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Abstracts



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EMOTIVE BEHAVIOR THERAPY EFFECTIVENESS AMONG PERSONS WITH IRRATIONAL BELIEFS EXPERIENCING SUBSTANCE USE DISORDER

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The present study explored the effectiveness of the rational emotive behavior therapy in disputing the irrational beliefs of persons with substance use disorder. It was hypothesized that there is likely a negative relationship between rational emotive behavior therapy exposures and the irrational beliefs in person with substance use disorder. Repeated measure research design was employed. Purposive sampling was used to draw a sample of 12 patients who had undergone treatment for substance use disorder from addiction ward. PIMH and Fountain House, Lahore (demographic information sheet, history take examination), and MSE were used to rule out others psychiatric illness. After the careful examination, diagnosis of the substance disorder's irrational beliefs was measured by shortened general attitude

and belief scale. The new and personal invention of the study is that pictorial presentation of REBT techniques gives a better understanding and significant result. All the pictures were hand made and mind invention. The present study was able to find out the effectiveness of REBT in disputing irrational beliefs in substance use disorder. The finding of the study indicated a significant difference in irrational beliefs of persons with the substance use disorder before and after the treatment. Based on the finding, it can be concluded that present research provides justification for irrational beliefs in persons with the substance use disorder.

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FROM HELL AND HEALING: INTERNET USER'S CONSTRUCTION OF BENZODIAZEPINE DISTRESS AND WITHDRAWAL

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Background: Benzodiazepines (benzos) are a group of drugs used mainly as sedatives, hypnotics, anti-epileptics and muscle relaxants. Highly effective for short term treatment, benzodiazepines and Z drugs are not recommended for use beyond 2 to 4 weeks, as they carry a high risk of tolerance, dependency, accidents and morbidity, including increased risks of dementia. Patients who do withdraw successfully report significant improvements in health and wellbeing; however for some users the withdrawal process can be difficult and protracted.

Objectives: To understand patient experiences of benzodiazepine discontinuation syndrome from the user perspective.

Design: Qualitative study of online patient narratives of benzodiazepine discontinuation and recovery, with thematic analysis.

Setting: Online study of data gathered from open access electronic support groups (ESGs), Internet blogs and YouTube videos on benzodiazepine withdrawal (discontinuation) syndrome.

Results: Our searches indicate that users frequently post stories about their experiences on Internet support sites and YouTube and employ vivid metaphors to portray the psychologically disturbing and protracted nature of the withdrawal the recovery process. We discuss 9 common themes of user stories: (1) hell, (2) heightened anxiety and sensitivity, (3) spaced out/imprisoned, (4) depression and exhaustion, (5) bodily symptoms, (6) anger and remorse, (7) waves and windows, (8) healing and (9) success stories. By posting stories, ex-users make known that distress does lessen and recovery can happen, but that the timescale for this is unpredictable and in some cases may take months or years.

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MULTITHERAPY TREATING TOXICOMANIE, ADDICTION TO DRUGS AND ALCOHOLIC BEVERAGES

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The objective of the study is to prove that multitherapy is more effective than the current methods used for the treatment of toxicomanie, addiction to drugs and alcoholic beverages. Intensive therapy against drug abuse, developed by Anna Lou Olivier, which began in 1997 in a private drug recovery clinic, with weekly sessions lasting 12 hours, distributed as follows: first part of the two-hour, group treatment, with exercises and laboratories and nine hours of individual assistance and/or clarification of doubts. During lunch, which lasted an hour, there was also fraternization, in an extension of the treatment. The sessions were developed within a support group and the participants were volunteers that is, there was no obligation to participate in the group, so, of the 80 patients admitted to the clinic, only 72 participated actively in the activities. These participants had such good results that the care was extended to their relatives. Even the relatives of eight patients who refused treatment were enrolled. The therapeutic care was 80 families and 72 patients hospitalized. This study lasted six months and the results were published in the books "A Escola Produtiva" (1999) and "Acontece nas melhores famílias" (2000). After this study, this same method was applied in several

other clinics until 2008, when new results were published in the book "Distúrbios Familiares". In 2010, all these studies, methods and results were recorded as an integral part of the multi-therapy developed by Anna Lou Olivier, CREM (Centro de Referência e Estudo em Multiterapia). Overall, the results were satisfactory. The first group tested had an average of 60% overall improvement and 90% awareness. Although they continued treatment, after the completion of this method implantation, the participants and their families had more union, more awareness and more strength to fight drugs. The other groups analyzed had an average of 70% of achievement and also 90% of awareness. For the author was also very productive because, in addition to more experience and more data to add to the method of multitherapy, all collected content based three books already cited that were useful to guide many families who go through the drama of having one or more members involved with various drugs. All the patients received this treatment completely free of charge and agreed to collaborate with this research.

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THE EFFECTS OF DOPAMINE RECEPTOR GENES ON THE TRAJECTORIES OF SPORT PARTICIPATION FROM ADOLESCENCE THROUGH YOUNG ADULTHOOD

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Background: Despite documented benefits of sport participation, attrition rates for organized youth sport programs are surprisingly high. High attrition rates for youth sport programs highlights the need for longitudinal studies to understand how and why sport participation trajectories change during adolescence and young adulthood. Besides psychosocial and environmental factors, genetic variation has been suggested as an important determinant of physical activity-related behaviors. Since neurotransmitter dopamine influences the way humans learn and responsivity of human reward system, this study explored the effects of dopamine receptor genes (i.e., DRD2, DRD4, and DRD5) on sport participation trajectories from adolescence to young adulthood.

Methods: This study used the National Longitudinal Study of Adolescent Health (Add Health) data. Group-based trajectory modeling was utilized to examine the effect of dopamine receptor genes on trajectories of sport participation from adolescence to young adulthood.

Results: A three-group trajectory model best fit sport participation among male participants and a two-group trajectory model best fit sport participation among female participants. In both gender groups, the more individuals possess A1 allele of DRD2, the less likely they are to be in high-decreasing group rather than low-stable group, and this relationship was stronger for women. Another interesting finding is that, in male participants, the more individuals possess A1 allele of DRD2, the more likely they are to be in high-stable group rather than high-decreasing group.

Conclusions: The findings of this study can be contributable to the literature by providing critical information on the effect of DRD2 on sport participation trajectories from adolescence through young adulthood.

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THE APPLICATION OF REBONDING OF THE BODY TO A WOMEN'S SUBSTANCE ABUSE PROGRAM

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Women who have experienced intimate partner violence are at a greater risk of physical and mental health problems, including posttraumatic stress disorder and substance dependence. The incidence of alcohol dependence is higher in people with a history of trauma than in those without such history and this risk is intensified for those with PTSD. Two thirds of women with substance have mental health problems that include PTSD. These women have difficulty benefiting from present treatment programs. Alcohol and other substance are used to cope with the symptoms of PTSD. Both trauma and substance abuse make neurohormonal changes in our body. During a 4-month intersubjective ethnographic study using hermeneutic dialogue and participant observation of women and staff in a treatment center, it was documented that all the women had a history of trauma, including the staff, the trauma of the clients was

documented and discussed during the admission assessment but was not considered as part of the treatment plan. Both the staff and the client were asked about their understanding of PTSD and what to do if a person showed symptoms. Few knew what to do despite giving personal experience. Many of the interventions that were part of regular groups were triggering the clients with PTSD. Rebonding of the body is a multimodality structured program which consists of eight 3-hour sessions which was originally developed for children who were sexually abuse and has showed promising results with persons who have experience a wide range of traumatic experiences. This promising technique needs clinicians and researchers to build treatment teams to build the evidence for this promising technique.

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ACUTE PAIN MANAGEMENT IN PATIENTS WITH OPIOID MAINTENANCE THERAPY

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Methadone & buprenorphine maintenance therapy (MMT & BMT) are the most common forms of opioid agonist therapy approved by all major medical and professional organizations concerned with addiction treatment. Patients on MMT & BMT are also susceptible to any acute or chronic medical & surgical problems. There are some misconceptions regarding the pain management in patients with opioid maintenance therapy including: maintenance of an opioid agonist (methadone or buprenorphine) provides analgesia; use of opioids for analgesia can result in addiction relapse; the additive effects of opioid analgesics and the opioid agonist therapy can cause respiratory

and central nervous system (CNS) depression; the pain complaint may be a manipulation of opioid drugs or drug-seeking because of opioid addiction. And there are some barriers to effective pain management in patients with opioid maintenance therapy including: deficiencies in clinician practice; inadequacies knowledge and skills; systems-related problems; misinformation about opioid analgesia & tolerance; labeling of aberrant behaviors (pain relief seeking) as abusive drug seeking. We discussed the various aspects of acute pain management in patients with opioid maintenance therapy in this lecture.

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EVALUATION OF THE THERAPEUTIC POTENTIAL OF AYAHUASCA IN THE TREATMENT OF ALCOHOL DEPENDENCE IN AN EXPERIMENTAL MODEL

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Background: The problem of alcoholism perpetuates from antiquity, it was from the eighteenth century that for the first time, England identified the excessive consumption of alcohol as a widespread problem of public health. Over the years this theme has been well studied and can be observed the global impact it generates in terms of care and financial. The pharmacological options for the treatment of alcoholism are restricted, and naltrexone, an opioid antagonist, is the most used, especially in the case of severe addiction. However, not all patients respond to treatment, which requires the investigation of new therapeutic options. Ayahuasca is a psychoactive drink used in rituals of indigenous tribes. This drink is prepared by the firing of *Banisteriopsis caapi* stems, which contains β -carbolines that are inhibitors of monoamine oxidase (MAO), an enzyme that degrades the neurotransmitter serotonin (5HT), and leaves of *Psychotria viridis*, which contains the N,N-dimethyltryptamine (DMT) entheogen, a potent 5HT_{2A} receptor agonist.

Objective: The objective of this study evaluates the therapeutic potential of ayahuasca in the treatment of alcohol dependence in Wistar rats.

Methods: For the execution of the experiment, the IA2BC protocol (intermittent access to 2-bottle choice) was used to induce alcoholism in the animals for seven weeks and then received treatments for five days.

Results: The IA2BC protocol was shown to induce a gradual increase in voluntary alcohol intake, leaving the animals addicted. Alcohol consumption by the animals showed that both the naltrexone group and the 1X ayahuasca group had lower alcohol consumption than the placebo H₂O group.

Conclusion: The decrease in alcohol consumption by treated animals shows the efficiency of the drug naltrexone (positive control) and ayahuasca 1X.

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A QUALITATIVE STUDY OF THE IMPACT OF DRUG USE ON RISKY BEHAVIOURS IN DURBAN

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The use of whoonga and risky sexual behaviours amongst young people represent a huge public health and economic concern in South Africa and globally. The trend of new drugs entering the drug market has increased in South Africa. Whoonga is a relatively a new addition into the drug market and is mostly used by young people. It is a mixture of antiretroviral drugs, dagga (marijuana) or heroin and several other substances, including chemicals found in detergents and even rat poison. The need for this study was prompted by the devastating effects which this new arrival drug has had on the lives of young people. The aim of the study was to explore the relationship that the use of whoonga has with risky sexual behaviours among the youth of Durban. The study relied on qualitative data drawn from 10 individual in-depth semi structured interviews with six males and four female's participants who were active whoonga users.

The interviews were conducted at a rehabilitation centre in Durban. The results of the study highlight several factors that facilitate and inhibit the use of whoonga and the relationship it has with risky sexual behaviours. Peer pressure and wanting to fit in with friends facilitates the use of whoonga. Other factors that facilitate the use include the ignorance of what they were getting themselves into before they started using whoonga. Easy accessibility of whoonga, lack of support from family and friends, as well as the lack of substance use awareness encourages use of the drug. Despite the challenges that the participants experienced as a result of their use of whoonga, they are still hopeful about the future and wish to quit it and rebuild their life again. More attention needs to be focused on the relationship between drug use and risky behaviours.

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A STUDY ON EFFECTS OF WOMEN WORKAHOLISM ON HER PERSONAL RELATIONSHIP

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Pressures to spend long hours at the office may conflict with demands or expectations from family members to spend time at home. Workaholism is a compulsive and progressive disorder. Workaholism is the most rewarded addiction in our culture. Workaholics have an intense, internal drive to work that leads to neglect of other interests and negative consequences- it is this intense, internal drive that is the crux of workaholism. As workaholics give in to their addiction to work, other aspects of their life usually tend to suffer, resulting in work-life imbalance, a

lack of energy available after work for non-work-related activities, and a strain between the demands of work life and personal life. This paper provides the brief description of workaholism, and explores the negative experiences of workaholic women that how her dedication to work can lead to cause conflict with her personal relationship. Also this paper explores that how negative emotions at work effects the family relationship.

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DYNAMICS OF THE HUMAN EFFECTIVE CONNECTOME AT REST REVEALED BY FUNCTIONAL NEUROIMAGING

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Studies of brain connectivity alterations using resting-state functional magnetic resonance imaging (rsfMRI), diffusion tensor imaging (DTI), and more recently diffusion spectroscopic imaging (DSI) data have advanced and enlarged our knowledge on the organization of large-scale structural and functional brain networks, which consist of spatially distributed, but functionally linked regions that continuously share information. Brain's energy is largely consumed at rest during spontaneous neuronal activity (~20%), while task-related increases in metabolism energy are minor (<5%). Spontaneous ultralow-frequency fluctuations in BOLD-based rsfMRI signals (<0.01Hz) at the level of large-scale neural systems are not noise, but orderly and organized in a series of functional networks that permanently maintain a high level of temporal coherence among brain areas that are structurally segregated and functionally linked in resting state networks (RSNs). Some RSNs are functionally organized as dynamically competing systems both at rest and while performing various tasks. The default mode network (DMN), the most important

RSN, is even more active during rest and involved in realization of tasks like memory retrieval, emotional process, and social cognition. Cortical connectivity at rest is reportedly altered in several neurological and psychiatric disorders. Most recently, human brain function has been imaged in fMRI, and thereby accessing both sides of the mind-brain interface (subjective experience and objective observations) has simultaneously been performed. As such, functional neuroimaging moves onto new potential applications like reading the brain states, discriminate neurological dysfunctions (if any), brain-computer interfaces, lie detection, and alike. The contribution aims to review and evaluate the most current approaches for early detection and classification of cognitive impairments and dementia, particularly among syndromes with relatively similar behavioral effects, based on alterations in brain connectivity at rest explored by rsfMRI, DTI, and DSI.

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ADDICTION TREATMENT

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Addiction is a chronic health condition that affects 40 percent of the American public. It costs society more than \$400 billion annually (excluding nicotine), is responsible for up to 45% of all hospital emergency room admissions and is implicated in 66% of incarcerations [1,2]. Of the estimated 23-25 million people who need addiction treatment, about 2.5 million (10%) receive it [3]. Stigma, insurance barriers, and the perception by many that they don't have a problem have limited access to care. Efforts to reduce stigma in the United States through awareness programs, the 2008 Mental Health and Addiction Parity Act, and the influx of newly insured patients through the ACA (Obamacare) have sparked new interest and led to rapid growth of inpatient rehabilitation programs. However, despite wider acceptance of addiction as a chronic brain disorder, treatment continues to be developed and defined by an emphasis on acute, time-limited treatments. Addiction treatment has been defined and judged by this misplaced perception that a fixed duration of treatment will

"fix the problem". This fragmented approach fails to provide the life-long management necessary to ensure sustained remission and it results in high rates of relapse and readmissions to acute care. Greatly underemphasized is the absence of substantial and comprehensive community based continuing care and the paucity of prevention, early identification and intervention efforts. The absence of comprehensive follow-up care, prevention and early intervention contradicts the standard treatment of chronic disease. New ideas, innovative service delivery methods, the use of addiction medications, alternative clinical interventions, and technological supports need to be developed, tested, and utilized. This presentation will describe an approach that incorporates prevention, early intervention, and extended engagement with traditional models of care to create seamless, integrated care that can produce more favorable long term outcomes.

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DESCRIBING THE EXPERIENCE OF THE MULTI-DISCIPLINARY TEAM AFTER THE IMPLEMENTATION OF THE POST-DEATH PAUSE IN A PRIVATE LEVEL II TRAUMA CENTRE IN SOUTH AFRICA

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Many emergency personnel experience the death of a patient as inherent part of their job. When faced with death, we all react and process our feelings and emotions differently. Some can return to work as if they did not face death and for others, they experience turmoil of emotions and if they do not work through and process those feelings, they could develop critical incident stress symptoms. The daily incidents that multi-disciplinary teams confront can have profound and lasting impact on these people. Some evidence shows that when these people do not

receive situational support after experiencing stress in the work setting they are not able to easily process the experience. Debriefing takes time and one cannot always get the same team available at the same time and at the same place within 24 hours after the unexpected death of a patient thus leading to no form of debriefing. We want to focus on how the multi-disciplinary teams experience the situation by means of the post-death pause.

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TEN THINGS YOU MAY NOT KNOW ABOUT DRUGS THAT RUINS LIFE

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At every point, it seems that our youth who are future of our tomorrow are surrounded with insidious influences that seem to encourage or condone substance abuse. Movies, television, sports figures, movies stars and musicians – everywhere, there seem to be people who can use drugs and still be successful. How do we counter these influences so that we can keep our young people from falling into substance abuse and addiction thus destroying our future hopes? What we hear over and over is that educators are frustrated in their attempts to find a drug education curriculum that is simple, comprehensive and above all, effective enough to get desirable results. And in this context, a desirable result means just one thing: fewer young people using drugs. There are a couple of key concepts that must be conveyed to youth and people using drugs in a way they can accept and

understand to get them to start making educated choices in this area. Young people must feel that the risks of using drugs far outweigh what they see as the benefits. The person offering to sell them a joint or prescription pills with them is not going to fill them in on the risks before he hands over the drugs. Drug education must fill this void with accurate information about the risks of drug use, presented in a simple comprehensible manner. Drug use appeals to young people because it seems like it is going to solve a problem. The problems could be shyness or inability to fit in, stress of social, school or family situations, boredom or lack of adventure or excitement in their lives. Young people are capable of understanding this concept if it is expressed in lucid terms.

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EVALUATE OF NURSE'S KNOWLEDGE CONCERNING GLASGOW COMA SCALE IN NEURO SURGICAL WARDS

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Objective: The study aims to assess nurse's knowledge concerning Glasgow Coma Scale (GCS) and to find out the relationship between nurses' knowledge and their demographical characteristics include educational level and years of experiences.

Methodology: A descriptive study was carried out at three hospitals (Moustafa Bacha, Mayou and Drid Houssin), starting from 1st January 2017 to the end of April 2017. Non-probability (purposive) samples of 120 nurses were selected according to special criteria. The finalized questionnaire contained (25) items. The content validity of the instrument was established through penal of (4) experts. Test retest reliability of the item scale was determined as average of ($r=0.83$). Data was gathered by interview technique and data was analyzed by application of descriptive

and inferential statistical methods by SPSS version 10.

Results: The results indicated that all items which consist from (25) items related knowledge's nurses concerning Glasgow Coma Scale was inadequate.

Conclusion: We conclude from the results of the study that nurses have inadequate knowledge about the Glasgow Coma Scale.

Recommendations: The study recommended that it is crucial need to educate the nurse and to employ more qualified and knowledgeable nurses with high standards oriented competencies to apply through neurological assessment particularly Glasgow Coma Scale in neuro surgical wards.

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EFFECTIVENESS OF ALCOHOL TAX POLICY INTERVENTION FOR REDUCING ALCOHOL-RELATED MORTALITY RATES IN RUSSIA

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Background: The high level of alcohol consumption, together with a pattern of occasional excessive consumption of vodka (binge drinking), is associated with excessive effect on public health in the Russian Federation. Many experts believe that binge drinking of vodka is the main cause of the strikingly high alcohol-related mortality rates in Russia.

Objectives: To assess the relationship between alcohol taxes and alcohol-related mortality rates in Russia.

Methods: Trends in the excise tax rates for vodka and alcohol-related mortality rates between 2010 and 2015 were compared. To examine the relationship between the dependent variable (alcohol-related mortality) and independent variables (excise tax rates for vodka) a Spearman's correlation analysis was performed using the statistical package Statistica 12.StatSoft.

Results: Spearman's correlation analysis suggests a statistically significant inverse relationship between excise tax rates for vodka and mortality from alcohol dependence, alcoholic cardiomyopathy, alcoholic liver disease, alcoholic pancreatitis and alcohol poisonings.

Conclusions: The results of this study suggest an inverse aggregate-level relationship between excise tax rates for vodka and alcohol-related mortality rates in Russia. Given this evidence, raising excise tax rates for vodka appears to be an effective policy to reduce alcohol-related mortality rates in Russia.

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