

СОЦІАЛЬНА ТА КЛІНІЧНА НАРКОЛОГІЯ

УДК 616.89-008.441.33-0.85:616.822.1

**S. I. Tabachnikov^{1*}, I. Ya. Pinchuk¹, Ye. M. Kharchenko¹, O. S. Osukhovska¹, O. Yu. Tabachnikov²,
V. B. Mazbits¹, A. M. Chepurna¹, V. I. Salden¹, T. V. Tovalovych¹, N. O. Mykhalchuk³**

**PSYCHOLOGICAL, CLINICAL AND INSTRUMENTAL-LABORATORY METHODS
FOR THE DIAGNOSIS OF THE USAGE OF PSYCHOACTIVE SUBSTANCES
BY SOMATIC PATIENTS IN THE PRACTICE OF FAMILY MEDICINE**

¹State institution «Research Institute
of Psychiatry Ministry of Health of Ukraine», Kyiv, Ukraine

²Kiev Medical University, Kyiv, Ukraine

³Rivne State University of the Humanities, Rivne, Ukraine

Background. The use of psychoactive substances among the population of different countries of the world, in particular in Ukraine, is one of the most significant medical and social problems of our time. The situation is even more threatening due to not only the mental and behavioral consequences of the use of surfactants, but also somatic. These comorbid disorders are severe and sometimes complete with mortality, especially in adolescence, young or adult age. In the view of modern medical reform in Ukraine, family doctors have a wide range of professional functions at the primary level of medical care, which determines the provision of qualification assistance to the contingent under review in full. Until recently, there are no scientific and practical standards on this important topic in the country.

Objective – determination of criteria for psychological, clinical and instrumental and laboratory methods for diagnosing the use of surfactants in somatic patients in family medicine practice.

Materials and methods. With the help of clinical-anamnestic, psychodiagnostic, clinical-psychopathological and instrumental-laboratory methods, 220 somatic patients (men – 54 %, women – 46 %) who use psychoactive substances visited by a family doctor were examined. The study was conducted on the basis of the Center of Primary Health Care in Kiev, during 2017-2018.

Results. On the grounds of the presented diagnostics, in particular, the developed 4-step specific and quantitative use of various psychoactive substances, the ratio of the nature of psychoactive substances and their somatic consequences was found by medical evidence for the most common pathogenicity profiles: cardiovascular, gastrointestinal, and respiratory. Age, gender and follow-up indicators are presented.

Conclusion. Clinical-anamnestic, socio-demographic, psychodiagnostic, clinical-psychopathological, instrumental and laboratory criteria for the characteristics of patients with comorbid pathology (use of surfactants with somatic consequences) were determined. Diagnostic psychocorrectional and preventive measures of this category of patients in the practice of family medicine are indicated.

Keywords: psychoactive substances, somatic patients, methods of modern diagnostics.

**ПСИХОЛОГІЧНІ, КЛІНІЧНІ ТА ІНСТРУМЕНТАЛЬНО-ЛАБОРАТОРНІ МЕТОДИ ДІАГНОСТИКИ ВЖИВАННЯ ПСИХОАКТИВНИХ РЕЧОВИН
У СОМАТИЧНИХ ХВОРИХ В ПРАКТИЦІ СІМЕЙНОЇ МЕДИЦИНИ**

**С. І. Табачніков^{1*}, І. Я. Пінчук¹, Є. М. Харченко¹, О. С. Осуховська¹, О. Ю. Табачніков², В. Б. Мажбіц¹,
А. М. Чепурна¹, В. І. Салден¹, Т. В. Товалович¹, Н. О. Михальчук³**

¹ДУ «Науково-дослідний інститут психіатрії МОЗ України», м. Київ, Україна

²Київський медичний університет, м. Київ, Україна

³Рівненський державний гуманітарний університет, м. Рівне, Україна

Актуальність. Вживання психоактивних речовин (ПАР) серед населення різних країн світу, зокрема в Україні, є однією з найбільш значних медико-соціальних проблем сучасності. Становище має ще більш загрозливий характер у зв'язку з наслідками вживання ПАР не тільки психічними і поведінковими, а й соматичними. Ці коморбідні розлади мають тяжку динаміку і часом завершуються летально, особливо в юнацько-молодому або літньому віці. В сфері сучасної медичної реформи в Україні сімейним лікарям належать професійні функції широкого кола на первинному рівні медичної допомоги, що визначає і надання повної кваліфікованої допомоги означенному контингенту осіб у повному обсязі. До останнього часу в країні відсутні науково-практичні стандарти з даної важливої теми.

Мета – визначення критеріїв психологочних, клінічних та інструментально-лабораторних методів діагностики вживання ПАР у соматичних хворих в практиці сімейної медицини.

Матеріали та методи. За допомогою клініко-анамнестичного, психодіагностичного, клініко-психопатологічного і інструментально-лабораторних методів обстежено 220 соматичних хворих (чоловіків 54 %, жінок 46 %), які вживали ПАР і звернулись до сімейного лікаря. Дослідження проводилось на базі Центру первинної медико-санітарної допомоги м. Києва протягом 2017–2018 рр.

Результати. На основі представленої діагностики, зокрема розробленого 4-ступеневого видового і кількісного вживання різних ПАР, виявлено медично-доказове співвідношення характеру ПАР та соматичних наслідків їх вживання за найпоширенішим профілем патогенності: серцево-судинним, шлунково-кишковим та дихально-легеневим. Наведені вікові, гендерні та катамнестичні показники.

Висновки. Визначено клініко-анамнестичні, соціально-демографічні, психодіагностичні, клініко-психопатологічні та інструментально-лабораторні критерії характеристики хворих з коморбідною патологією (вживання ПАР з соматичними наслідками). Окреслені діагностичні психокорекційні та профілактичні заходи для даної категорії пацієнтів у практиці сімейної медицини.

Ключові слова: психоактивні речовини, соматичні хвороби, методи сучасної діагностики.

ПСИХОДИАГНОСТИЧЕСКИЕ, КЛИНИЧЕСКИЕ И ИНСТРУМЕНТАЛЬНО-ЛАБОРАТОРНЫЕ МЕТОДЫ ДИАГНОСТИКИ УПОТРЕБЛЕНИЯ ПСИХОАКТИВНЫХ ВЕЩЕСТВ У СОМАТИЧЕСКИХ БОЛЬНЫХ В ПРАКТИКЕ СЕМЕЙНОЙ МЕДИЦИНЫ

С. И. Табачников^{1*}, И. Я. Пинчук¹, Е. Н. Харченко¹, Е. С. Осуховская¹, А. Е. Табачников², В. Б. Мажбиц³,

А. Н. Чепурная¹, В. И. Салден¹, Т. В. Товалович¹, Н. А. Михальчук³

¹ГУ «Научно-исследовательский институт психиатрии Министерства здравоохранения Украины», г. Киев, Украина

²Киевский медицинский университет, г. Киев, Украина

³Ровенский государственный гуманитарный университет, г. Ровно, Украина

Актуальнosть. Употребление психоактивных веществ (ПАВ) среди населения разных стран мира, в частности в Украине, является одной из наиболее значительных медико-социальных проблем современности. Положение имеет еще более угрожающий характер в связи не только с психическими и поведенческими последствиями употребления ПАВ, но и соматическими. Данные коморбидные расстройства имеют тяжелую динамику и иногда завершаются летально, особенно в юношеском-молодом или пожилом возрасте. В сфере современной медицинской реформы в Украине семейным врачам принадлежат профессиональные функции широкого круга на первичном уровне медицинской помощи, что определяет предоставление квалифицированной помощи рассматриваемому контингенту лиц в полном объеме. До последнего времени в стране отсутствуют научно-практические стандарты по данной важной теме.

Цель – определение критерии психологических, клинических и инструментально-лабораторных методов диагностики употребления ПАВ у соматических больных в практике семейной медицины.

Материалы и методы. С помощью клинико-анамнестического, психодиагностического, клинико-психопатологического и инструментально-лабораторных методов обследовано 220 соматических больных (мужчин 54 %, женщин 46 %), принимавших ПАВ и обращавшихся к семейному врачу. Исследование проводилось на базе Центра первичной медико-санитарной помощи г. Киева в течение 2017–2018 гг.

Результаты. На основе представленной диагностики, в частности разработанного 4-ступенчатого видового и количественного употребления различных ПАВ, медико-доказательно обнаружено соотношение характера психоактивных веществ и соматических последствий их употребления по наиболее распространенным профилям патогенности: сердечно-сосудистым, желудочно-кишечным и дыхательно-легочным. Представлены возрастные, гендерные и катамнестические показатели.

Выводы. Определены клинико-анамнестические, социально-демографические, психодиагностические, клинико-психопатологические и инструментально-лабораторные критерии характеристики больных с коморбидной патологией (употребления ПАВ с соматическими последствиями). Указаны диагностические психокоррекционные и профилактические мероприятия данной категории пациентов в практике семейной медицины.

Ключевые слова: психоактивные вещества, соматические больные, методы современной диагностики.

For citation: Tabachnikov S. I., Pinchuk I. Ya., Kharchenko Ye. M., Osukhovska O. S., Tabachnikov O. Yu., Mazbits V. B., Chepurna A. M., Salden V. I., Tovalovich T. V., Mykhalchuk N. O. Psychological, clinical and instrumental-laboratory methods for the diagnosis of the usage of psychoactive substances by somatic patients in the practice of family medicine. *Arkhiv Psyhiatrii*, 2018, 24(4): 229–234.

*Corresponding Author (Автор, відповідальний за листування): undisspn@ukr.net

Received / Поступила: 16.10.2018

Accepted / Прийнята до друку: 13.11.2018

Background. The usage of psychoactive substances (surfactants) (PS) among the population in different countries, particular in Ukraine, is one of the most urgent medical and social issues [1-3]. The consequences of this addictive behavior are not only mental and behavioral, but also significant somatic disorders that lead to severe comorbid disorders, and in the future they lead to severe psycho-physiological disorders of a human body and often to fatal cases [2, 3]. The problem of methods of diagnostics of the usage of psychoactive substances, especially in so called initial stages, is quite complicated in the medical and social paradigm, taking into account the persistent reluctance of treatment and even recognition of their usage by patients [3-6]. The motivational factors of such behavior are quite diverse, ranging from the misunderstanding that the abuse of the surfactant is a disease and, more often; it is severe, to a sustained protest, while fixing only on obtaining subjectively pleasing mental and physical sensations, especially when there is a degree of dependence. Medical reform in our country, in Ukraine, has been greatly expanding the professional functions of family doctors, reoriented primary health care for them with the somatic consequences of the usage of surfactants, the general level of which among the contingent with the appropriate addiction, according to scientists, is from 42 to 58 %. In this sense, the problem of diagnosis and further primary health care for somatic patients who are taking surfactants is very relevant [1, 7-9].

The objective of the research – the determination of criteria of psychological, clinical and instrumental-laboratory methods of diagnostics the usage of surfactants by somatic patients in the practice of family medicine.

Materials and methods of research

With the help of clinical-anamnestic, psycho-diagnostic, clinical-psychopathological and instrumental-laboratory methods, 220 somatic patients who have used PS and asked

the help of family doctors, were examined. The patients were of 2 age categories: 18–35 years old and 36–60 years old. There were 54 % of men, 46 % of women. The research was organized during 2017–2018 on the basis of the Center of Primary Health Care in Kyiv.

Results

In the process of examination of these patients, specific characteristics of different types were identified, such as in the socio-demographic plan: such patients who have been educated in dysfunctional families – 20.9 % (parents constantly use PS, incomplete families, divorce or civil relations, conflicts in the family, grave living conditions and other social problems). 14.1 % of patients previously identified related somatic diseases. Most of them began to use PS in adolescent age (66 %), much less – in the elderly one (34 %). The main types of motivation for the usage of surfactant in the young age were the negative impact of the micro-environment, the desire to imitate modern fashion, negative behavior of peers, obtaining unusual feelings, subjective freedom of conduct. At older age we fixed fluctuations in mental and physical conditions, departure from difficult domestic and social circumstances, negative micro- and macro-social problems. Personally, respondents often had features of accentuation (54 %): anxiety – in 29 % of cases, demonstrability – in 22 % of cases, exaltation – in 16 %, hypertension – in 9 %, cyclotomy – in 7 %, excitability – in 5 %, and others. From the side of the psychopathological plan, a significant part of the patients having been examined had a depressive component (73 %) of varying degrees or anxiety: the category of boundary condition was in 63.6 % of cases; pathological – in 22.7 %; the norm is in 13.7 % of cases. In the psycho-pathological plan, at the initial stages of the usage of surfactants, respondents had depressive, anxiety component which was dominant, and in the future they would probably have compatible anxiety-

depressive or astheno-depressive syndromes: the first one is more often combined with alcohol abuse, the second – with tobacco-related illness. Different surfactants gave a variety of somatic effects, so the corresponding somatization profiles take place in their dynamics. Violation of the cardiovascular system was in 48 % cases; gastrointestinal tract – in 32 %; pulmonary-respiratory system – in 20 %, etc., which were combined with mental pathology, as well as the gender characteristics of respondents; in general, more rapid decompensation in the psychosomatic and social terms the women had, compared with the men. Clinical indices of the usage of surfactants are of a general or chronic nature. The general ones include the following: external ones – pallor of the skin, enlarged or narrowed pupil, reddened or cloudy eyes, slowed speech, impaired coordination of movements. Behavioral indices are: the growth of indifference from the side of parents, family, schoolchildren, partners in work, having been escaped from home, omissions of occupations, work, reduction of concentration, memory, logical thinking, inadequate responses to criticism, frequent mood changes, problems with lack of money, antisocial behavior. Such signs are the same as «evidence»: traces of injections, cuts, bruises, and etc. Indicators of chronic abnormal PS are common: fatigue, general malaise, hyperventilation, excessive sweating, changes in body weight (more often in the side if weight loss), oral odor due to the usage of substances (alcohol, tobacco, etc.). Cardiovascular system: fluctuations in blood pressure (more often it is hypertension), cardiomyopathy, heart rhythm disorders (arrhythmia), insolvency in physical activity and so on. Gastrointestinal system: esophageal reflux, gastritis, peptic ulcer, enlargement of the size or cirrhosis of the liver, pancreatitis, appetite disorder, alimentary events in the abdominal area and etc. Urogenital system: sexual problems – it is reduced fertility, impotence of men, menstrual disorders and decreased libido, disorders in the sphere of pregnancy of women.

Table 1. The symptoms of opiate by narcotic opioid (opioids)

PS	External changes	Physiological changes
Morphine (opium, heroin, codeine)	<ul style="list-style-type: none"> • the action is from 8 to 12 hours; • strong narrowing of the pupil; • eyes are slightly reddish and strongly shine; • bruises under the eyes; • superficial intermittent slow breathing; • itchy skin (especially nose); • sluggish and sleepy appearance; • confusing language; • passivity and general relaxation; • apathy to everything except himself/herself; • euphoria and carelessness; • excessive «courage» and determination; • nervousness and others 	<ul style="list-style-type: none"> • respiratory depression (with possible manifestations of severe conditions) – the level of pathological manifestations depends on the dose of the substance and the tolerance of the organism; • dry skin and mucous membranes (lips, tongue); • superficial sleep; • reduction of urine output; • frequent constipation; • when it is a cold there is not a cough; • slight decrease of body temperature
Methadone	<ul style="list-style-type: none"> • the action is from 1 to 3 days; • the pupil are narrowing; • slow and confused language; • slow motion; • irritability through trifles; • appetite disturbance; • superficial sleep; • superficial breathing; • «good nature» and so on 	<ul style="list-style-type: none"> • breathing violations of various degrees; • light itchy skin; • euphoria; • disturbance of concentration; • hallucinations; • elevated heartbeat; • muscle cramps, etc

Among contemporary methods of psycho-diagnosis of using PS, we have selected the most informative and not difficult to use. They are: the method of diagnostics of the accentuation of the character of the person (the method of K. Leonhard – G. Shmyshek); the method of the evaluation of the severity of depressive disorder (PHQ-9); diagnostics of emotional disturbances by «the hospital scale of anxiety and depression» (HADS); SUN technique: well-being, activity, mood: Stress Response Questionnaire (COPE); Questionnaire «Quality of Life-100» (Mezzich); clinical and psychopathological method of AUDIT-tests (modified by I. Linsky, O. Minko, 2014). The AUDIT test method is a screening tool for identifying the usage of different types of PS, in addition to 4 steps of quantification and the dynamics of the pathogenic process: safe usage (grade A), hazardous usage («B»), harmful effects («C»), dependent states («D»). Particularly it is useful to use this method because with its help it is possible to identify the degree of primary usage of PS by a general physician, that is, in family practice. As far as the level of psycho-corrective assistance is concerned, the family doctor in this case deals with three stages («A», «B», «C») usage of surfactants, especially with the third (grade «C»). Patients with the last fourth degree («D») – «dependent states» are referred to a specialized specialist – narcologist. In addition to the AUDIT test, you can use the CAGE test, which has a series of 4 questions for screening; while positive answers, even for 2 questions, it is possible to characterize the abuse of surfactants. Different groups of psychoactive substances have an appropriate characteristic of their actions, preservation in a human body and different effects. Here are the indicators of the most significant types of PS: 1 – the symptoms of opiate by narcotic opioid (opioids).

External symptoms of narcotic intoxication with cannabinoids such as marijuana («anasha», «hashish», «plan», «gangja», «charas», «ma», «kif», «dacha», «synthetic cannibolol», «Mary-Jane», «tempo», others):

- the pupil are slightly enlarged; shine in the eyes; redness of the eye proteins; eyes are slightly swollen;
- constant licking of lips; bad breath;
- a specific smell of garments from clothing;
- excessive joy and laugh without reason;
- attenuated attention;
- confusion of thoughts;
- memory impairment;
- sharply emerging state of incomprehensible sorrow and thoughtfulness;
- increased need for linguistic communication, which eventually changes to the desire for solitude for music (for hours);
- incomprehensible statements;
- incompatible language, with a noticeable lack of logic between phrases;
- jumping from topic to topic;
- in the conversation, paying attention to minor parts;
- slight disruption of coordination of movements;
- sometimes illusions, hallucinations;
- with a sharp change in the situation of fear and paranoid phenomena;
- increased appetite (insomnia);
- general euphoria, kindness and others.

It should be emphasized that early signs of problems because of the usage of surfactants are psychosocial and behavioral. Physical signs usually become apparent at later stages. Therefore, in any case you need to ask the patient several screening questions.

Such laboratory studies have to take place: the 1-st is for alcohol (macrocytosis of red blood cells, anemia, increased cholesterol and high density lipoprotein, gamma glutamyl-transferase (GGT), ACAT, ALAT, uric acid). The alcohol problem is confirmed if in the biochemical analysis of blood increases gamma-glutamyl-transpeptidase (the norm for women is up to 580 N/mol (l) or up to 35 IU/L; for men is up to 800 n/mol (l) or up to 48 IU/L); in general analysis of blood, an increase in the average volume of red blood cells (MCV) (the MCV-75-76 mkm for cubic meter). Immuno-chromatographic analysis (IHA) is a method for determining the meager

concentrations of substances in biological materials. The last ones can be: urine, whole blood, serum or blood plasma, saliva, feces, etc. The method is based on the «Antigen-Antibody» reaction. The most up-to-date and easy to use is the immuno-chromatographic method of test strips, which allows the fastest and the most qualitative detection of surfactants. In Ukraine, the following types of tests are produced and used:

- Alcohol test (ALCO-SCRIN, in saliva);
- Test for 5 types of narcotic substances (Morphine / Heroin, Marijuana, Amphetamine, Methamphetamine, Cocaine) (Immunohrom-5-Multic Express, in urine);
- Test for 3 types of narcotic substances (Morphine / Heroin, Marijuana, Amphetamine) (Immunohrom-3-multic Express, in urine);
- Test for 2 types of narcotic substances (Morphine / Heroin, Marijuana) (Immunohrom-2-multic Express, in urine);

Table 2. Symptoms of Drug Addiction from Psycho-stimulants

PS	External changes	Physiological changes
Cocaine	<ul style="list-style-type: none"> • runs from 30 minutes up to 1 hour; • excessively excited state; • lack of fatigue; • feelings of strength and benefits; • lack of appetite; • exhaustion; • insomnia; • sometimes trembling of the limbs; • hallucinations 	<ul style="list-style-type: none"> • hyperactivity; • decay behavior; • slowness with a violation of coordination; • increased communication skills; • euphoria; • increasing sexuality
Methamphetamine (dexamphetamine, methylphenidate, fenmetrazine, metedrine, ephedrone («jeff», «hair dryer»), pervitinum («screw»), phenamine («ecstasy»))	<ul style="list-style-type: none"> • runs from 12 to 24 hours; • pupil are expanded; • the eyes are rounded, like the owl has; • increased activity and endurance of the organism; • all actions are performed at an accelerated tempo 	<ul style="list-style-type: none"> • accelerated pulse, arrhythmias, increased blood pressure; • chills • mydriasis; • increase reflexes, etc
Amphetamine (prelude, ritalin, romolar, deoxyn)	<ul style="list-style-type: none"> • runs from 6 to 12 hours; • the need to constantly move and do something; • feeling of emotional uplift; • euphoria; • excessively «good» mood; • reassessment of opportunities; • lack of hunger; • increased sexual activity; • strong desire to speak 	<ul style="list-style-type: none"> • hyperactivity, sometimes unproductive; • affective states (anxiety, depression, dysphoria); • high blood pressure; • acceleration of the pulse; • increase reflexes, etc

Table 3. Symptoms of narcotic intoxication by sedative-hypnotics means

PS	External changes	Physiological changes
Barbiturates (chloral hydrate, meprobamate, metaqualone, barbamyl, phenobarbital, raedodrom, cyclobarital)	<ul style="list-style-type: none"> • run from 6 to 12 hours; • the pupil are normal, but the eyes are sleepy; • difficult language and stuttering; • drowsiness; • obscuration of consciousness; • hallucinations; • uncontrolled and uncoordinated movements, disturbances (as the person is drunk); • slowed down mental reactions; • difficult mental processes and speed like the person is making a logical decision; • indecision; • foggy utterances; • depressed mood and others 	<ul style="list-style-type: none"> • weak breathing and pulse; • retardation; • liability of the effect; • discoordination of movements; • change of self-awareness, critical assessment of circumstances, behavior; • motor disorders; • oscillations of the affection
Benzodiazepines (phenazepam, radedorm, relanium (diazepam), elenium, immunized, donorrim)	<ul style="list-style-type: none"> • run from 6 to 12 hours; • drowsiness; • lethargy; • confusion of consciousness; • slowed down reaction; • deviation of the ability to concentrate; • lively confused language; • dizziness; • muscle weakness; • articulation disorders; • uncertain steps; • hallucinations; • suicidal tendencies 	<ul style="list-style-type: none"> • dry mouth; • lowering blood pressure; • pulse fluctuations; • Increased motor activity, but actions are in disorder, they are overclocking, rough; • retardation, mental impairment; • inadequacy of emotions; • increasing sexuality

- Mono-express tests (in urine) on morphine / heroin, marijuana, amphetamine, methamphetamine, cocaine, barbiturates, benzodiazepine, phencyclidine, methadone, oxycodone, ketamine, cotinine, nicotine, propoxyphene, buprenorphine, extracts, tricyclic antidepressants.

The main advantages of using immuno-chromatographic test strips are:

- simplicity and convenience – allow you to get results without special expensive equipment and highly skilled personnel; this test doesn't require special storage conditions (stored at room temperature);
- efficiency – allows you to get the result in a few minutes and start treatment at the earliest time when it is possible;
- reliability – the reliability of the tests reaches 99.9 %, with each test has built-in internal control;
- cost-effectiveness – the minimum costs to buy a test and save time for the survey;
- anonymity – which is especially important in detecting the usage of narcotic substances.

Consequently, the presented research has been used modern psycho-diagnostic methods, clinical psycho-pathological examination, studying and targeting the thematic contingent of patients with instrumental and laboratory methods for diagnosis of PS. The results of our research can significantly improve the volume of professional medical care for patients with the indicated comorbid pathology in the practice of family medicine.

Conclusions

1. Clinical and anamnestic and socio-demographic criteria for diagnosing the usage of PS by patients with

somatic pathology in the practice of family medicine were determined.

2. The psychological methods of diagnosing the usage of surfactant by patients with somatic pathology in the practice of family medicine were presented.

3. Clinico-psychopathological methods of diagnostics of PS abnormalities of somatic patients in the complex treatment in the practice of family medicine were revealed.

4. The modern instrumental-laboratory methods of diagnosing the usage of surfactants of somatic patients in the practice of family medicine were outlined.

References

1. Pinchuk, I. Ya. (2017). Narcology in Ukraine: comfortable myths and inexhaustible figures. *National Mental Health Program. Important steps in the transformation process*. Kiev, pp. 85–88. (In Ukraine).
2. Sosin, I. K., & Chuyev, Yu. F. (2010). About Narcological Situation in Ukraine. *Ukrainian Bulletin of Psychoneurology*, vol. 18, issue 3, pp. 174. (In Russian).
3. Tabachnikov, S. I., Lebedev, D. S., Trofimchuk, G. E., & Martynova, Yu. Yu. (2009). The epidemiological situation regarding the usage of psychoactive substances in Ukraine. *Arkhiv Psykiatrii*, vol. 15, issue 1, pp. 81–88. (In Ukraine).
4. WHO Documentation Center. *Primary health care is more urgent than ever*. World Health Report. 2008. Geneva, pp.1–125. (In Russian).
5. Tabachnikov, S. I., Kharchenko, Ye. M., & Prib, G. A. (2011). Medical and sociological aspects of the characteristics of substance abuse of teenagers and young people. *Arkhiv Psykiatrii*, vol. 17, issue 3, pp. 61–66. (In Russian).
6. Pinchuk, I. Ya., Tabachnikov, S. I., & Kharchenko, Ye. M. (2016). *Psychotherapy and psycho-correction of addictive behavior of people with post-traumatic stress disorders who use psychoactive substances*. P. 53. (In Ukraine).
7. Order of the Cabinet of Ministers of Ukraine (September 13, 2010. No. 1808-r). About approval of the Concept for the implementation of the state policy in the area of combating the spread of drug addiction, combating the illegal circulation of narcotic drugs, psychotropic substances and precursors for 2011–2015. *Government courier*, No. 175 (September, 22, 2010). (In Ukraine).
8. About the approval of the National Program «Health 2020: Ukrainian Dimension». *Draft Law of Ukraine*. Available at: http://moz.gov.ua/ua/portal/Pro_20120316_1.html#2 (In Ukraine).
9. World Health Organization (2010). *Global Strategy for Reducing Harmful Usage of Alcohol*. WHO, 48 p. (In Russian).

About the Authors:

TABACHNIKOV Stanislav Isakovich – MD, PhD, Professor, Acting Director of State institution «Research Institute of Psychiatry Ministry of Health of Ukraine», Kyiv, Ukraine; e-mail: undisspn@ukr.net

PINCHUK Iryna Yakivna – MD, PhD, Senior researcher, Head of the psychiatry department of addictions of State institution «Research Institute of Psychiatry Ministry of Health of Ukraine», Director of International PEPFAR Addiction Technology Transfer Center Ukraine, Kyiv, Ukraine; e-mail: undisspn@ukr.net

KHARCHENKO Yevgen Mykolaiovych – MD, PhD, Professor of the psychiatry department of addictions of State institution «Research Institute of Psychiatry Ministry of Health of Ukraine», Kyiv, Ukraine; e-mail: undisspn@ukr.net

OSUKHOVSKA Olena Sergiivna – MD, PhD, Leading Researcher psychiatry department of addictions of State institution «Research Institute of Psychiatry Ministry of Health of Ukraine», Kyiv, Ukraine; e-mail: undisspn@ukr.net

TABACHNIKOV Alexander Yuhimovich – MD, PhD, Professor of the Department of Neurology, Psychiatry, Reflex and Manual Therapy, Exercise Physics and Sports Medicine, Kiev Medical University, Kiev, Ukraine; e-mail: aetabachnikov@yahoo.com

MAZHBITS Valentyna Borysovna – MD, PhD, Senior researcher department of psychosomatic medicine and psychotherapy of State institution «Research Institute of Psychiatry Ministry of Health of Ukraine», Kyiv, Ukraine; e-mail: undisspn@ukr.net

CHEPURNA Alina Mukolayvna – MD, Researcher psychiatry department of addictions of State institution «Research Institute of Psychiatry Ministry of Health of Ukraine», Kyiv, Ukraine; e-mail: undisspn@ukr.net

SALDEN Viktoriya Igorivna – MD, PhD student of State institution «Research Institute of Psychiatry Ministry of Health of Ukraine», Kyiv, Ukraine; e-mail: undisspn@ukr.net

TOVALOVYCH Tatyana Volodimirovna – Leading Specialist psychiatry department of addictions of State institution «Research Institute of Psychiatry Ministry of Health of Ukraine», Kyiv, Ukraine; e-mail: undisspn@ukr.net

MYKHAILOCHUK Natalia Oleksandrivna – Doctor of science, Professor, Head of the department of English practice, Rivne State Humanitarian University, Rivne, Ukraine; e-mail: natasha1273@ukr.net

Відомості про авторів:

ТАБАЧНИКОВ Станіслав Ісакович – д-р мед. наук, професор, в.о. директора ДУ «Науково-дослідний інститут психіатрії МОЗ України», м. Київ, Україна; e-mail: undisspn@ukr.net

ПІНЧУК Ірина Яківна – д-р мед. наук, с.н.с., завідувач відділу психіатрії станів залежності ДУ «Науково-дослідний інститут психіатрії МОЗ України», директор АТТС (Центр обміну технологіями у сфері залежностей), м. Київ, Україна; e-mail: undisspn@ukr.net

ХАРЧЕНКО Євген Миколайович – д-р мед. наук, професор, г.н.с. відділу психіатрії станів залежності ДУ «Науково-дослідний інститут психіатрії МОЗ України», м. Київ, Україна; e-mail: undisspn@ukr.net

ОСУХОВСЬКА Олена Сергійвна – д-р мед. наук, п.н.с. відділу психіатрії станів залежності ДУ «Науково-дослідний інститут психіатрії МОЗ України», м. Київ, Україна; e-mail: undisspn@ukr.net

ТАБАЧНИКОВ Олександр Юхимович – д-р мед. наук, професор кафедри неврології, психіатрії, рефлексо- і мануальної терапії, ЛФК і спортивної медицини, Київський медичний університет, г. Київ, Україна; e-mail: aetabachnikov@yahoo.com

МАЖБІЦь Валентина Борисівна – канд. мед. наук, с.н.с. відділу психосоматичної медицини та психотерапії ДУ «Науково-дослідний інститут психіатрії МОЗ України», м. Київ, Україна; e-mail: undisspn@ukr.net

ЧЕПУРНА Аліна Миколаївна – н.с. відділу психіатрії станів залежності ДУ «Науково-дослідний інститут психіатрії МОЗ України», м. Київ, Україна; e-mail: undisspn@ukr.net

САДЛЕНЬ Вікторія Ігорівна – аспірант ДУ «Науково-дослідний інститут психіатрії МОЗ України», м. Київ, Україна; e-mail: undisspn@ukr.net

ТОВАЛОВИЧ Тетяна Володимирівна – провідний фахівець відділу психіатрії станів залежності ДУ «Науково-дослідний інститут психіатрії МОЗ України», м. Київ, Україна; e-mail: undisspn@ukr.net

МИХАЙЛОЧУК Наталя Олександровна – д-р психол. наук, професор, завідувач кафедри практики англійської мови, Рівненський державний гуманітарний університет, м. Рівне, Україна; e-mail: natasha1273@ukr.net

Сведения об авторах:

ТАБАЧНИКОВ Станислав Ісакович – д-р мед. наук, професор, и.о. директора ГУ «Научно-исследовательский институт психиатрии МЗ Украины», г. Киев, Украина; e-mail: undisspn@ukr.net

ПИНЧУК Ірина Яковлевна – д-р мед. наук, с.н.с., заведующая отделом психиатрии состояний зависимости ГУ «Научно-исследовательский институт психиатрии МЗ Украины», директор АТТС (Центр обмена технологиями в сфере зависимостей), г. Киев, Украина; e-mail: undisspn@ukr.net

ХАРЧЕНКО Євгеній Николаевич – д-р мед. наук, професор, г.н.с. отдела психиатрии состояний зависимости ГУ «Научно-исследовательский институт психиатрии МЗ Украины», г. Киев, Украина; e-mail: undisspn@ukr.net

ОСУХОВСКАЯ Елена Сергіївна – д-р мед. наук, в.н.с. отдела психиатрии состояний зависимости ГУ «Научно-исследовательский институт психиатрии МЗ Украины», г. Киев, Украина; e-mail: undisspn@ukr.net

ТАБАЧНИКОВ Александр Ефимович – д-р мед. наук, профессор кафедры неврологии, психиатрии, рефлексо- и мануальной терапии, ЛФК и спортивной медицины, Киевский медицинский университет, г. Киев, Украина; e-mail: aetabachnikov@yahoo.com

МАЖБИЦ Валентина Борисовна – канд. мед. наук, с.н.с. отдела психосоматической медицины и психотерапии ГУ «Научно-исследовательский институт психиатрии МЗ Украины», г. Киев, Украина; e-mail: undisspn@ukr.net

ЧЕПУРНАЯ Алина Николаєвна – н.с. отдела психиатрии состояний зависимости ГУ «Научно-исследовательский институт психиатрии МЗ Украины», г. Киев, Украина; e-mail: undisspn@ukr.net

САЛДЕНЬ Викторія Ігоревна – аспирант ГУ «Научно-исследовательский институт психиатрии Министерства здравоохранения Украины», г. Киев, Украина; e-mail: undisspn@ukr.net

ТОВАЛОВІЧ Татьяна Владимировна – ведущий специалист отдела психиатрии состояний зависимости ГУ «Научно-исследовательский институт психиатрии МЗ Украины», г. Киев, Украина; e-mail: undisspn@ukr.net

МИХАЛЬЧУК Наталья Александровна – д-р. психол. наук, профессор, заведующая кафедрой практики английского языка Ровенского государственного гуманитарного университета, г. Ровно, Украина; e-mail: natasha1273@ukr.net