and explorative nature. Ethical clearance was obtained for this study. A sample of fifteen participants was then taken out of a population of vulnerable women who misuse substances in South Africa. A list of criteria was set up for inclusion. Data were collected by means of a semi-structured interview guide, and the interviews were audiotaped with the permission of the participants. Afterwards, they were transcribed and categorized into five themes. Data verification was also done.

Results
The findings indicate that vulnerable women who misuse substances face severe challenges and struggle to meet the bare minimum capabilities that would enable them to lead a meaningful life. The five themes derived from the data collected during the course of the interviews include quality of life, bodily integrity, senses imagination and thought, affiliation and control over one’s environments. All the participants indicated their struggle to remain sober and refrain from consuming excessive alcohol and other drugs.

Conclusions
It is recommended that a multi-disciplinary approach is used to ensure that the wellbeing of vulnerable women who misuse substances are met.

THE PREDICTIVE VALUE OF PERSONALITY FUNCTIONING ON SYMPTOM SEVERITY AND QUALITY OF LIFE AFTER AN INPATIENT ADDICTION TREATMENT
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Background and aims
Personality has shown to play an important role in addiction treatment outcomes. However, most research to date has focussed on personality disorders (PD) and personality traits. Recently, a novel, dimensional approach has emerged in Section III of the DSM-5, which assesses an individual’s personality through its variance in functioning, defined as Personality Functioning (PF). Disturbances in PF are considered to be at the core of personality pathology and are argued to have a significant impact on the efficacy of treatment (American Psychiatric Association, 2013). The aim of this study was to examine if PF relates to symptom severity and quality of life after treatment.

Methods
The study included 100 Dutch patients, who completed a nine-week inpatient addiction treatment program at Promentis Healthcare, South Africa. The SIPP-118 scales Identity Integration and Relational Capacities were used to assess the predictive value of the two main dimensions of PF on post-treatment scores on the BSI (symptom severity) and the ICECAP (quality of life).

Results
The results indicate that Identity Integration has a predictive value on the quality of life of a patient, but not on symptom severity, after treatment. Relational Capacities did not predict symptom severity and quality of life after treatment.

Conclusions
Further research is necessary to examine the rigidity of these findings, which can provide more insights into further development of a dimensional model for personality pathology and its potential influence on treatment. Limitations of the study and findings are discussed in detail.
EXPERIENCES, CHALLENGES AND COPING STRATEGIES OF SIGNIFICANT OTHERS LIVING WITH A PARTNER WITH A SUBSTANCE USE DISORDER: GUIDELINES FOR SOCIAL WORK SUPPORT

Peter P Schultz

Background and aims
Considering the treatment of substance abuse, numerous difficulties are encountered by the concerned significant others (CSOs) of partners struggling with substance use disorder (SUD). While various options for recovery are available for persons with a SUD, CSOs had to find ways of coping with little relevant professional support to assist them as individuals in their own right. The stillness in the literature with reference to tailormade social work support geared to CSOs of partners with SUD, in their own right, served as further motivation for this study. The research aimed to develop guidelines for social work support intended for the recovery of the CSOs of a partner with a SUD which can be applied in inpatient, outpatient, and community-based treatment facilities or in private practice.

Methods
The research undertook, by means of qualitative research and applying a phenomenological and a collective instrumental case study design, to explore, explain, and describe the life experiences of the CSOs. Participants (including both the CSO and the partner with a SUD) were purposively selected; data collected by means of 12 narrative writings and 36 in-depth interviews

Results
The findings reflected the emotions, reactions challenges and coping strategies applied, various topics for support and methods in which it can be applied were suggested.

Conclusions
In conclusion, CSOs are adversely affected and traditionally regarded as adjunct to the treatment of the person with a SUD, that they require professional support as person in own right and such programs can be developed for application in various treatment settings.

CHALK AND CHEESE: ARE MEN AND WOMEN SO DIFFERENT IN THEIR SUBSTANCE USE PATTERNS?

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1. Social Work Department, School of Human and Community Development, University of the Witwatersrand, Johannesburg

Background and aims
Substance use does not discriminate when it comes to age, race, sexual orientation, socio-economic status, religion or gender. Throughout the lifespan of a person, substances are used for various reasons at different developmental stages and can be linked to the challenges and tasks experienced at the specific developmental stage of that person. More men appear to attend treatment programmes than women, which requires further research on barriers and challenges experienced by women to access treatment services. The research study aimed to explore the differences between men and women in their substance use patterns across the lifespan and at which stage of dependence they entered treatment.

Methods
Descriptive statistics and thematic analysis were used to analyse information about clients who attended treatment at a non-government treatment centre in Johannesburg over a three year period.

Results
The findings indicated that gender differences were apparent regarding reasons for entering treatment, types of substances used and the developmental stages of the patients.

Conclusions
It was evident that the treatment programme did not sufficiently address gender differences. Recommendations are made to include developing and implementing gender-sensitive treatment practices and for further research.
DEVELOPING TRAINING OPPORTUNITIES IN ADDICTION CARE

Robert Levy¹, Lize Weich²

1. University of Minnesota Department of Family Medicine and Community Health/North Memorial Hospital
2. Department of Psychiatry, Stellenbosch University and Stikland Hospital

South Africa and many other low and middle-income countries have high rates of substance use disorders and a huge economic, social and health burden as a result of this. Despite this, many of these countries have a largely unskilled workforce that provide treatment and care for persons with problematic substance use and addictive disorders and often do not use evidenced based treatment approaches.

In this presentation, the presenters will share some of their personal experiences, challenges and insights around the development of curricula for training in addiction care, both focused at unskilled/lay workers and primary health care workers, as well as addiction focuser post-graduate degrees.

CPD Accreditation

The congress programme has been CPD accredited. In order for you to receive the allocated points, your delegate badge will be scanned as per below at the Registration Desk:

- On arrival at the Registration desk
- Once in the morning (between 09h00 and 12h00)
- Once in the afternoon (between 14h00 and 16h00)

Please note the following sessions will be scanned separately outside the venues of the below, prior to the start of the meeting:

- Workshops
- Trade Symposiums
- Ethics Sessions

All CPD certificates will be issued within three weeks after the congress and sent via email to the address on the registration system. Any queries should be emailed to vuyo@velocityvision.co.za
FEEDBACK FORM

Please indicate how much you agree with the following statements by ticking your response using the scale provided:

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<th>😞 Neutral</th>
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<td>The meeting was useful to you</td>
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Which topic or speaker did you enjoy the most?
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Which topic or speaker did you least enjoy?
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What topics would you like to be included in the next programme?
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Comments and suggestions:
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### Friday 31 August 2018

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<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speaker/Title</th>
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<tbody>
<tr>
<td>08h00 – 09h00</td>
<td>Registration &amp; Arrival Tea/Coffee</td>
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<tr>
<td>09h00 – 10h50</td>
<td>Plenary Session 1 - The Conundrum of Trauma and Substance use Disorders: Lifespan Perspectives</td>
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<tr>
<td>09h00 – 09h10</td>
<td>Opening Welcome Address – Profs al’Absi and Seedat</td>
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<tr>
<td>09h10 – 09h55</td>
<td>Plenary Lecture 1</td>
<td>THE COMPLEXITY OF THE RELATIONSHIP BETWEEN ALCOHOL CONSUMPTION AND TRAUMA RELATED DISORDERS: UNRAVELLING THE PUZZLE – Alexander McFarlane</td>
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<tr>
<td>09h55 – 10h40</td>
<td>Plenary Lecture 2</td>
<td>GREATER SENSITIVITY TO ACUTE NEGATIVE AFFECT INDUCED DRUG-SEEKING MAY UNDERPIN THE LINK BETWEEN TRAUMA AND ADDICTION: IMPLICATIONS FOR INTERVENTIONS TO BREAK THIS LINK – Lee Hogarth</td>
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<tr>
<td>10h40 – 10h50</td>
<td>Q &amp; A</td>
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<td>10h50 – 11h20</td>
<td>Refreshments</td>
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<tr>
<td>11h20 – 12h00</td>
<td>Plenary Session 2</td>
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<tr>
<td>11h20 – 11h50</td>
<td>Plenary Lecture 3</td>
<td>CODEINE USE, MISUSE AND DEPENDENCE IN SOUTH AFRICA, IRELAND AND THE UK: REFLECTION ON DATA GATHERED FROM PATIENTS IN ADDICTION TREATMENT CENTRES, ADDICTION TREATMENT PROVIDERS AND POSSIBLE FUTURE INNOVATIONS - Charles Parry</td>
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<td>11h50 – 12h00</td>
<td>Q &amp; A</td>
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<td>12h05 – 13h25</td>
<td>Prevention, Treatment and Aftercare</td>
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<td>12h05 – 12h25</td>
<td>The perceived impact of selected therapy programmes on mitigating the relapses of patients with substance use disorders - Nyasha Chatikobo</td>
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<td>12h25 – 12h45</td>
<td>Implementing substance abuse prevention programme in South Africa's Gauteng Province - Priscalia Khosa</td>
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<tr>
<td>12h45 – 13h05</td>
<td>&quot;Drugs you should try it&quot;: exploring hip-hop culture's promotion of drug use - Kerry McLuckie</td>
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<td>13h05 – 13h25</td>
<td>Alcohol advertising, affordability and availability, and the effect on adult drinking: findings from the international alcohol control study (South Africa) - Petal Petersen Williams</td>
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<td>13h30 – 14h30</td>
<td>Lunch</td>
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<td>Plenary Session 3</td>
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<tr>
<td>14h30 – 15h05</td>
<td>Plenary Lecture 4</td>
<td>THE EFFECTS OF TRAUMA ON ALCOHOL ADDICTION IN THE UGANDAN CONTEXT – Noeline Nakasujja</td>
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<tr>
<td>15h05 – 15h40</td>
<td>Plenary Lecture 5</td>
<td>ADDRESSING TRAUMA, SUBSTANCE USE AND SEXUAL RISK AMONG YOUNG SOUTH AFRICAN WOMEN – Bronwyn Myers</td>
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<tr>
<td>15h40 – 15h50</td>
<td>Q &amp; A</td>
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<td>15h50 – 16h20</td>
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<td>16h20 – 17h20</td>
<td>Outcome Predictors and Dual Diagnosis</td>
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<td>16h20 – 16h40</td>
<td>Dual diagnosis: how adults diagnosed with bipolar disorder experience inpatient substance abuse treatment for stimulant use disorder - Lourens Stephanus Geyer</td>
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<td>16h40 – 17h00</td>
<td>Prognostic value of impulsivity in treatment outcomes in patients with alcohol- and/or cocaine use disorder in a rehabilitation program - Susanne Young</td>
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<td>17h00 – 17h20</td>
<td>Social workers’ views on factors influencing relapse in individuals with substance use disorders - Nobuhle Ndou</td>
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**Accreditation:** 12 CEU and 1 Ethics points
<table>
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<th>Time</th>
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<tr>
<td>08h00 – 09h00</td>
<td><strong>REGISTRATION &amp; ARRIVAL TEA/COFFEE</strong></td>
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<tr>
<td>09h00 – 09h20</td>
<td><strong>PLENARY SESSION 4</strong></td>
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<td>09h20 – 10h20</td>
<td><strong>REFRESHMENTS</strong></td>
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<td>10h20 – 11h25</td>
<td><strong>PLENARY SESSION 5 - Intersection of Medical Illness and Substance Misuse</strong></td>
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<tr>
<td>11h25 – 13h35</td>
<td><strong>AT RISK POPULATIONS</strong></td>
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<td>13h00 – 14h00</td>
<td><strong>LUNCH</strong></td>
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<td>14h00 – 15h20</td>
<td><strong>WOMEN AND FAMILIES</strong></td>
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<td>15h20 – 15h50</td>
<td><strong>PLENARY SESSION 6</strong></td>
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<td>15h50 – 16h20</td>
<td><strong>REFRESHMENTS</strong></td>
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<td>16h20 – 17h40</td>
<td><strong>PLENARY SESSION 7 - Policy and Practice: Two Sides of the Same Coin?</strong></td>
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<td>17h30 – 17h45</td>
<td><strong>Closing</strong></td>
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### PLENARY SESSION 4
- **09h00 – 09h35**
  - Plenary Lecture 6: Stress and Addiction: When a Robust Stress Response Indicates Resiliency – Mustafa al’Absi
- **09h35 – 10h10**
  - Plenary Lecture 7: Molecular Mechanisms Underlying Some Aspects of Addictive Behaviour – Willie Daniels

### PLENARY SESSION 5 - Intersection of Medical Illness and Substance Misuse
- **10h50 – 11h25**
  - Plenary Lecture 8: The Influence and Impact of Poorly Treated Pain in South Africa – Sean Chetty

### AT RISK POPULATIONS
- **11h40 – 12h00**
  - Societal and Maternal Lifestyle Factors that Protect Against Alcohol-Related Birth Effects in Rural Communities from the Western Cape – Michelle Parker
- **12h00 – 12h20**
  - Contextual and Cultural Relevance in Adolescent Drug Treatment – Yeonna Goliath
- **12h20 – 12h40**
  - Psychiatric Risk and Suicide Among High-Risk South African and Guyanese Youth – Ellenge Denton
- **12h40 – 13h00**
  - Challenges in Treatment of Special Population with Addiction: An Exploration of Specific Considerations in LGBTQ Patients and Substance Use Disorder – Robert Levy

### DSM-5 AND ICD11
- **14h00 – 14h20**
  - Challenges and Strengths of Mothers with Substance-Problems Living in a High-Risk Community – Izanette van Schalkwyk
- **14h20 – 14h40**
  - Substance Misuse Among Vulnerable Women in South Africa – Ilze Slabbert
- **14h40 – 15h00**
  - Experiences, Challenges and Coping Strategies of Significant Others Living with a Partner with a Substance Use Disorder: Guidelines for Social Work Support – Peter Schultz
- **15h00 – 15h20**
  - Chalk and Cheese: Are Men and Women So Different in Their Substance Use Patterns? – Alexandrina Vermeulen

### DSM-IV to DSM 5 – THE CHANGES AND THEIR IMPLICATION WITH RESPECT TO SUBSTANCE USE DISORDERS
- **14h00 – 14h20**
  - DSM IV to DSM 5 – The Changes and Their Implication With Respect to Substance Use Disorders – Rodger Meyer

### DSM5 AND ICD11
- **14h20 – 14h40**
  - The Predictive Value of Personality Functioning on Symptom Severity and Quality of Life After an Inpatient Addiction Treatment – Susanne Young

### DEVELOPING TRAINING OPPORTUNITIES IN ADDICTION CARE
- **14h40 – 15h20**
  - Developing Training Opportunities in Addiction Care – Robert Levy and Lize Weich

### PLENARY SESSION 6
- **15h00 – 15h20**
  - Plenary Lecture 9: Topic to be confirmed – Shaun Shelly

### Policy and Practice: Two Sides of the Same Coin?
- **16h00 – 17h40**
  - Panel Discussion: Gaming Disorder in the ICD-11: A Reflection of Clinical Evidence or Moral Panic?
  - Ethical Issues in the Treatment of Addiction: Building Moral Arguments – Willie Pienaar

### Closing
- **17h30 – 17h45**
  - Closing – Lize Weich
WHEN ADHD DISRUPTS THEIR LIVES AND FUNCTIONING

BUILD THEM UP AGAIN WITH INIR atomoxetine

Restoring order to their lives

Dr. Reddy's
EVENT MANAGEMENT

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