administration, and 24 and 48 h post-dose. The sample consists of individuals aged 19–25 who use cannabis 1–4 times per week who were screened as eligible to participate. Measures of driving simulator performance, cognition, mood, and motor skills were collected before and after a single dose of smoked cannabis (approximately 12.5% THC). Quantification of THC and metabolites in blood and subjective drug effects were collected prior to drug administration, then repeated eleven times over the next 48 h. This analysis focuses on the time between baseline and six hours post-dose.

Results: Preliminary results ($n = 42$, average age = 22.3, 42% female, 58% male) show significant interaction between time (pre- or post-drug) and condition (placebo or active) in all subjective drug effects reported in the Visual Analogue Scale ($p < 0.001$). Drug effects also were also seen in the Addiction Research Center Inventory score for the Lysergic Acid Diethylamide scale, which measures dysphoria ($p = 0.022$). Confusion as measured by the Profile of Mood States approaches significance ($p = 0.069$), with higher values in the active group. Impairment of motor skills in the active group approached significance on the Grooved Pegboard Test for the non-dominant hand ($p = 0.060$). Mean speed on the driving simulator is significantly reduced in the active group when driving under a dual task condition ($p = 0.025$).

Conclusions: The preliminary findings of this study show that cannabis may affect driving behavior.

Financial support: Funding was provided by Canadian Institutes of Health Research.

http://dx.doi.org/10.1016/j.drugalcdep.2015.07.1004

Health service use in a randomized clinical trial comparing three methods of emergency department interventions for opioid dependence

S. Busch*, K. Hawk, D. Fiellin, P. O'Connor, M. Chawarski, P. Owens, M. Pantalon, S. Bernstein, G. D'Onofrio

Yale University, New Haven, CT, United States

Aims: We previously demonstrated in a randomized clinical trial that Emergency Department (ED)-initiated buprenorphine (Bup) with primary care follow-up (BupPC) was superior to standard referral to community-based treatment (RT) and Screening, Brief Intervention with a facilitated referral (SBIRT) in increasing treatment engagement and reducing opioid use at 30-days. We aim to evaluate health service use 30 days following enrollment in this clinical trial.

Methods: We randomized 329 opioid dependent patients presenting to a large, urban ED to RT ($n = 104$), SBIRT ($n = 111$) or BupPC ($n = 114$). RT patients received a referral to a substance Use Disorder (SUD) provider, SBIRT patients received a Brief Negotiation Interview and a facilitated referral to a SUD provider, BupPC patients received SBIRT, ED-initiated Bup and ongoing Bup in primary care. We assessed use of SUD treatment services in outpatient settings, EDs, and inpatient settings using the Treatment Services Review. Analyses were conducted using chi-square and MIXED models.

Results: The groups were similar: 76% male; mean age 31; 78% had insurance (43% Medicaid); and 45% reported no usual source of care. There was no difference in number of outpatient SUD visits between groups: 4.99 (95% CI 3.14–6.84), 5.67 (95% CI 3.98–7.37) and 3.71 (95% CI 2.12–5.30) in the RT, SBIRT and BupPC groups. There were no differences in ED use for SUD across the three groups: RT (15/69; 22%); SBIRT (12/82; 15%); and BupPC (18/93; 19%); $p = 0.51$. Patients in the RT and SBIRT groups utilized inpatient SUD treatment services at higher rates (37%, 95% CI 27–48 and 35%, 95% CI 25–37) compared the BupPC group (11%, 95% CI 6–19); $p < 0.001$.

Conclusions: Patients in the BupPC group were less likely to use inpatient SUD treatment and had similar numbers of outpatient visits, suggesting more efficient, less costly resource use.

Financial support: NIDA-5R01DA025991, 5K12DA033312.

http://dx.doi.org/10.1016/j.drugalcdep.2015.07.1005

International standards on the treatment of drug use disorders

Anja Busse[3,*], G. Gerra[1], Igor Koutsenok[4], Elizabeth Saenz[2]

[1] *Drug Prevention and Health Branch, UNODC, Vienna, Austria*
[2] *PTRS, UNODC, Vienna, Austria*
[3] *Prevention, Treatment and Rehabilitation Section (PTRS), United Nations Office on Drugs and Crime (UNODC), Vienna, Austria*
[4] *Prevention, Treatment and Rehabilitation Section, UNODC, Vienna, Austria*

Aims: Substance abuse and dependence is a public health, developmental and security problem both in industrialized and developing countries. In the framework of the UNODC-WHO Programme on Drug Dependence Treatment and Care, UNODC and WHO together with their international partners have initiated a process to develop International Standards for the Treatment of Drug Use Disorders. The Standards will build on existing publications such as the UNODC-WHO Principles of Drug Dependence Treatment (2009) and incorporate evidence and experience gathered worldwide. The aim is to provide UN Member States with a practical and comprehensive technical tool that will help to guide policy development; plan, organize and manage drug treatment services within and beyond the health system; develop the capacity of human resources; and evaluate service and system level interventions. The International Standards for the Treatment of Drug Use Disorders will promote treatment strategies that are based on the best available science, humane, and respect human rights and dignity and this way improve the service for individuals affected by drug use disorders.

Conclusions: A first outline will be presented for discussion with the international scientific community.

Financial support: UNODC receives voluntary and regular budget contributions from Member States. The International Standards on the Treatment of Drug Use Disorders have received funding from the US/INL.

http://dx.doi.org/10.1016/j.drugalcdep.2015.07.1006

Hepatitis C and associated risk behaviours in people who inject drugs

Kerryn Butler*, Lucy Burns

National Drug and Alcohol Research Centre, UNSW Australia, Sydney, NSW, Australia

Aims: The primary objectives of this study were to (1) determine the extent of Hepatitis C (HCV) testing among a group of people who inject drugs (PWID) regularly, (2) to compare the drug use and risk behaviours of PWID who reported screening positive for HCV antibodies (HCVAb) and those who tested negative for HCVAb.