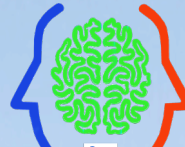




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VII WORLD CONGRESS

ABSTRACT BOOK

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APRIL 28-30 2023

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SYMPOSIA





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S1

OXYTOCIN IS THE GATEWAY TO EFFECTIVE NON-PHARMACOLOGICAL THERAPIES IN ADDICTION AND DUAL DISORDER

S. Naderi (Tehran, Iran)

THE THERAPEUTIC EFFECT OF OXYTOCIN ON ADDICTION AND CO-OCCURRING DUAL DISORDERS

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Summary

Unlike substance use, which stimulates the reward system to motivate a person to continue service, the existing abstinence treatments do not easily stimulate the reward system. Currently, existing abstinence therapies emphasise the patient's physical problems. Despite recognising the reward axis, they are unaware of affecting it in the treatment process or, while accepting this process, they cannot affect the reward axis. In a way, treatment failure is probably the lack of influence on the reward axis. If we can somehow activate this axis during the treatment process, the treatment of addictive disorders will likely change dramatically. Oxytocin appears to be able to stimulate the social reward axis. Using this oxytocin power in the treatment process, along with the help of recreational facilities, will increase the strength and durability of the treatment. Two studies reported the positive effects of oxytocin therapy in combination with long-term targeted non-pharmaceutical activities performed all day-long (e.g., listening to music in a group, group relaxation, group massage with music, group dancing with music, group vocalising of inner feelings, group hugging, group gaming, watching empathy-creating clips, and listening to music in pristine nature) on methadone withdrawal symptoms and temptation in patients receiving methadone maintenance therapy.

Key Words: Oxytocin; Music; Relaxation; Dance; Gaming; Group-Therapy

EFFECTS OF OXYTOCIN ON MODULATING NEUROMODULATORS AND BRAIN NEUROTRANSMITTERS IN ADDICTION AND CO-OCCURRING DUAL DISORDERS

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Summary

In this presentation, I want to express the relationship between oxytocin and other neurotransmitters and neuromodulators about the common disorders associated with addiction, i.e. depression, anxiety, and sleep disorders. Oxytocin possesses anti-stress effects. Oxytocin administration reduces the hypothalamic-pituitary-adrenal (HPA) axis's movement through the amygdala, an essential region in the brain involved in forming fear- and anxiety-related behaviours. Oxytocin reduces stress-induced corticosterone release, adrenocorticotrophic hormone (ACTH) secretion, and corticotrophic-releasing factor (CRF) mRNA levels. The anxiolytic and antidepressant effects of oxytocin are related to its link with the monoaminergic system, especially the serotonergic and CRF systems. There is a group of oxytocin receptors near the serotonin neurons in the raphe nuclei, and stimulating the release of serotonin can trigger oxytocin release from the hypothalamus. Oxytocin is responsible for at least some antidepressant effects of selective serotonin reuptake inhibitors (SSRIs). The action of SSRIs, SNRIs, and tricyclic antidepressants on the serotonin system in the brain and 5HT₂ receptors is likely to stimulate oxytocin release, suggesting the applicability of these drugs for treating disorders such as social anxiety disorder and depression. Individuals suffering from depression have shown low serum oxytocin levels, which might be restored to normal after using SSRIs and other antidepressants. The antidepressant and anxiolytic effects of oxytocin and oxytocin receptor agonists have been reported in animal models. Oxytocin increases locus coeruleus alpha 2-adrenoreceptor responsiveness in rats. Oxytocin may also increase opioidergic activity. Oxytocin can promote anti-stress effects,



such as lowering blood pressure and cortisol levels. Then Repeated exposure to oxytocin causes long-term effects by affecting the activity of other neurotransmitter systems. In oxytocin receptor knockout mice, learning is specifically impaired. Oxytocin has been shown to suppress fear in rodents. All these pieces of evidence suggest that oxytocin plays a vital role in behavioural flexibility and adaptive responses and can be considered a potential therapeutic agent for treating neuropsychiatric disorders characterised by cognitive impairments. One of the effects of oxytocin is to create relaxation in animals. Furthermore, dance and music are two tools for peace. On the other hand, dance and music enhance the effects of oxytocin. Music not only calms but also helps achieve a sense of welfare, independence, and setting goals, mainly regulated by the release of two neurotransmitters, dopamine and oxytocin. These neurotransmitters can influence the emotions related to social behaviours, excitation, and feelings of happiness and welfare, all essential to boost psychological resilience.

Key Words: Oxytocin; depression; anxiety

A CRITIQUE ON THE WAY OXYTOCIN IS ADMINISTERED IN STUDIES RELATED TO ADDICTION AND CO-OCCURRING DUAL DISORDERS

S. Naderimazejin

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Summary

In studies with oxytocin in humans, nasal oxytocin spray is used. Oxytocin spray is prescribed in most studies in amounts of 12 to 48 units daily. In this presentation, I wanted to criticise this way of prescribing. Numerous studies over 40 years have shown that the results of using oxytocin on animals in treating addiction and associated disorders such as depression or anxiety have been better than on humans. One of the reasons is the size of the oxytocin molecule and its inability to pass through the human blood-brain barrier. Perhaps, for this reason, the level of oxytocin in the human brain does not rise enough in these studies.

The reason for administering this amount of oxytocin is that higher doses can lead to a cross-reaction and increased vasopressin activity, which produces the opposite results. If we pay attention to the symptoms of ecstasy consumption, a person can enter a good or bad trip after consuming this drug. That is, taking ecstasy can make a person feel euphoric or restless. Which trip the consumer will go on depends on the person's internal and psychological conditions, especially the person's external and environmental conditions. The receptors stimulated by ecstasy in the brain are serotonin and oxytocin receptors. Therefore, there is a possibility that the stimulation of oxytocin receptors will cause this trip to be wrong or good. Thus, with this hypothesis, if the level of oxytocin in the brain rises above a certain level, it can lead to a bad trip. Suppose we try to change the person's environmental conditions to lead to a good trip, like in the sessions of people using ecstasy. In that case, we can probably prescribe a higher dose of oxytocin and observe the results we have not seen in other studies. In this presentation, I will present the neurobiological reasons for this issue and explain the effects I have observed by prescribing 96 daily units of oxytocin along with non-pharmacological group activities in methadone withdrawal in addicted people in two studies.

Key Words: Oxytocin; depression; anxiety



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S3

DISENTANGLING DUAL DISORDERS, THE RELEVANCE OF EXPERIMENTAL MODELS TO UNDERSTAND HUMAN ADDICTIVE BEHAVIORS: CHOICE, BINGE, COMPULSION AND BEYOND

S. Ahmed (Bordeaux, France, EU)

CHOOSING UNDER THE INFLUENCE: HOW COCAINE BEGETS COCAINE CHOICE

S. Ahmed

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Summary

When people with cocaine addiction are under the influence of cocaine, it is tough not to continue using the drug without external interventions and even when they have access to other customarily preferred options. Everything happens as if when they are under the influence, they are no longer free to choose and instead become compelled to repeat drug use. This phenomenon is a well-documented feature of alcohol and cocaine use disorders and likely explains why these two drugs tend to be consumed on binges. I will describe how this phenomenon can be modelled in rats and some of its underlying behavioural basis and neural mechanisms, focusing on neuronal activity within the orbitofrontal cortex – a phylogenetically well-conserved frontal region involved in value-based decision-making.

Key Words: Cocaine; cocaine choice; human addictive behaviour

STUDYING SPECIFIC DIMENSIONS OF ADDICTION IN PRECLINICAL MODELS FOR A BETTER CLINICAL TRANSLATIONALITY: THE CASE OF COMPULSIVE ALCOHOL USE

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Summary

Not available

Key Words: Not available

PRECLINICAL MODELS OF ALCOHOL USE DISORDER AND DUAL DISORDERS: NO MORE LOST IN TRANSLATION

M. Naassila

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Summary

Many genetic, psychological, and environmental factors interact to affect alcohol use/alcohol use disorder (AUD) trajectories. Animal models useful to study escalation of alcohol intake and the development of loss of control and compulsive use are now available and recent advances have been made to introduce relevant factors such as choosing an alternative to alcohol (sugar, social interaction), modulating the pattern of intake (binge drinking) and an early life initiation (adolescence). As in humans, binge drinking during adolescence in healthy rats is a critical player in the vulnerability to AUD. Strikingly, light alcohol drinking during adolescence may be sufficient to induce vulnerability to AUD in a neurodevelopmental model of schizophrenia in rats. Multiple examples will be presented showing the strong translational values of animal models of AUD and also of dual disorders (AUD and schizophrenia). Interestingly, future direction such as multisite preclinical trials of new pharmacological treatments will be presented to propose an improvement of preclinical research to increase the predictive validity.

Key Words: Alcohol; Dual Disorders; Human Addictive Behaviour



S5

TREATMENT OF DUAL DISORDER A-ADHD

A. G. I. Maremmani (Viareggio, Italy, EU)

CHALLENGES OF TREATING ADHD WITH COMORBID SUBSTANCE USE DISORDER: CONSIDERATIONS FOR THE CLINICIAN

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PISA-School of Addiction Medicine, Pisa, Italy, EU

Summary

Adults with Attention-deficit/hyperactivity disorder (ADHD) often present psychiatric comorbidities, particularly substance use disorder (SUD). ADHD-SUD comorbidity is characterised by greater severity of both diseases, earlier age of onset, higher likelihood of poly-drug abuse and suicidal behaviours, more hospitalisations, and lower treatment adherence. At the present stage, research focused on the pharmacological management of ADHD with comorbid SUD in both adolescents and adults is still lacking. Furthermore, while the short-term effects of stimulants are well studied, less is known about the chronic effects of these drugs on dopamine signalling. The currently available evidence consistently reports that high doses of stimulant medications in ADHD-SUD subjects have a mild to moderate efficacy on ADHD symptoms. Some data suggest pharmacological stimulant treatment may benefit ADHD symptoms and comorbid cocaine or amphetamine use. However, in the long run, stimulant medications may have a potential risk for misuse. For the absence of possible abuse, atomoxetine is often recommended for ADHD with comorbid cocaine or amphetamine use disorder. However, its efficacy in reducing addictive behaviour is not demonstrated. In subjects with other subtypes of SUD, both atomoxetine and stimulant drugs seem to have a low impact on addictive behaviour, despite the improvement in ADHD symptomatology. In this population, ADHD treatment should be combined with SUD-specific strategies.

Key Words: Attention deficit/hyperactivity disorder; substance use disorder; stimulants.

ADULT-ATTENTION DEFICIT HYPERACTIVE DISORDER SEEMS NOT TO INFLUENCE THE OUTCOME OF AN ENHANCED AGONIST OPIOID TREATMENT

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Summary

The role of opioids and opioid medications on ADHD symptoms is still vastly understudied. We tested the hypothesis that, in Heroin Use Disorder (HUD), when patients are treated with Agonist Opioid medications (AOT), treatment outcome is associated with the presence of Adult Attention Deficit/Hyperactive Disorder (A-ADHD). A retrospective cohort study of 130 HUD patients in Castelfranco Veneto, Italy, covering 30 years, was divided into two groups according to the Adult ADHD Self-Report Scale (ASRS) score and compared at univariate and multivariate (logistic regression) levels using demographic, clinical and pharmacological factors. Survival in treatment was studied by utilising the available data for leaving treatment and re-lapsing into addictive behaviour and for mortality during treatment as primary poor outcomes. Thirty-five HUD subjects (26.9%) were unlikely to have A-ADHD, and 95 (73.1%) were likely to have A-ADHD. Only current age and co-substance use at treatment entry differed significantly between groups. Survival in treatment was 0.71 in HUD and 0.30 in A-ADHD/HUD patients, respectively (Wilcoxon statistical = 0.52 df1 p=0.470). No significant linear trends indicated a poorer outcome with A-ADHD after



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adjustment for demographic, clinical and pharmacological factors. **Conclusions:** ADHD comorbidity does not seem to exert any influence on the retention in AOT of HUD patients

Key Words: Agonist Opioid Treatment outcome; A-ADHD; Heroin Addiction

INFLUENCE OF SUBSTANCE USE DISORDER ON TREATMENT RETENTION OF ADULT-ATTENTION-DEFICIT/HYPERACTIVE DISORDER PATIENTS

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Summary

Attention-Deficit/Hyperactivity Disorder (ADHD) is the most widespread neurodevelopmental disorder, and it persists into adulthood in 2–6% of the population. Psychiatric comorbidities are prevalent in adult ADHD (A-ADHD) patients; mainly, Substance Use Disorder (SUD) is found in 40%. The Co-occurrence of ADHD and SUD is described as detrimental to clinical outcomes by many authors. In contrast, only a few studies describe good clinical results in A-ADHD-SUD patients when they were treated for ADHD, both for the efficacy and compliance of patients. In this study, we tested to determine whether SUD can influence the treatment outcome of A-ADHD patients by correlating lifetime, past and current substance use in A-ADHD patients with their work (retention rate) during a 5-year follow-up of patients treated with stimulant and non-stimulant-medication-treated using Kaplan–Meier survival analysis with overall and pairwise comparison. The association between demographic, symptomatological and clinical aspects with retention in treatment, adjusting for potential confounding factors, was summarised using Cox regression. After five years of observation, the cumulative treatment retention was 49.0%, 64.3% and 41.8% for A-ADHD patients without lifetime SUD (NSUD/A-ADHD), A-ADHD with past SUD (PSUD/A-ADHD) and A-ADHD with current SUD (CSUD/A-ADHD), respectively. Overall comparisons were insignificant (Wilcoxon Rank-Sum (statistical) Test = 1.48; df = 2; p = 0.477). The lack of differences was confirmed by a Cox regression demonstrating that the ADHD diagnosis according to DIVA, gender, education, civil status, presence of psychiatric comorbidity, and psychiatric and ADHD familiarity; severity of symptomatological scales as evaluated by WHODAS, BPRS, BARRAT, DERS, HSRS, and ASRS did not influence treatment drop-out ($\chi^2 = 22.30$; df = 20 p = 0.324). Our A-ADHD-SUD patients have the same treatment retention rate as A-ADHD patients without SUD, so it seems that substance use comorbidity does not influence this clinical parameter.

Key Words: Adult Attention-Deficit; Hyperactivity Disorder; Substance Use Disorder; Survival in Treatment

S6

IS IT ADHD AND/OR AUTISM AND/OR BORDERLINE PERSONALITY DISORDER? RELEVANCE OF THE DIMENSIONAL APPROACH IN THE CLINICAL PRACTICE

M. Dematteis (Grenoble, France, EU)

AUTISM SPECTRUM DISORDER AND CO-OCCURRING PSYCHIATRIC AND ADDICTIVE DISORDERS: THE INVISIBLE BUT DETERMINATIVE DISORDER? IMPLICATION FOR THE TREATMENT

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Summary

Not available

Key Words: Not available

PRAGMATIC STRATEGIES TO ASSESS AND TREAT COMPLEX HYBRID CLINICAL SITUATIONS IN ADDICTION MEDICINE

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Summary

Not available

Key Words: Not available

ADHD AND BORDERLINE PERSONALITY DISORDER: AN INCIDENTAL ASSOCIATION OR A DEVELOPMENTAL RELATIONSHIP?

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Summary

Not available

Key Words: Not available



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S7

INTERACTION BETWEEN THE SUBSTANCE AND NON-SUBSTANCE USE DISORDERS AND THE DISSOCIATIVE DISORDERS. CLINICAL OBSERVATION AND PSYCHOLOGICAL INTERVENTION

E. Atzori (Rome, Italy, EU)

DISSOCIATION AS REPRESENTATION OF ALTERED STATES OF CONSCIOUSNESS AT THE BASE OF SENSATION SEEKING IN YOUNG PEOPLE AND ADULTS

E. Atzori, D. Montanaro and O. Orsini

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Summary

Introduction. This research project aims to bridge the gap between concrete clinical problems and empirical research, evaluating through the paradigm of “Practice-Oriented Research” the relationship between Dissociative Disorders and diverse forms of sensation-seeking characterising Dual Disorders. We will illustrate case studies carried out in naturalistic settings, integrating quantitative empirical and qualitative evaluation based on the Human Birth Theory to formulate clinically relevant inferences for psychological or psychotherapeutic treatment. **Methods.** This paper aims to evaluate dissociation’s impact on childhood and adulthood, pointing out the link between altered states of consciousness and sensation seeking. In this investigation, sensation seeking is conceptualised as an attempt to overcome an interoceptive, an exteroceptive and a proprioceptive difficulty. The craving and the repetition of the pathological behaviour are interpreted as an attempt to reconstruct the body scheme in a fragmented Self or at risk of fragmentation through a memory of the sensations experienced using an inanimate object, such as psychotropic substances, food or self-stimulating behaviour (Atzori 2017, 2018, 2019). To corroborate these hypotheses, we present three clinical case studies conducted in the “natural laboratory” of clinical practice with a method of intervention based on the Human Birth Theory. The first study describes the neuropsychological intervention of an 8-year-old Italian boy with social difficulties and a tendency to isolation, dissociative disorders and gaming disorder. Dissociation expressed itself with bodily movement difficulties, incapacity to draw his body, sense of spatial and temporal disorientation and memory deficiency. The clinical evaluation was done using a qualitative and quantitative method based on relational observation, BHK, TOL and BELLS Tests. The second clinical study describes the psychotherapeutic intervention carried out during the first wave of the Covid-19 pandemic, in person and online, on an 18-year-old Italian male with schizotypal personality disorder, cannabis abuse, gaming disorder and dissociative disorder characterised by depersonalisation, derealisation and dissociation of thought. The third case study describes a replication series design conducted on a 27-year-old Italian man affected by major depression, depersonalisation/derealisation disorder and cocaine abuse and switched in remote modality during the Covid-19 pandemic. The second and third studies were evaluated using a mixed method, for which the quality evaluation of relational modality and oneiric activity integrated standardised instruments such as SCL-90-R, TAS-20 and EDI-3. **Results.** Clinical observation, scale scores, test-retest and contents expressed with oneiric activity evidence strong similarities between the Substance and Non-Substance use disorders regarding the research of sensory and mental stimulation due to dissociation conceived as an altered state of consciousness. A positive reaction to psychological and psychotherapeutic intervention is detected in scale scores test-retest change, in the qualitative difference of oneiric activity and relational modality. **Conclusions.** These results corroborate the hypothesis on the trigger mechanisms underlying sensation seeking and craving, encouraging successive controls with further studies of the intervention method and theory proposed in this research project.

Key Words: Dissociative disorders; substance and non-substance use disorders; practice-oriented research; psychological intervention; psychotherapeutic treatment

DISSOCIATION IN ANOREXIA -BULIMIA NERVOSA AND TREATMENT DURING COVID-19 PANDEMIC

L. Costantino

MAGMA ODV, Rome, Italy, EU

Summary

Introduction. This paper describes a single clinical case study of anorexia nervosa and bulimia nervosa, focused on the complex switch to the remote intervention modality during the Covid-19 pandemic. **Methods.** The patient was treated with psychodynamic psychotherapy (individual and group psychotherapy) based on the interpretation of dreams according to Fagioli's Human Birth Theory and during the Covid-19 pandemic lockdown, with online psychodynamic psychotherapy. The assessment used standardised instruments such as SCL-90-R, EDI-3 and TAS-20. **Results.** Interoceptive awareness deficit characterising anorexia nervosa and the altered conscious perception of the sensoriality in its interoceptive, exteroceptive and proprioceptive components, still present in this patient, rendered the passage to the online modality of the psychotherapeutic relationship more difficult than in patients with a different diagnosis. During the first months of remote psychotherapy, the physical distance from the therapist triggered this patient's episode of derealisation. According to Fagioli's Human Birth Theory, the continued interpretation of the annulment pulsion(specific factor of cure) allowed the patient to mentally represent the psychotherapeutic relationship and overcome the dissociative crisis, which affected the passage in online treatment modality. **Conclusions.** Qualitative and quantitative evaluation of the treatment outcome demonstrated that the online psychotherapy based on the Human Birth Theory was effective and significantly overcame the patient's symptomatology and interrelational difficulty.

Key Words: Dissociation; anorexia-bulimia nervosa; remote psychotherapy; Covid-19 pandemic

DISSOCIATION AS REPRESENTATION OF ALTERED STATES OF CONSCIOUSNESS AND ITS RELATION WITH THE SUBSTANCE USE DISORDER. DIAGNOSTIC CAVEATS

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Summary

Introduction. An alteration of consciousness characterises dissociative disorders. Literature underlines the link between trauma and dissociation. Still, various mental disorders present dissociation symptoms connected to a higher burden of illness and poorer treatment response. Psychosis onset is often characterised by experiences of depersonalisation and derealisation, which can last after the onset. The use of substances, such as phencyclidine or ketamine, can also cause dissociative experiences. A drug-induced dissociative experience usually stops when the chemical effect of the substance ends, but it does not always happen. To orient the treatment bypassing possible diagnostic caveats, clinicians need to understand the nature of the dissociative symptoms observed as soon as possible. The aim of this study is, therefore, to investigate the link between peculiar aspects detected in the quality of the patient's relational modality, oneiric activity and etiological factors underlying dissociation in order to distinguish acute primary psychosis from substance-induced psychosis and diagnose patients with a clinical high risk of psychopathological breakdown. **Methods.** According to Fagioli's Human Birth Theory, relational modality and dream activity evaluation are based on diagnostic criteria. **Results.** Results obtained allow us to define better differential diagnoses between substance-induced psychosis and acute primary psychosis and to diagnose patients with a clinically high risk of breakdown. **Conclusions.** They encourage further research on this topic using the qualitative clinical evaluation and intervention method based on Human Birth Theory.

Key Words: Differential diagnosis; psychotic onset; substance- induced psychosis; primary psychosis; clinical intervention



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S8

THE CHALLENGES OF DUAL DISORDERS

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THE CHALLENGES OF DUAL DISORDER FROM PUBLIC HEALTH PERSPECTIVE

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Summary

Introduction. The co-occurrence of substance use disorders and mental health conditions is expected in Slovenia, as internationally. The consequences of dual diagnoses, such as poor medication compliance, physical comorbidities and poor health, contribute to a significant health burden. They are profound for the individual patient, society, and the health care system. The COVID-19 pandemic made the situation even worse. However, we do not have national data on the prevalence of dual disorder. This data would provide important information about the critical challenges related to comorbidity in various demographic subgroups, which we could use to create more effective and integrated treatment policies. **Methods.** This paper aims to identify the current data collection relating to people with coexisting substance use and mental health disorders (dual disorder) in Slovenia. It focuses predominately on national groups (population-based and administrative data) and indicates the possibility of obtaining data on dual disorder in the future. **Results.** Health data collection system in Slovenia is based on registers and other administrative data sources such as Mortality data (Causes of Death), the National Hospital Health Care Statistics Database, the Drug users database, and the Outpatient prescription drugs database. Due to the sensitivity of personal health data and legal restrictions, obtaining data on dual disorder from administrative databases is impossible. Population surveys are also carried out with a specific purpose. Two national surveys on the use of tobacco, alcohol and other drugs in the general population have been conducted in Slovenia, one in 2011–2012 and the other in 2018. None included relevant data indicating a link between drug use and mental health disorders. In the national survey on the use of tobacco, alcohol and other drugs in the general population conducted in 2023, we will include a validated questionnaire about mental health status. This will allow us to analyse the co-occurrence of different substance use and mental health disorder in different population subgroups. **Conclusions.** Dual disorder is a prevalent neglected condition among drug users. We need to improve data collection systems and methods within public health to get data about national prevalence co-morbidity in drug-using populations, to compare our data with other European countries and to manage comorbidity more effectively.

Key Words: Dual disorder; Public Health; Data Collections

“SCOTOMA” OF SUBSTANCE USE DISORDERS AMONG PSYCHIATRISTS

L. Ignjatova

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Summary

Introduction. The dual disorder in patients with addiction is common. Still, it is necessary to treat both the addiction and the mental disorder because when only one illness is treated, the results are not achieved, or at least they are not as good as when both conditions are treated. But, to treat diseases, they need to be diagnosed first. This paper aims to present cases from clinical practice where preliminary diagnosis and “scotoma” - non-recognition of addiction led to poor treatment and outcome. **Methods.** Five points from clinical practice that were referred to or treated at the Centers for Prevention and Treatment of drug use (CPTD) are analysed. **Results** First case is about “masked heroinism” treated with benzodiazepines, neuroleptics and antidepressants as alcoholism and anxiety and depressive disorder with a history of suspiciousness, that was referred to the CPTD due to: “Relapses present. Re-evaluation of comorbidity is necessary”. The second



case is Roma, with opiate addiction and cannabis use. Due to psychosis, he was treated in a psychiatric hospital with oral and depot Haloperidol and 2-3 ml of methadone and was referred to continue the treatment in CPTD. In this case, discontinuing neuroleptic therapy and increasing the dose of methadone provided stabilisation without relapses of psychosis. The third case is a patient who was treated for schizophrenia and who, 20 years after the start of drug use at the age of thirteen and 15 years after the first hospitalisation in a psychiatric hospital, was diagnosed by a general practitioner as addicted and was involved in OAT. It was probably cyclothymia in childhood and the use of cannabis that caused hallucinations and, later, opiates. The patient is currently on buprenorphine, is abstinent from all drugs and is not psychotic (“the schizophrenia” disappeared), but in the meantime, he had a lot of suffering, hospitalisations, overdose, etc. The fourth case is a dual disorder of schizophrenia and opiate addiction, which was treated 25 times in a psychiatric hospital without treatment of opiate addiction, which resulted in a significant burden for the patient, family and society, frequent relapses, violence, police assistance, ambulance assistance, etc. The fifth case is a patient underdosed with OAT, leading to continued alcohol use. The psychiatrist had no insight that the patient was using alcohol, although he knew that before using opiates, he had used alcohol and cocaine. During surgical intervention, the patient abstained from alcohol for several days and developed delirium tremens alcoholism. **Conclusions.** Lack of knowledge about substance use disorders among psychiatrists leads to inadequate diagnosis and thus treatment of patients with dual disorder. Treatment of dual disorder requires the physician’s competency and comprehensive treatment of both the substance use disorder and the mental disorder. Educating psychiatrists about substance use distances is imperative because their “scotoma” on substance use disorders seriously burdens individuals, families, and the community.

Key Words: Dual disorder; Treatment; Competency.

THE CHALLENGES OF SUBSTANCE USE DISORDERS IN NEUROLOGY

G. Kiteva Trencavska and L. Ignjatova
University of Skopje, North Macedonia

Summary

Introduction. Despite addiction and substance use disorders (SUD) being brain disorders, neurologists lack the knowledge to recognise the risks for developing SUD and addiction from certain prescribed drugs among persons with different neurological disorders, especially those who suffer from neuropathic pain, fibromyalgia, and headaches. These conditions may be associated with anxiety, depression, behaviour disorders, somatic, psychological and cognitive disability, social dysfunction, dual disorders and impaired life quality. The aim is to address the challenges of SUD in neurology. Neurological manifestations in SUD are due to either chronic substance use, intoxication, or withdrawal. The dopaminergic, cholinergic, endogenous cannabinoid and opiate neurotransmitter pathways participate in SUD in neurology and psychiatry/psychology. **Methods.** 15 patients, with a mean age of 41 years SD 4.7, with SUD- opiate users, were referred to neurology, and ten others without a known diagnosis of SUD, for clinical, neurophysiological, and imaging evaluation. **Results.** The complaints of most of them were muscle pain, neck pain, gait impairment, peripheral sensory nerve deficits in the legs, low back pain, and lumbar radiculopathy. Four patients from the group with SUD manifested seizures, and despite seizures should be recognised as provoked SUD- seizures, antiseizure medicament (ASM) was prescribed in one case. Eight patients had seizures from the group with an unknown diagnosis of substance use. Still, when the diagnosis of provoked seizures was established from anabolic steroids, opiate analgesics, benzodiazepines, and illegal drugs, it resulted in a referral to an addictologist without ASM prescription or ASM withdrawal to prevent unnecessary drug load and drug interaction. Two patients with SUD had a loss of consciousness due to a drug overdose. Although people who use alcohol, excluded in this analysis, are easily recognised by neurologists when in a coma or impaired consciousness, it is not the case in other SUD. Addiction and SUD may mimic different neurological disorders. It was when opiate overdose was wrongly assumed to be a myasthenic respiratory crisis with consequent intubation and artificial respiration. **Conclusions.** Neurological mimics and neurological and neuropsychological comorbidities are frequent conditions in SUD besides psychiatric. A holistic approach from a knowledgeable team of a neurologist, psychiatrists, psychologists, social workers, geneticists, and



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special services is a need for appropriate diagnosis, treatment, and prevention to decrease the quality of morbidity and mortality in SUD and improve life quality.

Key Words: substance use; pain; provoked seizures; impaired consciousness.

S9

DUAL DISORDER TREATMENT ACROSS THREE CONTINENTS: INSIGHTS FROM CURRENT APPROACHES, AVAILABLE RESOURCES, AND RECOMMENDATIONS

C. Schütz (Vancouver, BC, Canada)

INSIGHT FROM INDIA

Y. P. S. Balhara

All India Institute of Medical Sciences, New Delhi, India

Summary

Treatment settings to serve individuals with dual disorders have been identified as needing substantial improvement. Experts from 3 different continents will discuss available treatments, demands on the treatment settings and approaches, manpower, training, and potential ways forward. Discussion will include recommendation, standards and possibilities to collaborate. Yatan Pal Singh Balhara will present and discuss available services and service needs based on his research and clinical experience in India. His presentation will be based on his infrastructure research and include specialized dual disorder clinic; services for dual disorders offered as substance use disorder, treatment services within general psychiatry care; services for dual disorders in general psychiatry care; services for dual disorders offered as SUD treatment services separated from general psychiatry care; and services for dual disorders offered in general psychiatry services combined with exclusive SUD treatment services. HE shall share the challenges being faced and offer way forward to strengthen the services for dual disorders in India. He shall also present good practice examples from India that could be of interest to program managers and policy makers from other countries.

Key Words: specialized services; access to care; effective treatment approaches

INSIGHT FROM CANADA

V. Seethapathy

UBC, Coquitlam, BC, Canada

Summary

Vijay Seethapathy is the chief medical officer for the British Columbia tertiary treatment for dual disorders, but also for the treatment provided within forensic and correctional care. He will summarize and discuss the current service delivery model and development of the largest multidisciplinary North American inpatient treatment centre for concurrent disorder. He will also introduce the open access training platform currently being developed by the health authority.

Key Words: dual disorder care infrastructure; integrated treatment; education

INSIGHT FROM EUROPE

M. Torrens

IMIM Hospital del Mar Medical Research Institute, Barcelona, Spain, EU

Summary

The European Monitoring Centre on Drugs and Drug Addiction (EMCDDA) under the leadership of Marta Torrens recently completed an update and overview on the differences in available approaches in European countries, discussing available solutions, gaps and providing recommendations. She will discuss agreement on how dual disorders should be addressed concurrently in a multidisciplinary setting, but also address lack of consensus on the most appropriate treatment setting and the best pharmacological and psychosocial strategies to use.

Key Words: treatment infrastructure; dual diagnoses; standards



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S10

ASSERTIVE COMMUNITY TREATMENT FOR PERSONS WITH DUAL DISORDER. RESULTS FROM A RESEARCH PROJECT IN NORWAY

A. Landheim (Hamar, Norway)

DUAL DISORDER, COERCION AND MEDICATION IN FLEXIBLE ASSERTIVE COMMUNITY TREATMENT: A QUALITATIVE STUDY OF FIRST-PERSON EXPERIENCES

E. Brekke

*Norwegian National Advisory Unit on Concurrent Mental Health and Substance Use Disorders,
Hamar, Norway*

Summary

Introduction. Most agree that reducing coerced mental health treatment is desirable, although coercive measures are sometimes necessary. For people with Dual Disorder, a lack of access to long-term services, correct diagnosis and medication may lead to excessive and avoidable exposure to coercion. Flexible Assertive Community Treatment (FACT) is an explicitly recovery-oriented model, which aims to prevent force through integrated, flexible and continuous services, and a person-centred and community-based approach. Exploring and systematising service user experiences with services may inform decision-makers and practitioners through increased understanding. This presentation aims to explore and describe how persons with Dual Disorders experience medication and coercion within the context of FACT. Are experiences from FACT different from experiences with other services, and what do the experiences tell us about how to prevent pressure and improve medication practices? **Methods** This presentation builds on qualitative interviews with 18 persons with Dual Disorders who received services from FACT. The material has been analysed using thematic qualitative analysis. **Results** Service user experiences with medication and coercion within the context of FACT will be presented at the conference. A particular focus will be on differences between FACT and other services, what may prevent coercion, and how to improve medication practices for this group of citizens. **Conclusion** Several elements of the FACT model seem to hold the potential to avoid coercion and improve medication accuracy for people with Dual Disorders. However, there is also room for improvement.

Key Words: Flexible Assertive Community Treatment; Coercion; Medication; Dual Disorder; Service Development

PATIENT CHARACTERISTICS AND OUTCOME MEASURES CONCERNING FUNCTIONAL LEVEL, PROBLEMATIC USE OF SUBSTANCES AND QUALITY OF LIFE IN PATIENTS WITH AND WITHOUT DD IN ACT AND FACT-TEAMS IN NORWAY

A. Landheim

Norwegian National Center for Concurrent Substance Abuse and Psychiatric Disorders, Hamar, Norway

Summary

Introduction. In recent years, the Norwegian health authorities have allocated considerable funding to encourage the testing and innovation of both ACT and FACT. From 2009 until 2013, 14 ACT teams were established in Norway, and from 2014-2023, 70 FACT teams. The rationale for establishing FACT teams was to reach more people with severe mental illness and concurrent substance use disorders who were hard to engage and get by ordinary services. Investigating if a model developed in the Netherlands and the US can be implemented in Norwegian is of great interest. The overall aim of the research-based evaluation was to identify the potential for implementing the FACT model in a Norwegian context and to investigate the usefulness of FACT for patients. This presentation aims to present results from an observational study following patients with and without DD for two years after intake to ACT and FACT. Research question: Do we find changes in meaningful activities, primary income, living situation, functional level, problematic



use of substances and quality of life two years after intake to ACT and FACT in patients with and without DD? **Methods** A selection of patients from FACT (n=74) and ACT (n=142) were recruited to the study at baseline and followed up for two years. The same instruments were used at baseline and follow-up. For assessing the quality of life, we used MANSA; for setting problematic use of substances, we used AUDIT and DUDIT; and for evaluating functional level, we used the Practical and Social Functioning Scale (PSF). **Results.** The users achieved improvement in various areas of their lives two years after treatment and follow-up from the teams. Several were in meaningful activity or education two years after joining the team. Everything was the same when it came to everyday work. More had disability benefits as their primary source of income, and fewer received social assistance two years after joining the team. There was an improvement in housing and living conditions, assessed by users and therapists. There was a positive change regarding practical and social functioning and symptoms. There was no significant reduction in the proportion of problematic substance use but a reduction in the severity of inappropriate alcohol use (Audit). The users experienced a better quality of life in most areas of life. Users with DD achieved the exact positive change in terms of living situation, stable income in the form of disability benefits, level of function, symptoms and quality of life in general, compared to patients with only severe mental disorders. **Conclusions.** Patients with DD appear to benefit from ACT and FACT to the same extent as patients without DD. **Key Words:** Assertive community treatment; Dual Disorder; quality of life



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S11

NEURODEVELOPMENTAL AND NEURODEGENERATIVE VARIANTS

I. Maremmani (Pisa, Italy, EU)

COCAINE USE AND NEURODEGENERATIVE DISEASES

Manuel Glauco Carbone

Research Doctorate, Insubria University, Varese, Italy, EU

PISA-School of Addiction Medicine, Pisa, Italy, EU

Summary

According to the most recent World Drug Report, 0.4% of the global population aged 15-64 reported cocaine use corresponding to approximately 24.6 million cocaine users worldwide and 1 million individuals with cocaine use disorder (CUD); it is estimated that around a quarter of the population worldwide has used cocaine at some point in their lifetime. It follows that such widespread consumption represents a significant risk to public health. Long-term use of cocaine, in addition to being related to many cerebral and cardiovascular diseases, is increasingly associated with a higher incidence of psychomotor symptoms and neurodegenerative disorders. In recent years, numerous studies have shown an increased risk of antipsychotic-induced extrapyramidal symptoms (EPSs) in patients with psychotic spectrum disorders comorbid with psychostimulant misuse, particularly cocaine. EPSs include movement dysfunction such as dystonia, akathisia, tardive dyskinesia and parkinsonism characteristic symptoms such as rigidity, bradykinesia and tremor. In the present paper, we propose the neurobiological mechanisms underlying the hypothesised increased vulnerability in chronic cocaine abusers to neurodegenerative disorders with psychomotor symptoms such as Parkinson's disease. Specifically, we supposed that the chronic administration of cocaine produces significant neurobiological changes, causing a complex dysregulation of various neurotransmitter systems, mainly affecting subcortical structures and the dopaminergic pathways. We believe a better understanding of these cellular and molecular mechanisms involved in cocaine-induced neuropsychotoxicity may have helpful clinical implications and provide targets for therapeutic intervention.

Key Words: cocaine; degenerative diseases; extrapyramidal symptoms

SYMPTOMATOLOGICAL VARIANTS AND RELATED CLINICAL FEATURES IN ADULT ATTENTION DEFICIT HYPERACTIVE DISORDER

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Summary

Much of the current literature has focused on the characteristic symptoms of attention deficit hyperactivity disorder (ADHD) in children and adolescents. In contrast, less attention has been devoted to ADHD clinical subtypes in adult patients. We evaluated 164 consecutive adult ADHD (A-ADHD) outpatients using DSM-5 criteria and many specific rating scales and questionnaires. A principal component factor analysis was performed on clinical and symptomatological variables to describe potential clinical variants. We sought to determine different A-ADHD variants focusing on demographic and clinical features. A four-factor solution was identified, and patients were clustered, according to their z-score, in 4 subgroups. The first was marked out by Emotional Dysregulation (ED), the second by Substance Use (SU), the third by Core-ADHD Symptoms (Co-ADHD) and the fourth by Positive Emotionality (PE). Predominantly ED patients showed worse overall function, early treatment with antidepressants and a more significant presence of borderline personality disorder than predominantly Co-ADHD patients. Essentially SU patients reported high rates of bipolar disorder and severe general psychopathology. The PE factor was related to hyperthymic temperament and hypomania and showed a higher level of functioning. Females with A-ADHD showed a lower risk of being included in SU, and A-ADHD patients with co-occurring delayed sleep phases had

less chance of being included in the SU factor than the prevailing Co-ADHD group. Our empirically based description of four clinical A-ADHD variants shows several aspects beyond the definition given by the DSM-5 diagnostic criteria.

Key Words: Attention Deficit; Hyperactivity Disorder; Emotional Dysregulation; Substance User; Positive Emotionality

SUBSTANCE USE DISORDER IN ADULT-ATTENTION DEFICIT HYPERACTIVE DISORDER PATIENTS: PATTERNS OF USE, RELATED CLINICAL FEATURES AND DIFFERENT IMPACT OF CANNABIS, COCAINE AND ALCOHOL USE

V. Spera

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PIISA-School of Addiction Medicine, Pisa, Italy, EU*

Summary

Background: While a large amount of medical literature has explored the association between Attention Deficit/Hyperactivity Disorder (ADHD) and Substance Use Disorders (SUDs), less attention has been dedicated to the typologies of SUD and their relationships with ADHD-specific symptomatology and general psychopathology in dual disorder patients. **Methods:** We selected 72 patients (aged 18–65) with a concomitant SUD out of 120 adults with ADHD (A-ADHD). Assessment instruments included the Diagnostic Interview for ADHD in adults (DIVA 2.0), Conner’s Adult ADHD Rating Scales–Observer (CAARS-O:S): Short Version, the Structured Clinical Interview for Axis I and II Disorders (SCID-I), the Barratt Impulsiveness Scale (BIS-11), the Brief Psychiatric rating scale (BPRS), the Reactivity Intensity Polarity Stability Questionnaire (RIPoSt-40), the World Health Organization Disability Assessment Schedule (WHODAS 2.0) and the Morningness-Eveningness Questionnaire (MEQ). A factorial analysis was performed to group our patients by clusters in different typologies of substance use and correlations between SUDs, as made evident by their typological and diagnostic features; in addition, specific ADHD symptoms, the severity of general psychopathology and patients’ functionality was assessed. **Results:** Two patterns of substance use were identified: the first (type 1) was characterised by stimulants/alcohol, and the second (type 2) by the use of cannabinoids (THC). Type 1 users were significantly younger and had more legal problems. The two patterns were similar regarding ADHD-specific symptomatology and severity at treatment entry. No differences were found regarding the other scales assessed, except for lower scores at MEQ in type 1 users. **Conclusions:** Different comorbid SUD clusters do not affect ADHD-specific symptomatology or severity at treatment entry.

Key Words: attention deficit hyperactivity disorder; adult ADHD; substance use disorder



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S12

DUAL DISORDERS- THE CURRENT STATE OF SERVICES AND RESEARCH IN INDIA

Y. P. S. Balhara (New Delhi, India)

SERVICES FOR DUAL DISORDERS IN INDIA

Y. P. S. Balhara, S. Sarkar and V. Patil

All India Institute of Medical Sciences, New Delhi, New Delhi, India

Summary

Dual Disorders have important clinical and research implications. Despite consistent findings of high prevalence rates for dual disorders in studies from Western countries, these disorders have gained limited interest among researchers and academics in India. Similarly, specialised services are limited, considering the specificities and nuances of dual disorders. In addition, there needs to be more focus on the specific training on dual conditions in the country. The recent symposium aims to explain the services' current status and research on dual disorders in India. The symposium's presenters shall focus on the diverse themes related to dual disorders in the country. Also, they shall offer an overview of the initiatives taken in recent years to strengthen the focus on dual conditions in the country. Title of the presentations: Services for dual disorders in India Research on dual conditions in India Initiatives taken to strengthen the focus on dual disorders in India

Key Words: DUAL DISORDERS, INDIA, SERVICES

INITIATIVES TAKEN TO STRENGTHEN THE FOCUS IN DUAL DISORDERS IN INDIA

Pal Singh

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Summary

Not available

Key Words: Not available

RESEARCH ON DUAL DISORDERS IN INDIA

V. Patil

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Summary

Not available

Key Words: Not available

S13

THE COVID-19 PANDEMIC AND PERSONS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS

M. Leonhardt (Brumunddal, Norway)

CITIZENSHIP AND RECOVERY AMONG SERVICE USERS IN NORWEGIAN FLEXIBLE ASSERTIVE COMMUNITY TREATMENT (FACT) TEAMS DURING THE PANDEMIC

E. Brekke

Norwegian National Advisory Unit on Concurrent Substance Abuse and Mental Health Disorders, Brumunddal, Norway

Background. This presentation will explore experiences of citizenship and recovery among persons with co-occurring severe mental illness and substance use disorder (COD) who received services from Norwegian Flexible Assertive Community Treatment (FACT) teams during the pandemic. Persons with COD often face living conditions and health and well-being challenges and may confront barriers to accessing health and social services. During the pandemic, health authorities considered people with COD a vulnerable group. FACT teams offer integrated, multidisciplinary treatment to people with severe mental illness and complex needs. A substantial number of the patients have COD. During the pandemic, many FACT teams continued their ambulatory practice at times when other services closed, but with some restrictions during the more severe periods of lockdown, particularly in urban areas. Exploring service user experiences may offer insights into how services may be helpful to a group of citizens who are often considered hard to reach. **Methods.** This presentation will build on qualitative interviews with 32 participants who received services from 5 different FACT teams during the pandemic (2020-2021). This collaborative study is part of a larger project investigating the implementation of FACT in Norway. The author's experiences working as a psychologist in a FACT team in 2020 will also inform the presentation. **Results.** Several participants experienced increased isolation, loneliness, and deteriorated mental health during the pandemic. Practical and accessible help, strength-focus and involvement, and a holistic approach from the FACT teams supported citizenship for participants in this study, even during the pandemic and lockdown. **Conclusions.** FACT teams seem to have provided helpful services for people with COD during the pandemic.

Key Words: Co-occurring disorder (COD); Flexible Assertive Community Treatment (FACT); Pandemic; Citizenship; Recovery

EXPERIENCE OF A MUNICIPAL COVID-19-UNIT - CHALLENGES AND KEY MEASURES IN PROVIDING CARE FOR PERSONS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDER

J. Hauge

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Summary

People with co-occurring mental health and substance use disorders (COD) were considered a high-risk group for infection and complications related to SARS-CoV-2 when the pandemic hit globally in March 2020. In response, Oslo Municipality and NGOs swiftly established special quarantine and isolation units for drug users. This lecture will be based on publicly available data from Oslo Municipality, assessed during March 2020 and December 2021, and experiences from health care professionals who worked in the units. In the first phase of the pandemic, few persons were admitted to the newly established quarantine and isolation units since infection control, in general, was very effective. Whereas in the subsequent waves and the occurrence of new variants of SARS-CoV-2, more persons were admitted, including persons with COD. Although there were challenges related to imposing quarantine and isolation regimes for persons with COD, providing access to substitution medication and legal substances, experienced and dedicated



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nursing staff, and sufficient resources enabled most patients to comply with quarantine and isolation regimes. Persons with COD are often considered challenging to treat in regular health care services. However, the Oslo municipalities' experience in responding to the pandemic may guide which measures should be implemented in health care services to accommodate better this patient group in an emerging situation like the COVID-19 pandemic.

Key Words: Co-Occurring Disorder (Cod); Pandemic; Isolation Units

THE IMPACT OF THE COVID-19 PANDEMIC ON PERSONS WITH CO-OCCURRING MENTAL HEALTH AND SUBSTANCE USE DISORDERS

M. Leonhardt

Norwegian National Advisory Unit on Concurrent Substance Abuse and Mental Health Disorders, Brumunddal, Norway

Summary

Background. Most people have been affected by the COVID-19 pandemic with its restrictions and infection measures. Persons with co-occurring mental health and substance use disorders (COD) who are already marginalised might be significantly affected. In this project, we aim to explore the impact of the pandemic on persons with COD, nearer, how the first lockdown affected their daily life and, further, the utilisation of health care services under the consecutive waves of the pandemic. **Methods.** The project comprises a qualitative and e-register study. First, we conducted 17 individual interviews and one focus group with persons with COD living in eastern Norway, using thematic analysis. Second, in the ongoing register study, we merged the Norwegian Patient Register, the Register for Infectious Diseases and data from Statistics Norway for sociodemographic information. We matched data of 35.000 individuals with COD after gender, age and health region with a sample from the general population as a control group to study the COVID-prevalence and use of the specialist healthcare service during the consecutive waves of the pandemic in Norway during 2020-2021. **Results.** We identified four interrelated main themes within the qualitative study: (1) The COVID-19 outbreak as a perceived challenge, (2) A decline in mental health and well-being, (3) Increased substance use challenges, and (4) Diverse experiences with health and social services. The results show further that people with COD have challenges with digital tools and need the appropriate equipment. Persons with COD face more significant barriers in accessing the health care system than the general population as a control group. The results of the register study are still preliminary while writing this abstract. **Conclusions.** Persons with COD faced significant challenges during the COVID-19 pandemic. Continuous maintenance of low-threshold services for persons with COD during a pandemic is essential. Further, improving the digital skills of service users or alternatives to digital consultations should be considered. There is reason to believe that new pandemics will emerge in the future. In this context, it is essential to learn how to care for vulnerable groups in society and how to reach them in emergencies.

Key Words: Pandemic; lockdown; thematic analysis

S14

INFLAMMATION IN DUAL DISORDERS : FROM DIFFERING PATHWAYS TO FINAL DESTINATIONS

L. Blecha (Villejuif, France, EU)

INFLAMMATION IN PSYCHIATRIC DISORDERS: DOES TOBACCO SMOKING HAVE A ROLE?

D. Alain

Paris Saclay University - EPS Barthelémy Durand, Etampes, France, EU

Summary

Introduction: Like other lifestyle factors such as obesity or lack of dental care, smoking is a crucial regulator of inflammation (Ugur et al. 2018, Doggui et al. 2020). Inflammation is associated with numerous psychiatric disorders, particularly schizophrenia, depression, and post-traumatic stress disorder. Inflammation is associated with non-remission under antidepressants in depression. These conditions exhibit high levels of circulating inflammatory biomarkers, such as interleukin-6 (IL-6), interleukin-10 (IL-10), TNF- α , and C-reactive protein (CRP), as either a cause or consequence of their disease. Since smoking frequency is higher in psychiatric patients than in the general population, smoking could stimulate inflammation in psychiatric disorders. **Methods:** We systematically researched PubMed to investigate the relationships between tobacco smoking and psychiatric disorders. **Results:** Some studies found that inflammatory markers mediate the relationships between smoking and psychiatric disorders (Chang et al. 2020). For instance, statistically significant differences were found among depressed smokers with more severe depressive symptoms (Vargas et al., 2013). In contrast, other studies found that inflammation was independent of smoking (Fond et al., 2020). **Conclusions:** Further studies are needed to disentangle which inflammation markers are linked with smoking from those connected with psychiatric disorders.

Key Words: psychosis; tobacco use disorder; inflammation

VIRAL INFECTIONS, INFLAMMATION AND DUAL DISORDERS

L. Blecha

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Summary

Among all modern medicine disciplines, we have made the most progress in infectious diseases. Anti-microbial medications and vaccinations have enabled us to cure and often prevent many dangerous and potentially fatal infections. Despite the viral clearance, other conditions have proven to be more tricky, with long-lasting neurological and neuropsychiatric consequences. The widespread exposure to a novel virus has once again sparked scientific interest and inquiry into the impact of infectious agents on the brain. Three years into the COVID-19 pandemic, we are beginning to understand the short-term effect of SARS-CoV-2 infection on the human nervous system. The long-term impacts on brain function, future mental health, and optimal treatment for these conditions still need to be clarified. This presentation aims to discuss some of our current knowledge of the short- and long-term impacts of SARS-CoV-2 on mental disorders and a comparison with other better-known viral models. A discussion of future directions for research and treatment management of these complex patients will follow this.

Key Words: Sars-Cov-2; Hepatitis C Infection; Dual Disorders; Psychosis; Substance Use Disorder



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CANNABIS USE AND CESSATION: ITS IMPACT ON INFLAMMATION IN PSYCHOSIS PATIENTS

R. Bruno

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Summary

Introduction. The vulnerability-stress-inflammation model is a well-known psychopathological model in patients with psychosis, implicating an imbalance in microglial activation (M1/M2 homeostasis) leading to the overexpression of pro-inflammatory cytokines. Despite a high prevalence of cannabis (THC) consumption among psychosis patients, few studies have investigated the impact of cannabis use on inflammatory markers in this population. **Methods.** This retrospective study included 102 patients with psychosis. White blood cell counts, hs-CRP and fibrinogen levels were measured at baseline and after four weeks of cannabis cessation. Urinary THC was also measured at baseline and after four weeks of cannabis cessation. Comparisons, adjusted for age, gender, body mass index, smoking status and diagnosis, were performed between cannabis users (THC+) and nonusers (THC-). To assess the association between inflammatory markers and sociodemographic or PANSS scores, Spearman or Pearson correlations were calculated. **Results.** After cannabis cessation, a more significant increase in leucocyte levels ($p < 0.01$), monocyte levels ($p = 0.05$) and a statistical trend to a higher rise in lymphocyte levels ($p = 0.06$) were found in the THC+ group compared to the THC- group. After four weeks of cannabis cessation, higher leucocyte ($p = 0.03$), lymphocyte ($p = 0.04$) and monocyte ($p < 0.01$) counts were observed in the THC+ group whereas, at baseline, no difference was found. A positive correlation was found between monocyte count at four weeks and baseline PANSS negative subscores ($p = 0.045$) and between the variation of monocyte count between baseline and four weeks and the PANSS total score at four weeks ($p = 0.05$). **Conclusions.** This study shows that cannabis cessation is associated with increased inflammation, as demonstrated by an elevation of white blood cell, lymphocyte, and monocyte levels, which correlates with psychotic symptomatology. Studying the link between cannabis and inflammation could lead to a better understanding of psychosis pathophysiology.

Key Words: psychosis; cannabis use; inflammation

S15

JOFRÉ PROGRAM: CLINICAL PRACTICAL AND RESEARCH TRAINING IN DUAL DISORDERS IN SPAIN

G. Haro (Castellon de la Plana, Spain, EU)

CASTELLÓN, 13 YEARS TRAINING LATIN AMERICAN RESIDENTS IN DUAL DISORDERS

G. Haro

Universidad Cardenal Herrera-CEU, CEU Universities, Castellón de la Plana, Spain, EU

Summary

The Programa Jofré is a Sociedad Española de Patología Dual (SEPD) training program aimed at non-Spanish professionals interested in training in dual pathology: addictions and other mental disorders. Prof. Gonzalo Haro (gonzalo.haro@uchceu.es), as training responsible for postgraduates of the SEPD, has been the program's coordinator since 2009. This program, organised by the SEPD, is sponsored by the World Psychiatry Association (WPA) (Section on Dual Pathology). The Asociación de Psiquiatría de América Latina (APAL) has collaborated since the beginning. The psychiatric or addiction services participating in this program are from the hospital sector and the community, are located throughout Spain, and have been duly accredited by the SEPD.

Key Words: Training program; postgraduates; Spain

CLINICAL PRACTICAL AND RESEARCH OPTION FOR DUAL DISORDER LEARNING IN SALAMANCA

C. Roncero

University of Salamanca, Salamanca, Spain, EU

Summary

The Jofré Program in Salamanca aims to rotate students in the Psychiatry, Psychology or Postgraduate Nursing Residency Program or specialists (Spanish and non-Spanish) interested in training in dual pathology: addictions and other mental disorders, in the Addictions and Dual Pathology Unit (UAPD) of the CAUSE. Prof. Carlos Roncero, head of the Psychiatry Service and full professor of Psychiatry, and Dr Ana Álvarez, director of the Addictions Unit, are the program's coordinators.

Key Words: Training program; postgraduates; Spain

A MULTICENTER OPTION FOR DUAL DISORDERS CLINICAL PRACTICAL LEARNING IN MADRID

P. Vega

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Summary

The training program will begin on April 1, and the minimum rotation will be from three to four months (in particular situations for foreigners, it could be adjusted to two months). The time division on each device can be modified according to the objectives, although the time on each machine should be at least one month. It is recommended to start the procedures six months and one year before the requested rotation date. A more remarkable advance in the procedures allows for facilitating the requests of each petition. Centres where it takes place: The Addiction Institute of Madrid Health: Seven municipal Addiction Care Centers (CAD). The Institute of Psychiatry of the Gregorio Marañón General University Hospital (HGUGM). Community Dual Pathology (CSM Retiro and Behavioral Addictions Unit of the IPS Marañón). Dual pathology in the adolescent. UADO IPS Cashew. Dual Pathology Center of the Nuestra Señora de la Paz Clinic (San Juan de Dios).

Key Words: Training program; postgraduates; Spain



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S16

THE PSYCHEDELIC RENAISSANCE: THEORY, RESEARCH AND CLINICAL PRACTICE

C. Schutz (Vancouver, BC, Canada)

THE GENEVA COMPASSIONATE USE PROGRAM

L. Penzenstadler

The Geneva Compassionate Use Program, Geneva, Switzerland

Summary

The Swiss Federal Act on Narcotics and Psychotropic Substances regulates the permissibility of psychedelics for medical and scientific purposes. Since 2014, and after a longer interruption, the Federal Office of Public Health has started again to issue licenses for the restricted medical use of LSD and psilocybin. Physicians can submit applications for limited medical use. For this they need to provide information about the patient, medical information about the diagnosis and the indication for the treatment, a justification for the desired treatment, dosage, and treatment duration as well as the sources of supply. Such exceptional use permits are only granted if (a) the patient is suffering from a mostly incurable disease, (b) the suffering can be reduced by the controlled substance, (c) conventional treatment therapies have been exhausted, and (d) the treatment will allow the patient to lead a more autonomous lifestyle. The Geneva psychedelic-assisted therapy program started in 2021 and has conducted more than 80 sessions to date. Preliminary patient data as well as the practical implementation of the treatment will be presented.

UPDATE ON RESULTS AND ONGOING STUDIES OF PSYCHEDELIC RESEARCH

C. Schutz

Department of Psychiatry, Faculty of Medicine, University of British Columbia, Vancouver, Canada

Summary

Much of the original pioneering research on psychedelic medicine took place in Saskatchewan, Canada, at the Weyburn Mental Hospital under the direction of Humphry Osmond, an English psychiatrist, and Abram Hoffer, a Canadian biochemist. After a hiatus of almost a century, we see a wave of studies forming the renaissance of psychedelic medicine. This renaissance follows the success story of ketamine for the treatment of MDD. The presentation will provide an update on current ongoing research, discussing promises, limitations, and potential risks with a specific disorder and dual diseases.

THE PSYCHEDELIC EXPERIENCE AS A SPECIAL MODE OF EXPOSURE THERAPY

D. Zullino

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Summary

The theory of conditioning describes how an individual learns to perform certain behaviours in response to certain stimuli. Regarding addictive disorders, the theory of activity can explain how certain environmental stimuli associated with the addictive product trigger craving and influence behaviour. This occurs through the association of incentives linked to the use of the substance or activity. Thus, a significant component of this reward-related learning is the strong associations between stimuli that indicate a reward and the reward itself (the addictive product). As learning about reward-associated stimuli grows, these stimuli increase control over behaviour. In exposure therapy, patients are exposed to addiction-specific triggers, the use of the product, which is supposed to attenuate the contingency between the trigger, craving and consumption.

Extinction learning occurs as a function of prediction error. Thus, solid mismatches or disconfirmation of expectancies for outcomes (e.g. craving) is hypothesised to shape extinction memories. The use of psychedelics will be discussed regarding a possible amplification of expectancy errors.



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NEUROBIOLOGICAL UNDERPINNINGS OF INDIVIDUAL VARIABILITY IN ADDICTION: INSIGHTS FROM CLINICAL AND PRECLINICAL RESEARCH

E. Martin (Barcelona, Spain, EU)

VULNERABILITY TO OPIOID USE DISORDERS (OUD) IN NIH HETEROGENEOUS-STOCK (HS) RATS AND GENETICALLY SELECTED MARCHIGIAN SARDINIAN ALCOHOL-PREFERRING (MSP) RATS

N. Cannella

University of Camerino, Italy, EU

Summary

Dr Cannella will talk about his recent work on genetic predisposition to OUD, presenting neuroimaging and genetic data obtained from NIH-HS rats subjected to a model of vulnerability to OUD. In addition, he will present data supporting predisposition to OUD-like behaviour in msP rats, a line genetically selected for high alcohol preference.

Key Words: Vulnerability to opioid use disorders; rats

NEUROBIOLOGICAL SIGNATURES ASSOCIATED WITH VULNERABILITY TO FOOD ADDICTION IN MICE AND HUMANS WITH A GENDER PERSPECTIVE

E. Martin-Garcia

Laboratory of Neuropharmacology, Department of Medicine and Life Sciences, Universitat Pompeu Fabra, Parc de Recerca Biomédica de Barcelona (PRBB), Barcelona, Spain, EU

Summary

Dr Martin-Garcia will present preclinical data deciphering the neurobiological mechanisms involved in resilience and vulnerability to food addiction. She will present a food addiction mouse model combined with conditional CB1 receptor mutant mice, transcriptomic analysis, gene overexpression and chemogenetic manipulations targeting the PFC-NAc pathway, and electrophysiological ex-vivo recordings. She also will present recent data on miRNA signatures associated with vulnerability to food addiction in mice and humans and gender differences. These data will shed new light on the neurobiological underpinnings of this complex multifactorial disorder.

Key Words: clinical and preclinical research; Neurobiological underpinnings

CANNABINOID TYPE 1 RECEPTOR IN CAMKII+ NEURONS DRIVES HEDONIC FEEDING: IMPLICATIONS IN OBESITY, BINGE EATING AND FOOD ADDICTION

I. Ruiz de Azua

Leibniz Institute for Resilience Research, Mainz, Germany, EU

Summary

Not available

Key Words: Cannabinoid; Obesity; Binge Eating; Addiction



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S18

**OPIOIDS AS NEW PHARMACOLOGICAL AVENUES IN ALCOHOL USE DISORDER:
FROM BEDSIDE TO BENCHSIDE, AND BACK TO PATIENTS**

A. Ulmer (Stuttgart, Germany)

ADDRESSING OPIOID RECEPTORS TO TREAT ALCOHOL USE DISORDER

R. Ciccocioppo

School of Pharmacy, Center for Neuroscience, Pharmacology Unit, University of Camerino, Italy

Summary

Not available

**THE NEUROSCIENCE-BASED NOMENCLATURE: RETHINKING OPIOID
PHARMACOLOGY TO BETTER TREAT ALCOHOL USE DISORDER AND DUAL
DISORDERS.**

M. Dematteis

*Department of Pharmacology and Addiction Medicine, Grenoble-Alpes University Hospital,
Grenoble, France*

Summary

Not available

OPIOIDS FOR ALCOHOL USE DISORDER PATIENTS: THE PATH OF AN IDEA

A. Ulmer

Institute for Addiction Research. Stuttgart, Germany

Summary

For almost all major chronic diseases, there have been decisive scientific innovations in diagnosis and treatment in recent decades. Or there was already a good standard (e.g. hypothyroidism). There is no good standard for alcohol use disorder (AUD) patients - no medication adjustment, continuous medical care and no significant scientific innovations for decades. Thus, the patients came to us only after an average of 18 years. Of these, 17.5 (97%) were without therapeutic action. This and the reduction of life expectancy by 20 years are catastrophic figures. We are helpless in the face of too many patients. Ideas for new approaches do not always come from science and universities but sometimes from practice and patients. Already in the 70s and 80s, two German general practitioners, G. Grimm and H. Elias, who specialised in addicts and from whom I learned a lot, reported that they could successfully treat individual AUD patients with dihydrocodeine (DHC). Even an own patient, who suffered unbearably from craving despite several withdrawals, "therapies", and ongoing acamprostate treatment, reported in 1997 that a one-day pain treatment with codeine had relieved him of craving for that day. I informed him about the unexplored nature and possible dangers of such treatment and prescribed him DHC for a few days, then on and on. Because this was convincingly successful, 116 patients were gradually treated this way by 2018. All were fully informed, and all treatments were systematically documented. The results – a comprehensive improvement – were first published in 2012 in *Frontiers*, in full in my book 2021. Because it could never be designed as a study but only as practical documentation, it was rejected in expert circles for years and mostly ignored. But internationally, especially at the Europad and at the WADD, the opportunity for presentation and publication was offered repeatedly. In 2022, the treatment of an FASD + AUD patient was started in Berlin – with success. R. Ciccocioppo et al. published 2007: Buprenorphine reduces alcohol drinking in rats. In recent years, M. Dematteis et al. have also treated AUD patients with buprenorphine. Both there and at the University of Tübingen / Germany, studies are in preparation. When we see how effectively opioid treatment helps many AUD patients, it all goes too slowly. But we are now operating as an international network, open to other partners. Many patients need this. Opioid



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treatment is too dangerous to spread from colleague to colleague. First, a good introduction, intake according to plan and constant dialogue must be standardised. This requires good scientific development

Key Words: Opioids; Alcohol use disorder / AUD



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S19

MEDIATION, HARM REDUCTION AND THE EFFECT ON COMORBIDITIES

N. Charkhgard (Tehran, Iran)

THE NEED FOR NEW APPROACHES IN HARM REDACTION

N. Charkhgard¹ and S. Naderi²

1. *Department of Neuroscience and Addiction Studies, School of Advanced Technologies in Medicine, Tehran, Iran*
2. *Department of Neuroscience and Addiction Studies, School of Advanced Technologies in Medicine, Tehran University of Medical Sciences, Tehran, Iran, Tehran, Iran*

Summary

First, Dr Nader Chakhgard and Dr Shahram Naderi will present the achievements of harm reduction policies in the last few decades; In the past years, the focus of harm reduction has been on infectious diseases to control these diseases, especially the impact on the prevalence and incidence of HIV caused by drug use, and according to the research conducted, it has been very successful in presenting this role. Still, it seems that the harm reduction policy has come to a standstill or maybe some discouragement in the providers of these services. On the other hand, politicians and policymakers have seen negative changes in harm reduction services. By reviewing harm reduction programs and examining them, it seems that a new evolution and change in this thinking should be considered so that harm reduction can once again present its significant role; The presenters of this panel believe that the new approach to harm reduction should focus more on the human rights issues of service recipients and therefore require more attention on new types of interventions needed by patients. The mediation of the new way and style will reduce the damage in the future.

Key Words: Harm Redaction; Mediation, New Evolution

NECESSITY OF MEDIATION THE FUTURE OF HARM REDACTION

S. N. Niknejad

Iran central BAR association, Tehran, Iran

Summary

In the second part of this panel, Mr Saman Niknejad explains the problems in Dajar patients of all kinds of addictive disorders; For example, we can mention the problems between employers and workers, family disputes that plague these patients, such as marital disputes and judicial and legal disputes for these patients who suffer from addiction disorders. He will present the role of mediation in controlling and adjusting these problems.

Key Words: Harm Redaction; MEDIATION; addictive disorders

COMORBIDITIES OF ADDICTION AND MEDIATION

P. Raad and S. Jafari

Medical Council of the Islamic Republic of Iran, Tehran, Iran

Summary

In the third part of this panel, Dr Sara Jafari and Dr Peyman Rad will explain the comorbidities of addiction, such as anxiety disorders. They will explain the role of harm reduction thinking in these disorders and, finally, the role of methodical mediation in controlling and reducing some of these comorbidities. Mediation in today's world will be a way to reduce human tensions and reduce costs and social stigma not only for patients suffering from addiction disorders but also for the entire human population, and we, the providers of the present panel, are trying to provide mediation services and combine it with the thought of harm reduction; Finally, by reducing social costs for families involved in addiction disorders, it may be possible to



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help prevent these disorders in patients' families. In the third part of this panel, Dr Sara Jafari and Dr Peyman Rad will explain the comorbidities of addiction, such as anxiety disorders. They will explain the role of harm reduction thinking in these disorders and, finally, the role of methodical mediation in controlling and reducing some of these comorbidities. Mediation in today's world will be a way to reduce human tensions and reduce costs and social stigma not only for patients suffering from addiction disorders but also for the entire human population, and we, the providers of the present panel, are trying to provide mediation services and combine it with the thought of harm reduction; Finally, by reducing social costs for families involved in addiction disorders, it may be possible to help prevent these disorders in patients' families.

Key Words: Comorbidities; Addiction; Anxiety Disorders



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S20

CONVERGENCIES BETWEEN GAMBLING DISORDER AND PARKINSON'S DISEASE

L. Okruhlica (Bratislava, Slovakia, EU)

GAMBLING DISORDER IN PATIENTS TREATED FOR METHAMPHETAMINE USE

Z. Kamendy, A. Kurilla and L. Okruhlica

Centre for Treatment of Drug Dependencies, Bratislava, Slovakia, EU

Summary

Introduction. We know that substance use disorders and gambling disorders often present together. Among stimulant users, there is a three times higher rate of gambling than non-users. Studies have also found that among stimulants, methamphetamine is the most commonly associated with gambling behaviour. The study aimed to identify the proportion of patients entering treatment for methamphetamine use disorder who also suffer from gambling disorder. **Methods.** The sample consisted of 143 patients entering treatment in the Centre for Treatment of Drug Dependencies, Bratislava, Slovakia, for methamphetamine use disorder, with an average age of 33 (SD+8.7) years; 76% were males. Data on gambling disorders were collected. Methamphetamine users who gambled were compared to non-gambling patients in basic demographic and substance use characteristics, retention in treatment and treatment outcomes. **Results.** In patients with methamphetamine use disorder, 16% had a diagnosis of gambling disorder, and another 16% were engaged in gambling without being diagnosed with gambling disorder. **Conclusions.** Our data shows that the comorbidity of methamphetamine use disorder and gambling disorder is common. The presentation will discuss illustrations of different courses and considerations for treatment consequences.

Key Words: Gambling disorder; methamphetamine use; treatment

METHAMPHETAMINE USE AND PROBLEM GAMBLING

A. Kurilla and Z. Kamendy

Centre for Treatment of Drug Dependencies, Bratislava, Slovakia, EU

ASSOCIATIONS AMONG METHAMPHETAMINE DEPENDENCE, PARKINSON'S DISEASE AND GAMBLING DISORDER

L. Okruhlica

Summary

It is known from research and our clinical experience that stimulant use is often associated with problem gambling. Research attention has focused on the association between cocaine use and gambling, even though methamphetamine users have a higher prevalence of problem gambling than cocaine users. Our goal was to conduct a literature review on the relationship between methamphetamine use and problem gambling. Web of Science and PubMed databases were searched. Search terms used were: "stimulants" OR "methamphetamine" AND "gambling". The most important findings from the studies were that genetic contributions to the co-occurrence of stimulant use disorders and problem gambling seem more independent of environmental factors than the co-occurrence of problem gambling and other substance use disorders. The neurocognitive profiles of methamphetamine users and problem gamblers are similar. For both groups, the problem with delayed gratification comes to the fore. The use of methamphetamine raises motivation to gamble. Experience during gambling closely resembles stimulant drug effects. These findings suggest that similar treatment interventions could be effective for problem gambling and methamphetamine use disorder, particularly for patients with comorbidity of the two. In addition to psychotherapeutic approaches, which have limited efficacy, current research struggles to find effective pharmacological treatments for methamphetamine use disorder, similar to gambling disorder. In the treatment of both, repetitive transcranial stimulation has recently shown promise. In this presentation, we address all of these

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contexts and offer suggestions for further research as well as possible clinical approaches in treating comorbid methamphetamine use disorder and gambling disorder.

Key Words: Methamphetamine use; problem gambling; gambling disorder



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S21

NOVEL PSYCHOACTIVE SUBSTANCES AND MENTAL DISORDERS

M. Lovrecic (Ljubljana, Slovenia)

NOVEL PSYCHOACTIVE SUBSTANCES INDUCED DUAL DISORDERS

M. Lovrecic and B. Lovrecic

National Institute of Public Health, Ljubljana, Slovenia, EU

Summary

Introduction. The emergence of novel psychoactive substances (NPS) on the drug scene has recently become a worldwide phenomenon, especially amongst youngsters. **Methods** An electronic search was conducted on the Medline/PubMed databases to find selected search terms for reporting psychopathology. **Results.** The NPS include substances with different chemical and pharmacological properties; each NPS could have a slightly different molecular structure with unpredictable effects. Substances classified as NPS include most frequently (more than a half of cases) synthetic cannabinoids, in one-fourth of cases synthetic cathinone, in 5% of cases benzodiazepines; in 2% of cases synthetic opioids; and around 18% of cases other substances (tryptamines, phenethylamines, arylcyclohexylamines, psychostimulants, etc.). NPS is produced without controls or mandatory standards applicable to the manufacturing process. They are marketed as legal and commercialised as alternatives to traditional illicit or banned drugs. Data on clinical consequences are limited to retrospective analysis, surveys and case reports and are mainly reported by poison centres. NPS's emerging toxicity and psychopathology are usually expressed through neuropsychiatric and cardiovascular clinical manifestations; severe, even life-threatening, adverse effects have been known to occur in rare cases. The treatment of NPS toxicity is often limited to symptomatic and supportive care. The long-term consequences of NPS use are currently unknown. Reported NPS-related deaths and poisoning cases due to NPS is increasing. **Conclusions.** Despite the increasing numbers of NPS, scientific knowledge about NPS side-effects, toxicology, addiction potential or possible contraindications is still limited. Clinicians need more data on NPS-induced psychopathology and recommendations for managing it.

Key Words: Novel psychoactive substances; psychopathology; dual disorders; therapeutic management

MEGA-DOSE BENZODIAZEPINES ADDICTION: A NEW STAND-ALONE

M. Pacini

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PISA-School of Addiction Medicine, Pisa, Italy, EU

Summary

Benzodiazepine (BDZ) abuse is traditionally described as either lower-dose regular use of prescribed BDZs, or higher-dose use of BDZs with variable patterns of use and recurrent first-aid intoxication or withdrawal issues, often characterised by illicit self-supplying and, as a rule, displayed by subjects with a lifetime history of narcotic or heavy drug use. We checked whether this phenomenon had stayed the same among contemporary populations of BDZ abusers, given the increasing concern about primary BDZ abusers who directly apply for BDZ detoxification in specialised clinics or general hospitals. To our surprise, most BDZ abusers were not involved in any heavy drug addiction lifetime. Maintaining the link between injective BDZ and comorbid narcotic use, no other significant differences emerged between groups. In detail, heavy BDZ use, particularly macro-dose, was far more frequent among primary BDZ users and only BDZ users. BDZ use/addiction displays different from how it was depicted decades ago: most treatment-seeking individuals are primarily and possibly only involved in BDZ use without coupling to heavy drug addiction. Nevertheless, their level of disease severity is comparable with that of comorbid narcotic users, suggesting how primary, "stand-alone" BDZ addiction can reach equal levels of severity to illicit and injective drug addiction.

Key Words: BDZ; Mega-dose; Heroin Addiction



NOVEL PSYCHOACTIVE SUBSTANCES: REMARKS ON THE CARE SYSTEM AND GENDER DIFFERENCES

S. Vecchio

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Summary

The term ‘New Psychoactive Substances’ (NPS) encompasses hundreds of substances that can be grouped mainly according to the chemical class (e.g. synthetic cathinones, synthetic cannabinoids, phenethylamines, fentanyl and derivatives, new synthetic opioids) or their effect (e.g. sedative, stimulant, hallucinogenic). By now, the term ‘new’, which indicates recent appearance on the market and legal status, fits poorly with most of these substances, which have been known to users for years and are already included in international and national narcotics conventions.

The dynamic and resilient NPS market, and the low diagnostic capacity of acute and chronic health services, require innovative tools to study their epidemiology, such as urban wastewater analysis and drug checking. The data collected in this way make it possible to delineate a more widespread use than may be apparent from the number of individuals seeking treatment for NPS consumption. Moreover, one of the main reasons for the benefit of NPS, often consumed in polydrug use with other NPS and ‘classic’ substances for recreational and high effect, is the self-medication of psychiatric disorders such as anxiety, depression, ADHD (Attention Deficit Hyperactivity Disorder) as well as painful conditions. Consequently, it is possible that patients already being treated for these disorders are also unknown NPS users.

The several critical issues related to NPS can be connected to the substances themselves (e.g. mechanism of action, acute and chronic toxic effects), to the users (e.g. polyabuse, medical and psychiatric comorbidities) and the care system (e.g. low diagnostic capacity, available treatments). Furthermore, attention has recently increased towards the “gender differences”, relating to the impact that sex and gender have on the reasons for consumption, the effects of substances, and the health and social risks.

Key Words: Gender differences



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ASSESSING DUAL DISORDER HEROIN ADDICTS

M. Miccoli (Pisa, Italy, EU)

H/PTSD-S IN DUAL DISORDER HEROIN ADDICTS

F. Della Rocca

PISA-School of Addiction Medicine, Italy, EU

Summary

In this presentation, we stressed the differences between dual and non-dual disorder patients regarding the severity of their sensitivity to stress disorder during treatment. After a factorial analysis that has evidenced four factors related to “Unsatisfactory life/Risky activities”, “Thoughts of death/Inability to relax”, “Aggressiveness and autonomic imbalance”, and “Derealization”, no significant differences were found between dual and non-dual disorder patients across the four differential psychiatric diagnoses (Chronic Psychosis, Bipolar and Non-bipolar, and Anxiety Disorder patients). The presence of a H/PTSD spectrum was not different between dual and non-dual disorder patients and among psychiatric different diagnoses.

Key Words: Dual disorder; stress sensitivity; H/PTSD-S

HERO-CRAV IN HEROIN USE DISORDER PATIENTS WITH AND WITHOUT DUAL DISORDER

A. G. I. Maremmani

Department of Psychiatry and Addictions, Section of Psychiatry, North-Western Tuscany Local Health Unit, Tuscany NHS, Versilia Zone, Viareggio, Italy EU

PISA-School of Addiction Medicine, Italy, EU

Summary:

Introduction: In dual disorder (DD) patients, a clear trend emerges towards greater chronicity and severity and more serious somatic, social and psychological problems than in cases of uncomplicated addiction. In Heroin Use Disorder (HUD) patients, we found some clinical aspects that were related (violence and self-injurious behaviours) and others unrelated (temperamental aspects, psychopathological subtypes) to DD. More recently, we proposed an inventory for assessing the behavioural covariates of craving in HUD, showing good psychometric properties. This topic required further examination among DD-HUD patients.

Methods: At the univariate level, we compared 70 DD-HUD and 44 HUD patients with reference to their demographic, clinical and anamnestic data and whether they showed addictive behaviours. At the multivariate level, we used a logistic regression analysis to select the prominent behavioural characteristics of DD-HUD patients by checking the analysis for the variables significantly different at the univariate level.

Results: At treatment entry, DD-HUD patients reported more addictive behaviours ($p=0.024$) and more frequently recognised the presence of subjective craving ($p=0.013$). More specifically, they tended to use other substances on top of heroin ($p=0.012$); they prized heroin much more than anything else they had ever enjoyed before ($p=0.030$); they appeared to have trouble using anti-withdrawal pills ($p=0.005$); they accepted heroin even if they were trying to rehab ($p=0.003$); and they were willing to put up with a lot of stress to get heroin ($p=0.004$). They accepted heroin even during rehab ($OR=6.34$), accepted a lot of stress in their search for heroin ($OR=2.85$), and refused to use other substances to compensate for the unsuitable dose of heroin when they were feeling down ($OR=0.17$); in all these aspects, polyabuse ($OR=2.95$) proved to discriminate DD-HUD from HUD patients. **Conclusions:** Specific addictive behaviours of DD-HUD patients appear to be correlated with finding and taking opioids to alleviate psychopathology. By contrast, behaviours linked to obsessive and relief craving (closely correlated with the progress of addiction) did not turn out to be significantly different in DD-HUD vs HUD patients.

Key Words: Dual Disorder; Psychopathology; Behavioural Covariate Of Heroin Craving

IS THE PSYCHOPATHOLOGY OF DUAL DISORDER HEROIN ADDICTS DIFFERENT FROM HEROIN USE DISORDER PSYCHOPATHOLOGY?

I. Marenmani

University of Pisa, Italy, EU

UniCamillus, International Medical University in Rome, Italy, EU

Summary

Patients with substance use disorder (SUD) show a high rate of comorbidity with other mental disorders, particularly those involving mood, anxiety and impulse control. In addition, an equally strong correlation has been shown between psychotic disorders and substance use disorder (SUD). Application of the classic model of psychiatric comorbidity to the field of drug addiction is subject to limitations: the first is that the high frequency of co-occurrence of these two psychopathological events raises doubts as to their independence; the second is the insoluble problem of disentangling psychiatric symptoms from the heart of the psychopathology of drug addiction; lastly, the overlap between the biological substrates and the neurophysiology of addiction and psychiatric disorders cannot be disregarded. With this in mind, we have theorised that mood swings, anxiety and impulse dyscontrol symptoms should be considered as constituting addiction's psychopathology. We put forward the hypothesis that the dysregulation of the opioid system, which is determined by the chronic use of heroin, could give rise to a wide range of psychopathological symptoms that are prominent in distinguishing heroin addicts, this being true regardless of the co-occurrence of another mental disorder, factors related to gender, education, history of abuse, the modality of abuse and treatment undertaken by patients in their history. We have considered five dimensions: 1. feelings of "worthlessness and being trapped"; 2. "somatic symptoms"; 3. "sensitivity-psychoticism"; 4. "panic anxiety"; 5. "violence-suicide". Although these symptoms do not always reach the threshold that would qualify them as belonging to a psychiatric syndrome, their impact on a patient's life must be recognised; above all, these symptoms should be treated as belonging to the context of the treatment of drug dependence.

Key Words: Psychopathology; Dual Disorder; Heroin Use Disorder



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BIOBEHAVIORAL AND AFFECTIVE RESPONSES TO ACUTE STRESS IN DUAL SUBSTANCE USERS: IMPACT OF NICOTINE AND CANNABIS CO-USE

M. Al'Absi, M. Nakajima, B. Deangelis, J. Hodges and S. Allen

Al'Absi, Mustafa, University of Minnesota Medical School, Duluth, MN, USA

Summary

Introduction. Co-use of cannabis is increasing among nicotine users and presents additional challenges in addressing nicotine dependence. This study examined the impacts of regular co-use of cannabis and nicotine on biobehavioral and affective changes in response to stress during nicotine withdrawal and ad libitum use.

Methods Participants (N=79) who used nicotine only, cannabis only, both substances and a non-user comparison group were invited to attend two laboratory stress assessment sessions during ad libitum nicotine use and after abstinence from nicotine. During the stress sessions, participants provided saliva samples for cortisol assay and completed measures of subjective states. Cardiovascular measures were collected during resting baseline, exposure to acute stressors, and during a recovery rest period. **Results** Nicotine users reported less positive moods than nicotine non-users. Co-users of nicotine and cannabis had higher levels of cannabis craving than cannabis-only users ($p < .01$). Nicotine users exhibited blunted systolic and diastolic blood pressure (BP) responses to stress relative to nicotine non-users; in contrast, cannabis users showed exaggerated diastolic and mean arterial BP responses to stress compared to cannabis non-users. Nicotine users demonstrated attenuated cortisol stress responses relative to nicotine non-users. Nicotine-only users had higher cortisol levels in the second lab (nicotine withdrawal) relative to the first lab (ad libitum nicotine use). **Conclusion** While the study partially replicated earlier findings on the effects of chronic nicotine use, it provided novel results on the impact of cannabis co-use on physiological and affective responses to stress in nicotine users during nicotine withdrawal. The results have implications for our understanding of the dynamic effects of cannabis-nicotine dual use on stress response and emotional regulation.

Key Words: dual substance use; stress; withdrawal; nicotine; cannabis; emotion regulation; cortisol; blood pressure; positive and negative affect

SCREENING AND TREATMENT OF HCV IN DUAL DISORDER PATIENTS

F. Curcio, V. Conturso, C. Mazzella, F. Del Vecchio, T. Le Pera, V. Iovinella, E. Claar, V. Rosato, P. Bellomunno, V. Barretta, A. Ciaramella, B. Petrillo, C. Esemplio, G. De Rosa, M. Luise, F. Macrì and G. Pastore

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Summary: **Introduction** In 2016, the WHO had set the goal of eliminating viral hepatitis C by 2030, estimating that there are over 70 million people in the world who are chronically infected, of which 80 percent are not diagnosed and therefore not treated. In Italy, the screening for the search for subjects with HCV infection is underway, funded for subjects belonging to the Addiction Services, prisoners and the general population born between 1969 and 1989. It should be considered that HCV is an infection capable of causing or worsening neuropsychiatric symptoms, through some pathogenetic mechanisms: direct neurotoxic action of HCV, local and systemic inflammatory response, metabolic disorders, alteration of neuro-transmission, immune-mediated disorders and alterations in the permeability of the blood-brain barrier. About one third of patients with chronic hepatitis C then experience fatigue, attention deficit, in addition to anxiety, depression and insomnia; these disorders are in turn associated with the use of substances or abusive behaviors. cognitive impairments such as memory impairment and inability to maintain attention. Consequently, it is considered appropriate to proceed with the screening test also in a population affected by dual disorder, as the presence of HCV is possible. **Methods** The study reports epidemiological data on the spread of HCV in subjects suffering from substance use disorder and psychic alterations, obtained with the retrospective study of the anamnesis, of the clinical interviews carried out from 1988 to 2020, of the laboratory tests performed in immunoenzymatic screening the use of psychoactive substances and the infectious disease; with HCV RNA PCR to confirm current infection. The comparison is made on 499 subjects treated at the ASL Napoli 1 Centro, divided into groups with substance use disorder, with or without psychopathological symptoms, in comparison with general population. Adherence to the treatment, the outcome of the treatments, the possible presence of undesirable effects in relation to the psychiatric symptoms were evaluated. Treatment strategies for hepatitis C for optimizing adherence, resources and therapeutic efficacy are also reported. **Results** There were no differences in adherence between patient groups, although in some cases referral strategies for HCV therapy were needed to monitor and improve adherence. Over the years, the efficiency of communications between the Addiction Service, the laboratory, specialists in psychiatry and specialists in infectious diseases has been optimized. The fine-tuning of the procedures for diagnosis and treatment has made it possible to achieve the creation of points of care in the Services for addictions, obtaining very high percentages of adherence and SVR up to 98.5% and uniformity and optimization of resources. **Conclusions.** The study highlights the opportunity to carry out screening for HCV infection also in populations with psychopathologies, as well as among the foreigners; implementing strategies for treatment adherence, no differences were found in relation to SVR, nor to the appearance of undesirable effects among the populations examined. The study revealed the need for further monitoring in relation to any re-infections among subjects treated, recovered, but with abusive behaviors characterized by poor self-control, such as intravenous users and subjects with particular psychopathological characteristics.

Key Words: HCV infection; Substance use disorder (SUD); psychopathology.



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THE EFFECTIVENESS OF ELECTROCONVULSIVE THERAPY IN SUBSTANCE USE DISORDER AT PHARMACOLOGICAL TREATMENT FAILURE MAJOR DEPRESSION

P. Dannon

Hebrew University of Jerusalem, Herzog Medical Center, Jerusalem, Israel

Summary

Introduction. Treatment-resistant depression is common with Substance Use Disorder (SUD), and few studies demonstrated the effectiveness of different medications in SUD-related depression—methods. All patients were diagnosed with treatment-resistant depression with two trials of antidepressant medication failure. As a part of the treatment program, they first completed the detox period and received at least two more antidepressant regimens for at least four months before they were referred to ECT treatment. Fourteen patients, nine female and five male (5 female and two male patients were addicted to prescription medications, pain killers, benzodiazepines, and-or sleeping pills), two female and one male patient with alcohol and cannabis and two female and two male patients with polysubstance abuse disorder. Hamilton depression 21 items scale, Hamilton Anxiety Scale, Visual Analog Scale and Barratt impulsiveness scale were measured at baseline, end of ECT treatment, and three and six-month follow-up visits. **Results.** The case series was completed between 2011 to 2018 with a follow-up of 12.3+4.1 months after the ECT procedure was completed. All patients received an average of 11.7+2.6 ECT treatments per series. Over 14 patients, eleven of them responded well to ECT treatment at the first and intermediate phase of the follow-up (first six months). Three patients did not receive benefit from ECT treatment (two polysubstance use disorders and one alcohol use disorder). At the intermediate to long-term follow-up period, four patients reported relapses. Two of them renewed the substance abuse (one poly drug and the other is comorbid alcohol and cannabis addiction). **Conclusions.** ECT treatment seems to be an effective treatment for patients with SUD & Depression. Moreover, the response rates equal treatment-resistant depression cases without substance use disorder.

Key Words: Substance use disorder; Depression; Treatment resistant; ECT

RISKY DECISION-MAKING IN SCHIZOPHRENIA: EXAMINATION OF ASSOCIATION BETWEEN SMOKING, SUBSTANCE USE AND PERFORMANCE ON THE IOWA GAMBLING TEST

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Summary: **Introduction** There are two common hypotheses to explain such high comorbidity between nicotine dependence and Schizophrenia (SZ): Self-medication for decreasing psychiatric symptoms or common environmental risk factors can predispose to both nicotine dependence and other risky behaviours in SZ. Little is known about the influence of cigarette smoking comorbidities such as Substance Use Disorder (SUD), criminal history, or difficult decisions among patients with SZ. **Methods** Both groups were evaluated using a socio-demographic questionnaire and clinical assessment using PANSS and the Barratt Impulsiveness Scale (BIS-11) self-report questionnaire. To assess decision making was evaluated with the Iowa Gambling Task (IGT). The total SZ sample performed worse on the IGT than the average population. Smokers with SZ performed significantly worse than nonsmokers on the IGT primarily because they preferred “disadvantageous” decks to a greater degree. The PANSS and impulsivity tendencies (BIS-11) did not predict overall performance on the IGT. **Results** Smokers with SZ had impaired affective decision-making. Behaviour suggested preferential attention to the frequency of gain and inattention to the amount of loss, suggesting impairments in risk/ reward decision-making. This study is the first to compare IGT in smokers and nonsmokers with SZ with adjustment of SUD, criminal history, and existing tattoo to examine further IGT performance. **Conclusion** These results support the hypothesis that comorbidities between nicotine dependence and SZ can be linked to another common factor that is associated with other externalising behaviours in SZ.

Key Words: Decision-making; Iowa gambling test; Nicotine; Substance use



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DATA ON THE FIRST COHORT OF PATIENTS TREATED WITH LONG-ACTING BUPRENORPHINE IN SUBCUTANEOUS DEPOT IN A FRENCH ADDICTION CENTER

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Summary

Introduction. Opioid replacement therapy has shown its effectiveness for opioid use disorder. In France, the molecules prescribed are Methadone and Buprenorphine (+/- Naloxone). In France, a one-weekly and once-monthly subcutaneous lipid-based injection formulation called CAM2038 was the first long-acting formulation licensed in 2018 and commercialised as Buvidal® in 2021. **Methods.** This qualitative, retrospective, monosite study was conducted in a French addiction centre from April to May 2022. Inclusion criteria were patients aged 18 years old or more, diagnosed with OUD, who were administered at least one injection of Buvidal®. This new treatment has been made available to all patients at the centre. Sociodemographic characteristics and Buvidal® prescriptions and administration data were collected, as well as data from three questionnaires conceptualised by the staff. The first one considered the situation before substances were used, treatments, expectations and fears... The second was a follow-up questionnaire for each Buvidal® injection (injection site, side effects, craving, withdrawal...). The third questionnaire was semi-directive and submitted three months after the first injection. Patients were asked a general question about the overall Buvidal® experience and more specific qualitative questions. **Results.** In Twenty-four patients were included in the study (28 men, 47 years old on average). Twenty patients answered the qualitative interviews at three months. 50% of patients expected to stop taking tablets, and 38% to reduce their mental load. 52.9% said they had no worries before starting. Some fears concerned the change, the injections, the lack of effectiveness, and the side effects. At the time of collection, 61.8% of patients are characterised as stabilised at their Buvidal® dosage (after an average of 21.5 days), 8.8% are not, and 33.3% have stopped the drug. Treatment. Among the 20 respondents to the semi-structured questionnaire, 50% complained of constipation and sweating, 65% of pain on injection and 25% of other pain. For the ten people who stopped Buvidal®, the most frequent reasons mentioned were that the treatment did not correspond to their lifestyle (three people) or the adverse effects (three). **Conclusions.** These initial data have already enabled the medical team to modulate their practices: preventing constipation and pain on injection, for example. It is also important to emphasise that the monthly dosage of 160 mg is not yet available in France, and we lack practice. These elements should make it possible to reduce stoppages due to side effects and lack of efficacy experienced by some users when the treatment is also quickly stabilised for others.

Key Words: long-acting buprenorphine; opioid use disorder; opioid replacement therapy

CLINICAL AND SOCIAL FEEDBACK FROM PATIENTS WHO INITIATED LONG-ACTING BUPRENORPHINE IN A FRENCH ADDICTION CENTER

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Summary

Introduction, opioid replacement therapy has shown its effectiveness for opioid use disorder. In France, the molecules prescribed are Methadone and Buprenorphine (+/- Naloxone). In France, a one-weekly and once-monthly subcutaneous lipid-based injection formulation called CAM2038 was the first long-acting formulation licensed in 2018 and commercialised as Buvidal® in 2021. **Methods** This qualitative, retrospective, monosite study was conducted in a French addiction centre from April to May 2022. Inclusion criteria were patients aged 18 years old or more, diagnosed with OUD, who were administered at least one injection of Buvidal®. Sociodemographic characteristics and Buvidal® prescriptions and administration data were collected, as well as data from three questionnaires conceptualised by the staff. The third questionnaire, the primary outcomes, was semi-directive and submitted three months after the first injection. Patients were asked a general question about the overall Buvidal® experience and more specific questions about how they experienced the injection if they felt more freedom, the regret of the oral form, and how it affected the substance dependence. It's used, their lifestyle (work, pleasures, interpersonal relationships...), how it corresponded to their expectancies. **Results**. Twenty-four patients were included, and 20 patients answered the qualitative interviews; 4 stopped the Buvidal® treatment. Most of the reviews were positive, with patients noticing an overall increased quality of life, improved efficacy and no misuse or feeling of withdrawal symptoms. The negative reviews relate to secondary effects (pain), three regarding withdrawal symptoms and short-term outcomes, and two patients expressed difficulties changing their habits. Most patients did not regret the oral form, highlighting the comfort of not taking several pills a day. Ninety per cent of the population felt freer with Buvidal®, with less mental load for not forgetting to take their daily medications, thus reporting improved quality of life. Twelve patients described having distanced their perception of their addiction. Familial, friendly and professional relationships were improved for nine patients. Eighty-five per cent considered that Buvidal® correspond to their expectancies thanks to the treatment efficacy, tolerance, and freedom they acquire. **Conclusions**. Many participants reported positive reviews of their experience of long-acting buprenorphine, especially regarding improvements in their quality of life, modifications in their interpersonal relationships, stigma reduction and distancing their opioid dependence. **Key Words:** Long-acting Buprenorphine; Opioid Use Disorder; Opioid Replacement Therapy; Health-Related Quality Of Life



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THE ASSOCIATION BETWEEN MORAL INJURY AND CANNABIS USE DISORDER AMONG ISRAELI COMBAT VETERANS: EVIDENCE FROM A MULTI-METHODS STUDY

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Summary

Introduction. Cannabis use is widespread among military combat veterans, who are also inclined toward developing Cannabis Use Disorder (CUD). In recent years, growing attention has been drawn to the effect of moral injury (MI), a shame and guilt-based trauma-related syndrome which may occur following combat-related acts that violate one's deep moral beliefs. However, little is known concerning its association with CUD and possible factors that may interact with this potential association. **Methods.** A mixed-methods study among Israeli combat veterans ($n=325$) reporting regular cannabis use. Participants completed a set of validated self-report questionnaires. Among those who screened positive for CUD, 20 participants also conducted in-depth interviews. **Results.** Time since release from military duty moderated the association between MI and CUD symptoms: among participants with low ($M=2.08$ years) or average ($M=6.09$) time since release, MI was significantly associated with CUD ($b=.35$, $p<.001$; $b=.27$, $p<.001$, respectively). However, when the years since the release was high ($M=10.11$), no significant association was found between MI CUD symptoms ($b=.07$, $p=.49$). Qualitative analyses revealed a meta-theme, labelled "from enchantment to disillusion", dominant among newly released veterans, and a meaning-making process which enabled older veterans to process MI-related events adaptively.

Key Words: Cannabis Use Disorder; Marijuana; Moral Injury; Trauma; Combat Veterans

CLINICAL AND TREATMENT DIFFERENCES IN PATIENTS WITH DUAL DIAGNOSES IN MENTAL HEALTH OR ADDICTION SETTINGS

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Summary

Introduction. Different care networks in Spain evaluate and treat the co-occurrence of substance use disorders (SUD) and other mental disorders (OMDs). This study intends to establish differences between samples of mental health and specific addiction networks in sociodemographic and clinical profiles, SUD and OMD diagnoses, and prescribed psychotropic drugs for treating both disorders, adding the component of gender. Since the aim is to provide an overall picture of these treatment networks, the design tries to ensure that the sample's composition reaches the highest representativeness of the universe from which it is drawn.

Methods. This is an observational, cross-sectional, multicenter study with a randomised sample of patients undergoing treatment for addictive disorders or other mental disorders throughout Spain. Health professionals completed a questionnaire designed by the study authors on substance use and their patients' diagnoses and treatments in specific addiction and mental health treatment networks. A survey was hosted on a website with the variables to be collected: sociodemographic, related to somatic pathologies, substance use disorders, other mental disorders, and medications prescribed (both for the SUD and the OMD, and anxiolytics). Differences between males/females were searched. **Results.** The results showed a significant concurrence of SUD and OMD diagnoses (in more than 60% of the patients). A high prevalence of OMD was found in patients receiving treatment for their SUD (71%) and also diagnosed with any SUD (68.9%) and active substance use (50%, except tobacco) in people receiving treatment for diagnoses of OMD. Significant relationships were also found between addiction to certain substances and specific mental disorders ($p < 0.01$): personality disorders with all SUDs, psychotic disorders with cannabis use disorder but not cocaine use disorder, affective disorders with cocaine use disorder, and anxiety disorders with cannabis use disorder). In networks treating SUDs, the increase in treatment for OMDs was widespread. However, the addition of SUD treatments in mental health networks was less frequent than expected: treatments provided are inefficient for SUDs in patients treated in mental health settings. In addition, an elevated benzodiazepine prescription was detected in both settings. Some possible gender biases in treatments were found: women had fewer treatments with agonists and more with antagonists and more drugs of anxiolytics and antidepressants. **Conclusions.** Considering the characteristics of its design (implementation in different regions of Spain and diversity of care settings and networks) and notwithstanding its limitations (especially the case selection method), this research can provide indicative, valuable, and updated preliminary information on the prevalence and treatment of SUD and OMD co-occurrence in both the mental health and the addiction networks throughout Spain. It highlights the presence of other mental disorders in those patients in treatment for their addictive disease and the high prevalence of diagnoses of SUD in those under treatment for diagnoses of OMD. These findings should help adapt the treatment response with greater precision and effectiveness. Nevertheless, further research is needed to adapt treatment resources for people with addictive disorders and other psychiatric disorders in Spain.

Key Words: co-morbidity; substance use disorder; mental disorder; prevalence; treatment; medication.



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WHAT ENCOURAGES OR DETERS PEOPLE LIVING WITH OPIOID USE DISORDER FROM INITIATING SUPERVISED INJECTABLE OPIOID TREATMENT? FINDINGS FROM A QUALITATIVE CROSS-SECTIONAL STUDY IN TWO GERMAN TREATMENT FACILITIES

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Summary

Introduction. Supervised injectable opioid treatment (SIOT) with diacetylmorphine is an effective option for persons previously considered non-responsive to opioid substitution treatment. Despite implementation in Canada and several European countries, only some eligible people initiate SIOT. To better understand what encourages or deters qualified individuals from starting SIOT, the current study explores clients' perceptions of SIOT and how these influence therapy initiation in practice. **Methods.** 34 Semi-structured interviews with people currently in or eligible for SIOT were conducted in 2 German outpatient SIOT clinics. Transcripts were analysed following qualitative content analysis, with the development of inductive categories and consensual coding. For member checking, focus groups, including people with lived experiences, were conducted before data collection and publication. **Results.** Participants based their choices of initiating SIOT on the treatment's perceived implications for one's daily life and recovery process. Participants were encouraged to start SIOT by the therapy's perceived potential to reduce craving and substance use, its positive health consequences and the image of SIOT as a path towards abstinence. Regarding deterring perceptions, participants feared a profound impairment of daily life due to factors such as the daily visits to the clinic, perceived SIOT to promote or set back one's recovery insufficiently, and described adverse health effects. **Conclusions.** Perceptions in this study correlate with previous literature and profoundly influenced participants' decisions on SIOT enrollment. Novel findings regard dynamics of coexisting, partly contradicting perceptions and the inner-group stigmatisation of SIOT. Practitioners and future researchers should acknowledge the complexities found in this study to exploit the full potential of effective treatment modalities such as SIOT.

Key Words: opioids; treatment; perceptions

NEGATIVE EXPERIENCES OF PATIENTS WHO USE MEDICINAL CANNABIS: A SYSTEMATIC REVIEW AND QUALITATIVE INVESTIGATION

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Summary

Introduction. The use of cannabis in medical contexts, i.e. ‘Medicinal Cannabis’ (MC), has increased in the past decades globally. In the U.S., pain management is the most frequently cited reason for prescribing MC for adult patients, predominantly for patients suffering from chronic pain. While some evidence indicates that MC may substantially reduce pain and increase the quality of life among chronic pain patients, several concerns were raised regarding its efficacy and safety. In recent years, MC has also been used to treat psychiatric conditions, most notably Post Traumatic Stress Disorder (PTSD), though evidence of efficiency is inconclusive. Despite growing evidence concerning the adverse effects of MC, little is known concerning patients’ experiences with MC use. In addition, the extent to which these experiences vary across different patient populations is yet unclear. In this study, we focused on MC patients’ narratives to further understand the long-term effects of MC. We explored similarities and differences in reports from chronic pain and PTSD MC patients regarding their positive and negative experiences. In addition, we systematically reviewed qualitative studies concerning patients’ experience with MC use to gain insight into the unique adverse effects of MC. **Methods.** In the two phases of this study, we have (a) Systematically reviewed qualitative studies concerning patients’ experience with MC use adhering to the PRISMA guidelines. Literature searches were conducted using PubMed, PsycINFO and EMBASE, focusing solely on conventional medical treatment using cannabis-based products approved by a physician for a particular illness or health issue (b) Performed qualitative in-depth, semi-structured interviews with patients prescribed MC for either chronic pain (N=15) or PTSD (N=10) to identify and characterise the world of content, semantics, user experience and narratives of participants prescribed MC. Data analysis was conducted using the thematic analysis method. **Results.** from Eight articles were included in the systematic review. Six themes were identified: ‘Medicinal Cannabis approval’; ‘Administrative barriers’; ‘Social perception’; ‘MC misuse/widespread effect’; ‘Adverse effects’; and ‘Dependence or addiction’. These were grouped into two meta-themes: ‘Administrative and social aspects of MC use’ and ‘Experiences of the effects of MC’. Content analysis of the qualitative interviews identified four meta-themes: ‘Positive effects’; ‘Idealization’; ‘Ambivalence’; and ‘Negative effects’. Ambivalence emerged prominently from participants diagnosed with chronic pain and consisted of four sub-themes: ‘Concealment’; ‘Justification’; ‘Rejection of (stoner) Identity’; and ‘Protective Behavioral Strategies’. ‘Idealization’ emerged prominently from participants diagnosed with PTSD and consisted of three sub-themes: ‘Forget \ Disconnect’, ‘Helplessness \ Despair’, and ‘Comradery’. **Conclusions.** Our findings suggest that patients’ negative experiences with MC use may vary across patient groups, with the distinct perception of negative administrative, social and psychological aspects of MC use. In light of the growing endorsement of MC laws across the globe, further research is needed to assess the degree to which unique experiences associated with MC use may affect various aspects of a patient’s medical condition.

Key Words: Medicinal Cannabis; Qualitative research; Systematic review



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THE CONCEPT OF LIAISON IN ADDICTION PSYCHIATRY

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Summary

Both liaison and addiction psychiatry is still not differentiated as distinct sub-specialities. Despite that, liaison psychiatry of addictive and substance use disorders deserves a respectful position in interdisciplinary partnership in psychiatry and medicine. Psychiatry of addictive disorders is of particular value, given that most psychiatric patients are prone to substance use, abuse, or addiction to alcohol and psychoactive substances. On the other hand, many patients in addiction treatment centres suffer from parallel psychiatric disorders. Besides, there is a need to precisely differentiate diagnostically between psychopathology related to addictive disorder or substance use and existing psychopathology derived from an independent or co-existing mental disease. The specific psychopathology of addictive disorders provides a fundamentally new understanding of the overlap of substance-use disorders and mental disorders, as well as the approach to the treatment of addictive disorders and related or co-existing psychopathology and mental disorders. Consequently, there is a need to develop a strategy to inter-disciplinary partnerships in specific psychiatric and psycho-somatic formats. Related to that, a new view on the liaison of psychiatry and addiction psychiatry is underway to integrate better knowledge, therapeutic skills, and proper addiction treatment methodology.

Key Words: addiction; psychiatry; liaison; concept

EARLY MALADAPTIVE SCHEMAS AND ANXIODEPRESSIVE DISORDERS AMONG PSYCHOACTIVE SUBSTANCE USERS IN RABAT

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Summary

Introduction: Anxiety and depressive disorders are standard in the Moroccan population, particularly associated with psychoactive substance (PAS) use. Objective: This study aims to identify factors of variation in early maladaptive schemas (EMS), anxiety, and depression among psychoactive substance users (PASU).

Methods: A sample of 144 patients aged 18-41 years (21.48 ± 1.45) was investigated, including 37 women (25.69%) and 83 men (74.31%). Three questionnaires were used: The Young Schema Questionnaire (YSQ) to assess the presence and the intensity of 15 early maladaptive schemas (SPI); the State-Trait Anxiety Inventory (STAI) to assess anxiety symptomatology; and the Beck Depression Inventory (BDI) to evaluate depressive symptoms in PASU. **Results** show a positive correlation between scores on the 15 early maladaptive schemas and increased depressive symptomatology and anxiety disorders ($r = .16$, $p \leq 0.001$). SPA use depended on gender, number of persons per family, and age at the onset of use. Drug use is related to the over-activation of four EMS: abandonment/ Instability, insufficient self-control/ self-discipline, dependence/ incompetence, and failure to achieve. On the other hand, vulnerability to harm or illness can differentiate mono-consumers from poly-consumers. **Conclusions:** Depression and anxiety appear strongly associated with early maladaptive schemas and may represent a cognitive vulnerability in SPAU, particularly concerning interpersonal relationships and personal skills.

Key Words: Early maladaptive schemas; anxiety; depression; psychoactive substance



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REASONS FOR NOT ENTERING OPIOID AGONIST TREATMENT – A SURVEY AMONG HIGH-RISK OPIOID USERS IN FINLAND

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Summary

Introduction. In Finland, the number of high-risk opioid users has been reported to have doubled between 2012 and 2017 (Rönkä et al. 2020). Also, Finland has the highest number in Europe (EU, Norway, and Turkey) of drug-induced deaths among subjects under 25 (EMCDDA European Drug Report 2022). Opioid agonist treatment (OAT) reduces illicit opioid use, withdrawal and craving. It enables other therapy forms, such as psychosocial support, but a willingness to receive OAT is complex (Tompkins et al. 2019). This study aimed to characterise the untreated population with high-risk opioid use in Finland and to explore features associated with possible interest or unwillingness towards OAT. **Methods.** An electronic survey was conducted in needle exchange rooms in ten cities in Finland. The anonymous survey included 24 questions. Volunteer participants (≥ 16 years) were dependent on opioids and not receiving OAT. **Results.** Of the 167 respondents, 93% used buprenorphine and 78% used intravenous (i.v.) opioids daily. The main reasons for opioid use were self-treatment of withdrawal (75%) and treating psychological symptoms such as anxiety or depression (59%)—the median age for starting i.v. Use was 20 years (range 12–50 years), 62% had a history of hepatitis C infection, and 62% of the respondents were men. The most commonly recognised reasons for not being treated with OAT were: 1) Seeking treatment is too complicated (37%); 2) Treatment is too binding (35%); 3) Fear of actions by the authorities which was especially prominent in the younger group of respondents (16-24 years, 50% vs total mean 23%). Of the respondents, 55% had never received OAT, 28% had previously received OAT, and 17% were queuing for treatment. 42% of the respondents felt that information about new long-acting buprenorphine treatment increased their willingness to seek treatment. The main reasons for discontinuing previous OAT were: 1) The treatment was too binding (39%); 2) The rules related to the treatment were too strict (33%); 3) A will to try to wean from opioids without medication (33%). **Conclusions.** Difficulties in seeking treatment were the most important reason for staying outside OAT, although most participants (82%) knew where to find it physically. In addition, treatment was perceived as too binding, even among those with no previous experience with OAT. Our results highlight a need for increased accessibility to, acceptance of, and individualisation of OAT.

Key Words: High-risk opioid users; opioid dependence; opioid agonist treatment; buprenorphine; intravenous opioid use

PSYCHIATRIC ADDICTION OR ADDICTION PSYCHIATRY ADEQUATE TREATMENT OF OPIATE ADDICTS WITH DUAL DISORDER

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Summary

Introduction. The paper presents experiences in the treatment of opiate addicts with a dual psychiatric diagnosis, treated in the Addiction Institute in Zenica, as well as in institutions with which there is cooperation in the treatment of addiction (the Psychiatry Service of the Zenica Cantonal Hospital, the Psychiatry Department of the Travnik General Hospital, as well as the health services of the Penitentiary Institute Zenica. The goal of the research was to compare the results of the treatment of this group of patients with so-called classical therapeutic methods and medicine with opiate agonists and to draw conclusions that would be used as recommendations in terms of improving the quality of treatment and their eventual dissemination to other health institutions. **Methods.** It is a retrospective-prospective, qualitative, descriptive study conducted in Cantonal Institute for Addictions Zenica in May 2008-Mart 2023. The other health institutions mentioned earlier used data from June 2012-March 2023. Data from medical records and electronic databases were used in the study. A structured questionnaire for conducting research, a clinical psychiatric interview, MMPI 202, tests to determine the presence of illegal PAS in body fluids. If necessary, neuropsychological tests were used in case of suspicion of organic matter and CT and MRI scans. In the conduct of the research, all prescribed bioethical standards were observed. **Results.** The study showed that the classic psychiatric drug-free method has no therapeutic benefits. The therapeutic effects are globally wrong both psychiatrically and addictologically; there is a high rate of treatment interruption, a low rate of retention in treatment, and an increased rate of overdose after treatment, including fatal ones. Overdoses, there is an increased rate of auto and hetero-destructive incidents and health-hazardous behaviour. The use of opiate agonists leads to significantly better psychiatric and addiction improvements, including essential psychopathology, especially psychotic, lower doses of so-called classic psychiatric drugs are used, longer and better remissions of chronic psychiatric diseases are achieved, the retention rate in treatment is significantly higher (up to 70%), the rate of fatal and non-fatal overdoses is considerably lower and almost negligible, the quality of life of patients with socially adaptable behaviour is improved, and there are fewer car and hetero-aggressive incidents, risky health behaviour is significantly reduced. It is possible to carry out psycho and socio-therapeutic procedures. **Conclusions.** The use of opiate agonists in treating opiate addicts with dual psychiatric disorders has full scientific and medical justification. In addition to purely addictive effects, their use also has a positive impact on essential psychopathology (according to the approximate results of the study, which are not statistically significant, there is a synergistic effect of full opiate agonists in psychotic disorders and personality disorders as well as the synergistic effect of partial agonists in mood disorders and post-traumatic stress disorder), enables the implementation of psycho and socio-therapeutic procedures, adequate socialisation and generally longer and better remissions, Outside of narrowly specialised health institutions.

Key Words: opiate addiction; dual psychiatric diagnosis; opiate agonists



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ADAPTING COMMUNITY REINFORCEMENT APPROACH AND FAMILY TRAINING TO TARGET SUBSTANCE USE IN EARLY PSYCHOSIS INTERVENTION (CRAFT-EPI): A PILOT STUDY

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Summary

Introduction. Patients with substance use disorders often struggle with treatment-seeking motivation, whereas their family members are typically highly motivated to get help for them. Community Reinforcement Approach and Family Training (CRAFT) is evidence-based psychotherapy delivered to family members to increase the patient's motivation to seek help. CRAFT has never been studied explicitly in Family members of individuals with early psychosis. Given the profound impact of substance use on psychosis and the lack of specialised interventions in this population, we aimed to pilot CRAFT in an early psychosis intervention (EPI) program in a group format for the first time. **Methods.** This is a proof-of-concept pilot study for family members concerned about the substance use of their 16-to-29-year-old patient receiving EPI services. Family members participated in an individual orientation, two groups of a 6-week CRAFT treatment group adapted for early psychosis (CRAFT-EPI). A happiness scale was completed at each session. A booster session was held approximately 12 weeks after the intervention. Sessions were held virtually. Measures were taken in 3-time points: Before and after the individual orientation, after intervention at the end of the group sessions and 12 weeks post-intervention at the follow-up meeting. We evaluated patients' engagement in substance use treatment, readiness to change, substance use, and families' well-being and satisfaction with this model. We also assessed the feasibility of a larger trial with recruitment, retention, and assessment completion metrics. **Results.** For the first group, we recruited five participants who consented to participate. For the second group, we recruited five participants who agreed to participate. We succeeded in recruiting four Identified patients from both groups. Total attendance for both groups was 81%, and survey completion was 90%. We found significant improvement in family members' general happiness. Family members participated in a focus group where they described liking the small group format and dynamics within the virtual setting. However, some wished for in-person meetings. Participants appreciated the order and pace of the sessions and found the home practice essential and helpful. Practising the new skills in session via role play was challenging but helpful. Skills learned made family members feel better, more confident, less guilty, and less alone. They also helped them practice assertiveness and boundary-setting with their Identified Patient. Although they described it as not easy to use and teach the skills to the Identified Patient, it still positively impacted relationships within the family, encouraging family cohesion. Family members expressed a desire for more resource handouts at the end of treatment. **Conclusions.** This study starts to establish an evidence base for CRAFT in EPI. At the 12-week Follow-up time-point, improvement is sustained in most measures; it would be essential to determine how to support the change in scores over a long-term period. This study shows the feasibility of a larger definitive trial based on family member recruitment, intervention delivery, and high intervention acceptability. However, the recruitment of identified patients will require a different approach.

Key Words: Substance Use; Psychotherapy; Psychosis; Family

VR ASSISTED CBT IN THE TREATMENT OF SOCIAL ANXIETY AMONG PEOPLE WITH DUAL DISORDER: AN EXPLORATORY STUDY OF ACCEPTANCE, FEASIBILITY AND PRELIMINARY EFFICACY

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Summary

Introduction. CBT has proven to be effective in treating psychosis and addiction. In contrast, the evidence of psychosocial treatment of patients with severe mental health issues and addiction is discouraging. CBT for psychosis is typically complex and longstanding and requires a high level of therapeutic competencies. As a result, access to psychological treatment for patients with psychosis is lacking, and for patients with a dual disorder, the under-provision of evidence-based therapy is even worse. Further research is needed to develop an effective and easy-to-access psychological treatment for patients with severe mental health issues and addiction. A promising field of study is virtual reality in psychiatric care and treatment. It is well established that virtual reality is safe and acceptable to several patient populations. Furthermore, using VR can potentially increase the efficacy of psychological therapy. With recent technological developments, there is reason to believe that VR can bridge the gap between supply and demand for evidence-based therapeutic intervention. VR make it possible to create powerful simulations of the scenarios in which psychological difficulties occur, providing a safe space to gain new experiences and try new behaviour. However, little research has been conducted on using VR with patients with dual disorder in an inpatient setting. Therefore, Department M at Psychiatric Center Sankt Hans initiated a feasibility study in VR-assisted CBT to treat social anxiety among dual-diagnosed patients. **Methods.** 24 patients with psychosis and addiction and anxious avoidance of situations will be recruited from two inpatient units specialising in treating dual disorder. In the trial, the participants will be exposed to 8 individual sessions of VR-assisted CBT (within four weeks) added to treatment as usual. A CBT-trained psychologist will provide the sessions, including behavioural VR experiments. Assessment will be conducted at 0,4,8, and 12 weeks. The primary outcome is social anxiety (Liebowitz Social Anxiety Scale); secondary outcomes are psychiatric symptoms and addiction-related behaviour. It is a single-arm pre-post-study design. **Results.** The presentation will cover the current evidence about the use of VR within psychosis and addiction, the therapeutic rationale for the intervention and preliminary results. **Conclusions.** Automated and mixed VR elements can be implemented in the clinical pathway for complex dual-diagnosis patients.

Key Words: Dual disorder; VR; Clinical Approach



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THE RELATIONSHIPS BETWEEN DEPRESSIVE SYMPTOMS, SHAME AND GUILT, POSITIVE OUTCOME EXPECTANCY, AND ADDICTION IN A POPULATION OF PATIENTS WITH METHADONE REPLACEMENT TREATMENT IN TAIWAN

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Summary

Introduction purpose: Negative emotion was a significant risk factor for relapse in literature. However, a small study examined the role of shame/guilt between negative emotions and addiction. The present study adopted a revised self-medication hypothesis to explain the relationships between negative emotion, shame/guilt, positive outcome expectancy, and addiction. **Methods** A cross-sectional study was conducted in the present study; ninety patients who received methadone replacement treatments were recruited for the present study. After informed consent, they were asked to complete a diagnostic interview, depression, shame/guilt, and positive outcome expectancy. Descriptive analysis and Structure Equation Model were used to present the distributions of the variables and examine the hypothesised model. **Results** Our results found depression and shame/guilt could indirectly affect addiction by positive outcome expectancy. Depression and positive outcome expectancy could directly impact addiction, except for shame/guilt. **Conclusions.** Overall, the effect of negative emotion on addiction could be supported by our results. Besides, we could develop more effective treatments for patients with AUD who are comorbid with depression further.

Key Words: Amphetamine; Depression; Shame/guilt; Addiction

TRENDS OF HOSPITAL ADMISSIONS FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO ACUTE INTOXICATIONS BY ALCOHOL, CANNABINOIDS, BENZODIAZEPINES AND HEROIN AMONG ADOLESCENT AND YOUNG ADULTS IN SLOVENIA IN PERIOD 1999–2019: THE IMPACT OF ECONOMIC CRISIS

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Summary

Introduction. Adolescence is a crucial period of neural development sculpting the brain before a person reaches adulthood, characterised by behavioural changes and increased initiation of psychoactive substances. The present study aimed to examine the hospitalisations due to exposure to alcohol, cannabinoids, benzodiazepines and heroin in Slovenian children and adolescents and to analyse the trend of selected substance-related intoxications requiring hospitalisation of children, adolescents and young adults aged under 21 in Slovenia in the 1999–2018 period. **Methods.** We performed a retrospective study on patients discharged after hospitalisations due to mental and behavioural disorders or poisoning by alcohol, cannabinoids, benzodiazepines and heroin among adolescents and young adults in Slovenia from 1999–2019. We considered three groups: children (aged 10–14), adolescents (aged 15–19) and young adults (20–21 years old). To model hospitalisation rates accounting for year-intoxication type-age-sex differences, we performed Bayesian Hierarchical Poisson regression on hospitalisation counts (also respecting population counts) using STAN. **Results.** In the period 1999-2019, hospitalisation rates due to acute intoxication with alcohol, cannabinoids, benzodiazepines, and heroin changed the most during the period of the economic crisis in Slovenia (2008-2014). In this period, the hospitalisation rates due to psychoactive substances increased: more specifically, due to alcohol and cannabinoids in males and alcohol, benzodiazepines and cannabinoids in females. At the same time, hospitalisation rates due to heroin decreased. Conclusion Exposure of children and adolescents to psychoactive substances is a significant health concern. Special attention to the public health problem of severe psychoactive substance abuse requiring hospitalisation in children and adolescents is needed, especially with the possible syndemic crisis of the SARS-CoV-2/Covid-19 situation. **Key Words:** mental and behavioral disorders due to psychoactive substance use; intoxication; children; adolescents



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TRENDS OF HOSPITALIZATION FOR ACUTE ALCOHOL INTOXICATION IN SLOVENIAN CHILDREN AND ADOLESCENTS WITH AND WITHOUT DUAL DISORDER. IMPLICATIONS FOR A CORRECT INTERVENTION

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Summary

Introduction. Binge drinking and other forms of ethanol abuse is, when present, a severe problem in pre-teens and adolescents worldwide. **Aim.** The present study has analysed the trend in alcohol-related intoxications requiring the hospitalisation of children, adolescents and young adults aged less than 21 years in Slovenia from 1999–2018. **Methods.** We performed a retrospective study on patients discharged after hospitalisations due to mental and behavioural disorders due to acute alcohol intoxication (MBDAAI) or hospitalisations due to the toxic effects of alcohol (TEA). We considered three groups: children (aged 10–14), adolescents (aged 15–19) and young adults (20–21 years old). Hospitalisation rates and time trends were analysed using joinpoint regression to obtain the annually calculated age- and sex-specific rates and the annual percentage of change (APC). **Results.** Considering 2912 MBDAAI-hospitalizations, 15–19-year-old subjects showed a significantly higher hospitalisation rate than the immediately younger and older age groups and a significant increase in hospitalisation rates in 1999–2011, followed by a substantial decrease. Considering 1143 TEA hospitalisations, we observed a continuous decline in the hospitalisation rates for children and young adults and, conversely, a constant even if less than the significant increase for adolescents aged 15–19. Conclusion Alcohol consumption in Slovenian children and adolescents is a significant health concern. Special attention to the public health problem of severe alcohol abuse requiring hospitalisation in children and adolescents is needed, especially with the possible crisis of the SARS-CoV-2/Covid-19 situation.

Key Words: Trends of Hospitalization; Acute Alcohol Intoxication; Dual Disorder

TREATING DUAL DISORDERS VIA TELEHEALTH: CURRENT DIRECTIONS IN INTEGRATED COMPREHENSIVE CARE

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Summary

The utilisation of behavioural telehealthcare has significant potential to address the complex mental health and substance abuse needs of patients with co-occurring mental health and substance use problems. With technological advances assisting at all levels of behavioural healthcare, tele-behavioural health has become an acceptable method of service delivery in behavioural healthcare. However, telehealth has attracted controversy for several reasons related to professional practice and considering its limitations. As the role of technology in society continues to grow and develop, it is increasingly vital for contemporary behavioural care providers to be aware of the risks and benefits of telehealth applications when providing integrative, comprehensive care. Understanding the risks, benefits, and strategies of integrated tele-behavioural healthcare with dually diagnosed individuals could result in better treatment outcomes.

Key Words: Telehealth; Dual Disorder; Integrated Care



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TIME TRENDS IN CO-OCCURRING SUBSTANCE USE AND PSYCHIATRIC ILLNESS (DUAL DISORDERS) FROM 2000 TO 2017 – A NATIONWIDE STUDY OF DANISH REGISTER DATA

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Summary

Introduction. This article aims to describe the time trend in the number of dual disorder patients treated in the psychiatric system in Denmark from 2000 to 2017. **Methods:** We calculated the share of patients with the dual disorder, the number of dual disorder contacts, the number of unique individuals with the dual disorder as well as several new patients with double disease among patients in psychiatric treatment, i.e. among inpatients, outpatients and patients in emergency departments. To calculate this, we merged data from the National Patient Register, the National Registry of Alcohol Treatment, the National treatment registry for substance use, the National Prescription Registry and the Danish National Health Service register from 2000 to 2017. **Results.** We found an overall increase in patients with the dual disorder in psychiatric treatment in Denmark from 2000 to 2017. We further detected an increase in the age and sex-standardized number of patients with the double disease in therapy over time, however, most markedly for outpatients. Additionally, including data from sources other than the National Patient Register dramatically increased the number of patients that could be identified as dual disorder patients. Using these data, almost half of all male inpatients could be identified as having the dual disorder. At the same time, the share was more than 40% for patients with schizophrenia, schizotypal and delusional disorders (F2) and patients with personality disorders (F6). **Conclusions.** The increase of individual disorder patients necessitates action at different levels, including improvement of preventive measures and treatment for this underserved group.

Key Words: Dual disorder; substance use disorder; epidemiology; psychiatry; schizophrenia

HOW DOES THE CONSUMPTION OF TOXINS AFFECT THE COGNITIVE STATE OF PSYCHOTIC PATIENTS?

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Summary

Introduction • An attempt is made to verify the possible influence of the consumption of toxic substances on the cognitive functioning of patients referred to Active Rehabilitation programs, taking advantage of the measurement of the baseline cognitive state we have established as a starting point in the Cognitive Rehabilitation program. **Methods** Sample characteristics • The sample comprises 17 patients referred to the Rehabilitation Area from January 1 to September 30. • Age: Men: 8; mean age 43.6 years (23-65), Women: 9; mean age 41.6 (21-58) • Diagnostics: • Schizophrenia: 9 patients (5 women and four men), • Schizoaffective: 2 patients (2 women) • Bipolar: 1 patient (1 woman), • T. Personality: 5 patients (4 men and one woman) • Toxic consumption: 6 patients (3 women and three men) Methodology: • To assess cognitive status: • The “Brain Trainer” program is used in its version 2, which allows an approximate assessment of cognitive performance in the areas: verbal, numerical, spatial, memory and logic. • To determine consumption: weekly DAU control results. **Results** • The results show statistically significant differences in favour of the consumer patients in the numerical and spatial areas, there are no significant differences in the verbal area between the two groups, and there is better performance, not significant, of the consumer patients in the areas of memory and logic **Conclusions** • As a main conclusion, and contrary to what might seem, the consumption of toxins does not have a decisive influence on the cognitive functioning of patients who suffer from an added mental disorder. • Only the convincing results in the numerical and spatial areas favouring non-consumers guide in the sense that consumer patients would have significantly better management in these two areas.

Key Words: Cognitive State; Consumption of Toxins; Psychotics Patients



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INTEGRATED TREATMENT FOR CLIENTS WITH DUAL DISORDER

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Summary

Treatment interventions for clients with the dual disorder (concurrence of mental illness and addiction) are currently the biggest challenge for mental health service providers and addictology. In the long run, these clients are falling through the network of classic psychiatric services and addiction treatment. In this presentation, we deal with the causes and connections and offer a closer look at one of the effective solutions – integrated residential treatment based on the therapeutic community principle in the CHRPA Magdaléna program. In designing this program, we drew on 25 years of experience treating substance abuse clients across various treatment modalities. The program primarily serves individuals with severe mental illnesses such as schizophrenia.

Key Words: Addiction; Mental Illness; Therapeutic Community

GENETIC AND ENVIRONMENT FACTORS PREDICTING OUTCOME OF PATIENTS IN METHADONE MAINTENANCE TREATMENT

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Summary

Introduction. Opioid use disorder is a chronic relapsing brain disorder, and methadone maintenance treatment (MMT) is the best treatment for most individuals. Success in treatment outcome is reflected by retention in treatment. We aimed to identify the dual disorder and other admission variables that predict longer cumulative retention among a cohort of opioid use disorder individuals. **Methods.** Duration in MMT of All newly admitted patients between June 1993 - June 2022 to the CARF-accredited Adelson MMT clinic, affiliated with a big tertiary medical centre in Tel Aviv, were studied until December 2022. Patients were prospectively followed up, and sociodemographic and medical variables were taken from patients' charts. Urine for drug abuse was tested routinely; Genetic SNPs were done on the part of the cohort. Cumulative retention was analysed using Kaplan Meier in univariate analyses, and all significant variables ($p < 0.05$) were included in multivariate analyses. Cox model **Results.** Of a cohort of 1095 patients, predictors for longer retention, using the multivariate Cox model, were older (30+) age at admission, no other substance except opioids on access, being an immigrant from Russia admitted (and not referred by medical or other facilities) and having both Axis I&II or none psychiatric diagnosis (compared to Axis II only, or I only). In a model that included a subgroup of this cohort with genetic data of selected variants in the delta opioid receptor OPRD1 gene ($n = 488$), longer cumulative retention was found for SNP rs204076 under the dominant model. Patients with the TT or AT genotype ($n = 251$) stayed longer than those with the AA genotype ($n = 237$) (11.2 years, 95% CI 9.8-12.7 vs 8.8 years, 95% CI 7.7-10.0, chi-square 4.4, $p = 0.04$). Including the TT/AT genotypes group in the Cox model, the TT/AT group was found as an independent predictor of longer retention, together with no other substance except opioids on admission, and having both Axis I&II or none psychiatric diagnosis (compared to Axis II only, or I only). **Conclusions.** Both genetic and environmental factors predict the treatment outcome of opioid users. The presence of the OPRD1 SNP rs204076 variant T allele, which is associated with lower expression of the delta opioid receptor in the cortex, predicts longer retention time among opioid users in MMT, in addition to younger admission age, no other substance abuse except opioids on admission, and no axis II only or I only psychiatric diagnosis. Importantly individuals with opioid use disorder and Axis I & II psychiatric diagnosis adhered to MMT

Key Words: Predictors; Methadone Maintenance Treatment; Dual Disorder; Retention



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FROM METHAMPHETAMINE INDUCED PSYCHOSIS TO SCHIZOPHRENIA: A STUDY OF DIAGNOSTIC STABILITY IN DUAL PATHOLOGY UNITS OF PARC DE SALUT MAR IN BARCELONA

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Summary

Introduction. Psychotic symptoms are frequently experienced among individuals who use methamphetamine. The prevalence of methamphetamine-induced psychosis has increased in several countries where methamphetamine use has increased. Methamphetamine-induced psychosis remains challenging to distinguish from primary psychosis, especially in that subset of individuals in which psychosis can recur and persist for more than one month. Some studies found that after a follow-up period, nearly 40% of patients are diagnosed with schizophrenia due to persistent psychosis. Some groups use the term methamphetamine persistent psychosis in cases of long-term psychosis with onset in the context of methamphetamine use. The present study aims to evaluate the long-term stability of the methamphetamine-induced psychosis diagnosis. **Methods.** We reviewed the medical records of patients with methamphetamine-induced psychosis who had been admitted and readmitted to our unit between 2016 and 2022. **Results.** A total of 78 patients were revealed for the first time with the diagnosis of methamphetamine-induced psychosis between 2016 and 2022. Sixteen patients were excluded because they had a previous diagnosis of primary psychosis. Of the remaining 62 patients, 34 remained with the diagnosis of methamphetamine-induced psychosis (54.8%), 22 were diagnosed with no specified psychosis (35.5%), and six were diagnosed with primary psychosis (9.6%; 4 with schizophrenia, 1 with bipolar disorder and 1 with the delusional disorder). Patients who develop primary psychosis had a higher rate of family history of psychiatric disorders and a higher rate of readmissions. Patients who remain with the methamphetamine-induced psychosis diagnosis require shorter hospitalisations. **Conclusions.** In our sample, 45.1% of patients admitted with methamphetamine-induced psychosis suffer a change of diagnosis after a follow-up period. The more frequent diagnosis given was no specified psychosis. Probably this term corresponds to the methamphetamine persistent psychosis designed by other groups and clinically indistinguishable from schizophrenia but with onset in the context of methamphetamine. Our diagnosis stability rate is slightly lower than previous studies, probably because our sample only includes in-patients sample. A high proportion of patients would develop persistent psychosis after the first episode of methamphetamine-induced psychosis. Integrated treatment and preventive treatment of methamphetamine dependence are recommended.

Key Words: Psychosis; Methamphetamine; Schizophrenia

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BORDERLINE PERSONALITY DISORDER AND DRINKING PROBLEMS IN FEMALE PATIENTS - PSYCHOTHERAPEUTIC UNDERSTANDING AND MECHANISMS OF CHANGE

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Summary

This presentation focuses on the clinical features and psychological functioning of borderline female patients with drinking problems. Basic psychological characteristics, reasons why they refer to alcohol and the main psychotherapeutic mechanisms of change in this kind of patient will be discussed. The attitude to such women is often rejection, disgust, prejudice, apathy, and indifference; they are victims of stereotyping and stigma. This particular client population provokes specific clinical interest due to the complexity of its psychopathology, difficulties in the course of treatment and challenges to the therapist and therapeutic process, and the high level of therapeutic skills required to include in treatment and maintain in the process of therapy. Psychotherapy provides a variety of strategies and possibilities to address these clients better, establish trusting therapeutic relationships and reach treatment effectiveness in this challenging client population. The presentation offers clinical examples from our psychotherapeutic work at the Kantchelov Clinic in Sofia.

Key Words: Borderline personality disorder; drinking problems; female patients; psychotherapy



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TREATMENT OF A PATIENT WITH FASD (FETAL ALCOHOL SPECTRUM DISORDER) AND AUD (ALCOHOL USE DISORDER) WITH DHC (DIHYDROCODEINE)

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Summary

If we think of a second disease in addicts under dual disorders, FASD is still far too underrepresented. Many addiction doctors are unaware that some of their addicted patients have FASD. Even in the average population, a prevalence of 2% can be assumed in Europe! Among addicts, who often had addicted ancestors, a significantly higher prevalence must be estimated. The diagnosis of this severe, irreversible disability is based on four digits: i) short stature/microcephalus at birth i) craniofacial abnormalities, especially in the first years of life; ii) CNS disorders, especially limitations in executive functions and iii) alcohol history during pregnancy.

All addiction specialists should be specifically aware of neuropsychiatric disorders. They are important in the context of addiction treatment because, for example, actions involving possible consequences and learning from experience are often significantly limited. Only 12% can work regularly. Therefore, the chances of success of a pedagogically based addiction therapy are low. At the FASD centre in Sonnenhof, Berlin, a 47-year-old man with FASD and AUD has been cared for since 2009. As a period of pathological drinking, he gives 24 years. Eight withdrawal treatments and therapy in an addiction clinic remained without lasting success. Since July 2022, he has been treated with 2 x 30mg DHC/d. The basis of this treatment is a particularly reliable centre structure. Since then, he has abstained from alcohol and does not seem to miss alcohol. Chronic gastrointestinal problems caused by alcohol have disappeared. He has started to take care of other health issues. His caregivers report that he is more balanced, more positive and has better self-esteem. Conclusion: An addiction treatment with DHC depends on a good introduction, a reliable intake according to plan and constant dialogue, like in the Sonnenhof, Berlin. Then the treatment can be much more effective than the standard treatment and almost ideal, even with a significantly below-average dosage. Addiction physicians must always think about FASD.

Key Words: FASD; Dihydrocodeine/DHC; Alcohol Use Disorder/AUD

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P1

ASSOCIATION BETWEEN SUICIDAL BEHAVIOR AND NON-SUICIDAL SELF-INJURY IN BPD TOBACCO SMOKERS: A RETROSPECTIVE STUDY

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Summary

Introduction. The suicidal behaviour (SB) spectrum is nuclear in the clinic and management of dual patients (DP). Although in recent research papers, non-suicidal self-injury behaviour (NSSI) and suicidal behaviour (SB) differ in intentionality, frequency and lethality, these two behaviours have been described concurrently with a controversial distinction. Few works discuss the reason for the co-occurrence between both entities in the psychiatric population but not in BPD-DP. The report aims to analyse the link between SB and NSSI in DP. **Methods.** A cross-sectional, observational and retrospective study was carried out on 134 patients between 18 and 56 years old, diagnosed with Mental and behavioural disorders due to tobacco use according to ICD-10 criteria. A negative binomial and multivariate logistic regression model analysed the association between variables. **Results.** 77.6% report a history of at least one suicide attempt (SA), while 30.4% none. The average number of SA is 2.69. For NSSI, 64.2% presented them, while 35.8% did not. A statistically significant association is found between both of them. NSSI are also significantly related to performing more SA according to the multivariate analysis. **Conclusions.** The results suggest that these behaviours are nuclear and frequent in a subtype of impulsive tobacco smokers. Both appear significantly related to each other. Longitudinal studies are needed to confirm the relationship between these variables. **Key Words:** BPD; Tobacco; Suicide

P2

JOINT MENTAL HEALTH AND DRUG HEALTH ASSESSMENT AND FOLLOW-UP UNIT IN A PUBLIC HEALTHCARE SETTING IN ITALY

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Summary

Mental health disorders and substance abuse disorders share many epidemiological factors. Therefore, comorbidity among these groups of pathologies is quite common. Cooperation between specialists (if the fields of interest are targeted individually) is thus crucial to proper assessment and treatment and improving prognostic endpoints. The present work aims to evaluate the performance and pitfalls of such a joint approach in treating substance abuse disorder patients in a public healthcare setting. The rationale of this intervention method relies on the evidence that such an approach harbours significant improvement in the outcome of these disorders. A longitudinal study is being carried out in a joint clinical management unit born in 2020 from the cooperation between the Psychiatry and Toxicologic Unity in the Careggi Hospital, Florence. Patients accessing this service must fit substance abuse disorder (SUD) and coexisting mental health disorders according to DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) criteria. In addition to the standard of care management, with initial clinical assessment and follow-up, a battery of psychometric questionnaires is being administered for psychiatric and toxicologic outcome evaluation at three separate endpoints for clinical and research purposes. Regarding research, cooperation between specialists from different fields constitutes an ideal setting for new assessment tools, creativity and development. Each patient's substance of abuse and psychiatric diagnosis is recorded to identify potential specific diagnostic correlations. Quantitative performance indicators are measured throughout the year, such as the number of new patients, number of visits, ratio of joint holidays and individual-speciality visits, handover rates, psychometric questionnaires administration rate, and urine and hair tests' comparisons between individual-unit management and joint management cases. Finally, our clinic offers new treatment options such as rTMS (Transcranial Magnetic Stimulation), which requires an eligibility evaluation that this specific unit can provide.

Key Words: Dual Disorder; RTMS; Psychometrics; Joint Management; Craving



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P3

A FEASIBILITY STUDY OF PATIENTS WITH MAJOR DEPRESSION AND SUBSTANCE USE DISORDERS: VORTIOXETINE AS MAINTENANCE TREATMENT

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Summary

Introduction. Limited studies have evaluated the effectiveness of vortioxetine in real-world settings, and none of them has involved patients with dual depression (major depressive disorder [MDD] and substance use disorder [SUD]). The objective of the study was to describe the effectiveness of vortioxetine in clinical practice and determine its effect on affective symptoms, cognitive function, quality of life, and substance use in patients with MDD and SUD. **Methods.** Post-authorization, retrospective, multicenter, descriptive, and observational study in 80 patients with MDD and SUD receiving maintenance treatment with vortioxetine for six months between January 2017 and April 2021. **Results.** Compared with baseline, scores significantly decreased after 3 and 6 months of medicine in the Montgomery-Åsberg Depression Rating Scale total (from 28.9 to 17.7 and 12.0) and global functional impairment of the Sheehan Disability Inventory (from 26.3 to 19.1 and 16.7). The number of correct answers in the symbol digit modalities tests significantly improved during vortioxetine treatment (from 40.4 to 43.8 and 48.4). Regarding the clinical global impression scale, the score for disease severity significantly decreased from 3.8 to 3.0 and 2.4. Compared with the baseline, there was a significant reduction in consumption of practically all substances, especially alcohol, cannabis, and cocaine. **Conclusions.** The treatment approach for MDD is changing to cope with the heterogeneity of clinical phenotypes and endophenotypes of depression, especially when SUDs is also present. Adequate treatment for patients with both disorders aims to improve depression-related symptoms (including affective, somatic, and cognitive dimensions), reducing the behaviours associated with seeking behaviours and consuming substances. Vortioxetine was effective in clinical practice for alleviating depressive symptoms and functional impairment and improving cognitive and executive functions and disease severity in patients with MDD and SUD. Moreover, the treatment with vortioxetine favoured a reduction in substance use and the severity of the SUDs. The study's main limitation was its retrospective nature, providing only the available information on medical charts. Additionally, it was a naturalistic study, so no comparisons were made towards a control group. On the other hand, the study's main strengths included that it was performed in real-world settings and evaluated depression and SUD simultaneously. Real-world studies on vortioxetine are limited. Thus the present study provides additional and positive evidence about its use, especially for MDD and SUD.

Key Words: Vortioxetine; Major Depressive Disorder; Substance Use Disorder; Dual Disorder; Major Dual Depressive Disorder; Real-World Evidence

P4

TREATMENT OF OPIATE-ADDICTED VETERANS WITH PTSD AND A CHRONIC HEPATITIS C COMORBIDITY MORE THAN 25 YEARS AFTER THE WAR

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Summary

Introduction. There is an increased rate of various substance use disorders (SUD) among patients with post-traumatic stress disorder (PTSD). It is a great challenge to treat veterans with a Dual Disorder of PTSD and opioid drug addiction, especially in comorbidity with hepatitis C. The study aims to highlight and present current therapeutic responses and treatment options among patients' addicted veterans with dual diagnoses of PTSD and hepatitis C as comorbidity from the aspect of achieving and maintaining opioid abstinence after more than 25 years of war. We hypothesised that veterans with PTSD and opioid addiction, and hepatitis C, would have a lower therapeutic response in addiction treatment and have difficulty establishing and maintaining abstinence. **Methods** The total sample comprised 51 male participants over 45 years old in addiction outpatient treatment. Data were collected from the patient's medical record. **Results** Most participants maintained opioid abstinence on substitution therapy with the maintenance dose. More so, some patients had ongoing treatments in the PTSD community centre. In contrast, others concluded treatments for hepatitis C. **Conclusion** Contrary to our expectation; the results show that opioid addicts with PTSD and hepatitis C diagnosis mostly had an excellent therapeutic response to achieve and maintain abstinence; even more, they were strongly motivated to treat hepatitis. Therefore, it is essential to include as many PTSD veterans as possible in opioid treatment with the mandatory screening test for detecting hepatitis C as a complete therapeutic approach. To fully see Dual Disorder, including PTSD and opioid addiction with additional hepatitis C treatment, it is necessary to reach out and collaborate with veterans' associations, NGOs, specialised centres and other institutions involving this sensitive population.

Key Words: Opioid Addiction; PTSD; Hepatitis; Abstinence; Outpatient Treatment



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P5

THE ROLE OF SUBSTANCE USE DISORDER IN CONSULTATION-LIAISON PSYCHIATRY IN A GENERAL HOSPITAL

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Summary

Introduction. Among consultations referred to the psychiatry department, a significant number are related to substance misuse. Most have not been previously diagnosed and have not received specific treatment. Adequate identification of these patients in the referral-consultation process will ease the consultation psychiatrist's management and follow-up. **Methods.** This descriptive study analyses and scrutinises consecutive six-month (from October 2022 to March 2023) referrals to consultation-liaison psychiatric services for substance use disorders. **Results.** In eight months, 241 psychiatric consultations were made with the consultation-liaison department. Of all the referrals, 37 met the criteria for substance use disorder (SUD). Still, only 24 were referred for SUD evaluation by the leading physician, the other 13 were requested as having no drug-specific complaints. Among the 37 analysed consultations, 29 came from a medical speciality, six from a surgical unit and only two from intensive medical care. It is essential to highlight that the hepatology department requested 22 of the 37 consultations (59%). The substance used was classified into five groups: alcohol (24), prescription opioid (1), benzodiazepine (1), cannabis (1) and more than one substance (7). Remarkably, only three patients were diagnosed with Dual Disorder (alcohol and bipolar disorder, alcohol and adjustment disorder, and alcohol and depressive disorder). Data was also split in gender (24 male vs 13 female) and age (average of 55 years old). Last, it is noteworthy that only 10 of 27 patients were already associated with a Drug Addiction Care and Follow-up Center. **Conclusions.** The study provides some insights into the characteristics of inpatients with SUD and reinforces the need for a psychiatry liaison service specialised. They use a motivational interview as a brief intervention to increase insight and send the patients to a Drug Addiction Care and Follow-up Center for appropriate treatment. Furthermore, the findings suggest a high prevalence of alcohol-related liver diseases with no specific ambulatory treatment for alcohol misuse. Such results support the importance of creating a particular alcohol consultation-liaison program to work closely with the hepatology department.

Key Words: Consultations; Substance Use Disorder; Consultation-Liaison Psychiatry; Alcoholism

P6

CLINICAL AND SOCIAL FEEDBACK FROM PATIENTS WHO INITIATED LONG-ACTING BUPRENORPHINE IN A FRENCH ADDICTION CENTER

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Summary

Introduction. Opioid replacement therapy has shown its effectiveness for opioid use disorder. In France, the molecules prescribed are Methadone and Buprenorphine (+/- Naloxone). In France, a one-weekly and once-monthly subcutaneous lipid-based injection formulation called CAM2038 was the first long-acting formulation licensed in 2018 and commercialised as Buvidal® in 2021. **Methods.** This qualitative, retrospective, monosite study was conducted in a French addiction centre from April to May 2022. Inclusion criteria were patients aged 18 years old or more, diagnosed with OUD, who were administered at least one injection of Buvidal®. Sociodemographic characteristics and Buvidal® prescriptions and administration data were collected, as well as data from three questionnaires conceptualised by the staff. The third questionnaire, the primary outcomes, was semi-directive and submitted three months after the first injection. Patients were asked a general question about the overall Buvidal® experience and more specific questions about how the patients experienced the injection, if they felt more freedom, whether they regret of the oral form, how it affected the substance dependence and its use, their lifestyle (work, pleasures, interpersonal relationships...), how it corresponded to their expectancies... **Results.** Twenty-four patients were included, and 20 patients answered the qualitative interviews; among them, 4 stopped the Buvidal® treatment. Most of the reviews were positive, with patients noticing an overall increased quality of life, improved efficacy and no misuse or feeling of withdrawal symptoms. The negative reviews relate to secondary effects (pain), three regarding withdrawal symptoms and short-term outcomes, and two patients expressed difficulties in changing their habits. Most patients did not regret the oral form, highlighting the comfort of not taking several pills a day. Ninety per cent of the population felt freer with Buvidal®, with less mental load for not forgetting to take their daily pills, thus reporting improved quality of life. Twelve patients described having distanced their perception of their addiction. Familial, friendly and professional relationships were improved for nine patients. Eighty-five per cent considered that Buvidal® correspond to their expectancies thanks to the treatment efficacy and tolerance and the freedom they acquire. **Conclusions.** Many participants reported positive reviews of their experience of long-acting buprenorphine, especially regarding improvements in their quality of life, modifications in their interpersonal relationships, stigma reduction and distancing their opioid dependence.

Key Words: Long-Acting Buprenorphine; Opioid Use Disorder; Opioid Replacement Therapy; Health-Related Quality of Life



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GENDER AND SUBSTANCE USE AND OTHER MENTAL DISORDERS COMORBIDITY. SOCIODEMOGRAPHIC, CLINICAL AND TREATMENT DIFFERENCES

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Summary

Introduction. To learn more about the prevalence and the pharmacological treatments provided for the co-occurrence of substance use disorders (SUD) with other mental disorders (OMD) in Spain, from a gender perspective, the specific aim of this study was to determine the differences between males and females regarded to sociodemographic, clinical, dual diagnostics and pharmacological treatments received for both disorders in samples of mental health and specific addiction networks in Spain. All subjects in the sample identified as either male or female (73.6% as men/male). **Methods.** An observational, cross-sectional, multicentre study, with a randomised sample of patients undergoing treatment for addictive disorders or other mental disorders throughout Spain (N = 1,783), was carried out. A questionnaire, specifically designed by the study authors, was completed by health professionals working in those settings on patients' diagnoses and treatments in specific addiction and mental health treatment networks. The study population were patients receiving treatment in mental health or addiction care networks in Spain who were aged over 18 years. They were diagnosed with substance use or other mental disorders during the survey. A non-probabilistic, convenience, and consecutive sampling was used. Randomization was performed. The variables studied were: sociodemographic, somatic pathologies, substance use disorders, other mental disorders, medications prescribed both for the SUD and the OMD, and anxiolytics. Differences between males/females were searched. The design tries to ensure that the sample's composition reaches the highest representativeness of the universe from which it is drawn. **Results.** A high prevalence of OMD was found in patients treated for SUD (71%) and in diagnoses of SUD (59%) in people treated for OMD. Significant relationships between addiction to certain substances and specific mental disorders were found but with no main differences between women and men. The treatments for OMD were prevalent in the addiction treatment networks, but for SUDs, those treated in the mental health networks were less than expected. A high prescription of benzodiazepines was found. Women lived a higher percentage with their own family and less with a family of origin than men, and they were pensioners (retired) at a lower rate. Hepatitis B and C and HIV were more frequent in men than women. Women were less frequently diagnosed with cannabis, opioid, and cocaine use disorders. And they had fewer psychotic disorders and more affective, anxiety, sleep and eating disorders, with the rest being the same, including personality disorders. Women had fewer treatments with agonists and more with antagonists, and more prescriptions of anxiolytics and antidepressants. **Conclusions.** This study provides preliminary information on the coexistence in routine clinical practice of addictive disorders and other mental disorders in Spain and the treatment provided. It shows differences in prevalence and clinical characteristics, especially in treatment approaches and services access between women and men. Thus, it should be helpful to adapt the treatment response with greater precision and from a gender perspective.

Key Words: Gender; Comorbidity; Substance Use Disorder; Mental Disorder; Prevalence; Treatment.

P8

CO-OCCURRENCE OF SUBSTANCE USE DISORDERS AND OTHER MENTAL DISORDERS IN PEOPLE UNDERGOING SPECIFIC TREATMENT FOR ANY OF THEM IN SPAIN

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Summary

Introduction. A study focused on people undergoing treatment in mental health or addiction networks to understand the co-occurrence prevalence of SUD with other mental disorders (OMD) in Spain at the healthcare level. The objectives of the study were to discover the use of substances among patients treated both in specific addiction and mental health networks, the diagnoses of OMD in addition to SUD and the diagnoses of SUD concomitant with OMD (comorbidity between disorders), as well as the relationships existing between the diagnoses of use disorders (UD) of different substances and the specific OMDs.

Methods. This was an observational, cross-sectional, multicenter study with a randomised sample of patients undergoing treatment for addictive disorders or other mental disorders throughout Spain (N = 1,783). An online questionnaire, specifically designed by the study authors, on substance use and their patients' diagnoses in specific addiction and mental health treatment networks was performed. The study population was people receiving treatment in mental health or addiction care networks in Spain, aged over 18 years, and diagnosed with substance use or other mental disorders at the time of the survey. Non-probabilistic, convenience and consecutive sampling was used. Randomisation was carried out. The variables studied were: Sociodemographic, related to somatic pathologies, substance use, and diagnoses of both substance use disorder and other mental disorders. **Results.** The data obtained in the survey show a significant concurrence of SUD and OMD diagnoses (in more than 60% of the patients). A high prevalence of OMD was found in those patients receiving treatment for their SUD (71%), and also of diagnoses of any SUD (68.9%) and active substance use (50%, except tobacco) in people receiving treatment for diagnoses of OMD. Also were found significant relationships between addiction to certain substances and specific mental disorders (p<0.01): personality disorders with all SUDs; psychotic disorders with cannabis use disorder, but not cocaine use disorder; affective disorders with cocaine use disorder, and anxiety disorders with cannabis use disorder. **Conclusions.** This research can provide indicative and valuable preliminary information on the high prevalence of co-occurrence of SUD and OMD diagnoses in mental health, especially in addiction networks throughout the country. These results reflect how drug dependencies are related to specific mental disorders, which is relevant for the diagnostic exploration and the design of adequate and personalised treatment. However, it must be remembered that there was a lower response to the surveys in the mental health network, possibly reflecting a lower awareness of the problem in this network. In conclusion, the study provides updated information on the coexistence of addictive disorders and other mental disorders in the Spanish health system, reflecting this comorbidity in normal clinical practice conditions. Nevertheless, more research is needed to deepen our knowledge and thus enable healthcare responses to better adapt to reality and with greater efficiency.

Key Words: Prevalence; Comorbidity; Substance Use Disorder; Mental Disorder; Treatment



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CHARACTERIZATION OF WOMEN WITH AND WITHOUT DUAL DISORDER ATTENDED IN AN OUTPATIENT ADDICTION CENTRE IN BARCELONA DURING THE PERIOD BETWEEN 2017-2022

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Summary

Introduction. While substance use disorder (SUD) is more prevalent in men, Dual Disorder (DD) is more likely to occur in women. In addition, when SUD appears in women, they tend to present more significant physical and psychological impairment and have less social support than men. Despite the importance of addressing SUD and DD in women at an early stage, gender inequalities hinder their access to treatment.

Methods. The study aimed to describe and compare the sociodemographic and clinical data between women with and without Dual Disorder (DD patients and no-DD patients) who attended an outpatient addiction centre in Barcelona (CAS Santa Coloma) from 2017 to 2022. Data obtained from patients' medical records.

Results. Of the 972 patients who attended between 2017 and 2022, 191 (20%) were women, of whom 99 (51%) had DD. The global mean age was 46 years (21-81), with DD patients' mean age of 46 years and no-DD patients' mean age of 44 years. The most frequent primary SUD were alcohol use disorders (48%) and stimulant uses disease (20%). DD patients were more frequently unemployed than those without DD (64% vs 48% respectively, $p=0.017$); they also required follow-up by another mental health device more often than those without DD (30% VS 4.3%, $p=0.001$). At the end of 2022, there were 96 women under follow-up at the centre, of which 42 (42.4%) were DD patients and 54 (60%) were no-DD patients ($p=0.018$). Of these, 62% of DD patients had a good outcome ($< 20\%$ positive urine controls for primary substance in 6 months), compared to 41% of those without DD ($P=0.032$). The most frequent comorbid diagnoses were cluster B personality disorders (26%), depressive disorders (15%), stress-related disorders (14%) and anxiety disorders (11%). The most common reason for discharge in DD patients and no-DD patients was the abandonment of follow-up (44% and 55%, respectively), followed by geographic change (5% and 10%, respectively), and others (medical discharge, transfer, expulsion and death). **Conclusions.** Women seeking treatment represent only 20% of the patients treated for an addiction problem, and half have a psychiatric comorbidity. When DD occurs, these women often require more complex treatments, so close coordination between the devices that care for them is essential. Although patients without DD are more likely to continue follow-up care, when women with DD do, they have good outcomes. Efforts should be focused on ensuring that women with addictions with and without comorbid psychiatric disorders enter and stay in treatment.

Key Words: Women; Dual Disorder; Substance Use Disorder

P10

ALEXITHYMIA IS A RISK FACTOR FOR ADDICTIVE BEHAVIOR

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Summary

Introduction. The present study involves the factors of analyses of alexithymia development among youth in correlation with addiction characteristics for the development of preventive measures and programs of socio-psychological and medical help for young people. The project design was accomplished (multicenter analytical cross-sectional studies, observational methods, and “case-controls”). **Methods.** A socio-psychological survey and clinical-psychological research were conducted (level of alexithymia; the intensity of Internet addiction; individual-characterological personality traits; individual style of coping strategies, behavioural patterns and resources of personality) in the cohort of 150 people living in the Republic of Belarus (urban area) at the age of 15-24, average age: 18.9 ± 1.64 , M: F= 87:63). As a result of randomisation of subjects three groups were detected: leading group (people with traces of developing addiction from “new psychoactive substances” (NPS)) (MG, 50 people); a group of comparison (people with “non-chemical” forms of addiction (Internet addiction) (GC, 50 people) and control group (50 people, without addictions and deviant behaviour). **Results.** The research of coping behaviour methods, in the category “search for social support” groups MG and control differ significantly statistically (probability of passing similarity $p = 0.016$, $t=2.45$, $df = 147$) has shown the significance of social network support as in the case of PAS addiction. The total score of the Toronto Alexithymia Scale (TAS-26-R) showed that people from MG (average number 67.66 ± 8.01) and CG (average number 58.92 ± 8.36) statistically differ significantly, probability of passing similarity is $p < 0.001$, $t=5.3$, $df = 147$. Indicators of expressed alexithymia noticeably prevail in MG and GC compared to the control. While researching Internet addiction using a subject-oriented scale, a statistically significant difference between CG and control was found; the probability of passing similarity is $p = 0.006$, $t=2.82$, $df = 147$. **Conclusions.** Received and analysed study materials are the basis for developing combined preventive and rehabilitation programs for those with “new PAS” addiction and “Internet addiction” among teenagers and youth.

Key Words: Alexithymia; Addictive Behaviour; “New Psychoactive Substances” (Nps); Internet Addiction; Young People



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CAUSES AND EFFECTS OF THE COMBINATION OF HEROIN AND METHAMPHETAMINE ON THE ADDICTS: A STUDY OF KHYBER PAKHTUNKHWA, PAKISTAN

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Summary

Introduction. Polydrug use, in which individuals administer combinations of different drugs, is common among drug abusers. One of the most popular combinations for injection drug users is that of a psychomotor stimulant with an opiate, often referred to as a “speedball” or “bombita” (Leri et al., 2003). Due to the current popularity and availability of stimulants other than cocaine (especially methamphetamine), drug combinations using other stimulants will likely increase in popularity. It is a common misconception in Khyber Pakhtunkhwa, Pakistan, that mixing heroin with methamphetamine will either balance or cancel out the adverse side effects of heroin. Combining these substances is more dangerous than using them alone because their negative effects can be amplified. **Methods.** The nature of this study was quantitative. The universe of this study was KP, Pakistan. The data were collected from 180 polydrug users currently using heroin and methamphetamine. The data were collected through an interview schedule. Data were analysed through a Chi-square test for testing the association between different variables. **Results.** Causes of Polydrug use: The current study found multiple causes associated with the help of polydrugs (heroin and methamphetamine). Various reasons were responsible for the benefit of polydrugs, i.e. administration of the combination produces effects more significant than either drug alone and administration of one decreases the side effects of another; the combination makes unique subjective effects and curiosity about the variety, combination of drugs is cheaper than buying heroin alone and a longer-lasting high than that experienced when taking either drug alone. Psychological and Physical Effects Associated with Poly Drug Use: The study found various psychological effects of polydrug use, i.e. fatigue, craving towards drugs, aggression, depression, irritability, lethargy, sleepiness disorder, psychosis/ hallucinations, physical weakness, headaches, body pain, watery eyes, runny nose, dry mouth and diarrhoea. **Conclusions.** The current study concluded that heroin and methamphetamine are both strong depressants and stimulant drugs and have the potential to capture the life of addicts and make them dependent on them. The combination and use of these two drugs (i.e. Polydrug) cause multiple severe psychological and physical problems to the users. The present study recommends that law-enforcement agencies of the country may take notice of combating the drugs (both demand and supply), awareness by religious scholars, and understanding through media and family may play a role in drug prevention and rehabilitation of addicts.

Key Words: Causes; Psychological and Physical Effects; Polydrugs; Heroin; Methamphetamine

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WHAT DIFFERENCES CAN DEDICATED NURSES DO FOR DUAL DISORDER PATIENTS? A QUALITATIVE RESEARCH PROJECT OF 'SOCIAL NURSES' IN DENMARK

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Summary

Introduction. In the mental health services in the capital region of Denmark, it was decided in 2022 to employ several nurses that have as their primary assignment to support dual-diagnosis patients in their contact with the psychiatric treatment system. In Denmark, this type of nurse – called 'social nurses' – has been employed with great success in the somatic treatment system, improving the treatment of somatic patients with substance use problems. However, the experience with 'social nurses' in the psychiatric treatment system is limited. **Methods.** The poster presents the first part of a qualitative research project on the 'social nurses' and how this new type of nurse makes a difference in the ordinary psychiatric treatment system. Data consists of documents describing the role of the nurses, observation and interviews with the 'social nurses' and their colleagues. **Results.** The results will focus on 1) The nurse's experience as a 'social nurse' in a psychiatric treatment system and 2) The experience of their colleagues. The results will answer the following questions: 1) What tasks do the 'social nurses' do? 2) What characterises the patients that they work with? 3) What kind of organisational barriers do they meet? **Conclusions.** In the finale, I will answer the question: Can a few 'social nurses' dedicated to Dual Disorder patients make a difference for these patients – on an individual and a structural level?

Key Words: 'Social Nurses'; Improving Services For Dual Disorder Patients; Health Service Research



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REDUCING COERCION IN INTEGRATED DUAL DISORDER TREATMENT

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Summary

In a 76-bed facility providing 90 days of multidisciplinary, integrated Dual Disorder treatment since 2002, cognitive milieu therapy initially reduced coercion to 15%. Recent initiatives in the last four years include CBT training, implementing Brief Intervention and Motivational Interviewing (BIMI), boosting staff competencies via E-Learning, collaborative inter-ward learning including Near-miss analyses, and the large-scale implementation of VR, which have resulted in no coercion since March 2022. The name of this facility is “Fjordhus”, and the presentation will introduce the “Fjordhus concept”, the data from the last decade, selected data from the REDD-PAC (REsearching Dual Disorder – Prognosis and Characteristics) project, and data from a comprehensive 15-year study including 2,500 inpatient trajectories.

Key Words: Coercion; Staf Implementation; Integrated Dual Disorder Treatment

P14

THE EMERGING DANISH NATIONAL PLAN FOR INTEGRATED TREATMENT OF DUAL DISORDER PATIENTS

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Summary

In conjunction with a 10-year plan for the Danish public mental health system, it has been politically mandated that the country's five public health regions provide integrated Dual Disorder treatment by 2024. This has prompted national initiatives led by the capital region to select and describe clinical pathways covering all degrees of severity on the Dual Disorder spectrum. The presentation will introduce the models of care which have been identified, the clinical pathways, the visitation criteria, and the considerations/plans for implementation. Input into the upcoming national quality database for Dual Disorder patients will also be discussed. Furthermore, experience from the last two decades of work forging the capabilities and capacity for a multidisciplinary, 24/7, integrated Dual Disorder Point of Care service in Department M will be presented along with the outcome data thus far.

Key Words: Policy Making in Dual Disorders; Clinical and Psychological Interventions in Dual Disorder Patients; Improving Efficacy; Reducing Risks of Treatment in Dual Disorder Patients



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IMPACT OF PANDEMIA COVID 19 ON DUAL DISORDERS

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Summary

Introduction. COVID-19 and lockdown measures negatively impacted mental health globally and particularly impacted patients with substance use disorders, especially those with dual conditions. The COVID-19 pandemic also affected drug markets (e.g. changes in types of drugs at the street level, price increases for consumers on the black market and reductions in purity). **Methods.** The authors provide a systematic review of the literature with PubMed following Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines to obtain an overview of the impact of pandemia covid 19 on dual disorders. **Results.** The COVID-19 pandemic has severe implications for individuals with mental illnesses and substance use disorders. Both new psychiatric symptoms and the general worsening of existing symptoms were frequent during the lockdown. Comorbidities and risk environments for substance use disorders are likely to be risk factors for COVID-19. There seems to be a shift in the drug market and drug use patterns during the pandemic, the use of several psychoactive substances increased, and other risks are represented by increasing variability in drug purity (e.g. adulteration, contamination of heroin supply with synthetic opioids). In addition, social isolation, loneliness, grief and prolonged bereavement negatively impact mental health. **Conclusions.** Patient-tailored interventions are needed to respond to the pandemic's long-lasting and heterogenous challenging effects.

Key Words: Dual Disorder; Covid 19; Pandemia

P16

NON-MEDICAL USE OF NOVEL SYNTHETIC OPIOIDS: A NEW CHALLENGE TO PUBLIC HEALTH

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Summary

Introduction. In the last decade, there has been a progressive increase in the use of new psychoactive substances (NPSs) that are not yet under international control. In particular, novel synthetic opioids (NSOs) have reappeared on the recreational drug market in the last few years. As a result, the use of NSOs has increased rapidly. This poses an emerging and demanding challenge to public health. **Aim:** To raise awareness among clinicians and other professionals about NPSs, especially NSOs, to summarise current knowledge about pharmacological properties, forms of NSO on the market, the pattern of use, effects and consequences of use. **Methods.** An electronic search was conducted on the Medline/PubMed and Google Scholar databases to find selected search terms. **Results.** Some NPSs are already controlled, while others can be legally sold directly on the drug market (mainly via the internet, less so by drug dealers) or be used as precursors for synthesising other designer drugs that mimic the psychoactive effects of controlled substances. Potential side effects of NSOs include miosis, sedation, respiratory depression, hypothermia, inhibition of gastrointestinal propulsion, and death (from opioid overdose). **Conclusions.** The severity of the opioid crisis has intensified with the introduction of highly potent NSOs on the drug market. As long as addicts are dying from an overdose or similar causes, there is something more constructive to do than waiting for addicts to overdose on heroin at a place located near a remedy, as if to say, within reach of naloxone.

Key Words: New Psychoactive Substances; New Synthetic Opioids; Comprehensive Treatment



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HOW DOES THE CONSUMPTION OF TOXINS AFFECT THE COGNITIVE STATE OF PSYCHOTIC PATIENTS?

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Summary

Introduction. An attempt is made to verify the possible influence of the consumption of toxic substances on the cognitive functioning of patients referred to Active Rehabilitation programs, taking advantage of the measurement of the baseline cognitive state that we have established as a starting point in the Cognitive Rehabilitation program. **Methods.** • Sample characteristics. The sample comprises 17 patients referred to the Rehabilitation Area from January 1 to September 30. • Age: Men: 8; mean age 43.6 years (23-65), Women: 9; mean age 41.6 (21-58) • Diagnostics: • Schizophrenia: 9 patients (5 women and four men), • Schizoaffective: 2 patients (2 women) • Bipolar: 1 patient (1 woman), • T. Personality: 5 patients (4 men and one woman) • Toxic consumption: 6 patients (3 women and three men) Methodology: • To assess cognitive status: • The “Brain Trainer” program is used in its version 2, which allows an approximate assessment of cognitive performance in the areas: verbal, numerical, spatial, memory and logic. • To determine consumption: weekly DAU control. **Results** • The results show statistically significant differences in favour of the consumer patients in the numerical and spatial areas, there are no significant differences in the verbal area between the two groups, and there is better performance, not significant, of the consumer patients in the areas of memory and logic **Conclusions** • As a main conclusion, and contrary to what might seem, the consumption of toxins does not have a decisive influence on the cognitive functioning of patients who suffer from an added mental disorder. • Only the convincing results in the numerical and spatial areas favouring non-consumers guide in the sense that consumer patients would have significantly better management in these two areas.

Key Words: Cognitive State; Consumption Of Toxins; Psychotics Patients

P18

METABOLIC SYNDROME IN PSYCHOTIC PATIENTS TREATED WITH NAP AND SUBSTANCE USERS

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Summary

Introduction. Metabolic syndrome is defined by The National Cholesterol Education Program (NCEP) Adult Treatment Panel III (ATP III) guidelines as a pathologic condition characterised by blood glucose greater than 100 mg/dl or drug treatment for elevated blood glucose, HDL cholesterol < 40 mg/dl in men and < 50 mg/dl in women or drug treatment for low HDL, blood triglycerides > 150 mg/dl or drug treatment for elevated triglycerides, Waist > 102 cm (men) or > 88 cm (women), and blood pressure > 130/85 mmHg or drug treatment for hypertension. Moreover, these disorders appear to be related to an unhealthy diet, lack of exercise, adverse effects of psychotropic drugs, and undefined risk factors [1]. **Methods.** Long-active injectable antipsychotics are essential in treating schizophrenia and psychotic disorders. Second-generation antipsychotics have been associated with fewer extra-pyramidal effects (motor problems) than first-generation antipsychotics. However, they have been associated with a higher prevalence of metabolic abnormalities, such as insulin resistance, weight gain, hyperlipidemia and type 2 diabetes [2, 3]. Some meta-analytic studies revealed that individuals treated with olanzapine had significantly higher insulin resistance index (IRI), fasting blood glucose (FBG), and fasting insulin (FINS) levels than those treated with aripiprazole, ziprasidone, or risperidone [2]. The present research aims to carry out a retrospective, descriptive and observational study. The participants are a sample of patients treated with long-active injectable antipsychotics (first and second-generation antipsychotics) in a mental health centre in Spain (province of Soria). We analysed the following parameters: lipid profile, glucose, blood pressure, BMI and abdominal perimeter. In addition, the sociodemographic data of the sample, such as age, gender and job activity, are exposed.

Results. The most injectable treatment in the mental health centre is second-generation antipsychotics. Specifically, we found a higher percentage of patients with aripiprazole and paliperidone. There is a higher percentage of men than women in depot treatment. The results show a high prevalence of overweight/obesity in patients treated with long-active injectable antipsychotics. As the main results, we highlight that there is the majority of patients with a BMI between 25-30%. **Conclusions.** In addition, it is emphasised that the abdominal perimeter is high in both groups of patients (first and second-generation antipsychotics). Finally, the practical implications are discussed, are analysed, and the main limitations are exposed., future lines of research are analysed, and the study's main limitations that arise from the significant metabolic alterations that derive from the multitemporal injection of long-acting neuroleptics are exposed. These initial conclusions will allow us to design future comparative studies between the different presentations of long-acting neuroleptics, to establish the profile of that product whose incidence of metabolic alterations is lower and thus be able to set protocols of use appropriate to the characteristics of each patient.

Key Words: Schizophrenia; Long-Active Injectable Antipsychotics; Metabolic syndrome; Psychotic Disorders



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CONSUMPTION PATTERN IN PSYCHOTIC PATIENTS ACCORDING TO THE TYPE OF TREATMENT

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Summary

It was decided to determine the level of toxic consumption among the group of patients with schizophrenia who are users of a residential device. Depending on the type of neuroleptic medication they receive, they also consider parameters such as age, sex and the number of years of treatment. A conventional determination of toxicants in urine is used, which includes the detection of Cannabis, Cocaine, Methamphetamine and Opiates. Urine collection is performed without prior notice and simultaneously to all study candidates so that an attempt is made to collect it under normal living conditions, eliminating the previous warning factor. A data collection form includes a demographic item, the current treatment type and the number of years that have elapsed since the first neuroleptic treatment. Show 42 patients: 26 men and 16 women Ages between 21 and 67 years (mean age 47.3) D. 36 patients with Schizophrenia (85.7%), three patients with Bipolar Disorder (7.14%), three patients with schizoaffective disorder (7.14%) Type of treatment 26 patients receive injectable treatment 16 patients receive oral treatment. Seven patients tested positive in total; six patients tested positive for Cannabis, two patients tested positive for methamphetamine one patient tested positive for Cocaine 1 of these patients tested positive for Cannabis, Cocaine and Methamphetamine. Of the seven patients, 5 were men, and two were women. All patients who tested positive were under 35 years of age. Of the seven positive patients, 3 took NL depot medication, and four were only oral. Conclusion Goals 7 of the 42 patients tested positive for toxins, 6 of them tested positive for Cannabis, 1 of them god positive only for methamphetamines 1 of them tested positive for all three products. The percentage of consumers is higher in Men Patients with oral treatment have a higher consumption pattern. Due to the small sample size, none of the results is statistically significant and only shows a trend in a group of patients admitted to an open mini-residence.

Key Words: Consumption Pattern; Psychotic Patients; Type Of Neuroleptic

P20

RESULTS OF THE USE OF CARIPRAZINE IN THE TREATMENT OF SCHIZOPHRENIA AND SUBSTANCE USE DISORDER. A CASE SERIES IN BOTH INPATIENT AND OUTPATIENT REGIME

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Summary

Introduction In the past few years we have witnessed the emergence of new therapeutic agents for the treatment of dual pathology, specifically new antipsychotics that apparently show more effect over substance use along with their antipsychotic effect and therefore increase our pharmacological arsenal for the treatment of psychotic disorders associated with substance use. We present in the following communication a series of cases of patients diagnosed with Schizophrenia and Substance Use Disorder treated with cariprazine at different doses. **Methods** This series consists of both patients treated on an outpatient basis and long-term patients admitted to a rehabilitation unit of a psychiatric hospital. **Conclusion** The main conclusion is that cariprazine is both effective and well tolerated in this particular pathology. Of the ten cases, nine presented clinical improvement in terms of reduction of positive and/or negative psychotic symptoms in the treatment with cariprazine either in monotherapy or as an adjuvant to another previous antipsychotic treatment, and all the patients (both in outpatient and inpatient regimen) achieved maintenance of abstinence from substances at six months.

Key Words: Schizophrenia; Substance Use Disorders; Dual Disorders; Antipsychotics; Cariprazine; Partial Agonism; D3 Receptor.



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A CRITIQUE ON THE WAY TO ADMINISTER OXYTOCIN IN STUDIES RELATED TO ADDICTION AND CO-OCCURRING DUAL DISORDERS

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Summary

In studies with oxytocin in humans, nasal oxytocin spray is used. Oxytocin spray is prescribed in most studies in amounts of 12 to 48 units daily. In this presentation, I wanted to criticise this way of prescribing. Numerous studies over 40 years have shown that the results of using oxytocin on animals in treating addiction and associated disorders such as depression or anxiety have been better than on humans. One of the reasons is the size of the oxytocin molecule and its inability to pass through the human blood-brain barrier. Perhaps, for this reason, the level of oxytocin in the human brain does not rise enough in these studies. The reason for administering this amount of oxytocin is that higher doses can lead to a cross-reaction and increased vasopressin activity, which produces the opposite results. If we pay attention to the symptoms of ecstasy consumption, a person can enter a good or bad trip after consuming this drug. That is, taking ecstasy can make a person feel euphoric or restless. Which trip the consumer will go on depends on the person's internal and psychological conditions, especially the person's external and environmental conditions. The receptors stimulated by ecstasy in the brain are serotonin and oxytocin receptors. So there is a possibility that the stimulation of oxytocin receptors will cause this trip to be wrong or good. So with this hypothesis, if the level of oxytocin in the brain rises above a certain level, it can lead to a bad trip. Suppose we try to change the person's environmental conditions to lead to a good trip, like in the sessions of people using ecstasy. In that case, we can probably prescribe a higher dose of oxytocin and observe the results we have not seen in other studies. In this presentation, I will present the neurobiological reasons for this issue and explain the results I have observed by prescribing 96 daily units of oxytocin along with non-pharmacological group activities in methadone withdrawal in addicted people in two studies.

Key Words: Oxytocin

P22

AN EVOLUTIONARY LOOK AT OXYTOCIN AND TESTOSTERONE

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Summary

I want to put forward this hypothesis regarding the function and evolutionary process of two hormones, oxytocin and testosterone, that: individual ownership in human life was created due to changes in the human nervous system in response to environmental conditions. Through oxytocin, a person gains trust in his group members and feels at ease with them. However, this issue can cause him to be betrayed by some group members. Testosterone causes self-centred behaviours in a person and rank-seeking. It reduces trust in others and makes one more cautious about other people. The interaction between these two factors leads to the recognition of the individual. The areas where the ape-like creatures lived seemed open, with fewer trees due to the drought. As a result, many tree-dwellers of those forests were forced to change their life habits or perished. Humans changed their life habits and gradually settled down. However, these ape-like creatures were weak and could not fight or run away from their enemies, so they needed cooperation to survive. The association between them was probably caused by genetic mutations increasing oxytocin secretion or its function in some of them. During the communal life in the early communes, people who had higher blood testosterone levels were more likely to die due to greater risk-taking, and due to more incredible self-centeredness, they were also more likely to be rejected from the tribe, which led to their death because living alone it was difficult. The progress of humans in the production of tools increased the human population. The increased population in some areas made people need more food and water resources. This issue caused conflict between the tribes to seize resources. In these wars, the tribes with more people with higher testosterone levels succeeded because of their higher fighting ability. Due to the presence of a foreign enemy, this higher testosterone not only did not harm the group cohesion within the tribe but also caused more loyalty to the tribe. Considering that the high level of this hormone made these people more inclined to get higher ranks in the tribes, gradually, they were placed in the top positions of the tribes. This issue changed the social system of humans. Hence, social harms such as theft, lying, and fraud increased. The feeling of peace in many people's lives became insignificant. For example, let us pay attention to two types of chimpanzees, normal chimpanzees and dwarf chimpanzees or bonobos. The common chimpanzee followed the evolutionary path of natural selection for individuals with high testosterone. The strong male owns the females of the tribe. The opposite example is bonobo monkeys, who live in matriarchal tribes where one monkey is not superior to another. Humans are something between these two. However, which one is happier? Indeed, bonobo monkeys are more comfortable if I consider happiness to be the natural satisfaction of instincts and satisfaction with life.

Key Words: Oxytocin; Testosterone; Evolutionary Look



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P23

INTEGRATION OF CO-OCCURRING MENTAL HEALTH DIFFICULTIES INTO SUBSTANCE USE CARE IN LANARKSHIRE: SERVICE USERS' PERSPECTIVES ON THEIR PSYCHIATRIC NEEDS' ATTENTION AND MANAGEMENT

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Summary

Introduction. Scotland's drug-death rate has been climbing since 2013 and remains over 3 ½ times higher than the UK. The 35-54 age groups noted the most noticeable increase. A link between ill mental health and the risk of drug-related deaths is well evidenced; therefore, the importance of addressing the psychiatric and addiction needs of drug users. Despite this, relatively few Scottish studies explore the treatment experiences of people with substance use and mental health disorders. This research aims to contribute insights into barriers to accessing services for dual diagnoses in Lanarkshire. **Methods.** The study is qualitative in design and approach. Individual semi-structured interviews were conducted with six people who had self-reported addiction and psychiatric comorbidities and had involvement with the services. Data were analysed using Braun and Clarke's six phases of thematic analysis. **Results.** The main themes were categorised into addiction and mental health problems, participants' perspectives of mental health and addiction services, the experience of A&E attendance, Primary Care and third-sector organisations. **Conclusions.** Further steps are needed in service provision in Lanarkshire to implement national MAT standards. These perceptions might add to the knowledge required to improve treatment engagement.

Key Words: Addiction; Mental Health; MAT Standards

P24

HOW TO MATTER: PROMOTING SOCIAL INCLUSION AND PARTICIPATION AMONG YOUNG ADULTS WITH COMPLEX PROBLEMS IN FACT TEAMS

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Summary

Introduction. They contribute to the local community, feel that one matters, and facilitate recovery processes for people with mental illness and substance abuse (e.g. Rowe & Ponce, 2020). Current clinical practice has been criticised for insufficient focus on people's lives in the community. FACT's core goals include social inclusion and participation (Flexible Assertive Community Treatment). While including these goals in the work of FACT teams may improve services and outcomes for the target group, more excellent practical knowledge of achieving them is needed (e.g. Brekke et al., 2021). Yet few studies of social inclusion and participation of young adults in FACT teams have been undertaken. **Aims.** 1) To explore the perspectives of young adults (18-29 years old) with complex problems regarding what they need to feel as though they matter and how they perceive their opportunities for social inclusion and participation in their local communities. 2) To investigate how FACT team staff perceive their abilities to promote social inclusion and participation based on the perspectives and needs of their young adult clients. **Methods** Design: The overall design is qualitative, participatory, exploratory and phenomenological. Research questions, methods, and analysis: 1. What do we know about social inclusion and participation among people/young adults with Dual Disorder? Scoping review. 2. What do young adults with complex problems need to feel they matter and see themselves as socially included and participating? Qualitative interviews with young adults in FACT teams, content analysis. 3. How can FACT teams promote their client's social inclusion and participation and see themselves as mattering? Focus group interviews with FACT team staff, content analysis. **Results.** The study is an ongoing ph.d. project (2022-2025). The results will be published in international peer-reviewed journals and presented at relevant conferences.

Key Words: Young Adults; Mattering; Citizenship; Social Inclusion; Social Participation; Dual Disorder



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P25

CLINICAL FEATURES AND FACTORS RELATED TO LIFETIME SUICIDAL IDEATION IN ADULT ADHD PATIENTS WITH SUBSTANCE USE DISORDERS

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Summary

Introduction Attention deficit and hyperactivity disorder (ADHD) has been associated with suicidal ideation (SI) in the general population (1). However, this association has been scarcely studied in adult ADHD patients with substance use disorders. Therefore, this study aims to explore the clinical features and factors related to lifetime SI in ADHD patients with SUD. **Methods** A cross-sectional study was conducted in an outpatient centre for addiction treatment between 01/01/2015 and 12/31/2021. Patients who met the criteria for active SUD and adult ADHD according to DSM-5 were included in the analysis. All patients were evaluated with EuropASI, SCID-I, SCID-II, DIVA and Ad Hoc questionnaires. **Results** 285 patients were included (79.1% males; M age 35.97±10.59years). SI was reported in 57% of the patients. Several clinical factors were related to SI, including any lifetime abuse, the number of psychiatric disorders, mood spectrum disorders, anxiety spectrum disorders, personality spectrum disorders, higher depression levels, worse quality of life, and more severity of addiction (see Table 1). **Conclusions.** The prevalence of SI in ADHD patients with SUD is high and is related to several clinical factors. Those factors should be considered in daily clinical practice, research, and any health policies on suicide. Further research on this issue should be developed.

Key Words: ADHD; Addiction; Suicidal ideation

P26

ANTIDEPRESSANT EFFECTIVENESS OF CLOZAPINE, DURING A MONTH OF FOLLOW-UP, IN DUAL PSYCHOSIS

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Summary

Introduction. Clozapine presents a differential pharmacological profile with a weak affinity for D2 and D1 receptors and a greater affinity for D4, 5-HT_{2A}, 5-HT_{2C}, 5-HT₆, and 5-HT₇ receptors. There is plenty of evidence about its superiority over other antipsychotics in addressing refractory symptoms, being the standard of efficacy in non-responders. It also improves aggressive behaviour, suicidal intent, and substance abuse. In recent years, its effectiveness on affective symptoms, both manic and depressive, has been demonstrated. Even so, there is little research that evaluates the effect of the drug on affective psychopathology. The aim of this work is to examine the antidepressant potency of the drug in a sample of patients with dual psychosis. **Methods.** Longitudinal study, during a month of follow-up, of patients with dual psychosis (schizophrenia and schizoaffective disorder), recruited from hospital and outpatient samples. A population of 55 patients (75% men, 25% women) is included, with a mean age of 37.7 years. The most frequently consumed substances are cigarettes (80%), alcohol (63%), THC (55%) and cocaine (33%). Medication prescription, antipsychotic load (converted to chlorpromazine) and depressive symptoms (using the Montgomery Asberg Depression Rating Scale and the Calgary Depression Scale) were evaluated. **Results.** Clozapine reduces the absolute (-4.52) and relative (-54.22%) punctuation of the MADRS, and the absolute (-2.65) and relative (-51.31%) punctuation of the CDSS, both with statistical significance, in comparison with other neuroleptics (t: 4.409, p: <0.001; t: 2.70, p: <0.005), including long-acting antipsychotics. It also makes it possible to reduce the total antipsychotic burden of patients (-297 mg, -16.9%), reducing and simplifying the drug regimen. **Conclusions.** Our study shows the antidepressant efficacy of clozapine, compared to other antipsychotics, in a sample of patients with dual psychosis and during a month of follow-up. These findings could be a product of the receptor profile of the neuroleptic, with its special affinity for serotonergic receptors, and help explain its antisuicidal efficacy.

Key Words: Clozapine; Antidepressant; Psychosis



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I HAVE PSYCHOSIS BUT, WHAT ABOUT MY ADDICTION? USE OF CARIPRAZINE IN DUAL DISORDERS

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Summary

Introduction. Dual disorders in patients with psychotic disorders increase vulnerability and worsen the course of the illness. In the case of schizophrenia, 47% of patients have a comorbid substance use disorder. Treatment often focuses on treating psychotic symptoms, leaving aside the substance use problem. In this review, we will look at the comorbidity data among these mental disorders, the importance of diagnosis and how pharmacological treatment can be optimised. **Methods.** A literature review on the comorbidity of substance use disorder and psychotic disorder is performed. The pharmacological treatment used in these cases and the indication of new therapies that comprehensively cover the needs of these patients are reviewed.

Results. The percentages of substance use disorder are very variable but highly prevalent. Some studies report that one in three patients (36.6%) with a diagnosis of schizophrenia have comorbid substance use, and this percentage is similar in schizotypal disorder or other psychoses (34.9% and 28.3%). Other studies report up to 47% of substance use in patients with schizophrenia, compared to 16% in the world population. A worsening of the symptomatology presented in both disorders and the course of both pathologies is observed when they appear comorbidly. Both psychotherapeutic and pharmacological treatment should integrate the two conditions. The use of drugs that also facilitate the treatment of substance use disorder is essential. Partial agonists such as cariprazine reduce the management of this type of patient thanks to their mechanism of action on the D3 receptor. **Conclusions.** Dual disorders in psychosis are present in almost 50% of patients with a psychotic diagnosis. The existence of a substance use disorder worsens the course of the psychotic illness, so its detection and treatment are essential. Dopaminergic receptors are a common denominator in psychotic disorders and substance use disorders. The partial agonism on the D3 receptor of cariprazine places it among the drugs of choice when this pathology relationship exists.

Key Words: Addiction; Psychosis; Treatment; Partial Agonism.

P28

EFFICACY AND TOLERABILITY OF CLOZAPINE IN DUAL PSYCHOSIS DURING A MONTH OF FOLLOW-UP

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Summary

Introduction. Between 20 and 33% of patients with schizophrenia are resistant to treatment. The most effective drug for this clinical profile is clozapine, an atypical antipsychotic with a weak affinity for D2 and D1 receptors and more significant affinity for D4, 5-HT_{2A}, 5-HT_{2C}, 5-HT₆, and 5-HT₇ receptors, that showed its superiority over other antipsychotics in addressing psychotic and affective refractory symptoms while also improving aggressive behaviour, suicidal attempt, and substance abuse. However, the seriousness of the potential adverse effects and the lack of knowledge about their management mean that the drug is underused. This study aims to investigate the efficacy and tolerability of clozapine in patients with resistant schizophrenia and schizoaffective disorder, evaluating and comparing the clinical response obtained.

Methods. This longitudinal study has 55 patients with dual psychosis (Schizophrenia and Schizoaffective Disorder) recruited from hospital and outpatient samples of Castellón. We assessed medication prescription, antipsychotic load converted to chlorpromazine, positive and negative symptoms using the Positive and Negative Syndrome Scale (PANSS) and pharmacological side effects using Udvalg für Kliniske Undersøgelser (UKU) Scale. **Results.** 63.6% (n=35) of the sample had Treatment-Resistant Schizophrenia, while 36.4% (n=20) had Schizoaffective Disorder. The most frequently consumed substances were tobacco (80% of the model; n=44), alcohol (60%; n=33), cannabis (54.5%; n=30) and cocaine (38.2%; n=21). Within one month, Clozapine reduced absolute (-48.32) and relative (-44.04%) scores of the PANNS with statistical significance compared to other neuroleptics. Furthermore, patients taking Clozapine reported fewer side effects than those taking other antipsychotics as they scored lower punctuation on UKU Scale (-3.74).

Conclusions. Our study showed the benefits of treatment with clozapine, compared to other antipsychotics, in reducing positive and negative symptoms in a sample of patients with dual psychosis in one month and having better tolerability. These findings could be a product of the receptor profile of the antipsychotic. Same as in other studies, the efficacy of clozapine was superior in overall and positive symptoms compared to other Second-Generation Antipsychotics (Mizuno et al., 2020) and in treatment-resistant negative symptoms compared to First-Generation Antipsychotics (Essali et al., 2009) while showing a lower risk of all-cause discontinuation compared with other Second-Generation Antipsychotics (Masuda et al., 2019).

Key Words: Efficacy; Tolerability; Clozapine; Dual Psychosis



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SUBSTANCE USE TRENDS AND TREATMENT DEMANDS

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Summary

Introduction. According to recent data, drug use is widespread throughout the European Union with increasing availability and use of stimulants. A study of wastewater in Zagreb indicated high levels of cannabis, MDMA, amphetamines and cocaine, which suggested high consumption in the last few years. Monitoring the dynamics of psychoactive substance use is essential for providing effective prevention and treatment programs and reducing severe drug-related consequences. **Methods.** Trend analysis of data treatment demand in the outpatient care system in the Department of Mental Health and Addiction Prevention of the Andrija Štampar Teaching Institute of Public Health from 2019 to 2022. **Results.** There is a continuously higher proportion of men in treatment for addiction and drug consumption, and the most represented are opiate addicts with a high prevalence of comorbidities. Others are cannabinoid users with a continuous decrease in the total number and fewer referrals by institutions (they rarely come in on their initiative). A slight increase in psychostimulant users in treatment does not follow a pronounced trend of use in real-time. There is an increase in demand for treatment due to mental health problems, where drug use is often an incidental finding, unrecognised as a primary problem. **Conclusions.** Psychoactive substance use is a dynamic process, and the demand for treatment should follow new trends. For the problem of psychostimulants, new strategies are needed to bridge the gap between current trends and practice, so prevention and treatment activities should be strengthened.

Key Words: Substance Use; Trends; Treatment Demands

P30

IMMIGRANTS FROM RUSSIAN AND OUTCOME IN METHADONE MAINTENANCE TREATMENT

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Summary

Introduction. Methadone maintenance treatment (MMT) is the best treatment for most individuals. Successful treatment outcome is reflected by retention in treatment. Immigrants from the former Soviet Union are more prevalent among the substance disorder population in Israel than their percentage in the general population. **Aims:** To compare their characteristics and outcome in MMT to other immigrants and Israeli-born patients. **Methods** Duration in MMT of All newly admitted patients between June 1993 - June 2022 to the CARF-accredited Adelson MMT clinic, affiliated with a big tertiary medical centre in Tel-Aviv, were studied until December 2022. Patients were prospectively followed up, and sociodemographic and medical variables were taken from patients' charts. Urine for drug abuse was tested routinely. Characteristics differences were performed using chi-square for categorical variables and ANOVA for continuous variables. Cumulative retention was analysed using Kaplan Meier in univariate analyses. **Results.** The immigrants from Russian (N=266) compared with non-Russian immigrants (N=121) and Israeli-born (N=688) had more females (29.3% than 14% and 22.8%, $p=0.003$), and more of them were non-Jew (30.2% vs 20.8% and 8.6%, $p<0.001$). They were more educated (12y+ was among 46.1% than 28% and 20.9%, $p<0.001$), admitted treatment at a younger age (35.7 ± 9.2 vs 44.1 ± 11.1 and 42.3 ± 10.1 , $p<0.001$), following a shorter duration of opioid usage (20y+ was among 27.1% than 48.3% and 51.7%, $p<0.001$) but the opioid onset was at a younger age (<21y was among 61.6% than 41.7% and 57.6%, $p=0.001$). More of them ever injected drugs (86.2% than 52.5% and 50%, $p<0.001$), ever drank alcohol (79% vs 67.7% and 58.1%, $p<0.001$) that started at the youngest age (16 ± 4.1 vs 16.1 ± 4.5 and 18.4 ± 7 , $p<0.001$), and less abuse BDZ (never in 9.6% than 1.6% and 5.5%, $p=0.02$). One-year retention did not significantly differ (77.2% vs 75.6% and 72%, $p=0.2$), as did stop opioids in those who stayed (73% vs 70% and 66.3%, $p=0.2$). However, Russian immigrant had significantly longer cumulative retention 9.2y (95%CI 7.9-10.5) vs. 7.5y (95%CI 5.8-9.2) and 7.6y (95%CI 6.9-8.4, $p(\text{chi square } 6.0)=0.05$). **Conclusions.** The outcome in an MMT clinic of a Russian immigrant, who arrived mostly during the 1990s from the former U.S.S.R. (more than one million people, mostly from Russia and Ukraine), was better than non-Russian immigrants and Israeli-born.

Key Words: Immigrants; Outcome; Methadone Maintenance Treatment



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FROM METHAMPHETAMINE INDUCED PSYCHOSIS TO SCHIZOPHRENIA: A STUDY OF DIAGNOSTIC STABILITY IN DUAL PATHOLOGY UNITS OF PARC DE SALUT MAR IN BARCELONA

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Summary

Introduction. Psychotic symptoms are frequently experienced among individuals who use methamphetamine. The prevalence of methamphetamine-induced psychosis has increased in several countries where methamphetamine use has increased. Methamphetamine-induced psychosis remains challenging to distinguish from primary psychosis, especially in that subset of individuals in which psychosis can recur and persist for more than one month. Some studies found that after a follow-up period, nearly 40% of patients are diagnosed with schizophrenia due to persistent psychosis. Some groups use the term methamphetamine persistent psychosis in cases of long-term psychosis with onset in the context of methamphetamine use. The present study aims to evaluate the long-term stability of the methamphetamine-induced psychosis diagnosis. **Methods.** We reviewed the medical records of patients with methamphetamine-induced psychosis admitted and readmitted to our unit between 2016 and 2022. **Results.** Seventy-eight patients were admitted for the first time with the diagnosis of methamphetamine-induced psychosis between 2016 and 2022. Sixteen patients were excluded because they had a previous diagnosis of primary psychosis. Of the remaining 62 patients, 34 remained with the diagnosis of methamphetamine-induced psychosis (54.8%), 22 were diagnosed with no specified psychosis (35.5%), and six were diagnosed of primary psychosis (9.6%; 4 with schizophrenia, 1 with bipolar disorder and 1 with the delusional disorder). Patients who develop primary psychosis had a higher rate of family history of psychiatric disorders and a higher rate of readmissions. Patients who remain with the methamphetamine-induced psychosis diagnosis require shorter hospitalisations. **Conclusions.** In our sample, 45.1% of patients admitted to methamphetamine-induced psychosis suffered a diagnosis change after a follow-up period. The more frequent diagnosis given was no specified psychosis. Probably this term corresponds to the methamphetamine persistent psychosis designed by other groups and clinically indistinguishable from schizophrenia but with onset in the context of methamphetamine. Our diagnosis stability rate is slightly lower than previous studies, probably because our sample only includes in-patients sample. A high proportion of patients would develop persistent psychosis after the first episode of methamphetamine-induced psychosis. Integrated treatment and preventive treatment of methamphetamine dependence are recommended.

Key Words: Psychosis; Methamphetamine; Schizophrenia

P32

EARLY SOCIAL ISOLATION AS A VULNERABILITY FACTOR AFFECTING ALCOHOL ABUSE TRAJECTORY IN GENETICALLY-SELECTED ALCOHOL-PREFERRING AND NON-PREFERRING RATS

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Summary

Introduction. Stress experienced during the postnatal period represents one of the main negative environmental factors enhancing the risk of developing alcoholism 1. Maternal separation (MS) in rodent pups represents the most widely used stressor in alcohol-seeking 2. However, most prior studies have used MS at very early time points, and the stressors experienced by rodents during this developmental period do not adequately mimic similar stressors experienced by humans at comparatively developmental stages. **Methods.** Here, to enhance the translational value of our research to understand the long-term consequences of early life stress exposure on later vulnerability to develop alcoholism, we exposed preweaning male and female Marchigan Sardinian alcohol-preferring (msP) and Wistar rats to mild repeated social deprivations during the third postnatal week. Operant response for alcohol under fixed ratio 1 (FR1) and progressive ratio (PR) schedule of reinforcement was then determined starting from adolescence. The effect of the pharmacological stressor yohimbine in increasing alcohol self-administration (SA) and the vulnerability to relapse after yohimbine injection were also evaluated. **Results.** Our environmental manipulation in Wistars or msP rats did not alter operant responses and motivation for alcohol. Administration of the pharmacological stressor yohimbine (0.0, 0.312, 0.625 and 1.25mg/kg) increased alcohol SA in both rat lines independently from early social isolation (ESI). Following extinction, yohimbine (0.625 mg/kg) reinstated alcohol seeking in female rats only, where ESI resulted in a higher level of reinstatement in adult female msPs. **Conclusions.** Overall, results indicate that repeated mild social deprivations experienced during the third postnatal week did not affect later susceptibility to increase the motivation for alcohol in male and female msP and Wistar rats. However, in female msP rats, ESI increased alcohol seeking triggered by the pharmacological stressor yohimbine. **FUNDING:** This work was supported by project PRIN (2017SXEXT5).

Key Words: Alcohol Drinking; Reward; Stress



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RISPERIDONE IN TREATMENT METHADONE MAINTENANCE PATIENTS WITH DUAL DISORDER

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Summary

Introduction. Some researchers reported that Dual disorders such as schizophrenia are reasonably represented in methadone maintenance patients (MMT). So more significant number of studies focused on the use of atypical antipsychotics (AAP) such as clozapine, olanzapine, risperidone, and quetiapine in treating Dual Disorder in MMT found that AAP was effective in treating both psychiatric symptoms and substance use. So, this study aims to determine the efficacy of risperidone therapy in MMT with Dual Disorder.

Methods. The prospective studies evaluated 15 male methadone maintenance patients with Dual Disorder (F11.22 and F20-ICD 10) treated in the Day Hospital of the drugs addiction department of Psychiatric Hospital Skopje. The patients were evaluated before and after one month of treatment with risperidone (mean dosage $\pm 2\text{mgr/day}$) and daily doses of methadone $\pm 80\text{mgr}$. The patients were assessed using the demographic information in a semi-structured questionnaire designed for the Study. PANSS Scale assessed urinary tests for determination of psychoactive substances and psychiatric function. Descriptive methods determined the results of this study, and the t-test for independent simplex $p < 0,05$ was considered statistically significant. **Results.** The results of our study show that the use of methadone therapy and risperidone diminished the score of psychiatric symptoms with statistical significance ($p = 0,03$) and reduced the use of psychoactive substances ($p = 0,02$). **Conclusions.** So the treatment with atypical antipsychotic - risperidone in MMT patients with dual diagnoses is effective in treating psychotic symptoms as well as in the reduction of the use of psychoactive substances, probably due to their mechanism of action, which includes less DA antagonism and pharmacological action on serotonin (5HT), histamine (HIS), and norepinephrine (NE) pathways So in this way it increases treatment adherence

Key Words: Dual Disorder; Risperidone; Methadone Maintenance Patients

P34

PSYCHIATRIC READMISSION AND PHYSICAL COMORBIDITY

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Summary

Introduction. Comorbidity between mental health and medical conditions is the rule rather than the exception. Approximately 25 % of the adult population has a mental illness, and 68 % have a comorbid medical condition. In this context, physical comorbidity may significantly impact readmission rates among psychiatric patients. The present study aimed to examine the influence of physical comorbidity variables on readmission after discharge from psychiatric or general inpatient treatment in patients with a psychiatric diagnosis. **Methods.** A comprehensive database search was conducted from January 1990 to June 2014 in the following bibliographic databases: Ovid Medline, PsycINFO, ProQuest Health Management, OpenGrey, and Google Scholar. All relevant publications were included and evaluated by two independent reviewers. **Results.** Although psychiatric readmission was examined in various clinical settings and mental disorder diagnostic groups, most studies listed the presence of concomitant physical illness as an exclusion criterion. Of the 49 publications identified, only 28 studies met the inclusion criteria (i.e., included information or data on physical comorbidity) and were subsequently included for a comprehensive review. Physical comorbidity was most commonly addressed in studies that addressed substance use disorders. Physical comorbidity was only assessed at the discharge level in 11 studies reviewed and was also examined as a covariate that may influence readmission in 17 studies. The Charlson Comorbidity Score, several medical diagnoses, diabetes, and cardiovascular disease were most frequently cited as variables associated with an increased likelihood of readmission to the hospital. **Conclusions.** There is a large body of evidence that people with persistent mental health problems are more likely to develop physical health problems than the general population. Conversely, poor physical health may hurt mental health. In conducting this review, several gaps in the literature on mental health and medical comorbidity became apparent, implying a disparate understanding of comorbidity. Further research is needed to understand the associations between physical comorbidities and psychiatric readmissions. The pathways leading to the comorbidity of mental health and medical disorders are complex and often bidirectional.

Key Words: Psychiatric Readmission; Physical Comorbidity; Mental Health



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PSYCHEDELIC ASSISTED PSYCHOTHERAPY FOR A PATIENT WITH THC ADDICITON AND RECURRENT DEPRESSIVE DISORDER

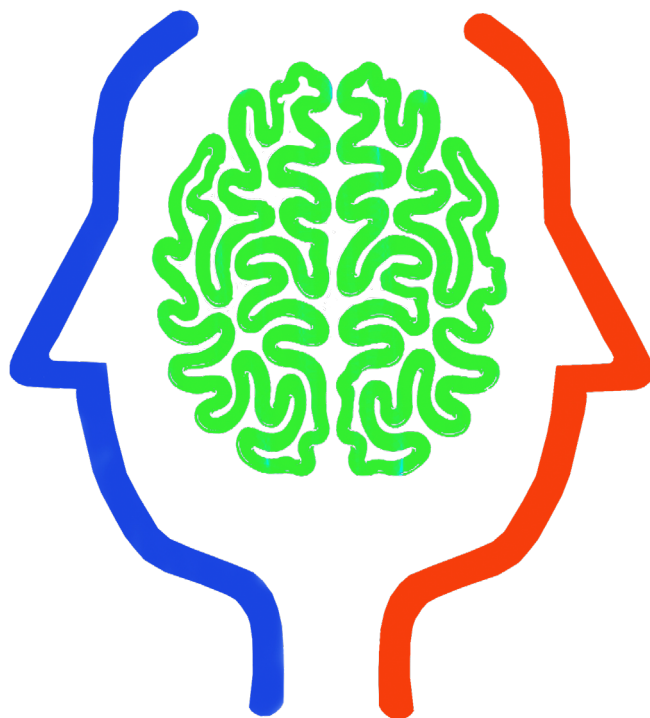
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Summary

Introduction. This poster is a clinical case of a patient diagnosed with cannabis addiction and recurrent depressive disorder using psychotherapy assisted by psychedelics over three sessions. This case highlights the feasibility of using psychedelic-assisted psychotherapy in complex cases of comorbidities and discusses various adaptations required during treatment. **Methods.** The patient underwent three psychotherapy sessions assisted by psychedelics: one session with psilocybin 15mg and two sessions with LSD 200 and 100 mcg. During the treatment, various adaptations were made, including the maintenance or discontinuation of antidepressant medications, the administration of psychedelic medicines in ambulatory or hospital environments, and the choice of substances according to the patient's clinical state. **Results.** After completing the three sessions, the patient reported cessation of THC consumption in favour of CBD and improvement in his depressive state. The patient resumed other activities, such as social links and leisure activities. **Conclusions.** This clinical case suggests that psychotherapy assisted by psychedelics can effectively treat complex issues of comorbidities. However, this treatment requires adaptations to suit individual clinical needs.

Key Words: Lsd; Psilocybin; Depression; Cannabis; Addiction



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