

Vol XIX, Supl 1, 2020

# odvisnosti ovisnosti zavisnosti addictions

seea

19. SEEANET SIMPOZIJ  
IN

8. SLOVENSKA KONFERENCA O ZDRAVLJENJU O ODVISNOSTI  
V ČASU EPIDEMIJE COVID-19

SIMPOZIJ O OKUŽBI Z VIRUSOM HEPATITISA C PRI OSEBAH,  
KI JEMLJEJO DROGE

VIRTUALNA SREČANJA / ON-LINE

na obraz  
krife ta obraz  
PROGRAM

ABSTRACTS-POVZETKI







ODVISNOSTI - OVISNOSTI - ZAVISNOSTI - SEEA ADDICTIONS, Vol XIX, Supl 1, 2020

REVIJA ZA STROKOVNO JAVNOST

Urednika/Editors

Andrej Kastelic

Tatja Kostnapfel

Revija Odvisnosti je strokovna revija **South Eastern European and Adriatic Addiction Treatment Network-a**.  
Ovisnosti / Zavisnosti je stručni časopis **South Eastern European and Adriatic Addiction Treatment Network-a**.  
SEEA Addictions is the official magazine of **South Eastern European and Adriatic Addiction Treatment Network**.

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

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

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S obzirom da se časopis izdaje na više jezika, za lekturo odgovara autor.

As the magazine is published in different languages, authors will be held responsible for language editing.

**Oblikoval/Designed by:**

Ksenija Konvalinka

**Založil/Izdal/Published by:**

Prohealth Ljubljana, Slovenija

Naslov uredniškega odbora /Adresa uredniškega odbora/Address of the Editorial Board

Revija Odvisnosti/Ovisnosti/Zavisnosti/SEEA Addiction

Društvo SEEA-net

Bolkova 16, Homec, Radomlje, Slovenia

seea.net@gmail.com

**Tisk:**

Studio Orca – Silveco

Število izvodov: 200

South Eastern European Adriatic Addiction Treatment Network  
SEEA net – MREŽA PROGRAMOV OBRAVNAVE ODVISNOSTI



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CIP - Kataložni zapis o publikaciji  
Narodna in univerzitetna knjižnica, Ljubljana

613.8(082)  
616.36-002-056.83(082)

SOUTH Eastern European and Adriatic Addiction Treatment Network (simpozij) (19 ; 2020 ; online)  
19. SEEA-net simpozij (15. 12. 2020) in 8. slovenska konferenca o zdravljenju o odvisnosti v času epidemije COVID-19 (16. 12. 2020) : simpozij o okužbi z virusom hepatitis C pri osebah, ki jemljejo droge (16. 12. 2020) : virtualna srečanja / on-line : abstracts, povzetki, program / [urednika Andrej Kastelic, Tatja Kostnapfel]. - Ljubljana : Prohealth, 2020. - (Odvisnosti = Ovisnosti = Zavisnosti = Addictions ; 2020, 19. Supl. ; 1)

ISBN 978-961-93977-8-7

1. Kastelic, Andrej, 1956- 2. Slovenska konferenca o zdravljenju o odvisnosti v času epidemije COVID-19 (8 ; 2020 ; online) 3. Simpozij o okužbi z virusom hepatitis C pri osebah, ki jemljejo droge (2020 ; online)  
COBISS.SI-ID 41843459

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## ABOUT SEEAnet

# SEEAnet – SOUTH EASTERN EUROPEAN and ADRIATIC ADDICTION TREATMENT NETWORK

During the “1<sup>st</sup> Congress of Psychiatrists of Bosnia and Herzegovina” in Sarajevo, October 3<sup>rd</sup> 2004 the second meeting of the coordination committee of SEEAN was held. At the meeting the need for the institutionalization of the network was recognized. With the agreement of all participants, “to preserve ideas and the spirit of Porec (Croatia) – Piran (Slovenia) conference and to ensure continuity of cooperation” the South Eastern European and Adriatic Addiction Treatment Network (SEEAN) was born.

The Network is an informal organization of experts on addiction treatment and harm reduction from the countries all over South Eastern Europe and Adriatic coast. Each country gives 3-5 representatives. The number of countries is not limited. Till now in the Network continue participating: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Greece, Kosovo, Italia, North Macedonia, Montenegro, Romania, Slovenia and Serbia.

SEEAnet is “home grown” and not organised by some other international body or organization. That’s is why it is intrinsic motivated and not burdened by expectations from outside. The Network is based on professional connections and friendship, rather than politically determinated. These are the arguments that allow us to believe that “SEE Adriatic Addiction Treatment Network” plays an important role in the creation of new strategies and approaches in drug addiction treatment and drug policy in the region.

SEEAnet is technically supported by SEEAnet society (Mreža programov zdravljenja odvisnosti), registered in Slovenia.

**19. SEEAnet SIMPOZIJ (15. 12. 2020)**  
**in**  
**8. SLOVENSKA KONFERENCA O ZDRAVLJENJU O ODVISNOSTI**  
**v času epidemije COVID-19 (16. 12. 2020)**

**SIMPOZIJ O OKUŽBI Z VIRUSOM HEPATITISA C PRI OSEBAH, KI JEMLJEJO DROGE**  
**(16.12.2020)**

**Virtualna srečanja bodo potekala od 15. do 16. 12. 2020**  
**med 10.00 in 14.00.**

Spoštovana udeleženka, spoštovani udeleženec

Dobrodošli na 19. SEEAnet simpoziju in 8. slovenski konferenci o zdravljenju odvisnosti v času epidemije COVID-19 ter simpozija o okužbi z virusom hepatitisa C pri osebah, ki jemljejo droge.

Slovenske konference o zdravljenju odvisnosti in SEEAnet konference ter simpozije smo ves čas organizirali z namenom, da predstavimo najnovejša dogajanja na področju odvisnosti, izmenjamo izkušnje in se skušamo pripraviti na pričakovane spremembe.

Srečanje smo želeli organizirati že v letošnji zgodnji pomladi, ga potem zaradi pandemije z novim korona virusom prestavili na jesen, a nas je epidemija sedaj prisilila v organizacijo na virtualni način. In tako se bomo tudi udeleženci konference zopet srečali tako, kot smo se v času razglašene epidemije srečevali pogosto tudi z uporabniki naših storitev, našimi pacienti. Ob kar številnih pomanjkljivostih tovrstne obravnave pa smo imeli tudi veliko dobrih izkušenj, pomembnih izboljšav našega dela in smo se morda med seboj tako med nevladnimi kot vladnimi programi celo še boljše povezani. Vključevali smo tudi različne skupnostne službe, bili pogosto zelo iznajdljivi in razvili nove pristope, ki jih uporabljamo še sedaj in jih bomo ob grozečem poslabšanju epidemiološke situacije še morali izboljšati in prilagoditi potrebam naših klientov/pacientov.

O vsem tem bi želeli spregovoriti, izmenjati izkušnje in svoje delo predstaviti ne le med seboj, temveč tudi strokovni in laični javnosti.

Konferenca je organizirana v sklopih:

- **19. SEEAnet Simpozij:** o izmenjavi izkušenj o obravnavi in zdravljenju oseb, ki uporabljajo droge v Jugovzhodni Evropi;
- **8. SLOVENSKA KONFERENCA O ZDRAVLJENJU ODVISNOSTI:** o izmenjavi izkušenj o obravnavi in zdravljenju oseb, ki uporabljajo droge;
- **Simpozij o obravnavi oseb, ki jemljejo droge in se okužijo z virusom hepatitisa C** oz kako zmanjšati okužbe in povečati vključenost v zdravljenje;
- **Simpozij o zmanjševanju predoziranja** in možnostim uporabe antidota Naloxona »za domov«.

Na konferenci ste torej dobrodošli vsi, ki želite predstaviti svoje delo in prisluhniti dosežkom drugih na vseh področjih od preprečevanja uporabe drog in zmanjševanja škode do programov zdravljenja in rehabilitacije, pa tudi vsi, ki raziskujete, pomagata ustvariti politiko do oseb, ki jemljejo droge in/ali o njej odločate. Seveda pa se bomo držali zgoraj navedeni tematskih sklopov.

Hvala, ker ste se nam pridružili ter tako postali pomemben udeleženec vseh teh dogodkov.

Za vse podrobnosti smo vam ves čas na voljo tako po elektronski pošti [seea.net@gmail.com](mailto:seea.net@gmail.com) ali [andrej.kastelic@quest.arnes.si](mailto:andrej.kastelic@quest.arnes.si) (najbolje na oba), kot tudi po telefonu: 041 683 139.

Veseli smo, da smo skupaj. Lep pozdrav.

Andrej Kastelic  
SEEAnet president

**19<sup>th</sup> SEEAnet**  
**(South Eastern European Adriatic Addiction Treatment Network)**  
**SYMPOSIUM ON ADDICTIVE BEHAVIOURS during COVID-19**  
**(December 15, 2020)**

**8<sup>th</sup> SLOVENE DRUG ADDICTION CONFERENCE AND**  
**SYMPOSIUM ON HEPATITIS C TREATMENT (December 16, 2020)**

**ONLINE EDITION**

INVITATION

Dear Colleagues, Patients, Advocates, Stakeholders and Friends!

We hope that many of you will join us online at the 19<sup>th</sup> SEEA (South Eastern European and Adriatic Addiction Treatment Network) SYMPOSIUM on addictive behaviours DURING THE COVID-19 PANDEMIC and be a part of the premier and the oldest drug addiction treatment CONFERENCE in the region.

Since its establishment, SEEAnet has organised numerous conferences and training events and has been substantially involved in developing harm reduction and treatment programmes in the region as well as globally. Thus, knowledge and experience gained in the SEEAnet region have been shared internationally. During the COVID-19 pandemic substance use disorders continue to remain at the forefront of medicine and other sciences and practices in our changing world.

The main topics addressed at the conference will be our experiences and suggestions on how to optimise support provided to people who use drugs, and how to develop new practices in a new reality. Please have a look at our draft programme. We hope you will find that anyone concerned with the people who benefit from our services will want to attend.

We look forward to meeting all of you at the 19<sup>th</sup> SEEAnet SYMPOSIUM on addictive behaviours DURING COVID-19.

See you (virtually) soon.

Andrej Kastelic  
SEEAnet president

ORGANISED BY

SOUTH EASTERN EUROPEAN AND ADRIATIC ADDICTION  
TREATMENT NETWORK – SEEAnet



abbvie



MEDICOPHARMACIA







# IMATE SAMO ENA JETRA!

ČE STE PREJELI TRANSFUZIZIJO KRVI PRED LETOM 1993, ALI STE  
TEDAJ IMELI VEČJI OPERATIVNI POSEG, OBSTAJA MOŽNOST,  
DA STE OKUŽENI Z VIRUSOM HEPATITISA C.

## TESTIRAJTE SE! POZDRAVITE SE!

### TESTIRANJE IN POSVET LAHKO OPRAVITE:

- **anonimno** in **brezplačno** vsak ponedeljek med 12. in 14. uro na Kliniki za infektivne bolezni in vročinska stanja, Japljeva 2, Ljubljana, tel: 01/522 26 22
- ali pri svojem osebnem zdravniku



MEDICOPHARMACIA

Izdajo je z namenom izobraževanja omogočilo podjetje:  
Medicopharmacia, d.o.o., Litostrojska cesta 52, Ljubljana, Slovenija

Datum priprave gradiva: oktober 2020

IG-10-2020-22

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klinični center ljubljana   
Klinika za infektivne bolezni in vročinska stanja



# Predavatelji/Faculty



## ADRIAN OCTAVIAN ABAGIU (10)



Dr., is a senior doctor in Infectious Diseases since 1994, took his PhD in Medical Science since 2000. He is a Hubert Horatio Humphrey Alumni from 2009 in Substance abuse Prevention Treatment and Policy, working in the National Institute for Infectious Diseases in Bucharest both as senior physician in Infectious Diseases and as medical coordinator for the ARENA OMT Center, the first low threshold center for methadone maintenance in Romania. Dr. Abagiu is the EUROPAD, INWOMEN and ISAM representative for Romania and member in the ISAM newsletter editorial board. He is also an Expert in Addiction for the European Academy for HIV and Infectious Diseases in Bucharest.

Presenting author email: [adyaba@gmail.com](mailto:adyaba@gmail.com)

## BORUT BAH (13)



univ.dipl.soc.delavec Od leta 1995 prostovoljec v društvu Stigma, leta 1997 sodeloval pri začetkih izvajanja terenskega dela z uporabniki nedovoljenih drog v Ljubljani. Leta 2001 je diplomiral z diplomsko nalogo, Programi zmanjševanja škode v zvezi z uživanjem drog v zaporih'. Od leta 2003 je predsednik in redno zaposlen v Društvu za zmanjševanje škode zaradi drog Stigma. Leta 2006 je bil za

polovični delovni čas zaposlen tudi kot raziskovalec na Fakulteti za socialno delo. V letih 2009 in 2010 je bil koordinator Pilotskega projekta zamenjave sterilnega pribora za injiciranje drog v slovenskih zaporih. V letih 2015 in 2016 je bil koordinator Pilotskega projekta Varna soba za injiciranje drog. Je tudi podpredsednik Zveze NVO na področju drog in zasvojenosti.

[društvo.stigma@siol.net](mailto:društvo.stigma@siol.net)

## ALEKSANDAR M. CARAN (11)



Consultant physician in two Slovenian Centers for Prevention and Treatment of Drug Addiction – in Celje and Trbovlje. He is specialist of Neurosurgery (School of Medicine University of Belgrade) and specialist of Family Medicine (School of Medicine University of Ljubljana). He has over fifteen years of experience in treating of patients addicted to illicit drugs.

He manage private practice in Family Medicine (ARHIMED). Awards: City of Belgrade October Prize ("Human Inferior Parietal Lobe – topography, encephalometry, cytoarchitecture, cytomorphology and leucine – enkefalin-ergic neurons"; Belgrade, 1991).

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## ANTE IVANČIĆ (15)



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

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

Member of the expert group who wrote the "National Strategy for Illegal Drug Abuse Control" and "National Methadone Guidelines" Lecturer at conferences, seminars and workshops on addiction treatment for GPs and other medical professionals in Croatia and other South-Eastern European countries.

First president of the SEEA Network (South-Eastern European Addiction Treatment Network).

Member of the board of directors of EUROPAD .

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## MATEJA JANDL (05)



Mateja Jandl, MD, senior public health specialist, is employed at the National Institute of Public Health (NIJZ) of the Republic of Slovenia. She is a Head of the Illicit drugs expert group. As a member of the national Focal Point for the European Monitoring Center for Drugs and Drug Addiction (EMCDDA), she is appointed as a national expert on issues related to drug

related deaths. She has participated in numerous national and international conferences. She is professionally dedicated to scientific research work, focused on mental health including addiction. She specializes in Transaction Analysis Psychotherapy at Psihopolis Institute. She obtained basic knowledge in the field of psychotherapy within postgraduate study of psychotherapy and psychopathology at the Faculty of Medicine in Ljubljana.

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## ANDREJ KASTELIC (04)



Andrej Kastelic, MD, PhD is the head of The Center for the Treatment of Drug Addiction at University Psychiatric Clinic Ljubljana (Slovenia, EU) and teacher for Addiction, Psychiatry and Mental Health at University of Ljubljana.

He works as a consultant/expert specially for developing addiction treatment programs in communities and custodial setting for UNAIDS, UNODC, WHO, EU, Council of Europe – Pompidou Group, OSCE, Global Found... He has been involved as a consultant and/or principal trainer in developing

treatment and harm reduction programs in Armenia, Albania, Austria, Azerbaijan, Bosnia and Herzegovina, Croatia, Czech Republic, Egypt, Estonia, Georgia, Greece, Hungary, Island, Latvia, Kosovo, North Macedonia, Moldova, Montenegro, Poland, Portugal, Romania, Russia, Serbia, South Africa, Ukraine, Tajikistan, Taiwan, Turkey and some Caribbean countries.

He has served as guest editor of European Addiction Research on Buprenorphine: Current Perspectives, as well as editor-in-chief of SEEA Addictions, a Slovenian magazine titled Reflection, and a series of books titled Drugs Amongst Us and as a member of the editorial board of European Addiction Research and Heroin Addiction and Related Clinical Problems. He is the author of more than 300 books and articles on drug addiction and WHO guidelines for treating drug users in custodial settings specially with OAT and several manuals and leaflets for drug users and on prevention of drug use. Dr Kastelic has organized, been president or chaired more than 50 international conferences including Global Addiction Conferences, World Conference on Opiate Addiction, International Harm Reduction Association Conference, EUROPAD and European Association of Addiction Therapists Conference, 22 SEEAnet Conferences and Symposia, Vanguard Conferences and many others and has participated in more than 300 international conferences and has offered more than 1000 lectures from this field. Andrej is the President of Global Addiction Association and serves as Secretary General of the European Opiate Addiction Treatment Association (EUROPAD), is a founding member of the World Federation for the Treatment of Opiate Dependence (WFO), President of the South Eastern European and Adriatic Society, President of the SEE Adriatic Addiction Treatment Network (SEEA net), Board Member of World Association on Dual Disorders (WADD) and founding member of International Society on Addiction Medicine (ISAM). He has received Dole – Nyswander Award in 2001 by American Association for Treatment of Opiate Dependence (AATOD) Gold Reflection Award in 2002, Slovene Ministry of Justice Award 2005 and EUROPAD "Chimera" Award in 2008.

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## MILAN KREK



Leta 1990 smo na mojo pobudo v Kopru vzpostavili Lokalno akcijsko skupino in naslednje leto program zdravljenja odvisnosti, ki je temeljil na javno zdravstvenem pristopu. Pomembna je bila organizacija in vodenja izobraževanja slovenskih strokovnjakov, ki ga je izvajala Univerza San Diego in je v devetdesetih letih prinesla veliko znanja strokovnjakom, ki so vstopali v svet zdravljenja in obravnave odvisnih, kjer sem bil nosilec projekta za Slovenijo. Kasneje sem prevzel vodenje Urada za droge, pri Vladi Republike Slovenije, ki je imel pomembno vlogo pri vzpostavljanju sodobnega celostnega odgovora družbe na pojav drog. Po odhodu iz Urada za droge pa smo v okviru Zavoda za zdravstveno varstvo Koper vzpostavili spremljanje in pomoč programom zmanjševanja škode v Sloveniji. V času predsedovanja EU sem predsedoval horizontalni skupini za droge v Bruslju. Leta 2008 pa sem ob vsem ostalem delu prevzel tudi vodenje informacijske enote na Inštitutu za varovanje zdravja, ki se je v teh letih razvila v sodobno informacijsko točko na področju drog. V vseh teh letih sem tudi aktiven na pedagoškem delu kot asistent na katedri za

javno zdravje na Medicinski fakulteti v Ljubljani in vključen v pedagoško delo na Mariborski medicinski fakulteti.

Od maja 2020 direktor Nacionalnega inštituta za javno zdravje.

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## MOJCA MATIČIČ (06, 07)



Prof., MD, PhD

Mojca Maticic is Head of the Viral Hepatitis Unit at the Clinic for Infectious Diseases and Febrile Illnesses, University Medical Centre in Ljubljana and a Full Professor at the Faculty of Medicine, University of Ljubljana, Slovenia. After gaining her medical degree, she specialised in internal medicine and in infectious diseases, before

completing a masters and PhD in HIV/AIDS and HCV, respectively. Subsequently, she undertook international postdoctoral training at the Middlesex Hospital and Royal Free Hospital in London, UK. Professor Maticic's research interests focus on viral infections, primarily viral hepatitis, and antiviral treatment.

An active member of numerous professional societies including EASL (European association for the Study of the Liver), where she is a member of the Policy and Public Health Committee (PPHC), ESCMID (European Society of Clinical Microbiology and Infectious Diseases) (ESGVH), and INHSU (International Network for management of Hepatitis in Substance Users), she currently leads a hepatitis C study group at C-EHRN (Correlation-European Harm Reduction Network) and serves as an advisor to ECDC (European Center for Disease Control) and the VHPB (Viral Hepatitis Prevention Board), and used to advise at the World Health Organization HIV/Viral Hepatitis/STI Committee. Professor Maticic is also a member of the HIV/AIDS Committee of the Slovene Ministry of Health and a co-author of the National strategy for the management of HCV infection in Slovenia. She leads the Slovene National Viral Hepatitis Expert Board and was one of the founders of the National Healthcare Network for the management of HCV in PWID in Slovenia. She was a principal author of EASL Policy Statement on decriminalisation of drug use and has authored or co-authored more than 450 articles in national and international peer-reviewed journals.

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## NERMANA MEHIĆ-BASARA (03)



Born in Sarajevo, Bosnia and Herzegovina, where she still lives and works.

Graduated at the Faculty of Medicine of the University of Sarajevo in 1981. In 2007, defended master's thesis "Effects of Methadone Treatment on Opioid Addicts" at the Faculty of Medicine of the University of Sarajevo and in 2012 a



doctoral dissertation on topic "The association of dopamine receptor gene polymorphism and psychological personality traits in development of opiate addiction"

She spent the war time from 1992-1995 in the besieged Sarajevo and was actively involved in the work of teams for psychological assistance and support for domicile population and refugees.

In 2003, she was a member of the founding group of the Association of South-East Europe addictologists (South –East European Addiction Network), and from 2005 to 2007 she was the president of this Association.

In 2004, awarded with the prestigious "Nyswander-Dole Marie Award" by the American Association for Treatment of Opiate Addiction (AATOD)

Since 2007 a member of the European Association for the treatment of opiates (EUROPAD - European Opiate Addiction Treatment Association).

In the post-war period, she was a member of the expert group for developing the State Strategy for Suppression of Addictions and Revised Policy and Mental Health Strategy in BiH.

Actively participated in more than 60 local, regional and international professional conferences, has been the organizer of several mental health conferences and member of the Organizing and Congress Committees of the four congresses of psychiatrists of B&H (2003, 2007, 2012, 2017).

Up to now, she published over 40 scientific and professional papers in the field of addiction, community mental health and posttraumatic stress disorder in relevant scientific journals.

As author and co-author, she has participated in the development of large number of professional guides, manuals, textbooks and other publications from above mentioned fields.

*M.D. Ph.D, Chief Physician*

*Neuropsychiatrist, Subspecialist for addiction diseases*

*Associated professor at University of Sarajevo, Faculty of Health Studies*

*Director of the Institute for Addiction Diseases of the Sarajevo Canton*

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## MILUTIN MILOŠEVIĆ (17)



is the Executive Director of the Drug Policy Network South East Europe. The Network is an initiative of NGOs, with currently 23 ordinary and 4 associate members of the Network coming from 11 countries of South East Europe.

Milutin is informatics engineer with Master in management, but for the whole life he was engaged in the non-profit sector, managing organisations, from

strategic decisions to hands on actions, or supporting community service networks. Originally Scout, he also worked in the areas of environment and youth work, on national level, in South East Europe and internationally. His key strengths are organisational development, human capital management and training, but his interests range from photography and blogging to talent management and emotional literacy.

In Serbia, Milutin is member of the National Committee for fighting HIV/AIDS and Tuberculosis and the Committee for the Chapter 24 - Justice, freedom, and security at the of the National Convent of the European Union.

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## LUÍS PATRÍCIO (16)



MD Psychiatrist, Consultant, facebook.com/maladaprevencao.drluispatricio/

- Co-founder of Lisbon addicts Centre das Taipas (1987-1995). Director (1995-2008)

- Dual Diagnostic Team Director at Clínica de Carnaxide (2011-18), Clínica da Luz (2018-2020)

- Consultant on Addictions at the Ministry of Health (1987-89) and representative at C.E. Groups Ad Hoc Toxicomania (1988-89), Observatory (1988-89).

- Founder of the National Association of Drug Workers (1989). President (1993-97).

- Co-Founder and Member of the Technical and Scientific Council of T3E Association Drug Addiction-Europe-Exchange-Training (1991-2020).

- Co-Founder of the European Federation of Associations of Drug Workers - ERIT (1992). President (1998-99, 1999-2000).

- National Coordinator of European Drug Prevention Week - U.E. (1991-92, 1997-98)

- Consultant of Azores Secretariat for Social Affairs (2003-06)

- Portuguese representative, at the Scientific Council - EMCD-DA (2006-07)

- Collaborator in the Emergency Risk Reduction Plan, of Lisbon City Council. (2000). Lead consultant for the drafting of the Risk Reduction and Harm Minimization law (2000)

- Awards: Ministry of Health Silver Medallist (2008), EUROPAD Chimera (2010), AATOD Nyswander Award - Dole Marie (2013)

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je zaposlena kot specialistka psihiatrije na Centru za zdravljenje odvisnosti od prepovedanih drog Univerzitetne psihiatrične klinike Ljubljana. Medicinsko fakulteto je končala v Nišu, R Srbija. Specializacijo iz psihiatrije je končala leta 2017 v Ljubljani. Aktivno je sodelovala na številnih nacionalnih in mednarodnih konferencah.

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dipl. upr. org., 12 let zaposlen v Društvu Projekt Človek kot strokovni delavec v Sprejemnem centru Kočevje ter Sprejemnem centru Novo mesto.

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## DRAGO SUKIČ (08)



je magister, specialist zakonske in družinske terapije. Strokovni vodja socialno-varstvenih programov v Zavodu Pelikan-Karitas ter strokovni vodja terapevtske skupnosti za zasvojene s pridruženimi težavami v duševnem zdravju (dvojna diagnoza), kjer izvaja neposredno individualno in skupinsko psihosocialno delo z uporabniki, delo s svojci, družinske terapije inp. Na področju preventive ter psihosocialne obravnave zasvojenosti je aktiven že skoraj dvajset let. Raziskovalno ga zanima področje relacijske travme ter korelacije z zasvojenostjo.

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## NUŠA ŠEGREC (09)



Dr. Nuša Šegrec je zaposlena na Centru za zdravljenje odvisnih od prepovedanih drog UPK Ljubljana, kjer dela kot psihiatrija, s poudarkom na kliničnem delu z bolniki z odvisnosti pridruženimi duševnimi motnjami. Doktorirala je s področja spolnih motenj pri moških, vključenih v programe zdravljenja opioidne odvisnosti. Poleg strokovnega in znanstveno – raziskovalnega dela predvsem na področju odvisnosti, pedagoškega dela na Katedri za psihiatrijo Medicinske fakultete Univerze v Ljubljani, svoje strokovno znanje nenehno nadgra-

juje na domačih in mednarodnih konferencah, izobraževanjih in seminarjih z aktivnimi udeležbami.

Sodelovala je v izobraževanju za razvoj storitev za uporabnike drog v skupnosti in zaporih na področju Bosne in Hercegovine (»United Nations Development Program«), Črni gori (»European Commission« in »Global Found«) in na Kosovu (»Global Found«) - na področju nadomestnega zdravljenja in komorbidnosti ter izboljšanju programov na področju duševnega zdravja v zaporih v Turčiji in Armeniji, organiziranih s strani Sveta Evrope. Lani je gostovala na Oddelku za psihiatrijo Univerze v Stellenboschu v Južnoafriški republiki, kjer je na dodiplomskem študiju podajala znanje s področja boleznih odvisnosti.

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## NEJC ŠMIT (12)



dipl. psih., mag.ZDT

Diplomiral na Filozofski fakulteti, smer Psihologija, magistriral na Teološki fakulteti, smer Zakonske in družinske študije. Zaključil izpopolnjevanje iz Zakonske in družinske terapije. V letu 2019 in 2020 opravljal psihoterapevtski staž na Frančiškanskem družinskem inštitutu, kjer je izvajal terapije po modelu relacijske družinske terapije. Sedaj terapije opravlja samostojno v okviru Centra za psihoterapevtsko pomoč. Od začetka leta 2020 zaposlen v Društvu projekt človek, kot strokovni delavec. Dela v centru TS DID. Gre za stanovanjsko obliko programa, kjer so nameščeni zasvojeni s pridruženimi težavami v duševnem zdravju.

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## BORUT ŠTRUKELJ (20)



Prof. Dr. Borut Štrukelj je redni profesor na Fakulteti za farmacijo v Ljubljani. Leta 1980 se je vpisal na FNT-Oddelk za farmacijo Univerze v Ljubljani. Dodiplomski študij je končal z oceno odlično in nadaljeval z doktorskim študijem. Podoktorsko se je izpopolnjeval na Inštitutu za rastlinsko molekularno biologijo (CPRO-DLO, PRI Wageningen), v Wageningenu

na Nizozemskem. Je soavtor večih svetovnih patentnih prijav in treh patentov na področju transgenih rastlin, bakteriofagnega prikaza in rekombinantnih probiotikov in avtor več kot 180 znanstvenih in strokovnih člankov, od tega čez 120 v pomembnih mednarodnih znanstvenih revijah z dejavnikom vpliva. Poleg raziskav na področju bioloških zdravil se ukvarja z razvojem, marketingom in regulativo prehranskih dopolnil. Prof. Dr. Štrukelj je član večih svetovnih, evropskih in slovenskih združenj s področja farmacije in molekularne biologije. Leta 1991 je za raziskovalne dosežke dobil nagrado Kidičevega sklada, leta 1996 pa mu je evropska molekularno-biološka organizacija (EMBO) podelila štipendijo za podoktorsko izpopolnjevanje. Leta 2008 je prejel Zoisovo priznanje, leta 2009 Minarikovo odličje, leta

2010 Fulbrightovo štipendijo in leta 2015 Zoisovo nagrado za vrhunske dosežke.. od leta 2010 deluje kot gostujoči profesor na Duquesne University, Pittsburgh, ZDA. Od leta 1996 do 2011 je sodeloval kot izvedenec v Evropski farmakopeji (Strasbourg) v skupini za farmacevtske biomolekule, do leta 2012pa kot izvedenec pri Agenciji za zdravila EMEA (London) in kot izvedenec za varno hrano pri EFSA (Parma). Od leta 2009 do 2012 je bil član Sveta za zdravila. Je odgovorni urednik Farmacevtskega vestnika, je v uredniškem odboru revije Interantional Journal of Medicinal Mushrooms in član strateškega sveta za zdravila pri Ministrstvu za zdravje RS. V zadnjih nekaj letih se veliko ukvarja z razvojem in preučevanjem prehranskih dopolnil. Tako je s sodelavci razvil že 8 inovativnih prehranskih dopolnil, pripravil pa je tudi nekaj formulacij za izdelavo v farmacevtski industriji. Na področju poljudne znanosti deluje kot sovoditelj na RTV Slovenija v oddaji Dobro jutro vsakih 14 dni, pogosto je sogovornik na TV Planet in POP TV in avtor veliko poljudnih publikacij v reviji Moje Zdravje, Misteriji, Zdravilne rastline, Slovenske novice in širše.

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## JANEZ TOMAŽIČ (19)



Prof., dr. med., roj. 30.12.1954 v Ljubljani. Po diplomu 2 leti delal v ZD Škofja Loka, od leta 1983 zaposlen na Kliniki za infekcijske bolezni in vročinska stanja, UKCL, kjer je vodja dejavnosti za odrasle oddelke. Od leta 2008 je predstojnik Katedre za infekcijske bolezni in epidemiologijo, MFUL in od leta 2015 je redni profesor. Izpopolnjeval se je v San Francisco General Hospital

in Cleveland Clinic Foundation USA (1991) ter bil gostujoči profesor na Guy's and St Thomas' Hospital, London, UK (1993) in v Ospedale Maggiore, Trieste, Italija (2012). Zanima ga vsa infektologija, posebno pa še HIV/aids in okužbe pri osebah z imunskimi motnjami. V letošnjem letu se poleg svoje temeljne dejavnosti, to je HIV/aids, posveča predvsem novi infekcijski bolezni – covid-19. Bil je organizator in urednik Kliničnega simpozija o aidsu, od leta 2005 je urednik za področje infekcijskih bolezni pri slovenski strokovni reviji »Acta Dermatovenerol APA«, od leta 2009 je sourednik zbornika »Infektološki simpozij«, ki je izdan ob vsakoletnem infektološkem simpoziju. Je član številnih domačih strokovnih združenj in član EACS (European AIDS Clinical Society) in ESCMID (European Society of Clinical Microbiology and Infectious Diseases). Objavil je več kot 250 strokovnih/raziskovalnih člankov (med drugim tudi v revijah NEJM, The Lancet in AIDS) in skrbi tudi za strokovno izobraževanje "laične" javnosti. Leta 2012 je po sklepu Študentskega sveta članice Univerze v Ljubljani dobil »Diplomo za najboljšega pedagoga na MFUL«. Skupaj z akademikom, prof. dr. Francem Strletom, dr. med., je glavni urednik dveh izdaj učbenika Infekcijske bolezni (2014 in 2017), na kateri je res ponosen.

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## SINIŠA ZOVKO (02)



M.D., PH.D

PROFESSIONAL SUMMARY: Harm Reduction expert working last 20 years on implementation of HR in Croatia and in Red Cross/Red Crescent Movement, including direct work with clients such as IDU (injecting drug users) and drug users

EXPERIENCE:

1997 – CURRENT

Head of Harm Reduction Unit, CROATIAN RED CROSS : Working with IDU / DU on treatment of addiction and related diseases (viral hepatitis, AIDS) with the final goal of resocializing in normal life.

1993 – 1997

Head of Red Cross Zagreb, RED CROSS ZAGREB : Red Cross management in war condition (including blood supply, care for refugees and displaced persons, collection and distribution of humanitarian aid, first aid implementation and application, tracing service)

1989 – 1993

Head of Medical Centre Djurdjevac, MEDICAL CENTRE DJURDJEVAC, CROATIA : Management of medical centre, management in war condition including work like medical doctor – G.P., pediatrics, school medicine, emergency

1989

M.D. in health protection of the tourist, MEDICAL CENTRE POREČ, ISTRIA, CROATIA

1988 – 1989

M.D. in profesional practice, ANDRIJA STAMPAR TEACHING INSTITUTE OF PUBLIC HEALTH, ZAGREB, CROATIA

EDUCATION:

2011

PH.D., MEDICAL FACULTY ZAGREB OF UNIVERSITY OF ZAGREB

Ph.D. in Biomedicine and Health, scientific area Public Health.

Dissertation: „Influence of Harm Reduction on Changes in the Health Behavior of Intravenous Drug Users“

1999

M.P.H., MEDICAL FACULTY ZAGREB OF UNIVERSITY OF ZAGREB

Master's degree in Public Health. Master thesis: „Influence of

Radio Broadcasts on Changes in Health Behavior“

1989

LICENSED M.D., professional exam for MD., ANDRIJA STAMPAR

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Zaupajte svojim idejam in počutili se boste svobodne.  
Ustvarjajte in bodite ponosni na svoja dejanja.  
Cenite svojo ljubezen in ljubljeni boste.  
Negujte duha in bodite močni.

V podjetju Alkaloid verjamemo v lastne stvaritve.  
Cenimo in negujemo silo, ki poganja  
življenje in gradi popolno harmonijo,  
ki ji rečemo ZDRAVJE.



*Health above all*



**ALKALOID**





19. SEEAnet SIMPOZIJ (15. 12. 2020)  
in  
8. SLOVENSKA KONFERENCA O ZDRAVLJENJU O ODVISNOSTI v času epidemije COVID-19 (16. 12. 2020)

SIMPOZIJ O OKUŽBI Z VIRUSOM HEPATITISA C PRI OSEBAH, KI JEMLEJO DROGE (16. 12. 2020)

Virtualna srečanja bodo potekala od 15. do 16. 12. 2020 med 10. in 14. 30 uro

# Program





## TOREK, 15. 12. 2020

	<b>SEEAnet SYMPOSIUM ON ADDICTIVE BEHAVIOURS DURING THE COVID-19 PANDEMIC</b> (language: English)
10.00 – 10.15	<b>OPENING OF THE CONFERENCE</b>
	<b>BREAKING COVID-19</b>
10.15 - 10.45	Janez Tomažič (Slovenia): <b>COVID-19: WHAT WE HAVE LEARNED SO FAR/COVID-19: KAJ SMO SE NAUČILI DO SEDAJ (19)</b>
10.45 – 11.15	Borut Štrukelj (Slovenia): <b>THE LATEST ON VACCINATION AGAINST COVID-19 (20)</b>
11.15 – 11.45	ODMOR
	<b>ACHIEVEMENTS AND CHALLENGES IN THE SEEA REGION</b>
11.45 – 12.15	Milutin Milošević DPNSEE (Serbia): <b>HARM REDUCTION PROGRAMMES IN SOUTH EAST EUROPE DURING THE COVID-19 PANDEMIC (17)</b>
12.15 – 12.45	Nermana Mehić-Basara (Bosnia and Herzegovina): <b>EXPERIENCES IN TREATMENT OF ADDICTS IN BOSNIA AND HERZEGOVINA DURING THE COVID-19 PANDEMIC (3)</b>
12.30 – 12.45	Siniša Zovko (Croatia): <b>HARM REDUCTION IN COVID-19 PANDEMIC. EXPERIENCE OF THE CROATIAN RED CROSS (2)</b>
12.45 – 13.00	Liljana Ignjatova (North Macedonia): <b>LESSON LEARNED AFTER THE FIRST WAVE OF THE COVID-19 PANDEMIC IN THE REPUBLIC OF NORTHERN MACEDONIA (1)</b>
13.00 – 13.15	Adrian Abagiu (Romania): <b>ADAPTING OPIOID MAINTENANCE THERAPY (OMT) IN BUCHAREST DURING COVID PANDEMIA (10)</b>
13.15 – 13.30	Luís Patrício (Portugal): <b>WORKING ON ADDICTIONS, SHARING, AND COPING WITH CONFINEMENT COVID-19 (16)</b>
13.30 – 13.45	Andrej Kastelic (Slovenia): <b>TREATING DIFFICULT TO REACH POPULATIONS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS-THE IMPACT OF COVID-19 EPIDEMICS (4)</b>
13.45 – 14.30	DISCUSSION



## SREDA, 16. 12. 2020

	<b>8. SLOVENSKA KONFERENCA O ZDRAVLJENJU O ODVISNOSTI v času epidemije COVID-19</b>
	<b>SIMPOZIJ O OKUŽBI Z VIRUSOM HEPATITISA C PRI OSEBAH, KI JEMLJEJO DROGE (language: English)</b>
10.00 – 10.30	Mojca Matičič (Slovenia): <b>DRUG USE AND THE GLOBAL HEPATITIS C ELIMINATION GOAL: EASL POLICY STATEMENT (7)</b>
10.30 – 11.00	SPONSORED SYMPOSIUM/SPONZORIRANI SIMPOZIJ (Medicopharmacia) Mojca Matičič (Slovenia): <b>COVID-19 AND VIRAL HEPATITIS (6)</b>
11.00 – 11.15	Ante Ivančić (Croatia): <b>TREATMENT OF DRUG USERS WITH HCV INFECTION IN GPS OFFICE (15)</b>
11.15 – 11.30	Mateja Jandl (Slovenia): <b>TAKE HOME NALOXONE IN SLOVENIA –IMPLEMENTATION OF THE PUBLIC HEALTH INTERVENTION TO PREVENT DEATHS DUE TO OVERDOSE (5)</b>
11.30 – 12.00	BREAK/ODMOR
	<b>HR IN OBRAVNAVA OSEB, KI JEMLJEJO DROGE V SLOVENIJI, V ČASU EPIDEMIJE COVIDA-19 (v slovenščini)</b>
12.00 – 12.15	Milan Krek: <b>POZDRAV DIREKTORJA NIJZ</b>
12.15 – 12.30	Andrej Kastelic: <b>UVOD - OBRAVNAVA OSEB, KI JEMLJEJO DROGE V JAVNO ZDRAVSTVENI MREŽI V ČASU EPIDEMIJE COVID-19</b>
12.30 – 12.45	Borut Bah: <b>IZVAJANJE PROGRAMOV DRUŠTVA STIGMA V ČASU EPIDEMIJE COVID, DOBRE PRAKSE IN IZZIVI (13)</b>
12.45 – 13.00	Aleksandar M. Caran: <b>COVID-19 V CPZOPD CELJE IN TRBOVLJE (11)</b>
13.00 – 13.15	Jelena Ristić Ilić: <b>OBRAVNAVA PACIENTOV NA CENTRU ZA ZDRAVLJENJE ODVISNIH OD PREPOVEDANIH DROG V ČASU EPIDEMIJE SARS COV 2 (14)</b>
13.15 – 13.30	Nuša Šegrec: <b>OBRAVNAVA BOLNIKOV S KOMORBIDNOSTJO V ČASU EPIDEMIJE NOVE VIRUSNE BOLEZNI COVID-19 (9)</b>
13.30 – 13.45	Drago Sukič: <b>DELOVANJE TERAPEVTSKE SKUPNOSTI ZA ZASVOJENE S PRIDRUŽENIMI TEŽAVAMI V DUŠEVNEM ZDRAVJU V ČASU EPIDEMIJE COVID-19 (8)</b>
13.45 – 14.00	Miha Ruparčič: <b>DELO Z UPORABNIKI V SPREJEMNEM CENTRU DRUŠTVA PROJEKT ČLOVEK (18)</b>
14.00 – 14.15	Nejc Šmit: <b>DELO V NAMESTITVENIH PROGRAMIH DRUŠTVA PROJEKT ČLOVEK V ČASU EPIDEMIJE COVID-19 (12)</b>
	RAZPRAVA



MEMBER OF THE AOP ORPHAN GROUP



# Povzetki/Abstracts



# 1

## LESSON LEARNED AFTER THE FIRST WAVE OF THE COVID-19 PANDEMIC IN THE REPUBLIC OF NORTHERN MACEDONIA

**Liljana Ignjatova**

What we have known so far is that crises do not affect everyone equally and that they mostly affect the most vulnerable categories (people who use drugs, certain ethnic communities, sex workers, etc.). What we learned after the first wave of the COVID-19 crisis is described in this article.

Online counseling in youth counseling centers for prevention of psychoactive substance use was not equally applicable in all settings, such as the Roma community for example. In the youth counseling centers for prevention of substance use, the number of visits by young people with "covid induced / triggered anxiety" has increased, as well as young people who coping the anxiety with alcohol and others substances. Problematic use of the Internet has increased.

The flexibility of drug treatment and care programs has reduced the drop-out rate of people receiving opioid agonist treatment (OAT). Access to programs and decentralized work model across the country have also reduced treatment drop-outs. The presence of all staff working with drug users at the services most of the time, the admissions that were realized immediately without waiting lists and postponed appointments and in any circumstances (in quarantines - hotels, hospitals, etc.) as well as reduced drop-outs have prevented overdoses and suicides of opioid users in the country.

The drug problem has not disappeared, it may have changed but not disappeared. The drugs continued to travel. Online drugs were available. New drug victims continued to seek help.

Conclusion: We do not have the "privilege" to waive the provision of treatment and care, without delay, for all our patients seeking help no matter where they are, at home, in quarantine or coming to the services. Flexibility and pragmatism, creativity and innovation are needed to provide accessible drug treatment services for all but also the most vulnerable categories that will be specific and created for them to reduce the consequences during the COVID-19 pandemic.

Key words: drug use, treatment, COVID-19 pandemic

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# 2

## HARM REDUCTION IN COVID-19 PANDEMIC. Experience of the Croatian Red Cross

**Siniša Zovko**

During the COVID-19 epidemic, the Croatian Red Cross (CRC) never interrupted its Harm Reduction activities in the cities of Zagreb, Krapina and Zadar. The activities in Zagreb was open even after the earthquake that hit Zagreb in March this year. HR activities of CRC worked according to the Protocols of HR work in the conditions of COVID-19, which determined strict epidemiological protective measures for employees and clients of Harm Reduction activities. COVID-19 protocols have also been developed for conducting HIV and HCV testing with rapid tests performed in HCK Harm Reduction programs. Named CRC Harm Reduction Protocols are accepted from EMCDDA.

The impact of COVID-19 on Harm Reduction initially caused a significant reduction in the number of clients. In the Croatian Red Cross, Harm Reduction learned to live with COVID-19. COVID-19 demonstrated the necessity of Harm Reduction operation in the face of epidemics and disasters.

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# 3

## EXPERIENCES IN TREATMENT OF ADDICTS IN BOSNIA AND HERZEGOVINA DURING THE COVID-19 PANDEMIC

**Nermana Mehić-Basara**

The scale of the SARS-CoV2 pandemic was unexpected for all countries of the world, and the virus ability to cause different responses to infection in every human required the adaptation of the health system and the creation of specific models of prevention and treatment.

Addiction to psychoactive substances belongs to the category of chronic brain diseases with a high probability of disease recurrence, which, along with somatic and/or psychological comorbidity, significantly contributes to a decrease in the addict's immune response and a higher chance of infection.

Another important risk factor for addicts is the phenomenon of stigmatization, which is a concomitant occurrence of addiction in general, and which further complicates access to health services for addicts at the time of COVID-19 pandemic.

All mental health services, including addiction treatment cen-

ters, were mobilized immediately at the start of the pandemic, in March 2020, to neutralize the withdrawal symptoms symptoms caused by restrictive measures as well as to prevent disease recurrence in addicts and reduce the risk of infection by this virus.

The imperative goal was to maintain contact with the patient at all costs (directly, by phone, social media or in electronic form) with the formation of a permanent assistance service that is always available.

For addicts in a substitution therapy program (420), detailed instructions were given, both written and oral, on the implementation of self-protection measures. The distribution of methadone therapy was relaxed by extending the period between the two visits, and prescriptions for Buprenorphine and Buprenorphine/naloxone were extended to period between 14 and 21 days.

The response from addicts in the OST program was surprisingly good.

There were no incidents during the lockdown period, and a reduction in the number of persons in states of acute intoxication was observed. Only two patients on OST were positive for coronavirus and were provided with OST at home settings.

Can such a paradox phenomenon be regarded as a „better cognitive response“ of addicts in an emergency in relation to normal time behavior, or is it the impossibility of procuring illegal substances due to restrictive measures of the competent authorities, remains an open question?

Key words: addiction, pandemic, COVID-19, treatment

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## 4 TREATING DIFFICULT TO REACH POPULATIONS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS-THE IMPACT OF COVID-19 EPIDEMICS

### **Andrej Kastelic**

People who use drugs are as vulnerable and immune deficient population additionally exposed to impacts of the COVID-19 pandemic. Mental health, addiction treatment and harm reduction programs are captured between patients and local community's needs, changed regulations, policy changes and law, expectations, guidelines, treatment programs resources and new corona virus epidemics.

Access to care, very strict regulations, not user-friendly therapeutic agreements, far travelling, daily visits to treatment facilities, waiting lists, unfriendly staff... might be the obstacles for comprehensive treatment. With all other needs like housing, homelessness, lack of shelters and money, jobs, poverty, powerlessness, legal support, advocacy... increase the possibility of being infected and get proper care.

People who use drugs and local communities should be involved in designing, conducting and evaluation of services during current pandemic. Patients advocacy/supportive groups together with treatment providers and the communities should be part of the policy developing processes. The right to health is fundamental human right during COVID-19 epidemic, as well.

1st recommendations for addiction treatment centers in Slovenia were distributed already on Feb 24th 2020 with the emphasis on safety of clients and staff. Regional cooperation through Drug Policy Network for South Eastern Europe and South Eastern European and Adriatic Addiction Network were established. Later nearly all national and international organisations in the field prepared different types of guidelines and recommendations on adjusting treatment for underserved populations like women, minors, elderly, people with mental health and physical comorbidities, homeless people, PWUD in custodial settings, migrants etc who use drugs.

The author will presents different treatment practices for PWUDs and programs that support them.

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## 5 TAKE HOME NALOXONE IN SLOVENIA – IMPLEMENTATION OF THE PUBLIC HEALTH INTERVENTION TO PREVENT DEATHS DUE TO OVERDOSE

### **Mateja Jandl**

Overdose among opioid users in Slovenia is one of the main causes of death. Naloxone is an opioid antagonist that can prevent death due to overdose. WHO has issued recommendations in 2014 to expand the availability of naloxone to people who are likely to witness an overdose in their community.

In 2019 the proposal for a public health intervention "Take home naloxone" in Slovenia was prepared based on a decision of Government Commission for Drugs of the Republic of Slovenia. Analysis of literature, recommendations, and comparable programs abroad show that the intervention is likely to reduce the number of deaths due to overdose from opioids. We estimate that with the introduction of an intervention in Slovenia for a period of five years we could prevent up to 25 deaths. The intervention will be implemented through a network of Centres for the Prevention and Treatment of Addiction to Illicit Drugs where training and distribution of naloxone will take place. For empowering bystanders to deliver an intervention, which potentially saves lives, the nasal form of the application was accepted.

The COVID-19 epidemic has had an extraordinary impact on public health in the field of drugs. The change of regulations

regarding treatment for opioid use disorder has created new opportunity to access to treatment and programs. First reports on impact of COVID-19 pandemic on drug overdose are showing increase in some countries. Data and research are needed to draw conclusions on the impact of the pandemic in this area and to find out whether new models implemented in the time of COVID-19 are successful. Proposals to implement those new interventions for future responses include transition to telehealth modalities, increased flexibility for take-home treatment options and provision of training for staff and clients in recognising and responding to opioid overdose and the provision of nasal naloxone.

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## 6 COVID-19 AND VIRAL HEPATITIS

### Mojca Matičič

Patients with chronic liver diseases (CLD) represent less than 1% of reported cases of patients with covid-19. These observations suggest that patients with chronic liver disease are not at increased risk of contracting with severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2). However, a pre-existing CLD is associated with increased risk of death in SARS-CoV-2 infected patients, but less than 2% of patients dying from covid-19 presented CLD. There is an increasing risk of the need for intensive care unit (ICU) and death with each liver disease stage in covid-19 patients with CLD. Patients with advanced cirrhosis have very poor chances of survival following admission to ICU and receiving artificial ventilation. Beside stage of cirrhosis, independent risk factors for death in patients with CLD include age and alcohol-related liver disease. In contrast to metabolic liver disease, little or no evidence has emerged to suggest that the presence of chronic viral hepatitis affects the covid-19 disease course.

However, a serious knock-on effect of not receiving the usual care during covid-19 pandemic is that a viral hepatitis can progress untreated, the infected are not diagnosed quickly enough, and hepatocellular carcinomas are detected too late. To avoid a vicious cycle of viral hepatitis and covid-19, two leading medical societies for liver disease and infectious diseases, EASL and ESCMID, urge healthcare professionals and hospitals to tackle these challenges and aim to provide high quality care of patients with chronic viral hepatitis. They recommend to continue treatment of chronic hepatitis C and chronic hepatitis B if already receiving treatment, or initiate it according to general guidelines in patients without covid-19; in patients with covid-19 initiation of such treatment is usually not warranted and should be deferred until recovery from covid-19. The use of telemedicine/local laboratory testing for follow-up visits in patients receiving antiviral therapy has been encouraged, as well as follow-up-prescriptions by mail and supply extended prescription. Special attention should be paid to vi-

ral hepatitis patients receiving treatment for covid-19 that can additionally affect liver (remdesivir, corticosteroids). The work towards the WHO goal of eliminating viral hepatitis by 2030 should be continued by trying to adapt the cascade-of-care to the new coronavirus situation and make modifications for safe delivery of services according to the local requirements.

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## 7 DRUG USE AND THE GLOBAL HEPATITIS C ELIMINATION GOAL: EASL POLICY STATEMENT

### Mojca Matičič

With the advent of highly effective treatment for hepatitis C virus (HCV) infection the World Health Organization (WHO) set the first Global Health Sector Strategy on Eliminating Viral Hepatitis as a public health threat by 2030. People who inject drugs (PWID) are one of the driving forces of the HCV epidemic in the Western world and account for the majority of new cases of HCV infection in high income countries. In Europe, of the two million of HCV actively infected PWID, 1.5 million live in the Eastern Europe.

Besides HCV treatment, a combination of opioid substitution treatment (OST) and high-coverage needle and syringe (N/S) programmes are essential since they can reduce HCV incidence by more than 70%. In reality, several countries have not adopted OST and/or N/S programs and less than 1 % of PWID live in countries with high provision of HCV testing and treatment. However, even if those services do exist, PWID face many difficulties in accessing a HCV cascade-of-care which are predominantly driven by political resistance to harm reduction services, as well as laws and policies which criminalize drug use, drug possession and PWID themselves.

To provide an enabling environment for PWID to access HCV testing and treatment and achieve the 2030 WHO viral hepatitis elimination goals, European Association for the Study of the Liver (EASL) Policy statement from August 2020 recommends that all barriers to the uptake of the HCV cascade-of-care by PWID need to be removed by changing policies and discrimination that hinder access, including the criminalisation of minor, non-violent drug offences and to adopt an approach based on public health promotion, respect for human rights and evidence.

In the context of eliminating HCV infection, the decriminalisation of drug use in PWID means the decriminalisation of the consumption, purchase and possession of or personal consumption of plants, substances or preparations, not exceeding the amount for individual consumption during a certain period of time. However, to reach the desired goal, both decriminalisation and integrated interventions that include HCV testing and treatment should be implemented so that individual drug users can access centres of assistance regardless their



drug consumption. Combining decriminalisation of drug use and integrated interventions reflects a humanistic approach, pragmatic and focused on protecting public health, thus establishing a basis for a comprehensive system of quality HCV management.

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## 8 DELOVANJE TERAPEVTSKE SKUPNOSTI ZA ZASVOJENE S PRIDRUŽENIMI TEŽAVAMI V DUŠEVNEM ZDRAVJU V ČASU EPIDEMIJE COVID-19

### Drago Sukič

Prve preventivne ukrepe, kot so omejevanje socialnih stikov uporabnikov, dosledno razkuževanje prostorov in umivanje rok in p., smo uvedli že pred razglasitvijo epidemije. Ob razglasitvi epidemije smo takoj izdelali načrt za preprečitev vnosa koronavirusa ter načrt ukrepanja v primeru pojave okužbe med uporabniki ali delavci.

Ukrepi za preprečitev vnosa virusa zajemajo: ukinitve stikov med uporabniki in svojci, ukinitve obiskov svojcev na domu in preverjanja na domu, prostore smo opremili z gradivi o pravilni higieni kašlja, umivanju rok, razkuževanju površin in prostorov, socialni distanci in p. Uporabniki posvet s psihiatrom opravljajo po telefonu, v ambulanto se gre le po depo.

Delavci so dolžni upoštevati pravilo, da v primeru bolezenskih znakov in simptomov (kot so na primer nahod, slabo počutje, bolečine v mišicah, povišana telesna temperatura, kašelj), ostanejo doma in obvesti vodjo programa ter se po telefonu posvetuje s svojim izbranim zdravnikom ter upošteva njegova navodila.

Omejitev stikov seveda predstavlja določeno stisko tako pri uporabnikih, kot tudi pri njihovih svojcih. S tem namenom imamo več stikov ter izvajanja psihosocialne podpore svojcem preko telefona in drugih sredstev, uporabnikom v programu pa nudimo dodatno terapevtsko in strokovno podporo.

Sprejemanje novih uporabnikov poteka s tesnim sodelovanjem s svojci ter zdravstvenimi ustanovami. Pogoji za vstop je med vsemi ostalimi tudi vsaj deset dnevna karantena ter negativni test na koronavirus.

Do zdaj tako v naši terapevtski skupnosti kakor tudi v ostalih programih, ki se izvajajo v okviru Zavoda Pelikan-Karitas nismo zabeležili okužbe med uporabniki niti med delavci.

To kar opažamo v tem času je, da se naše vezi z vladnimi kakor tudi z nevladnimi organizacijami še dodatno utrjujejo, ravno tako so pa postale močnejše vezi s svojci uporabnikov. Vsaka kriza namreč prinaša tudi priložnosti za kaj dobrega in če bodo naši odnosi po tej krizi še bolj pristni in sočutni, bomo kot celotna družba lažje okrevali tudi na področju duševnega zdravja.

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## 9 OBRAVNAVA BOLNIKOV S KOMORBIDNOSTJO V ČASU EPIDEMIJE NOVE VIRUSNE BOLEZNI COVID-19

### Nuša Šegrec

Epidemija nove virusne bolezni COVID-19 je tako kot na drugih področjih grobo posegla tudi v obravnavo bolnikov s komorbidnostjo. Seveda smo v sklopu dela zdravstveni delavci upoštevali vse priporočene aktualne smernice in priporočila v boju proti pandemiji, ne zanemarjajoč tudi specifične populacije bolnikov s t. i. dvojno diagnozo. Omenjena subpopulacija bolnikov z odvisnostjo ima namreč svoje posebnosti zaradi pridruženih težav v duševnem zdravju.

Že pred razglasitvijo epidemije smo ob spremljanju slabšanja epidemiološke slike predvsem v sosednji Italiji uvedli edukacijske intervencije za bolnike v smislu preventivnih ukrepov.

Delo dnevne bolnišnice smo v nadaljevanju prilagodili, v prvih tednih epidemije smo z bolniki ohranjali redne stike po telefonu dvakrat tedensko, potem pa postopoma vpeljali klasičen program z nekaj prilagoditvami (maske, razdalja med posamezniki, prezračevanje in razkuževanje prostorov) ter se ob poslabšanju epidemiološke situacije ponovno vrnili na prvoten način dela »na daljavo«.

Zaradi vzpostavljanja t. i. sive cone v bolnišnici smo bili primorani bolnike ponovno (kot pred vzpostavitvijo Oddelka za paciente s komorbidnostjo) vključevati v zdravljenje na »klasičnih« oddelkih, kar je zahtevalo dodatne prilagoditve znotraj programa, da zaradi morebitne prezahtevnosti visokostrukturiranih programov ti bolniki ne utrpeli dodatne škode.

Skušali smo ohranjati kontinuiteto ambulantnih pregledov, ki smo jih v tem času večinoma opravljali po telefonu. Trudili smo se ohranjati še večjo dostopnost v smislu dosegljivosti na telefonske klice. Še posebej se nam je v tem času pokazal uporaben način elektronskega predpisovanja receptov. Nekatere bolnike s sočasnimi duševnimi motnjami, ki so prejeli depo antipsihotično terapijo, smo začasno prevedli na per os terapijo - z izjemo tistih, pri katerih smo ocenili, da bi lahko prišlo do poslabšanja bolezni.

Nismo le vzdrževali smo stikov s strokovnim osebjem terapevtskih skupnosti, temveč jih po potrebi tudi intenzivirali.

Ob nenehnem krmarjenju med individualizacijo programa, ki bi bil prilagojen bolniku in njegovim potrebam ter med epidemijo še kako izkazani težnji po občutku za drugega in širšo skupnost, pa smo v teh posebnih razmerah nič manj kot kdaj koli poprej zaznavali potrebo po dolgoročnejšem terapevtskem programu za paciente s komorbidnostjo.

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## ADAPTING OPIOID MAINTENANCE THERAPY (OMT) IN BUCHAREST DURING COVID PANDEMIA

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**Background:** The Covid pandemic imposed people circulation restrictions and affected society in many ways: Restricting daily movement to and from treatment centres, getting people unemployed (especially those working illegally), increasing depression and anxiety, etc. Romania has the lowest coverage from EU countries in drug addiction treatment centres (OMT) -7% instead of minimum 20% and only one of the many opioid treatment medications. The rules and norms upon treatment initiation and surveillance made impossible new admissions to treatment in the first 2 months of emergency law.

**Methods:** As EMCDDA and other international addiction associations emphasise rather quickly some recommendations in order to prevent acute withdrawals and/or overdoses among addicted patients, we decided to tackle the situation by "bending" the rigid rules in "Covid Pandemic times". We decided to double the prescription period in those already on take home dosages, in those who were coming daily we give them 3-4 days take home dosages and after the 2 months with emergency state we have shortened the time for induction and time between passing from one prescription period to the next. For the staff we decide to work in weekly shifts and psychotherapy sessions were partially moved online.

**Results:** After 6 months - 2 in emergency and 4 in alert status we saw in those less stabilised an increase in the daily doses and thus chaotic administration and more positive urine tests.

**Conclusion:** As in many others fields Covid has also imposed rapid changes in the opioid substitution treatment. Main problem remains the difficulty of including new patients in treatment as we have only methadone available and rules of induction could not been met. Suboxone isn't brought in Romania since October 2019 due to lack of interest of the importer.

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## COVID-19 v CPZOPD Celje in Trbovlje

**Aleksandar M. Caran**

Od začetka leta 2020 so evropske države z izbruhom pandemije nalezljive bolezni COVID-19 izložene v novejši zgodovini nevideni nevarnosti po splošno zdravje prebivalstva. Ta situacija, katera še vedno traja, terja hitre spremembe in prilagoditve v večinoma okorelimi zdravstvenimi sistemi. Med vsemi drugimi pacienti - osebe, ki uporabljajo prepovedane droge so posebno občutljive na spremembe katere se dogajajo v naši novi stvarnosti. V Sloveniji se kemične zasvojenosti obravnavajo hospitalno (predominantno v ljubljanskem Centru za zdravljenje odvisnosti od prepovedanih drog) ter ambulantno v mreži Centrov za preprečevanje in zdravljenje odvisnosti od prepovedanih drog (CPZOPD). Avtor bo prikazal dosedanje izkušnje v času potekajoče javnozdravstvene krize v dveh centrih (Celje in Trbovlje) od enaindvajset obstoječih slovenskih CPZOPD.

**Ključne besede:** COVID-19, zasvojenost, prepovedane droge, krizni management.

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## DELO V NAMESTITVENIH PROGRAMIH DRUŠTVA PROJEKT ČLOVEK V ČASU EPIDEMIJE COVID-19

**Nejc Šmit**

V okviru Društva Projekt Človek delujejo štirje namestitveni programi; Terapevtska skupnost (TS), Terapevtska skupnost za zasvojene starše (TSS), Terapevtska skupnost za zasvojene

s pridruženimi težavami v duševnem zdravju (TS DID) in Center za reintegracijo (CR). V času epidemije COVID-19 smo zaposleni skušali zagotoviti nemoteno delovanje programov. Delavci vsakega programa smo razdeljeni na dve ekipe, ena dela v programu, druga od doma. S tem smo zagotovili kader v primeru suma na okužbo, rizičnega stika ali potrjene okužbe. V TS in TS DID imamo vzpostavljeno sivo/rdečo cono, kjer lahko izoliramo uporabnika v primeru suma ali okužbe. Uporabniki CR so večinoma v domačem okolju, terapevtsko delo z njimi pa poteka preko spletnih aplikacij. Izhodi uporabnikov so omejeni na le najnujnejše. Tudi stike s svojci skušamo izvajati preko spletnih aplikacij. V drugem valu smo v TS imeli potrjeno okužbo s COVID-19. Vzpostavljena je bila rdeča cona za okuženega uporabnika. Delavci, ki so bili z njim v stiku, so bili v karanteni, ostali pa so upoštevali ukrepe. Vsi delavci so nosili skafandre, vizirje, maske in redno razkuževali prostore. Organizirali smo 2 testiranja v razmaku 10 dni. Na ta način smo uspeli zajezi okužbo v centru, saj nihče od ostalih uporabnikov in delavcev ni bil pozitiven na testu. VTS DID smo uporabnika, ob vstopu, izolirali v sivi coni, v kateri je ostal 14 dni in s tem zmanjšali možnost okužbe v skupnosti. Ves čas smo uporabnike obveščali o sprejetih ukrepih in jim bili v čustveno podporo pri sprejemanju epidemioloških ukrepov. Da bi zaščitili uporabnike, smo vse stike z zunanjimi osebami omejili ter prevzeli tudi skrb za nabavo vseh nujnih življenjskih potrebščin ter omogočili dostop, prevoz in spremstvo za udeležbo pri zdravniških pregledih in sodnih obravnavah. Tekom epidemije nam največ težav povzročata manko kadra, saj delo v dveh ekipah pomeni, da je manj delavcev naenkrat prisotnih v programu. Zaznali smo, da so stiske uporabnikov ob izolaciji še toliko večje, obseg terapevtskega dela pa je zaradi manjših ekip zmanjšan. V društvu in med centri je bila vzpostavljena ekipa koordinatorjev, ki skupaj oblikujejo najboljši način dela med epidemijo.

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## 13 IZVAJANJE PROGRAMOV DRUŠTVA STIGMA V ČASU EPIDEMIJE COVID, DOBRE PRAKSE IN IZZIVI

### Borut Bah

V času epidemije Covid 19 se je žal ponovno pokazalo, da so uporabniki drog, še bolj pa brezdomci izredno rizična skupina, ki v teh situacijah najbolj nastrada. Preventivni ukrepi trenutno preprečujejo, da bi se programi izvajali na enak način kot pred epidemijo. Za primer – v dnevnem centru na Petkovškovem nabrežju 29 smo imeli pred epidemijo 60 – 70 uporabnikov dnevno, hkrati tudi do 30 v prostoru. Po epidemiji je trenutno standard dveh uporabnikov v prostoru. Večina intervencij se zato izvaja na ulici, saj zaradi omejitev in preventivnih ukrepov kapacitete programov postajajo premajhne, uporabniki

pa vedno več časa preživijo na ulici. V poletnem času in topli jeseni so bile razmere še znosne, ne upamo si predstavljati, kaj se bo zgodilo ob poslabšanju vremena, kaj šele pozimi.

V času prvega vala epidemije (15.3. – 31.5.2020), smo večino aktivnosti izvedli pred dnevnim centrom na Petkovškovem nabrežju 29. Dnevno smo imeli obiske Policije, občasno tudi Inšpektorata za zdravstvo. In stalne pozive sosedov, da moramo program zapreti. Odločili smo se, da morajo (kljub negodovanju in nerazumevanju sosedov) uporabniki imeti stalen dostop do sterilnega pribora in informacij in da v času epidemije Covid ne smemo pozabiti na druge preventivne ukrepe – preventiva HIV in hepatitsov.

V času epidemije se je spremenilo tudi podeljevanje substitucijske terapije v CPZOPDjih - pohvaliti je potrebno ukrep podeljevanja substitucije uporabnikom za daljše obdobje – tedna ali celo dveh. Vsekakor je to po našem mnenju bolj human pristop kot vsakodnevno prihajanje v ZD. So pa nekateri uporabniki še vedno naleteli na težave – vstop v program se ni vedno tretiralo kot nujen poseg, ni bilo javnega prevoza,... V času epidemije smo imeli pozitivne izkušnje s sodelovanjem z nekaterimi CPZOPDji, iz katerih smo v času nedelovanja javnega prevoza dostavljali substitucijsko terapijo uporabnikom, ki do ZD niso mogli.

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## 14 OBRAVNAVA PACIENTOV NA CENTRU ZA ZDRAVLJENJE ODVISNIH OD PREPOVEDANIH DROG V ČASU EPIDEMIJE SARS CoV 2

### Jelena Ristić Ilić

Od razglasitve epidemije SARS CoV 2 dne 12. 5. 2020 do 19. 5. 2020 nismo vključevali paciente v bolnišnični program zdravljenja na Center za zdravljenje odvisnih od prepovedanih drog. Od 19. 5. 2020 do konca novembra smo bolnišnično zdravili 103 paciente. Paciente smo sprejemali z negativnim brisom na SARS-CoV 2, ki ni bil starejši od 48 ur. Sprejeti so bili na izolacijski oddelek, v tako imenovano »sivo cono«, za 7 do 10 dni. V tem času so imeli pacienti prilagojen terapevtski program, z namenom omejitve stikov med pacienti ter med pacienti in osebjem, v sklopu preprečevanja širjenja okužbe. Po poteku časa izolacije so bili premeščeni na navadni oddelek, kjer je obravnava potekala po programu.

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## TREATMENT OF DRUG USERS WITH HCV INFECTION IN GPS OFFICE

### Ante Ivančić

It is estimated that 1.6% or 115 million of the world's population has ever been infected with HCV, and 2/3 have an active infection.

The most common mode of HCV transmission is intravenous drug use with contaminated equipment, and drug addicts are the leading group among HCV positive patients.

Treatment of hepatitis C is a curative measure for an individual, but since there is no vaccine, also the most important preventive measure. Inclusion of as many addicts as possible is crucial to combat the HCV epidemic. The Croatian model of substitution therapy, which is implemented in GP surgeries, but patients must periodically report to the Centers for outpatient treatment, provides excellent preconditions for the inclusion of a large number of patients and their successful treatment.

For more than 20 years, there have been effective drugs against HCV infection that are continuously improving. In the last few years, oral therapy has been available, with a success rate of more than 95%, with minimal side effects, which has opened up the prospect of involving a much larger number of patients. The treatment of HCV infection in Croatia is fully covered by health insurance, but an approval by health authorities is needed.

At the Poreč Center for Addiction Treatment a community based outpatient facility, since April 2019, in cooperation with local GPs, we have started with a systematic check of HCV status of the patients in treatment. A motivational interview was conducted and an information leaflet was given to patients, with a recommendation to give it to their friends.

Of the 269 patients on the registry, we were able to reach 32 who were HCV RNA positive, never treated or unsuccessfully treated and who met the treatment criteria.

All were referred for treatment in the nearest hepatologist in Pula General Hospital. Out of 32 patients, 28 of them responded and came on the list for approval of treatment from National Health Insurance Institution. So far, 8 of them have completed treatment and all are HCV RNA negative.

From September 2019, the same model of HCV treatment is carried out other parts of the Istria county.

Conclusion: Drug addicts are the largest group among those suffering from hepatitis C, and due to the risky lifestyle, they are also a key group for the spread of the disease.

The model of systematic check of HCV status of the patients in treatment for drug addiction, followed by motivational interview and the developed protocol on cooperation between the GPs, Drug Addiction Treatment Centers, and hepatology departments, as implemented in Istria, can be applied in other regions of the country and eventually enable Croatia to achieve the WHO goal: elimination of hepatitis C by 2030.

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## WORKING ON ADDICTIONS, SHARING, AND COPING WITH CONFINEMENT COVID19

### Luís Patrício

Early March 2020, confinement arrived, and our lives changed. Our new digital book Treatment of Heroin Addiction - news and needs, free edition of pedagogical Mala da Prevenção, (international collaboration, including Dr Andrej Kastelic), was scheduled to be presented live in March, in a consumption neighborhood - open scene: [youtube.com/user/psimedicina/videos](https://youtube.com/user/psimedicina/videos).

Due the confinement situation, we made the presentation via WEB International Meeting, outside this open scene. Since then, and with the added value of the involvement of the network - T3E Drug Addiction-Europe-Exchange-Training, it has been possible to greatly expand international participation in our regular Web Meetings. For 9 months we held 24 meetings, with free participation and, since April, with an average duration of two hours.

Colleagues from Europe, Africa, Americas, and Australia have participated, totaling 19 countries and a few dozen cities. To colleagues, friends of many years, new colleagues and friends and young colleagues and friends were added, which enriches the dimension of sharing. In this way, we also seek to promote our health and well-being and defend ourselves from the damages of confinement.

It's an informal space for sharing knowledge, thoughts, emotions and concerns.

Professionals in health, social and educational fields are regular in these meetings.

Themes are diverse, naturally addressing the situation face of the pandemic COVID 19, local, national, transnational reactions, and many other concerns associated with the lives and feelings of each participant, in the personal, social, educational, health and political issues and in the work field, as health professionals, in particular mental health. It's an act of love and sharing, so also, we talk about love and communication.

To better illustrate, messages from some participants, from different countries, will also be shared.

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## HARM REDUCTION PROGRAMMES IN SOUTH EAST EUROPE DURING THE COVID-19 PANDEMIC

### Milutin Milošević

DPNSEE reacted early to the pandemic expressing concern that the health systems may not have fully in their sight the key affected populations. We sent a letter to member organizations to mobilize them and published the Public appeal to protect vulnerable groups from coronavirus, inviting governments to ensure that all individuals have the opportunity to remain healthy and safe.

We prepared useful leaflets on protective measures: for drug users (general), cannabis users, people who take drugs snorting, people who go clubbing and sex workers - in English and "local language". These were published both electronically and in paper and distributed across the region.

We organized three conferences: on protection of vulnerable populations, social, mental and economic consequences of the pandemic and Donor conference.

In general, key populations are side-lined and not enough covered by health care except OST which is provided for three days in some up to three weeks in other countries. Situation is very critical in Bosnia Herzegovina and Bulgaria, where HR services closed, and in Albania and Romania where they experience problems with sustainability.

In the first wave of the pandemic, the drop in centers in several countries closed. All service organizations moved to outreach support, operate with reduced working times and distribute materials through windows or at the door. There are good examples of users self-organization to ease distribution.

A specific problem, present all around the region, is lack of food for key populations, starving, malnutrition and lack of basic hygienic materials.

Several organizations provide psychiatric support on-line or by phone, some also counselling, case management of users and social services handling.

The organizations have seriously taken the situation and do their best to protect their staff. In the first wave, there were not enough protection materials, especially masks and disinfectors, but situation is better now.

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## DELO Z UPORABNIKI V SPREJEMNEM CENTRU DRUŠTVA PROJEKT ČLOVEK

### Miha Ruparčič

Tudi v Društvu Projekt Človek smo način izvajanja svetovalnega dela v sprejemnih centrih seveda prilagodil razmeram, ki so nastale zaradi virusa COVID 19.

Opažamo, da se je v nekaterih primerih odnos uporabnikov do samega programa pozitivno spremenil – predvsem v smislu sprejemanja pomoči. To negotovo obdobje, ki je polno dodatnih stisk s katerimi se soočajo naši uporabniki (in navsezadnje tudi mi delavci) pa je tudi povezovalno na mnogih relacijah, kar bo upam doprineslo k še boljšemu oz. učinkovitejšemu delu v prihodnje.

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## COVID-19: KAJ SMO SE NAUČILI DO SEDAJ

### Janez Tomažič

V letu 2019 so zaznali hude akutne okužbe dihal, ki jih je povzročil novi koronavirus. Poimenovali so ga SARS-CoV-2 (angl. severe acute respiratory syndrome coronavirus 2), ki povzroča novo infekcijsko bolezen covid-19 (angl. coronavirus disease 19, koronavirusna bolezen 19). Svetovna zdravstvena organizacija je zaradi globalnega širjenja potencialno smrtno infekcijske bolezni prepoznala novi koronavirus kot resno grožnjo javnemu zdravju in razglasila pandemijo. Covid-19 je precej kužna bolezen, ki se med ljudmi prenaša predvsem kapljično. Prenaša se tudi kontaktno, v določenih okoliščinah pa je možen prenos tudi z aerosolom. Skoraj polovica vseh sekundarnih okužb je posledica prenosov od brezsimptomnih in pre-simptomatskih oseb in ti prenosi so Ahilova tetiva te nove infekcijske bolezni. Dokazano je, da virus bolj učinkovito prenašajo samo določene osebe, ki jih imenujemo »superprenašalci«. To so osebe, ki so zelo kužne in lahko prenesejo virus na nekaj 10 ali stotine ljudi med govorjenjem, vpitjem, kašljanjem in kihanjem. Iz do sedaj neznanih vzrokov izločajo veliko količino kužnih delcev. Inkubacija traja od 2 do 14 dni, v povprečju od 4 do 6 dni. Žal ni nobenih specifičnih bolezenskih simptomov in znakov, po katerih bi covid-19 lahko razlikovali od ostalih virusnih okužb dihal, kot sta npr. gripa in prehlad. Bolezen večinoma poteka subakutno. Čeprav so najpogosteje prizadeta pljuča, gre za kompleksno bolezen, ki prizadene tudi druge organe. Pri nekaterih pacientih s covid-19 pljučnico opažamo t. i. »tiho hipoksemijo«. Kljub izraziti hipoksemiji in obsežnim spremembam na slikovnih preiskavah pljuč, nimajo občutka dispneje. Pacientovo zdravstveno stanje je nekaj časa na videz stabilno, nato pa se lahko hitro

poslabša, potreben je sprejem v bolnišnico, pogosto intubacija in mehansko predihavanje. Tovrstno poslabšanje se lahko zgodi zelo hitro. Pomembno je, da stanje poznamo, aktivno iščemo, pravočasno prepoznamo in ustrezno ukrepamo. Najpomembnejši dejavniki tveganja za hud potek bolezni so starost in komorbidnosti (visok krvni tlak, sladkorna bolezen itd.), pomembna je tudi debelost. Važna je hitra diagnostika, ki temelji na klinični sliki, laboratorijskih izvidih, slikovnih preiskavah in mikrobioloških izvidih. Zlati standard za diagnozo je dokaz virusne nukleinske kisline (RNK) na sluznicah dihalnih poti z metodo verižne reakcije s polimerazo v realnem času (RT PCR). Najpogosteje odvezamemo bris nosno-žrelnega prostora. Večina bolnikov ima blag do zmeren potek bolezni (80 %), ko hospitalizacija ni potrebna, 15 % ima hudo pljučnico in potrebuje zdravljenje s kisikom, 5 % bolnikov pa je treba sprejeti v enote intenzivnega zdravljenja. Najpomembnejša je preventiva. Cepiva so na pohodu. Učinkovitih protivirusnih zdravil še nimamo, pomembno je podporno zdravljenje, v »vnetno-imunski fazi« pa uporabljamo glukokortikoide.

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or recombinant S-protein. During the presentation, a progress, development and comparison of different vaccine candidates will be presented in terms of their technologies, efficacy and safety.

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## VACCINES AGAINST SARS-COV-2: CURRENT PROGRESS

### Borut Štrukelj

COVID-19 is the disease caused by a novel betacoronavirus, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV2). The disease was first reported in December 2019 in Wuhan, China. By March, COVID-19 had spread globally and was declared a pandemic. SARS-CoV-2 has a large (30 + kb) single-stranded positive sense RNA genome encased by a helical nucleocapsid (N) and an outer envelope comprised of matrix protein (M), envelope protein (E) and spike proteins (S). The S protein contains the receptor-binding domain (RBD) responsible for binding onto the angiotensin converting enzyme 2 (ACE2). S protein is a major target antigen for vaccine development. Developing and scaling-up mass production of a vaccine rapidly in a global pandemic setting is challenging as it requires many activities to be well-coordinated and occurring in parallel. Novel platforms of DNA and RNA vaccines have been developed based on previous experiences obtained from the development of Ebola, Zika and Chikungunya gene-based vaccines. Introduction of genetic material (RNA, DNA) coding for S-protein is possible by using adenoviral vectors or by non-viral gene transfer. After a gene is introduced into human cell, the production of S-protein occurs on ribosomes and after release from the cell, immune system starts to activate the production of neutralizing antibodies. In parallel, more than 50 different pharma companies start to develop conventional vaccines by using live viruses, attenuated viruses, their particles



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- Parkinsonova bolezen,
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- respiratorni sincicijski virus (RSV),
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# ELIMINACIJA TUKAJ IN ZDAJ

Od kraja do kraja, od bolnika do bolnika;  
vaša prizadevanja pri zdravljenju hepatitisa C  
prispevajo k odpravi hepatitisa C v Sloveniji.

IG-10-2020-23

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držav srednje in  
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let skrbimo za  
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**100+**

inovativnih zdravil

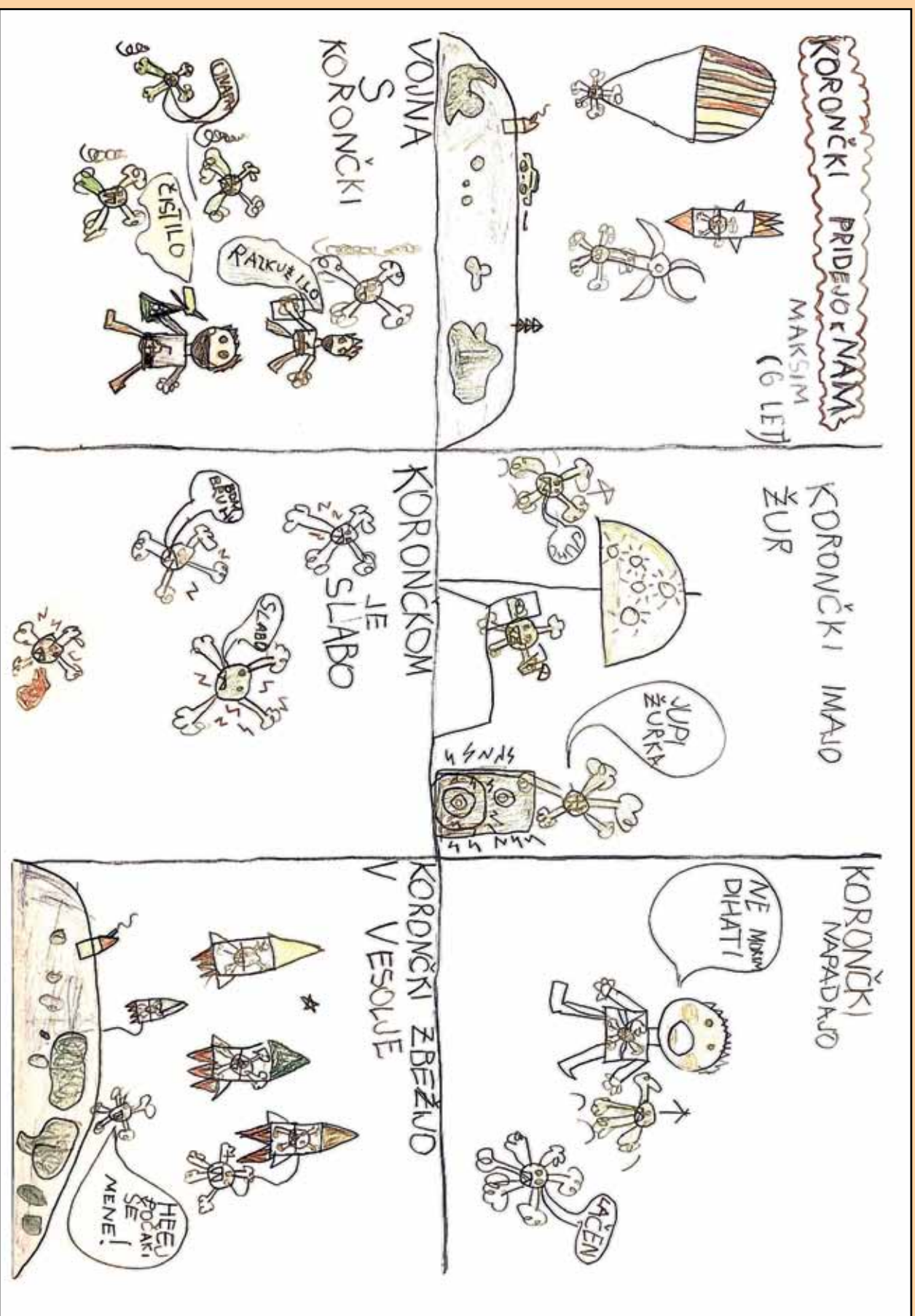
**350**

odličnih sodelavcev



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