

Congress Program of ISAM Marrakech 2023



ISAM 2023

CONGRESS

MARRAKESH

02nd - 04th November

Improving Care and Compassion in Addiction :
XXV Years of Global Focus and Perspectives



**Venue : Conference Center at the Mohammed VI Habous's
Administrative and Cultural Complex, Marrakesh, MOROCCO**

Dear Friends, and Colleagues:

The Moroccan Association of Addictology (AMA) is delighted to invite you all to the 25st Annual Congress of International Society of Addiction Medicine to be held in **Marrakech, Morocco** from November 2th to 4th, 2023. We are planning an exciting international scientific event for sharing knowledge, within a very rich human, and cultural Moroccan experience.

The ISAM Marrakesh 2023 conference will coincide with the 25th anniversary of ISAM, and the 6th congress of AMA. Subsequently, the theme chosen for this event is « **Improving Care and Compassion on Addictions : XXV years of Global Focus and Compassion** »

Research in addiction field has evolved enormously over the last few decades and offers new avenues that promise a better understanding, and propose innovative therapeutic options to manage and prevent this disease. Persons suffering from addiction should be placed at the center of a care system that offers compassion, support, and follow-up in specialized, evidence-based addiction treatment modalities.

We will offer you an unforgettable three-day hybrid conference at Marrakech. The scientific program will include Keynote speakers lectures, symposiums, workshops, panels, free papers, orals and posters sessions. The conference will provide an opportunity for networking with experts and professionals from across the globe.

We hope that you will be able to enjoy the city as well. A social program will offer you the opportunity to experience the warm and friendly atmosphere, and the amazing mixture of cultural heritage and modernity of the beautiful city of Marrakech

The Moroccan Association of Addictology is looking forward to welcoming you to ISAM Marrakech 2023 at the magical conference venue of the Administrative and Cultural Complex Mohammed VI of the Ministry of Endowments and Islamic Affairs in Marrakech.

Looking forward to seeing you in Marrakesh.

Organizing Local Chair

Professor Dr Fatima EL OMARI

President of the Moroccan Association of Addictology.



Welcome note from the ISAM President

On behalf of the ISAM Board of Directors and many other ISAM communities I am humbled and honored to welcome you to the 25th International Society of Addiction Medicine (ISAM) Marrakesh 2023 Global Congress. I warmly thank our local host, the city of Marrakesh and the local organizers for their extraordinary efforts, in spite of unending challenges, in organizing this special ISAM global congress:

I have had the privilege to meet and work with most of the individuals who have been working tirelessly for the last 2 years to make such an event not just a reality but also a success. Thank you especially to the local organizing and scientific committees which, in spite of global events unfolding, have persevered and moved the organization of this complex and ambitious event forward to its successful reality. Thank you especially to Professor Fatima El Omari who, on behalf of the Moroccan Association of Addictology (AMA), has led this initiative to establish a unique platform of excellent science, true collaboration and welcoming events.

I therefore invite you to take advantage of the unique Moroccan hospitality being offered. You will never forget the warm Moroccan character as they welcome many individuals from diverse cultures. I also invite you to celebrate with us all the 25th anniversary of ISAM when we will be able to reflect on our past achievements (and challenges) and also look forward to being involved in the next 25 years of addiction medicine enterprise.

As in previous ISAM global and regional meetings, this event will offer time to soak in new knowledge especially exciting new advances in the field, time for networking with old colleagues, making new friends and a time for reflection. I am confident this congress will be unique in its style, excellent in its content and memorable in its experience.

Professor Dr Alexander Baldacchino

ISAM President

About ISAM



The International Society of Addiction Medicine, ISAM, is an international fellowship of physicians founded in 1998 and committed to the advancement of knowledge about Addiction Medicine through the:

- Recognition of physicians worldwide who have a major role to play in its management;
- Enhancement of the credibility of the physician's role;
- Emphasis of the importance of educational activities.

Their mission statement is to empower addiction health care providers through enhancing professional capabilities in clinical care, leadership, innovation and research; and through facilitating global collaboration.

ISAM VALUES

- Diversity;
- Dignity;
- Equity;
- Innovation;
- Collaboration;
- Learning;
- Excellence.

ISAM Current Board of Directors



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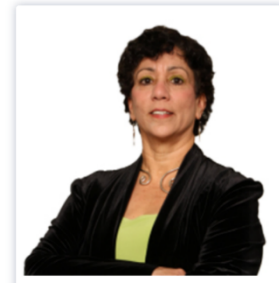
CHAIR, TRAINING COMMITTEE
Dr. Shalini Arunogiri (Australia)



REGIONAL COUNCIL CHAIR
Dr. Hamed Ekhtiari (USA/Iran)



ISAM NEXT (EX-OFFICIO)
Dr. Roshan Bhad (India)



OFFICE ADMINISTRATION
Mrs. Marilyn Dorozio



About AMA

The Moroccan Association of Addictology (AMA) is a scientific association, leader in the field of addictions, founded on 03/13/2014.

It brings together for the first time in Morocco, all health professionals working in the field of addiction: psychiatrists, psychotherapists, psychologists, addictologists.

The main objective of the AMA is to promote the medical practice of addiction medicine, to support the scientific aspects and research, and to organize events (studying days, congresses and conferences).

The AMA also aims to promote training and education in addictology, to support innovation in the treatment of substance use disorders, and to help improve politics and policies regarding substances use disorders and addictions in Morocco.



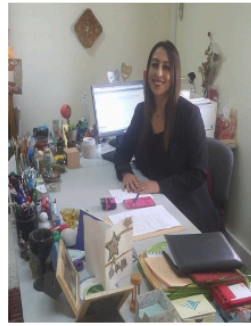
AMA Current Board Members



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ABOUT THE CONGRESS VENUE



Conference center of the Mohammed VI

Habous's administrative and cultural complex of Marrakesh

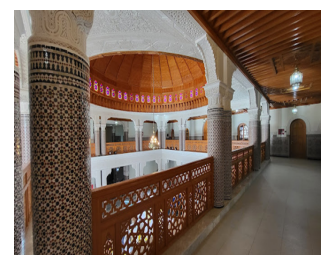
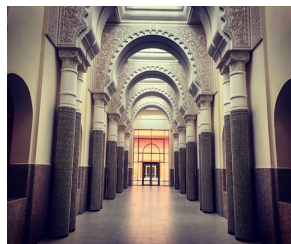
The administrative and cultural complex was constructed in line with Royal directives, aiming to create integrated complexes throughout all of the Kingdom's regions and provinces. This particular complex, named the "Mohammed VI" administrative and cultural complex, is the largest of its kind in Morocco. It aligns with the Sovereign's commitment to rejuvenating Habous's significant historical role in serving scientific libraries, spreading Islamic culture, and preserving Muslim heritage.

This complex, designed with architectural and urban planning that reflects the rich history, grandeur, and profound spiritual essence of the Ochre city (Marrakesh). It comprises an administrative pavilion housing the regional delegation of Islamic Affairs, the local Council of Ulemas, and the Nedharat des Habous. Additionally, it includes a cultural center with various facilities such as a multidisciplinary library, a computer room, a documentation area for individuals with visual and hearing impairments, an audiovisual room, and a dedicated children's section.

Furthermore, the complex features a conference area with an auditorium seating 826 people, as well as two amphitheatres, each accommodating 283 attendees, and other meeting rooms. There's also an art gallery showcasing the works of Moroccan artists that celebrate Islamic teachings related to environmental themes.

The Mohammed VI Habous administrative and cultural complex in Marrakesh serves as a central venue for organizing religious and cultural events, thus boosting the prefecture's influence and fostering its talents. It also facilitates local management of religious affairs.

This construction project is part of a comprehensive and multifaceted strategy undertaken by the Ministry of Habous and Islamic Affairs. The goal is to replicate similar complexes in various cities across the Kingdom of Morocco.



PROGRAM AT A GLANCE

Wednesday November 1st, 2023							
08H 18H	<u>Registration open</u>						
09H 17H	ISAM board meeting 9h-17h	ISAM Certification exam 9h-17h	ISAM Master class on leadership, training and education 9h-17h		ISAM Global Assembly for Affiliated Societies and organizations 15h -17h		
Thursday November 2nd, 2023							
07H30 18H	<u>REGISTRATION</u>						
	Room "KOUTOUBIA"	Room "MENARA"	Room "MEDERSA BEN YOUSSEF"	Room "KSAR EL BADI"	Room "KSAR BAHIA"	Room "MAJOREL"	Room "PALMERAIE"
08H	<u>SYM</u> Women And Addiction	<u>OP</u> Behavior Addiction	<u>SYM</u> Sport Gambling (ISAM-BIG)	<u>OP</u> Treatment, New Research Finding	<u>OP</u> Prevention And Regulation	<u>OP</u> Dual Diagnosis	
09H	ISAM CONGRESS WELCOME AND OPENNING						
09H15	25 YEARS OF THE INTERNATIONAL SOCIETY OF ADDICTION MEDICINE. NADY EL-GUEBALY, Calgary, Canada						
10H05	<u>COFFEE BREAK/ POSTERS AND EXHIBITION VISIT</u>						
10H30	<u>SYM</u> Behavior addiction	<u>SYM</u> Harm Reduction And Opioids	<u>SYM</u> Opioid Addiction	<u>SYM</u> Dual Diagnosis	<u>Workshop</u> Care In Prison	<u>SYM</u> ISAM Humanities Interest Group	
12H10	INNOVATION IN THE FIELD OF OPIOID USE DISORDER: THE WAY FORWARD LOUISA DEGENHART, Sydney, Australia.						
13H	<u>LUNCH/ POSTERS AND EXHIBITION VISIT</u>			<u>Meet and Greet</u>			
14H 14H50	HUMAN RIGHTS AND ADDICTION POLICIES. GABRIELA FISCHER, Vienna, Austria						
15H	<u>SYM</u> Biomarkers In Addiction Medicine	<u>Panel</u> Nosography Of Addictions	<u>SYM</u> Correctional Setting	<u>SYM</u> Substance Use In Prison	<u>Panel</u> Research And International Partnership	<u>SYM</u> Covid 19	<u>OP</u> Session For Young Doctors
16H30	<u>COFFEE BREAK/ POSTERS AND EXHIBITION VISIT</u>						
17H	ALTERNATIVES TO INCARCERATION KEVIN MULVEY, ICUDDR, USA						
18H	<u>WELCOMING CEREMONY AND RECEPTION</u>						

Friday November 3rd, 2023

ON SITE REGISTRATION							
	Room "KOUTOUBIA"	Room "MENARA"	Room "MEDERSA BEN YOUSSEF"	Room "KSAR EL BADI"	Room "KSAR BAHIA"	Room "MAJOREL"	Room "PALMERAIE"
07H30-18H	ON SITE REGISTRATION						
08H	<u>SYM</u> Trauma And Addiction	<u>OP</u> Treatment, New Research Findings	<u>SYM</u> ISAM-Global Expert Network (ISAM-GEN)	<u>OP</u> Policies And Politics	<u>Workshop</u> Opioids Addiction Treatment	<u>SYM</u> Policies And Politics	
09H10	GLOBAL ALCOHOL ACTION PLANS (GAAP) 2022-2030: ROLE OF GLOBAL NETWORKS, ACADEMIA AND PROFESSIONAL ASSOCIATIONS IN REDUCING ALCOHOL-RELATED HARM. VLADIMIR POZNYAK, WHO, Geneva, Switzerland						
10H	COFFEE BREAK/ POSTERS AND EXHIBITION VISIT						
10H30	<u>Panel</u> Psychostimulants	<u>SYM</u> Behavior Addiction/ Food Addiction	<u>SYM</u> New aspects in substance use treatment	<u>Panel</u> Training And Education In AFRICA	<u>SYM</u> Compulsory Treatment	ISAM/ NIDA Awardees oral Presentations	
12H10	ADOLESCENT BRAIN COGNITIVE DEVELOPMENT (ABCD) STUDY: FINDINGS AND WAY FORWARD NORA VOLKOW, NIDA, Maryland, USA						
13H	LUNCH BREAK/ POSTERS AND EXHIBITION VISIT				ISAM GENERAL ASSEMBLY		
14H	<u>SYM</u> Opioids And Harm Reduction	PLENARY LECTURE (FRENCH)	<u>SYM</u> Harm Reduction	<u>SYM</u> ISAM Education Committee	<u>Panel</u> Alternatives to incarceration	<u>Workshop:</u> Treatments Innovation	
15H30	COFFEE BREAK/ POSTERS AND EXHIBITION VISIT						
16H	<u>SYM</u> ISAM Policy and Practice Interest Group (PPIG)	<u>SYM</u> HIV, Hepatitis and opioids	<u>SYM</u> Migrants and addiction	<u>SYM</u> Telehealth	<u>Workshop</u> Opioids	<u>SYM</u> ISAM Training Committee	<u>OP</u> Session For Young Doctors
17H30							
19H30	GALA DINNER AT AGAFAY DESERT						

Saturday November 4th, 2023

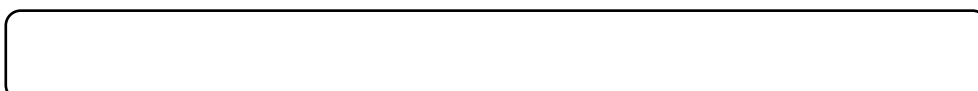
REGISTRATION OPEN							
07H 18H30							
	Room "KOUTOUBIA"	Room "MENARA"	Room "MEDERSA BEN YOUSSEF"	Room "KSAR EL BADI"	Room "KSAR BAHIA"	Room "MAJOREL"	Room "PALMERAIE"
08H	<u>OP</u> Opioids Agonist Treatment	<u>OP</u> Neurocognition and rehabilitation	<u>SYM</u> Compassion Model	<u>SYM</u> ISAM Neuroscience Interest Group (ISAM-NIG)	<u>WORKSHOP</u> Family And Recovery	<u>SYM</u> ISAM- NEXT	
09H10	PUBLIC HEALTH AND ADDICTION HAMAD AL GHAFERI, Abu Dhabi, United Arab Emirates						
10H	<u>COFFEE BREAK/ POSTERS AND EXHIBITION VISIT</u>						

10H30	<u>SYM</u> ISAM-US Partnerships	<u>SYM</u> Emerging trends in addictions (In French)	<u>SYM</u> New Developments	<u>SYM</u> Treatment, New Research Findings	<u>Workshop</u> Benzodiazepine Addiction and Compassion	<u>SYM</u> Social Implementation Of Methamphetamine Use Disorders.	
12H10	DUAL DISORDERS: JUST A CONCEPT? NESTOR SZERMAN (WADD), SPAIN.						
13H	<u>LUNCH BREAK/ POSTERS AND EXHIBITION VISIT</u>						
14H	GAMING AND GAMBLING IN HIGH-RISK POPULATIONS SOPHIA ACHAB, Geneva, Switzerland						
15H	<u>SYM</u> Risk factors	<u>SYM</u> Behavior addiction	<u>SYM</u> Addiction treatment	<u>SYM</u> New developments in addiction	<u>Workshop</u> Compassion (In French)	<u>OP (French)</u> Session For Young Doctors	
16H30	<u>COFFEE BREAK/ POSTERS AND EXHIBITION VISIT</u>						
17H	CANNABIS: FROM REGULATION FOR LICIT USE TO LEGALIZATION FOR RECREATIONAL USE. WHERE DO WE STAND? JALLAL TOUFIQ, Rabat, Morocco						
18H 18H30	<u>CLOSING CEREMONY</u>						

Plenary SYM: Symposia Panel Workshop OP: Oral Presentation Limited access

NB. Translation to French/English provided for sessions at Room KOUTOUBIA.
Hybrid provided for sessions at Rooms KOUTOUBIA, MENARA, and MEDERSA BEN YOUSSEF.

CONGRESS PROGRAM



WEDNESDAY 1st NOVEMBER 2023/ Pre-congress meetings

- ROOM «KSAR BAHIA»
9h - 17 h: ISAM Board meeting.
- ROOM «KSAR EL BADI»
9h - 17 h: ISAM Certification Exam.
- ROOM «MAJOREL»
9h - 17 h: ISAM Masterclass in Leadership.
Cornelis De Jong (NETHERLANDS), Barbara Broers (SWITZERLAND)
- ROOM «MENARA»
15h-17h: ISAM Global Assembly for Affiliated Societies and Organizations.
Gregory Bunt (USA), and Hamed Ekhtiari (USA).

THURSDAY 2nd, NOVEMBER 2023

08h- 09h:

- Room “KOUTOUBIA”

Symposium: WOMEN AND ADDICTION

ADDICTION AND WOMEN: IS THERE SCOPE TO EXAMINE IT WITH A FEMINIST PERSPECTIVE?

Atul Ambekar (INDIA), Piyali Mandal (INDIA) and Sophia Achab (SWITZERLAND).

- Room “MENARA”: Behavior addiction
Chair: Yasser Khazaal (SWITZERLAND).

- EXPLORING THE POPULARITY AND EFFECTIVENESS OF SMARTPHONE USAGE TRACKING TOOLS: A SURVEY AND MACHINE LEARNING ANALYSIS
Yasser Khazaal (SWITZERLAND).

- CO-OCCURENCE BETWEEN BEHAVIORAL ADDICTIONS AND ADULT ADHD: PSYCHOPATHOLOGICAL ASSOCIATED FACTORS.

Sarah El Archi (FRANCE).

- BURDEN OF GAMBLING IN JAPAN: AN ESTIMATION FROM AN ONLINE-BASED CROSS-SECTIONAL SURVEY
Chiyoung Hwang (JAPAN).

- **Room « MEDERSA BEN YOUSSEF »**

Symposium: SPORT GAMBLING (ISAM BEHAVIOR ADDICTION INTEREST GROUP, ISAM-BIG)

GLOBAL PERSPECTIVES ON SPORTS GAMBLING.

Marc N. Potenza (USA), Zsolt Demetrovics (GIBRALTAR), Nerilee Hing (AUSTRALIA) and Anise WU (CHINA).

- **Room «KSAR EL BADI »: Treatment, new research findings**

Chair: Hussein Elkholy (EGYPT).

- SUBSTANCE USE DISORDER AMONG FORCIBLY DISPLACED PEOPLE.
Hussein Elkholy (EGYPT).

- DIGITAL CONTROL OF ADHERENCE FOR TREATMENT OF DRUG ABUSE.
Klaus Baum (GERMANY).

- BLENDED SMARTPHONE INTERVENTION FOR PATIENTS IN OPIOID MAINTENANCE TREATMENT IN IRAN.
Michael P. Schaub (SWITZERLAND).

- IDENTIFICATION OF UNHEALTHY ALCOHOL USE BY SELF-REPORT AND PHOSPHATIDYLETHANOL (PETH) BLOOD CONCENTRATION IN AN ACUTE PSYCHIATRIC DEPARTMENT.
Trine Finanger (NORWAY).

▪ **Room «KSAR BAHIA»: PREVENTION AND REGULATION (FRENCH SESSION)**

Chair: Michaël Bisch (FRANCE)

- HIGHER SCORE IN NEGATIVE URGENCY AS A MEDIATION FACTOR OF ADHD SYMPTOMS IN CHILDHOOD ON THE OPIOID USE DISORDER TREATMENT OUTCOME.
Marie Grall-Bronnec (FRANCE).
- IMPACT OF REGLEMENTARY MEASURE TO LIMIT ZOLPIDEM USE DISORDERS IN FRANCE: ZORRO NATIONAL PROJECT.
Caroline Victorri-Vigneau (FRANCE).
- IDENTIFYING ONLINE GAMBLING RELATED PROBLEMS FROM GAMBLING TRACKING DATA, A FRENCH EXPERIENCE
Gaelle Challet-Bouj (FRANCE).
- SAPHIR STUDY: SEROPREVALENCE OF HEPATITIS C IN THE PSYCHIATRIC POPULATION AND MEASUREMENT OF THE EFFECTIVENESS OF THE CARE CASCADE FOR INFECTED PATIENTS.
Benoit Schreck (FRANCE).

▪ **Room « MAJOREL » : Dual Diagnosis**

Chair: Darius Jokubonis (LITHUANIA)

- MANAGEMENT OF PATIENT WITH ADDICTION AND CO-MORBID BORDERLINE PERSONALITY DISORDER.
Rana Jawish/Mixael Zirio Mustafa (USA).
- THE LINK BETWEEN OCD AND SUBSTANCE USE DISORDER
Soheir Elghonemy (EGYPT).
- SUBSTANCE USE DISORDERS AND ANTISOCIAL PERSONNALITY DISORDER AMONG A SAMPLE OF INCARCERATED INDIVIDUALS WITH INADEQUATE HEALTH CARE: IMPLICATIONS FOR CORRECTIONAL MENTAL-BEHAVIOURAL HEALTH AND ADDICTION SERVICES
Andrew T Olagunju (CANADA).
- INTERNET GAMING DISORDER INCREASED SUICIDAL IDEATION AMONG ADOLESCENT INTERNET GAMERS IN CHINA: MEDIATIONS VIA PSYCHOSOCIAL RESOURCES AND PSYCHOSOCIAL PROBLEMS.
Joseph T.F. Lau (CHINA).
- ALCOHOL USE AND SUICIDE IN LITHUANIA: PROXIMITY SHOUTING OUT LOUD.
Darius Jokubonis (LITHUANIA).

09h- 09h 15:

ISAM CONGRESS WELCOME AND OPENNING:

- Moroccan Association of Addictology/AMA, and ISAM Marrakesh local Chair:
Fatima El Omari (MOROCCO), AMA President.
- Ministry of Health and Social Protection, Morocco
Pr Khalid Ait Taleb, Rabat, Morocco, Minister of Health and Social Protection
- International Society of Addiction Medicine/ISAM:
Alexander Baldacchino (UK), ISAM President.

09h15- 10h 05:

▪ **ROOM « KOUTOUBIA»: PLENARY LECTURE:**

25 YEARS OF THE INTERNATIONAL SOCIETY OF ADDICTION MEDICINE.

Nady El-Guebaly (CANADA).

Chairs: Mohammed Youbi (MOROCCO), and *Alexander Baldacchino (UK).*

10h 05- 10h 30: **COFFEE BREAK/POSTERS AND EXHIBITION VISIT**

10h 30- 12h:

▪ **ROOM « KOUTOUBIA »**

Symposium: BEHAVIOR ADDICTION

AFFECTIVE AND COGNITIVE MECHANISMS IN DISORDERS DUE TO ADDICTIVE BEHAVIOURS.

- THE ROLE OF INSTRUMENTAL REINFORCEMENT AND PUNISHMENT LEARNING IN BEHAVIOURAL ADDICTIONS.
Stephanie Antons (GERMANY).
- SELF-LICENSING IN THE CONTEXT OF ADDICTIVE BEHAVIORS:
DEVELOPMENT OF A SELF-REPORT MEASURE.
Annika Brandtner (GERMANY).
- PROBLEMATIC USAGE OF THE INTERNET: NEUROBIOLOGY, TREATMENT APPROACHES AND FUTURE PERSPECTIVES
Jeremy Solly (UK).
- CHARACTERIZING IMPULSIVITY AND ITS ROLE IN THE PHARMACOLOGICAL MANAGEMENT OF GAMBLING DISORDER
Kontantinos Ioannidis (UK).

ROOM « MENARA »

Symposium: HARM REDUCTION & OPIOIDS (FRENCH SESSION)

Chairs: Meriem El Yazaji (CASABLANCA), and Abdesslam Benali (MARRAKESH).

- HARM REDUCTION FOR USE OF LSD AND MDMA IN MUSIC EVENTS
Pierre Polomeni (FRANCE).
- TRAMADOL: TO PAIN TREATMENT AT ADDICTION.
El Asri Fatima (MOROCCO).
- OPIOIDS SUBSTITUTION TREATMENT AND HARM REDUCTION PROGRAM IN SENEGAL.
THE CASE OF CEPIAD
Idrissa BA (SENEGAL).
- PROFILE OF PATIENTS WITH ADDICTION TO OPIOID ANALGESICS (RETROSPECTIVE
STUDY OF A SERIES OF 111 CASES).
Bouchra Hallab (MOROCCO).
- SPECIFICITIES OF AGONIST OPIOID MAINTENANCE TREATMENT WITHIN PREGNANT
WOMEN: THE EXPERIENCE OF MOROCCAN PREGNANT WOMEN.
Zineb Haimeur (MOROCCO).

■ ROOM « MEDERSA BEN YOUSSEF »

Symposium: OPIOID ADDICTION

ASSESSING HEROIN ADDICTED PATIENTS.

Mario Miccoli, Icro Maremmani, Angelo G. I. Maremmani and Filippo Della Rocca (ITALY).

■ ROOM «KSAR EL BADI»

■ Symposium: DUAL DIAGNOSIS

UPDATE ON CONCURRENT SUBSTANCE USE AND PSYCHOTIC DISORDERS.

Christian Schultz (CANADA), Alexander Baldacchino (UK) and Rosa Suaras (SPAIN).

■ ROOM «KSAR BAHIA»

Workshop : CARE IN PRISONS

ADDICTION CARE IN CORRECTIONAL SETTINGS.

Annabel Mead (CANADA)

- ROOM « MAJOREL »

Symposium: ISAM HUMANITIES INTEREST GROUP

THE ROLE OF LOVE IN ADDICTION RECOVERY AND TREATMENT

Helena Hansen (USA), Fatima El Omari (MOROCCO), Tomo Shirasaka (JAPAN), Eric Peyron (France), and Sarah Namirembe (UGANDA).

12h 10- 13h:

- ROOM « KOUTOUBIA »: PLENARY LECTURE:

INNOVATION IN THE FIELD OF OPIOID USE DISORDER: THE WAY FORWARD.

Louisa Degenhardt (AUSTRALIA).

Chairs: Shalini Arunogiri (AUSTRALIA), and Helena Hansen (USA).

13h- 14h: **LUNCH/ POSTERS AND EXHIBITION VISIT**

Room Ksar Bahia: Meet and Greet (ISAM Next &Awardees)

14h- 14h 50:

- ROOM « KOUTOUBIA »: PLENARY LECTURE

HUMAN RIGHTS AND ADDICTION POLICIES.

Gabriele Fischer (AUSTRIA).

Chairs: Gregory Bunt (USA), and Roshan Bhad (INDIA).

15h-16h30:

- ROOM « KOUTOUBIA »

Symposium: BIOMARKERS IN ADDICTION MEDICINE

Chair: Zineb Haimeur (MOROCCO)

- COGNITIVE AND BEHAVIORAL AS PREDICTIVE AND RESPONSE MARKERS IN ADDICTION TREATMENT.
Jasmin Vassileva (USA).
- EXECUTIVE FUNCTION NEUROREGULATION AND ADDICTION PREVENTION.
Michela Balconi (ITALY).
- THE ROLE OF COGNITIVE ERPS AS BIOMARKERS OF RELAPSE IN ADDICTIVE DISORDERS.
Salvatore Campanella (BELGIUM). **Virtual**
- NIRS BIOMARKERS DURING SMOKING CUE EXPOSURE TO DRIVE TDCS INTERVENTION.
Agnes Kroczek (GERMANY).
- BRAIN STRUCTURAL ALTERATIONS IN OPIOID USE DISORDER: RESULTS OF SURFACE AND VOXEL-BASED MORPHOMETRY.
Abhishek Ghosh (INDIA).

- **ROOM << MENARA >>**

Panel: NOSOGRAPHY OF ADDICTIONS

DSM OR NOT TO DSM IN ASSESSING AND TREATING ADDICTION: A DEBATE IN NOSOLOGY AND TREATMENT STRATEGIES.

Marc N. Potenza (USA) and Raju Hajela (CANADA).

- **ROOM << MEDERSA BEN YOUSSEF >>**

Symposium : CORRECTIONAL SETTING

PREVALENCE AND CORRELATES OF SUBSTANCE AND DOPING USE, AS WELL AS PROBLEM GAMBLING AMONG FINNISH PRISONERS.

Chair: Jonna Levola

- *INTRODUCTION TO THE HEALTH AND WELFARE OF FINNISH PRISONERS (WATTU IV) STUDY*

Jonna Levola (FINLAND).

- *SUBSTANCE USE DISORDERS, RELATED RISK BEHAVIOURS AND ACCESS TO TREATMENT AMONG FINNISH PRISONERS*

Jonna Levola (FINLAND).

- *CORRELATES OF ANABOLIC STEROID AND OTHER DOPING SUBSTANCE USE AMONG FINNISH PRISONERS*

Jukka Koskelo (FINLAND).

- *FINNISH PRISONERS' PROBLEM GAMBLING AND RELATIONSHIP TO TYPES OF CRIME AND RE-OFFENDING*

Sari Castrén (FINLAND).

▪ **ROOM «KSAR EL BADI»:**

Symposium: SUBSTANCE USE IN PRISON

SUBSTANCE USE IN INDIAN PRISONS: MAGNITUDE OF THE PROBLEM AND SOLUTIONS.

Ravindra Rao, Atul Ambekar and Roshan Bhad (INDIA).

▪ **ROOM « KSAR BAHIA »**

Panel: RESEARCH AND INTERNATIONAL PARTNERSHIP

SUPPORTING HIGH POTENTIAL RESEARCHERS THROUGH MINI-GRANT FUNDING AND INTERNATIONAL RESEARCH PARTNERSHIPS.

Carly Searcy (USA), Gavin Bart (USA), Stephen Asatsa (KENYA) and Goodman Sibeko (SOUTH AFRICA).

• **ROOM «MAJOREL»**

Symposium: COVID 19

IMPACT OF COVID-19 PANDEMIC ON SUD TREATMENT ENGAGEMENT SERVICES AND PATIENT QUALITY OF LIFE.

Dace Svikis (USA), Adrian Abagiu (ROMANIA) Michael Fingerhood (USA), Başak Unobol (TURKIYE) and H.K. Laldinpuii Fente (INDIA).

▪ **ROOM «PALMERAIE»**

SESSION FOR YOUNG DOCTORS:

Chairs: Fatima Zahra Sekkat (RABAT), and Lafinti Mahmoud Amine (MARRAKESH).

- PROBLEMATIC SUBSTANCE USE IN PATIENTS WITH COMORBIDITY BETWEEN AUTOIMMUNE DISEASES AND PSYCHIATRIC DISORDERS.

Soukaina Stati (MOROCCO).

- « ALONE, JOBLESS AND SICK»: SOCIAL AND ECONOMIC STRUGGLES IN WOMEN WITH BIPOLAR DISORDER AND SUBSTANCE USE DISORDER- A RETROSPECTIVE STUDY.

Soraya Boughdadi (MOROCCO).

- THE ROLE OF FAMILY AND SCHOOL IN ADDICTION PREVENTION.

Nizar Liemlahi (MOROCCO).

- SUBSTANCE USE DISORDER, PERSONALITY DISORDERS AND ALEXITHYMIA.

Omari Betahi Mohammed (MOROCCO).

- DIGESTIVE MANIFESTATIONS IN DRUG-ADDICTED PATIENTS: MODEL OF A MOROCCAN CIRCUIT BETWEEN GASTROENTEROLOGY SERVICE AND ADDICTOLOGY CENTER.
Oussama Lakhdar (MOROCCO).
- A CARDIAC ARREST FOLLOWED BY BIFRONTO-PARIETAL CEREBRAL ATROPHY REVEALED BY ATYPICAL PSYCHIATRIC SYMPTOMS, FOLLOWING MASSIVE USE OF LAUGHING GAS.
Farah n'sabi (MOROCCO).
- LA DIMENSION 'GENRE' DANS LE TROUBLE ADDICTIF : EXPÉRIENCE DU SERVICE D'ADDICTOLOGIE DE L'HÔPITAL PSYCHIATRIQUE UNIVERSITAIRES DE SALÉ.
Aicha Tounsi (MOROCCO).

16h 30- 17h20:

▪ **ROOM « KOUTOUBIA»: PLENARY LECTURE**

ALTERNATIVES TO INCARCERATION.

KEVIN MULVEY (USA).

Chairs: Hamad Al Ghafri (UAE) and Soundous Seddiki (Morocco).

17h30- 19h00:

WELCOMING CEREMONY AND RECEPTION

Friday 3rd, NOVEMBER 2023

08h- 09h:

• **ROOM « KOUTOUBIA»:**

Symposium: TRAUMA AND ADDICTION

TRAUMA AND SUBSTANCE USE DISORDERS: ASSESSMENT AND TREATMENT OF OCCURRING DISORDERS.

Carol J. Weiss (USA), Olena Zhabenko (UKRAINE), Vanessa Cobham (AUSTRALIA) and Shalini Arunogiri (AUSTRALIA).

• **ROOM « MENARA»:** Treatment, New Research findings

Chair: Gavin Bart (USA).

- REVIEW OF METHAMPHETAMINE USE DISORDER TREATMENT AND EXPLORING TMS AS A NOVEL FUTURE THERAPEUTIC TREATMENT.

Rana Jawish (USA).

- MEDICATION APPROPRIATENESS OF PSYCHOTROPICS PRESCRIBED IN ADULTS WITH OPIOID USE DISORDER RECEIVING BUPRENORPHINE.

Hesham Elarabi (UAE).

- EXPANDING MEDICATIONS FOR OPIOID USE DISORDER TO AMBULANCE, EMERGENCY DEPARTMENT, AND HOSPITAL SETTINGS IN THE UNITED STATE.

Gavin Bart (USA).

- METHADONE MAINTENANCE TREATMENT ENGAGEMENT AND RETENTION AND QUALITY OF LIFE IN MALES AND FEMALES WITH OUD DURING THE COVID-19 PANDEMIC IN ROMANIA.

- **Adrian O. Abagiu (ROMANIA).**

- **ROOM «MEDERSA BEN YOUSSEF»:**

Symposium: ISAM-Global Expert Network (ISAM-GEN)

INTERNATIONAL SOCIETY OF ADDICTION MEDICINE GLOBAL EXPERT NETWORK (ISAM-GEN): RECENT DEVELOPMENTS IN NETWORK STRUCTURE AND GLOBAL SURVEYS

Hamed Ekhtiari (USA), Alexander Mario Baldacchino (UK), Marc Potenza(USA), Arash Khojasteh Zonoozi (IRAN) virtual, Fateme Sadat Abolghasemi (IRAN) virtual, Christian Schuetz (CANADA) and Atul Ambekar (INDIA).

- **ROOM «KSAR EL BADI» : Policies and Politics**

Chair: Garrett McGovern (IRELAND).

- IMPROVING ACCESS TO ADDICTION MEDICINE SERVICES FOR A REMOTE INDIGENOUS COMMUNITY: CO-CONSTRUCTION AND EVALUATION OF A TELEHEALTH CARE TRAJECTORY.

Annie Talbot (CANADA).

- USER PERSPECTIVES OF A COLLABORATIVE HEALTH INFORMATION SYSTEM FOR USE IN SUBSTANCE USE DISORDER RECOVERY.

Sue Feldman (USA).

- STIGMA, SHAME, AND FRUSTRATION-WHY ISN'T ADDICTION TREATED LIKE ANY OTHER ILLNESS?

Garrett McGovern (IRELAND).

- SOCIAL MEDIA USE DURING THE COVID-19 PANDEMIC: AN EVALUATION WITH MULTINOMIAL LOGISTIC REGRESSION ANALYSIS: THE CASE OF TURKEY.
Huseyin Unubol (TURKEY).

- ROOM «KSAR BAHIA»

Workshop: OPIOIDS ADDICTION TREATMENT

STABILIZATION WITH SPLIT DOSE METHADONE AND BUPRENORPHINE FOR BIRTHING PEOPLE WHO USE FENTANYL.

Vania Rudolf (USA).

- ROOM «MAJOREL»

Symposium: POLICIES AND POLITICS

CANNABIS, CANNABINOIDS AND ADDICTION MEDICINE: INTERNATIONAL PERSPECTIVES FROM SCIENCE TO PRACTICE TO POLICY.

Ahmad Yousif Ali (UAE), Gregory Bunt (USA) and Jag Khalsa (USA).

09h 10- 10h:

- ROOM « KOUTOUBIA»: PLENARY LECTURE _

GLOBAL ALCOHOL ACTION PLANS (GAAP) 2022-2030: ROLE OF GLOBAL NETWORKS, ACADEMIA AND PROFESSIONAL ASSOCIATIONS IN REDUCING ALCOHOL-RELATED HARM.

Vladimir Poznyak, (WHO, Switzerland).

Chairs: Nady El-Guebaly (CANADA), and Adil El Ammouri (MOROCCO).

10h- 10h 30: COFFEE BREAK/ POSTERS AND EXHIBITION VISIT

10h 30- 12h:

- ROOM « KOUTOUBIA»:

Panel : PSYCHOSTIMULANTS

TREATMENT OF STIMULANT USE DISORDER.

Chair: Gavin Bart (USA)

Panelists: Kathleen Brady (USA), Giang Le Minh (VIETNAM), Larissa Mooney (USA), Shalini Arunogiri (AUSTRALIA).

- ROOM << MENARA>>

Symposium: BEHAVIOR ADDICTION/ FOOD ADDICTION

Chair: Yasser Khazaal (SWITZERLAND).

- SUBSTANCE USE DISORDERS IN EATING DISORDERS: ANALYSIS OF *SHARED CLINICAL, NEUROPSYCHOLOGICAL AND PERSONALITY TRAITS*.
Fernando Fernandez-Aranda (SPAIN). Virtual
- STRENGTH OF PORNOGRAPHY CRAVING EXPERIENCE (PCE-S): THE VERIFICATION OF A NEW METRIC.
Yasser Khazaal (SWITZERLAND).
- ASSOCIATION BETWEEN CYBERPORN USE AND RAPE MYTHS ACCEPTANCE.
Farah Ben Brahim (France).
- BEHAVIORAL ADDICTION VERSUS SUBSTANCE ADDICTION.
Fatma Swilem Ali Mohamed Swilem (UK).

- ROOM <<MEDERSA BEN YOUSSEF>>

Symposium: New aspects in substance use treatment

Chairs: Icro Maremmanni (ITALY), and Hannu Alho (FINLAND).

- ONDANSETRON'S EFFECTS IN THE TREATMENT OF ALCOHOL USE DISORDER - A REVIEW OF IMPORTANT AND NEW FINDINGS.
Bankole Johansson (USA).
- A PHASE 3 RANDOMIZED CLINICAL TRIAL SUPPORTS LOW-DOSE ONDANSETRON (A 5-HT3 ANTAGONIST) AS A PRECISION MEDICINE TO TREAT ALCOHOL USE DISORDER.
Hannu Alho (FINLAND).
- UNHELPFUL PSYCHOTROPIC PRESCRIBING IN ADDICTIONS.
Jonathan Chick (UK).

- GHB AS PART OF AGONIST OPIOID TREATMENT.
Icro Maremmani (ITALY).
- PEOPLE WHO USE BENZODIAZEPINES IN TAYSIDE - A HEALTH NEEDS ASSESSMENT.
Jacob Asplin, (UK).

- **ROOM «KSAR EL BADI»**

Panel: TRAINING AND EDUCATION IN AFRICA

COLLABORATION TO PROMOTE THE DEVELOPMENT OF AN EDUCATED AND PROFESSIONAL WORKFORCE IN DRUG DEMAND REDUCTION: AN AFRICAN CONTINENT PERSPECTIVE

Pamela Kaithuru (KENYA), Livia Edegger (USA), Brian Morales (USA) Roger Weimann (SOUTH AFRICA), and Martin Agwogie (NIGERIA).

- **ROOM «KSAR BAHIA»**

Symposium: COMPULSORY TREATMENT

CLINICAL, ETHICAL AND LEGAL DIMENSIONS OF COMPULSORY TREATMENTS IN SUBSTANCE USE DISORDERS.

Co-Chairs: Rabia Bilici (TURKEY), and Atul Ambekar (INDIA)

- COMPULSORY TREATMENT OF SUD: EVOLUTION AND STATUS IN THE INTERNATIONAL DRUG CONTROL FRAMEWORK

Atul Ambekar (INDIA).

- CONTEMPORARY DISCUSSIONS SURROUNDING COERCIVE TREATMENT OF SUBSTANCE USE DISORDERS IN CANADA.

S. Monty Ghosh (CANADA).

- ETHICAL AND EVIDENCE-BASED CONSIDERATIONS FOR COERCIVE TREATMENT OF ADDICTIONS

Jonna Levola (FINLAND)

- COMPULSORY TREATMENT OF DRUG USE DISORDERS FOR PERSONS PLACED UNDER THE CONTROL OF FRENCH JUDICIAL AUTHORITY : OPEN ENVIRONNEMENT, PRISON AND ARTICULATION OF CARE

Michaël Bisch (FRANCE).

- **ROOM «MAJOREL»: Paper presentations**

ISAM/NIDA AWARDEES ORAL PRESENTATIONS

Chairs: Gregory Bunt (USA), and Roshan Bhad (INDIA).

- *STUDY OF CONNECTIVITY BETWEEN THE CEREBELLUM AND REWARD SYSTEM BY PET/ MRI (18F-FDG) IN PATIENTS WITH ALCOHOL USE DISORDER (AUD).*
Romina Andrea Capellino (ARGENTINA).
- *ASSOCIATION OF PHOSPHOTIDYLETHANOL (PETH) LEVELS WITH SEVERITY OF ALCOHOL DEPENDENCE IN TREATMENT SEEKING PATIENTS OF ALCOHOL DEPENDENCE: AN EXPLORATORY STUDY.*
Abhishek Gupta (INDIA).
- *DEXMEDETOMIDINE AS AN ADJUVANT IN TREATMENT RESISTENT DELIRIUM TREMENS.*
Nandhini Bojappen (INDIA).
- *PORTUGUESE DRUG POLICY REFORM IN INTERNATIONAL CONTEXT: A SYSTEMATIC INVESTIGATION.*
Carl Erik Fisher (USA).
- *THE MEDIATING EFFECTS OF PERCEIVED FAMILY SUPPORT IN THE RELATIONSHIP BETWEEN PSYCHOPATHOLOGICAL SYMPTOMS AND PROBLEMATIC SMARTPHONE USE.*
Jiang Long (CHINA).
- *DISRUPTIONS IN HIV PREVENTION DURING THE RUSSIAN INVASION OF UKRAINE.*
Ben Nikitin (USA).
- *SEMI-STRUCTURED MANUALIZED TREATMENT PROGRAM (SSMTP) FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS IN A CANADIAN FORENSIC PSYCHIATRIC PROGRAM.*
Andrew T. Olagunju (AUSTRALIA).
- *SELF-REPORTED STRATEGIES FOR HARM REDUCTION IN RESPONSE TO FENTANYL DRUG SUPPLY.*
Courtney Nordeck (USA).

12h 10- 13h:

■ **ROOM « KOUTOUBIA »: PLENARY LECTURE**

ADOLESCENT BRAIN COGNITIVE DEVELOPMENT (ABCD) STUDY: FINDINGS AND WAY FORWARD.

Nora Volkow, NIDA, (USA).

Chairs: Kathleen Brady (USA), and Fatima El Omari (MOROCCO).

13h- 14h: **LUNCH BREAK/ POSTERS AND EXHIBITION VISIT.**

13h- 14h: [ROOM « MENARA»](#): ISAM GENERAL ASSEMBLY.

14h- 15h 30:

- [ROOM « KOUTOUBIA»](#)

Symposium: OPIOIDS AND HARM REDUCTION

Chair: Mohammed Agoub (MOROCCO)

- LESSONS IN CREATING A VALUES FORWARD INTERVENTION TO PROVIDE MEDICATION TREATMENT FOR OUD TO UNDERSERVED AND MARGINALIZED POPULATIONS, INCLUDING THOSE WHO WERE RECENTLY INCARCERATED.
Deborah Agus (USA).
- SPECIAL CONSIDERATIONS FOR LEVERAGING DATA SYSTEMS TO SUPPORT AND IMPROVE COMMUNITY-BASED TREATMENT FOR OPIOID USE DISORDER PROGRAMS.
Courtney D. Nordeck (USA).
- "A SHIFT IN PERSPECTIVE"- A QUALITATIVE INTERVIEW STUDY WITH UNSTABLE PATIENTS IN OPIOID AGONIST TREATMENT WITH LONG-ACTING INJECTABLE BUPRENORPHINE.
Andrea Johansson Capusan (SWEDEN).
- THE NEED FOR STANDARDIZED OPIOID OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION: IT TAKES A COMMUNITY.
Simren Lakhotia (USA).
- AUSTRALIAN OPIOID TREATMENT PROGRAM STAFF PERSPECTIVES REGARDING CANNABIS USE BY CLIENTS ON OPIOID AGONIST TREATMENT: A CROSS-SECTIONAL SURVEY.
Laila Parvaresh (AUSTRALIA).

- [ROOM « MENARA»](#)

■ **PLENARY LECTURES (FRENCH)**

Chairs: Abderrazzak Ouanass (RABAT), and Fatiha Manoudi (MARRAKESH)

- SOCIETES AND ADDICTIONS.
Mehdi Paes (MOROCCO).
- NEW PHENOMENA IN ADDICTIONS
Amine Benyamina (France).

- CHALLENGES OF A FRAMEWORK FOR MONITORING GAMBLING-RELATED HARM-REDUCTION POLICIES: THE EXAMPLE OF SWITZERLAND.
Olivier Simon (SWITZERLAND).

ROOM «MEDERSA BEN YOUSSEF»

Symposium: HARM REDUCTION

AGONIST TREATMENT FOR SUBSTANCE USE DISORDERS: TRANSLATION FROM RESEARCH TO POLICY TO PRACTICE.

Chair: Kjell Arne Johansson (NORWAY).

- Agonist treatment of amphetamine or methamphetamine dependence: summary of RCT results from Australia (LIMA study)
Nadine Ezard (AUSTRALIA).
- Agonist treatment of cannabis dependence: summary of RCT results from Australia **Nicholas Lintzeris (AUSTRALIA).**
- Agonist treatment of benzodiazepine dependence: presentation of ongoing RCT in Norway (BMX)
Fatemeh Chalabianloo (NORWAY).
- Agonist treatment of nicotine dependence: presentation of ongoing RCT in Norway **Karl Trygve Druckrey-Fiskaaen (NORWAY).**
- BENZODIAZEPINE DEPENDENCY: THE SPECTRUM OF TREATMENT FROM HARM REDUCTION TO DETOXIFICATION - A LITERATURE REVIEW
Susanna Galea-Singer, Mike Simpson and Vikki Laing, (UK), and & Isabel Traynor, *Virtual.*

- ROOM «KSAR EL BADI»

Symposium: (ISAM EDUCATION COMMITTEE)

ARE RECENTLY GRADUATED PHYSICIANS COMPETENT TO TREAT ADDICTED PATIENTS?

Cornelis De Jong (NETHERLANDS), Barbara Broers (SWITZERLAND) and Shalini Arunogiri (AUSTRALIA).

- ROOM «KSAR BAHIA»

Panel: ALTERNATIVES TO INCARCERATION

EXPANDING ACCESS TO EFFECTIVE AND IMPROVED TREATMENT
ADVANCING INTERNATIONAL STANDARDS AND ALTERNATIVES TO
INCARCERATION

Hamad Al Ghafri (UAE), Gregory Bunt (USA), *Kevin Mulvey* (USA), and Brian Morales (USA).

- ROOM «MAJOREL»

Workshop: TREATMENTS INNOVATION

TREATING PATIENTS WITH OUD AND OTHER SUDS IN RURAL SETTINGS: INNOVATIONS FROM THE USA, AUSTRALIA AND SCOTLAND.

Michelle Lofwall (USA), Stacey Sigmon (USA), Alexander Baldacchino (UK), Adrian Dunlop (AUSTRALIA) and Stacey Weedon (USA).

16h40-17h10

- ROOM « KOUTOUBIA»

Symposium: ISAM Policy and Practice Interest Group (PPIG)

REDUCING DRUG OVERDOSES USING EARLY DETECTION, RESPONSE AND INTERVENTIONS: CURRENT DEVELOPMENTS.

Alexander Baldacchino (UK), Ivan Montoya (USA) *Virtual*, Alberto Oteo (UK), Atul Ambekar (INDIA) Jiang Long (China) *Virtual*, and Joseph Tay (UK).

- ROOM « MENARA»

Symposium: HIV, HEPATITIS AND OPIOIDS

Chair: Anna Maria Vella (MALTA).

- HCV TREATMENT IN ADDICTION TREATMENT SETTINGS: THE MALTA EXPERIENCE
Anna Maria Vella (MALTA).
- ARE WE EVER DONE? THE IMPORTANT ROLE OF ADDICTION MEDICINE IN ICELAND IN SUSTAINING LOW HCV PREVALENCE AMONG PWID, AFTER ELIMINATION PROJECT.
Valgerður Rúnarsdóttir (ICELAND).
- HEPATITIS C VIRUS (HCV) TREATMENT PROGRAMS AVAILABILITY FOR PEOPLE WITH OPIOID USE DISORDERS BETWEEN NATIONAL ISAM SOCIETIES IN 2021: A WORLDWIDE REPORT FROM ISAM GEN OPIOID SURVEY.
Ali Fathi Jouzdani, (IRAN) (*Vidéo recording/Virtuel*).
- TREATMENT OF HEPATITIS C (HCV) AT AN OPIOID AGONIST THERAPY CLINIC IN STOCKHOLM - ENHANCING THE HCV CONTINUUM OF CARE.
Martin Kåberg (SWEDEN).
- BARRIERS TO METHADONE FOR HIV PREVENTION AMONG PEOPLE WHO INJECT DRUGS IN KAZAKHSTAN.
Amanda R. Liberman (USA).

- ROOM «MEDERSA BEN YOUSSEF»

Symposium: MIGRANTS AND ADDICTION

CAN THE MIGRATION PROCESS INFLUENCE THE CLINICAL EXPRESSION OF HEROIN USE DISORDER IN MIGRANTS TO ITALY?

Chair: Icro Maremmani

Presenters: Manuel Glauco Carbone, Claudia Tagliarini and Filippo Della Rocca (ITALY).

- ROOM «KSAR EL BADI»

Symposium : TELEHEALTH

EMPOWERING PATIENTS THROUGH TELE HEALTH.

Vania Rudolf, Tarek Haidar and Jake Ketchum (USA)

- ROOM «KSAR BAHIA»

Workshop: OPIOIDS

NOVEL OPIOID WITHDRAWAL MANAGEMENT AND OPIOID AGONIST TREATMENT APPROACHES IN THE FENTANYL ERA.

Pouya Azar, Victor Li , Mo Nikoo, James Wong (CANADA).

- ROOM «MAJOREL»

Symposium: ISAM TRAINING COMMITTEE

GLOBAL TRAINING NEEDS ASSESSEMENT: RESULTS OF AN ISAM TRAINING COMMITTEE INTERNATIONAL SURVEY OF ADDICTION DOCTORS' TRAINING NEEDS.

Shalini Arunogiri (AUSTRALIA), Cornelis de Jong (NETHERLANDS) and Roshan Bhad (INDIA), and Gabrielle Welle-Strand (NORWAY)

- ROOM «PALMERAIE»:

Oral Presentations: Session for Young Doctors

Chairs: Soumia Berrada (CASABLANCA), and Mohammed El Mozariahi (TANGIER).

- VALIDATION OF THE TCQ 12 SCALE.
Mohammed Sbai (MOROCCO).
- VALIDATION OF THE SFQ SOCIAL FUNCTIONING SCALE.
Mohammed Ajbli (MOROCCO).
- EPIDEMIOLOGICAL AND CLINICAL PROFILE OF ADOLESCENTS AND YOUNG ADULTS ADMITTED TO THE ADDICTION UNIT OF ARRAZI PSYCHIATRIC HOSPITAL: RETROSPECTIVE CHART STUDY.
Hajar Belhadga (MOROCCO).
- QUALITY OF LIFE IN PATIENTS ON METHADONE MAINTENANCE TREATMENT IN MOROCCO.

Zineb Bencharfa (MOROCCO).
- The EARLY AGE OF CANNABIS USE AND PSYCHIATRIC DISORDERS.
Kaoutar el Ouazzani (MOROCCO).
- PREVALENCE OF THE CONSUMPTION OF PSYCHOACTIVE SUBSTANCES AMONG FISHERMEN.
Tarik Ghailan (MOROCCO).
- THE THEORY OF MIND: A CASE/CONTROL STUDY AMONG 19 PATIENTS, CONDUCTED AT THE ADDICTION CENTER OF THE PSYCHIATRIC HOSPITAL- CHU HASSAN II FEZ.
Amal Ouraghene (MOROCCO).

17h 15-17H30: Departure from conference center to AGAFAY desert (GALA DINNER

SATURDAY 4th, NOVEMBER 2023

08h- 09h:

▪ **ROOM « KOUTOUBIA »: OPIOIDS AGONIST TREATMENT**

Chair: Rabia Bilici (TURKEY),

- EFFECTS OF BUPRENORPHINE/NALOXONE AND METHADONE TREATMENT ON NON-OPIOID SUBSTANCE USE AND ASSOCIATIONS WITH TREATMENT OUTCOMES IN PRESCRIPTION-TYPE OPIOID USE DISORDER: SECONDARY ANALYSES FROM THE OPTIMA STUDY.

Hamza Bakouni (CANADA).

- ALTERNATIVE SUBSTITUTIONAL THERAPY FOR OPIOID ADDICTION.
Gary Surak (SERBIA).
- IMPLEMENTATION OF AN EDUCATION SESSION ON BUPRENORPHINE INDUCTION IN THE EMERGENCY DEPARTMENT, A RESIDENT-LED INITIATIVE.
Cara Borelli (USA)
- UTILIZING THE QUALITY IMPROVEMENT FRAMEWORK TO SUPPORT HOSPITAL NURSES IN CARING FOR PATIENTS WITH OPIOID USE DISORDER
Tara Andrusiak (CANADA).

- **ROOM « MENARA»: NEUROCOGNITION AND REHABILITATION**

Chair: Paul Filletti (MALTA).

- CONSTRUCTING ALCOHOL-RELATED PROBLEMS: A QUALITATIVE ANALYSIS OF ATTITUDES TOWARD ALCOHOL SCREENING AND COUNSELLING IN SOCIAL WORK.
Elina Renko (FINLAND).
- DECLINE OF COGNITIVE FUNCTION IN RELATION TO SUBSTANCE USE
Paul Filletti (MALTA).
- EXECUTIVE FUNCTION NEUROREGULATION AND ADDICTION PREVENTION.
Michela Balconi (ITALY). *Virtual*

- **ROOM «MEDERSA BEN YOUSSEF»**

Symposium: Compassion Model

IMPROVING CHILD WELFARE, NEWBORN AND MATERNAL OUTCOMES WITH COMPASSION MODEL.

Vania Rudolf and Tricia Wright (USA).

- **ROOM «KSAR EL BADI»**

Symposium: ISAM NEUROSCIENCE INTEREST GROUP (ISAM-NIG)

NOVEL NEUROSCIENCE-INFORMED MODELS FOR UNDERSTANDING AND TREATMENT OF ADDICTION.

Parnian Rafe (IRELAND), Serenella Tolomeo (SINGAPORE), Antonio Verdejo-Garcia (AUSTRALIA), Mehdi Farokhnia (USA) and Hamed Ekhtiari (USA).

- ROOM «KSAR BAHIA»

- Workshop: FAMILY AND RECOVERY

RELATIONSHIP BETWEEN FAMILY CAREGIVERS' BURDEN AND THE MANAGEMENT OF SUBSTANCE USE DISORDERS AMONG PERSONS IN RECOVERY IN MOMBASA COUNTY, KENYA.

Pamela R.N. Kaithuru, (KENYA).

- ROOM «MAJOREL»

Symposium: ISAM-NEXT “Virtual session”

IS THERE A NEED FOR NEW PLAYERS? HOW ADDICTION MEDICINE BENEFITS FROM THE NEWLY BORN ISAM-NEXT INITIATIVE FOR UNDERGRADUATES.

Hossein Mohaddes Ardabili, Mohammad Mohebbi, Molly Doernberg and Ojas Krishnani (IRAN).

09h 10- 10h:

- ROOM « KOUTOUBIA»: PLENARY LECTURE :

PUBLIC HEALTH AND ADDICTION.

Hamad Al Ghafri (UAE).

Chairs: Driss Moussaoui (MOROCCO), and Atul Ambekar (INDIA)

10h- 10h 30: **COFFEE BREAK/ POSTERS AND EXHIBITION VISIT**

10h 30- 12h:

- ROOM « KOUTOUBIA»

- **Symposium : ISAM-US PARTNERSHIPS**

NIDA-ISAM-ASAM-PARTNERSHIP: OUR 15-YEAR HISTORY.

Marc N. Potenza (USA), Steve Taylor (USA), Gregory Bunt (USA), Ivan Montoya (USA), Alexander Baldacchino (UK) and Jag H. Khalsa (USA).

- ROOM « MENARA »

■ Symposium: EMERGING TRENDS IN ADDICTIONS (IN FRENCH)

Chairs: Hassan KISRA (RABAT), and Rachid Aalouane (FEZ)

- NEW PSYCHOACTIVE SUBSTANCES.
Alain Dervaux (FRANCE).
- CARE AND ADDICTIONS IN MOROCCAN PRISONS
Taoufiq Abtal (MOROCCO).
- ALCOHOL ADDICTION TREATMENTS FOR HOME RESIDENTS IN SWITZERLAND: REVIEW AND PRELIMINARY RESULTS OF TRANSECTIONAL STUDY.
Franco Masdea, Isabelle Gothuey Fribourg (SWITZERLAND).
- EXPLANATORY MODELS FOR DUAL DIAGNOSIS.
Hamid Ibane (MOROCCO).
- IMPROVING THE PREVENTION OF MISUSE OF BENZODIAZEPINES AND RELATED DRUGS: THE IMPACT OF DRUG PERCEPTION BY GENERAL PRACTITIONERS AND PATIENTS.
Edouard-Jules LAFORGUE (FRANCE).

■ ROOM « MEDERSA BEN YOUSSEF »

Symposium: NEW DEVELOPMENTS

Chair: Valgerður Rúnarsdóttir (ICELAND).

- CORRELATES OF EXPENDITURE ON CANNABIS BY PATIENTS WITH CANNABIS USE DISORDER: SECONDARY ANALYSIS OF A RANDOMIZED CONTROLLED TRIAL.
Rahul Mathur (INDIA).
- A METHODOLOGY TO DEVELOP AN INTERPROFESSIONAL SUBSTANCE USE DISORDER AND PAIN MANAGEMENT CURRICULUM FOR HEALTH PROFESSIONAL STUDENTS.
Sue Feldman (USA).
- MULTIPLE OVERDOSE EXPERIENCES AND PATIENT PREFERENCES FOR FENTANYL AMONG PEOPLE STARTING TREATMENT FOR OPIOID USE DISORDER.
Jan Gryczynski (USA).
- 20 YEAR EXPERIENCE AND CHALLENGES OF OPIOID USE DISORDER IN ICELAND, SAA- THE NATIONAL CENTER ON ADDICTION MEDICINE IN ICELAND.
Sigrun Lilja Sigurgeirsdottir (ICELAND).
- ADDRESSING THE ADDICTION MEDICINE WORKFORCE GAP AND BUILDING THE FUTURE GENERATION OF ADDICTION MEDICINE.
Madison Walsh (USA).

- **ROOM «KSAR EL BADI»**

Symposium: TREATMENT, NEW RESEARCH FINDINGS

Chair: Massimo Riccio (MOROCCO)

- MOVING FROM HARM REDUCTION TO ABSTINENCE WITH THE DUALY DIAGNOSED: CASE STUDIES ON USING CREATIVE ARTS THERAPY IN MEDICATED ASSISTED TREATMENT.
Corinna Brown (USA).
- PSYCHOSTIMULANTS FOR THE TREATMENT OF AMPHETAMINE-TYPE STIMULANT USE DISORDER: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED PLACEBO-CONTROLLED TRIALS
Heidar Sharafi (CANADA).
- BLUNTED MIDBRAIN REWARD ACTIVATION DURING SMOKING WITHDRAWAL IN ADOLESCENT-ONSET SMOKERS.
Serenella Tolomeo (SINGAPORE).
- DEPENDENCE SYNDROME: A MULTIDIMENSIONAL DISORDER REQUIRING A TRULY MULTIDISCIPLINARY APPROACH.
Massimo Riccio, Yves Jominy (MOROCCO).
- RENEWING THE ADDICTION MEDECINE CURRICULUM, PROCESS AND CONTENT.
Mary Janssen van Raay (NETHERLANDS).

- **ROOM «KSAR BAHIA»**

Workshop: BENZODIAZEPINE ADDICTION AND COMPASSION

COMPASSIONATE CARE FOR PERSONS WITH BENZODIAZEPINE MISUSE, BENZODIAZEPINE USE DISORDER, AND COMPLEX BENZODIAZEPINE DEPENDENCE.

Gail Basch, Anna Grassy, Cody Naughton, Marianne T Guschwan (USA).

- **ROOM «MAJOREL»**

Symposium: SOCIAL IMPLEMENTATION OF METHAMPHETAMINE USE DISORDERS.

TREATMENT PROGRAMS IN DEVELOPING COUNTRIES.

Takayuki Harada (JAPAN), Shogo Kanamori (JAPAN) and Tomohiro Shirasaka (JAPAN).

12h 10- 13h:

▪ **ROOM « KOUTOUBIA»: PLENARY LECTURE.**

DUAL DISORDERS: JUST A CONCEPT?

Nestor Szerman (WADD, SPAIN).

Chairs: Mehdi Paes (MOROCCO), and tarek abdelgawad (EGYPT).

13h- 14h: LUNCH / POSTERS AND EXHIBITION VISIT

14h- 14h 50:

▪ **ROOM « KOUTOUBIA »: PLENARY LECTURE.**

GAMING AND GAMBLING IN HIGH-RISK POPULATIONS

Sophia Achab (SWITZERLAND).

Chairs: Nadia Kadri (MOROCCO), and Yasser Khazaal (SWITZELAND)

15h- 16h 30:

• **ROOM « KOUTOUBIA»**

Symposium : RISK FACTORS

Chair: Roukaya Benjelloun (CASABLANCA)

- PROBLEMATIC CANNABIS USE AMONG A SAMPLE OF FINNISH YOUTH.
Jasmin Lostedt (FINLAND).
- HISH-RISK ALCOHOL CONSUMPTION IN UGANDA - A POPULATION-BASED STUDY.
Leo Ziegel (SWEDEN).
- ASSOCIATION OF AGE, DURATION OF SMOKING AND BREATH CARBON MONOXIDE LEVEL WITH BLOOD FLOW CHANGES DURING CUE-INDUCED CRAVING AMONG TOBACCO SMOKERS - A FMRI STUDY.
Preethy Kathiresan (INDIA).
- MEASUREMENT INVARIANCE OF THE MARIJUANA MOTIVES MEASURE AMONG MEN AND WOMEN AND SEX-RELATED DIFFERENCES IN PROBLEMATIC CANNABIS USE.
Lucien Rochat (SWITZERLAND).
- A FEASIBILITY STUDY OF AN INTERVENTION TO MANAGE BENZODIAZEPINE DEPENDENCE AND HIGH-RISK USE IN THE CONTEXT OF ESCALATING DRUG RELATED DEATHS, SENT IN BY PROF CATRIONA MATHESON.
Susanna Galea-Singer (UK), **Virtual.**

• **ROOM « MENARA »**

Symposium : BEHAVIOUR ADDICTION

- SHARED AND UNIQUE FEATURES OF BEHAVIORAL ADDICTIONS

Marc N. Potenza (USA), Matthias Brand (USA).

- SHARED AND UNIQUE FEATURES IN DIAGNOSING BEHAVIORAL ADDICTIONS.
John Saunders (AUSTRALIA).
- SHARED AND UNIQUE FEATURES OF BEHAVIORAL ADDICTIONS FROM POLITICAL PERSPECTIVES.
Henrietta Bowden-Jones (UK).
- SHARED AND UNIQUE FEATURES OF BEHAVIORAL ADDICTIONS FROM TREATMENT PERSPECTIVES.
Susana Jimenez-Murcia (SPAIN).

- **ROOM «MEDERSA BEN YOUSSEF»**

Symposium: ADDICTIONS TREATMENT

Chairs: Dario Gigena Parker (ARGENTINA)

- CANNABIS CESSATION PROGRAM IN A PRIMARY CARE SETTING.
Brodie Ramin (CANADA).
- ADDICTION, MENTAL HEALTH AND HARM REDUCTION: A BACKGROUND ON ITS MEANING AND APPLICATION FOR SUBSTANCE USE ISSUES.
Obot Bassey (NIGERIA).
- ALCOHOL USE IN PREGNANT AND BREASTFEEDING WOMEN: ASSOCIATED RISK AND PROTECTIVE FACTORS AND THE ROLE OF HEALTH PROFESSIONALS.
Gigena Dario (ARGENTINA).
- UNHEALTHY ALCOHOL USE PATTERNS OF TREATMENT-SEEKING ZAMBIAN YOUTH IN THE "HOPES FOR LIFE--COMMUNITIES" STUDY.
J. Paul Seale (USA).
- ORAL KETAMINE AS MAINTENANCE TREATMENT FOR ALCOHOL USE DISORDER CLINICAL, PHARMACOKINETIC, AND PHARMACODYNAMIC CHARACTERIZATION IN AN OBSERVATIONAL STUDY.
Deepak S. Ghadigaonkar (INDIA).

- **ROOM «KSAR EL BADI»**

Symposium: NEW DEVELOPMENTS IN ADDICTIONS

Chair: Hanae Marouan (MOROCCO).

- GABAPENTIN NON-MEDICAL USE, DIVERSION, AND CONTROLLED SUBSTANCES LAWS.
Mance E. Buttram (USA).
- NEW PSYCOACTIVE SUBSTANCES.
Abuelgasim Alrasheed (UAE).
- INTRANASAL OXYTOCIN FOR PATIENTS WITH BENZODIAZEPINE WITHDRAWAL SYNDROME: PRELIMINARY DATA FROM A PILOT RCT.
Tone Aurora Pleym (NORWAY).
- ANALYSIS OF SYNTHETIC CANNABINOID PARAPHERNALIA IN TWO PATIENTS ADMITTED FOR DRUG REHABILITATION IN THE UAE.
Abuelgasim Alrasheed (UAE).

- **ROOM «KSAR BAHIA»**

Workshop : COMPASSION (IN FRENCH)

THE POTENTIAL OF COMPASSIONATE THERAPY IN THE TREATMENT OF ADDICTIONS.

Elodie Chaix-Murys (MONACO) and Francis Gheysen (FRANCE).

- **ROOM « MAJOREL »**

- **ORAL PRESENTATIONS: Session for Young Doctors**

Chairs: Aaddal Asmae (CASABLANCA), and Othmane Yassine (MEKNES).

- OPIOID USE AMONG CAREGIVERS.
Miriam Chanded (MOROCCO).
- SELFIE ABUSE AMONG MEDICAL STUDENTS IN MORROCO.
Kaouthar El Mir (MOROCCO).
- SUBSTANCE USE AMONGST MOROCCANS' ANESTHESIA PROVIDERS: A NATIONAL SURVEY.
Choujaa Hafsa (MOROCCO).
- WORKAHOLISM : PRÉVALENCE CHEZ LES MÉDECINS ET FACTEURS ASSOCIÉS.
Hana ABREBAK (MOROCCO).
- ADDICTIVE BEHAVIORS AMONG STUDENTS IN THE SOUSS-MASSA REGION, MOROCCO: A SURVEY OF 2345 MIDDLE AND HIGH SCHOOL STUDENTS.
Fatima Zahra Ramdani (MOROCCO).
- SUBSTANCE USE DISORDER IN A CLINICAL POPULATION OF MOROCCAN WOMEN: WHAT INDICATORS OF VIOLENCE.
Ibtissam Koubaa (MOROCCO).
- ADDICTION AMONG ELDERLY SUBJECTS.
Noumidia Khatib (MOROCCO).

16h 30- 17h: **COFFEE BREAK/ POSTERS AND EXHIBITION VISIT.**

17h- 18h:

▪ **ROOM « KOUTOUBIA »: PLENARY LECTURE**

CANNABIS: FROM REGULATION FOR LICIT USE TO LEGALIZATION FOR RECREATIONAL USE. WHERE DO WE STAND?

Jallal Toufiq (MOROCCO).

Chairs: Marc Potenza (USA) and Maria Sabir (MOROCCO).

18h- 18h 30: **CLOSING CEREMONY**

Alexander Baldacchino (ISAM President).

Fatima El Omari (Local Chair, and AMA President).

Hamad Al-Ghafri (ISAM President Elect).

CONGRESS PROGRAM: ABSTRACTS

Thursday 2nd, November 2023

Symposium: WOMEN AND ADDICTION

ADDICTION AND WOMEN: IS THERE SCOPE TO EXAMINE IT WITH A FEMINIST PERSPECTIVE?

Atul Ambekar (INDIA), Piyali Mandal (INDIA) and Sophia Achab (SWITZERLAND).

Abstract

In general, across cultures and across historic periods addictive behaviours such as substance use have always been more acceptable for men than women. This symposium examines the issue of addictive behaviours among women with a feminist lens.

Dr. Atul Ambekar, India, [“Substance use from a feminist lens: A bird’s eye view”] will discuss whether the narrowing of gender gap in prevalence of substance use indicate that women are being more progressive or is the societal expectation of ‘appropriate’ behaviour for women changing? A feminist perspective may also view women as largely victims of male substance use or of aggressive marketing strategies.

Dr. Piyali Mandal, India [“Gender Inequities Associated with Substance Use”] will examine the inequities that are inherent to social definitions of femininity and masculinity in terms of negative stereotypes for women who use drugs. Stigma forces women substances use to be a largely private activity, further perpetuating the notion of a deviant behaviour and delaying help seeking.

Dr. Sophia Achab, Switzerland, [“Behavioural addictions: does the gender matter?”] will examine the addictive behaviours like gambling and gaming from a gendered perspective. Specifically, does the existing data point towards any gender differences in phenomenology, consequences or help seeking for these behaviours?

Bio

Atul Ambekar



Atul Ambekar MD, MBBS. Professor National Drug Dependence Treatment Centre (NDDTC); Department of Psychiatry, All India Institute of Medical Sciences (AIIMS), New Delhi, India. Secretary General of the Addiction Psychiatry Society of India.

Piyali Mandal



Piyali Mandal is an Additional Professor, Addiction Psychiatry, In-charge women substance use treatment clinic at AIIMS, Delhi.

Sophia Achab



Sophia Achab is psychiatrist, senior lecturer, lead researcher and head of who collaborating centre for training and research in mental health at faculty of medicine of geneva university. She is part of the WHO euro mental health alliance and of the WHO global clinical practice network. her research line is "populational and clinical perspectives of addictive behaviors

Oral presentations: Behavior addiction

1. EXPLORING THE POPULARITY AND EFFECTIVENESS OF SMARTPHONE USAGE TRACKING TOOLS: A SURVEY AND MACHINE LEARNING ANALYSIS.

Yasser Khazaal, (SWITZERLAND).

Abstract

Problematic smartphone use is a growing concern, and people are turning to smartphone tools for monitoring and limiting their usage. This study aimed to assess the popularity and perceived effectiveness of these tools and explore how mental health, smartphone use, and smartphone addiction influence their use. A web-based survey was conducted among 1989 US adults, and machine learning and statistical tools were used to analyze the data. The results showed that smartphone tools were popular, particularly sleep-related ones. Only 33.1% of participants perceived the tools as effective.

Younger individuals and females who experienced problematic smartphone use were more likely to use these tools. Three user classes were identified: nonusers, effective users, and ineffective users. Android users were more likely to be nonusers, while younger adults and females were more likely to be effective users. The presence of psychiatric symptoms did not deter smartphone tool use. The study suggests that

if these tools prove effective, they are likely to be widely embraced. It highlights the potential of mobile interventions in treating smartphone-related and non-smartphone-related psychopathologies, emphasizing the need for better tools, targeted marketing, inclusive design, and efficacy trials.

Bio



Yasser Khazaal is Full Professor of Addiction psychiatry at the Faculty of Biology and Medicine, University of Lausanne and associate Professor at the Department of Psychiatry and Addictology, Montreal University, Canada.

2. CO-OCCURRENCE BETWEEN BEHAVIORAL ADDICTIONS AND ADULT ADHD: PSYCHOPATHOLOGICAL ASSOCIATED FACTORS.

Sarah El Archi (France).

Abstract

Objective: adult ADHD is associated with 1.9 to 3-fold higher risk of addictive disorders. Our aims were to increase knowledge on the specific association between adult ADHD and behavioral addiction by identifying the psychopathological factors associated with this co-occurrence, and appraise their mediating effect on this association.

Methodology: three empirical studies were conducted in which adult ADHD was assessed (1) by self-administered questionnaires investigating adult symptoms in a non-clinical population with problematic Internet use (n=532) and (2) both childhood and adult symptoms in a clinical population at higher risk for addictive-like eating behaviors (outpatients with severe obesity ; n=282), and (3) by a rigorous diagnosis carried out during a semi-structured interview (DIVA 5.0) with behavioral addiction outpatients (n=65).

Results: Each of these studies showed a higher prevalence of adult ADHD among individuals with behavioral addiction. Furthermore, the results were compatible with a mediating

effect of negative affectivity, some dimensions of emotional dysregulation, impulsivity and personality in the association between behavioral addiction and adult ADHD.

Conclusions: These results highlight a high prevalence of adult ADHD among individuals with behavioral addiction, the identification of specific psychopathological factors helping to understand this high co-occurrence, and suggest a systematic assessment of adult ADHD among individuals with (or at higher risk for) behavioral addiction.

Bio



She has a Master's degree in Clinical Psychology and Psychopathology from the University of Tours (France), and have always been particularly interested in addictive disorders, especially in behavioral addictions and eating disorders. She recently defended her thesis entitled « Cooccurrence between behavioral addictions and adult ADHD: study of psychopathological associated factors from non-clinical and clinical population ».

3. BURDEN OF GAMBLING IN JAPAN: AN ESTIMATION FROM AN ONLINE-BASED CROSS-SECTIONAL SURVEY **Chiyoung Hwang (JAPAN).**

Abstract

Objective: To estimate the number of Japanese gamblers experiencing gambling-related harm (GHR) across seven life domains based on the severity of gambling risk.

Methods: This cross-sectional study combined data from a Japanese nationwide survey and an online survey. Individuals ≥ 20 years of age who engaged in gambling activities in 2019 were recruited via a market research company. A two-step approach was used to collect data on demographic characteristics, gambling behavior, problem gambling severity index (PGSI), and GRH in 2019. The survey data were adjusted for population weighting.

Results: Of the 28,016 gamblers invited via the market research company, 6,124 and 3,113 responded to the preliminary and main surveys, respectively. Ultimately, 3,063 valid responses were obtained. Among the 126.8 million Japanese citizens, an estimated 38,991,500 (30.8%) engaged in gambling activities at least once in 2019. Approximately 4,438,000, 2,703,000, 2,536,000, 1,306,000, 1,276,000, and 458,000 Japanese citizens experienced GRH in the financial, health, emotional/psychological, work/study, relationship, and other domains, respectively. Although high-risk gamblers suffered severe harm at an individual level, non- and low-risk gamblers experienced more aggregate harm at the population level.

Conclusions: This study highlights that many non-disordered gamblers experience GRH, emphasizing the need for public health interventions.

Bio



Hwang Chiyong teaches psychiatric and mental health nursing at Mukogawa Women's University, Hyōgo, Japan. Her research focuses on gambling disorders from a public health perspective. She earned her Ph.D. in Medicine from Kyoto University in 2023, and her dissertation centered on gambling disorders and homelessness in Japan.

Symposium: SPORT GAMBLING (ISAM BEHAVIOR ADDICTION INTEREST GROUP, ISAM-BIG).

GLOBAL PERSPECTIVES ON SPORTS GAMBLING.

Marc N. Potenza (USA), Zsolt Demetrovics (HUNGARY), Nerilee Hing (AUSTRALIA) and Anise WU (CHINA).

Abstract

This symposium will consider concerns related to sports gambling from multiple global perspectives. Gambling disorder is the sole clinical condition classified in both the DSM-5 and ICD-11 as a behavioral addiction. Different forms of gambling have gained popularity at different points in time. Currently, sports gambling has gained popularity in many jurisdictions, in part given legislative and technological changes. Presenters will provide an up-to-date description of sports gambling as experienced in multiple continents. Marc N. Potenza (USA) will consider North America, with a focus on the USA given recent legislative changes facilitating the legalization of sports gambling in many US states. In this setting, increased calls for help with sports gambling problems have been reported by operators of gambling helplines. Zsolt Demetrovics (Gibraltar) will consider the European situation, where the popularity of online sports gambling has raised concerns. Anise Wu (Macau, SAR China) will consider football (soccer) gambling, presenting survey data on football gambling and links to gambling disorder and stress. Nerilee Hing (Australia) will present data from a national survey in Australia in which people betting on sports

demonstrated high prevalence of gambling problems (over 22%). She will present data from mixed methods studies that consider smartphone features linked to gambling behaviors and describe interventions, including self-exclusion, that are being planned, tested and implemented. Mohammed Adamu (Ghana) will present on the situation in Africa, where football (soccer) gambling may have profound effects on people's lives. He will discuss efforts in Africa to address sports gambling and promote public health.

Bio

Marc Potenza



Dr. Potenza is a board-certified psychiatrist with sub-specialty training in addiction psychiatry. He is an Albert E. Kent Professor of Psychiatry, Child Study and Neuroscience at the Yale School of Medicine where he is the Director of the Division on Addictions Research and Center of Excellence in Gambling Research.

Zsolt Demetrovics



Zsolt has joined the University of Gibraltar in 2021 as chair of the Centre of Excellence in Responsible Gaming. He is a psychologist and cultural anthropologist. He is founding Editor-in-Chief of the Journal of Behavioral Addictions and president of the International Society for the Study of Behavioral Addictions. He is board member of the International Collaboration on ADHD and Substance Abuse (ICASA), and the European Association of Substance Abuse Research (EASAR).

Nerilee Hing



Nerilee Hing is a research professor in gambling studies at CQ University's Experimental Gambling Research Laboratory in Australia. Her research focuses on gambling behaviour and industry practices, to inform harm reduction measures and the safer provision of gambling.

Anise WU



Professor Anise WU is currently the Professor in Psychology and Associate Dean of Research at the Faculty of Social Sciences, University of Macau, Macao, China. She is a health psychologist, with specific research interest on the risk and protective factors as well as mechanisms regarding behavioral addictions, including but not limited to gambling disorder, gaming disorder, and addictions to smartphone or the Internet use.

Oral presentations: Treatment, new research findings

1. *SUBSTANCE USE DISORDERS AMONG FORCIBLY DISPLACED PEOPLE.*

Hussein Elkholy

Abstract

Forced displacement refers to coerced or involuntary movement of people from their homes, which could be due to natural or man-made disasters/causes. At mid-2021, more than 84 million people were displaced worldwide, consisting of 48 million internally displaced people (IDP), 26.6 million refugees and 4.4 million asylum-seekers. Forcibly displaced people (FDP) face unimaginable difficulties in their attempts to survive. Thus, besides food, shelter, and basic needs, it is of utmost importance to address their mental health as well, including substance misuse. The risk factors associated with SUDs are similar to, or overlap with those experienced by forcibly displaced people, yet there is substantial heterogeneity in patterns and prevalence of substance use across the different groups of forcibly displaced people. Despite recognizing that SUDs among forcibly displaced people are concerning, there are large gaps in knowledge. This presentation aims to shed light on the topic, especially with the wars that have been witnessed over the past few years. This

will be based on part of the work conducted by a group of experts and professionals using the syndemic lens as an attempt to have a proper understanding of the situation and propose ways forward.

Bio



Dr Elkholy is an Associate Professor of Psychiatry, Faculty of Medicine, Ain Shams University, Egypt. He is currently the Co-Chair of the Addiction Section in the World Psychiatric Association (WPA). He is a member of the publication committee of ISAM. He is a member of the editorial board of several journals including British Journal of Psychiatry International, Asian Journal of Psychiatry, Middle East Current Psychiatry and others.

2. DIGITAL CONTROL OF ADHERENCE FOR TREATMENT OF DRUG ABUSE

Klaus Baum (GERMANY).

Abstract

Background: Adherence is an important factor in treatment of addiction, with a high influence on therapy results and treatment costs. The focus of the use of drug testing has recently shifted from control to improvement of treatment. Method: A total of 133 volunteering patients were assigned to a control (CG) and an intervention group (IG). IG used the Ruma Digital-System (Pro), while in CG the urine samples were taken under visual inspection. The Ruma-Digital-System (Pro) is based on a urine marker taken under offline video control and independent passing on of subsequent urine sample by the patient to the lab. Questionnaires was used after the first (TK1) and after the 5th urine test (TK5).

Results: The initially (TK1) high acceptance of Ruma-Digital-System (Pro) tended to further increase towards TK5. The three most important improvements for patients were enhanced reconciliation with everyday life and work, reduced travelling times to examination centres, and a reduced feeling of shame during urination.

Conclusion: The Ruma Digital-System (Pro) is an usable expansion of an integrated therapy module. By taking the primary responsibility for drug screening, patients are transformed from a passive to an active player in their own treatment.

Bio

Dr. Klaus Baum is a professor in physiology. Since 2015, he works as a scientific consultant of the RUMA GmbH. In this field, he is responsible for the scientific development and evaluation of urine marker testings by mean of polyethylene-glycols.

3. BLENDED SMARTPHONE INTERVENTION FOR PATIENTS IN OPIOID MAINTENANCE TREATMENT IN IRAN.

Michael P. Schaub (SWITZERLAND).

Abstract

Rational: The pattern of substance use in Iran is characterized by a high prevalence of opioid use and opioid use disorder (OUD). Although opioid maintenance therapy (OMT) has been introduced in Iran, approximately 50% of people with OUD remain unreached. Moreover, psychosocial treatment of OUD and common mental health symptoms (CMHS) during OMT is limited. Digital interventions have been shown to improve CMHS. However, no smartphone intervention in OMT has been investigated for the treatment of OUD and CMHS.

Objective: We aim at developing and examining the effectiveness of a blended smartphone intervention to improve OMT outcomes and CMHS based on community reinforcement approach, motivational interviewing and cognitive behavioral therapy compared to OMT as usual in Iran.

Methods: Patients will be recruited when entering OMT treatment centers. The primary outcomes will be the percentage of weekly negative urine tests for illicit,

non-prescribed use of and treatment retention. The congress presentation will demonstrate the blended intervention and outline the study protocol in detail.

Discussion/Conclusion: This study will provide substantial knowledge for designing effective blended interventions for OUD treatment. Moreover, it will investigate if treatment retention, OMT-related outcomes and CMHS can be improved by adding a smartphone intervention to OMT.

Bio



Dr Michael P. Schaub is an Associate Professor at the University of Zurich and the Scientific Director of the Swiss Institute for Public Health and Drug Addiction Research AISG. He is a trained psychotherapist with extensive clinical and scientific experience as well as a public health expert in the field of substance use disorders and behavioral addictions.

4. IDENTIFICATION OF UNHEALTHY ALCOHOL USE BY SELF-REPORT AND PHOSPHATIDYLETHANOL (PETh) BLOOD CONCENTRATION IN AN ACUTE PSYCHIATRIC DEPARTMENT.

Trine Finanger (NORWAY).

Abstract

Background: The use of standard screening methods could improve the detection rate of unhealthy alcohol use in patients admitted to psychiatric emergency departments. The aim of the present study was to investigate the ability of the alcohol biomarker phosphatidylethanol (PEth) to identify patients with high levels of alcohol consumption prior to admission.

Methods: The data were prospectively collected at admittance to an acute psychiatric department in the period January 2016 to June 2017. We compared the PEth from 177 patients with the Alcohol Use Disorders Identification Test (AUDIT) scores during the hospital stay, and psychiatric diagnoses at discharge.

Results: A total of 45.8% of the patients had a PEth concentration ≥ 0.03 $\mu\text{mol/L}$, indicating significant alcohol consumption. AUDIT scores consistent with unhealthy alcohol use were present in 51.7%. There was a significant positive correlation

between PEth concentrations and AUDIT scores ($r = 0.631$, $p < 0.001$). PEth was above the detection limit of $0.03 \mu\text{mol/L}$ in 19% of those reporting an average daily intake of zero alcohol units per day during the last week before admission.

Conclusion: Peth provides supplementary information on recent alcohol consumption in a psychiatric population and would be particularly helpful in patients unable to give such information at admission.

Bio

MD at clinic of substance use and addiction medicine St Olav. Specialist in drug and addiction medicine and in obstetrics and gynecology. Currently enrolled in a PhD program looking at the use of PEth in populations of women.

Oral presentations: PREVENTION AND REGULATION (FRENCH SESSION)

1. HIGHER SCORE IN NEGATIVE URGENCY AS A MEDIATION FACTOR OF ADHD SYMPTOMS IN CHILDHOOD ON THE OPIOID USE DISORDER TREATMENT OUTCOME.

Marie Grall-Bronnec

Abstract

Background: Opioid use disorder (OUD) is a worldwide major health concern. Despite global OUD treatment (OUDT), unsuccessful treatment rate remains high, and psychiatric comorbidities can partly explain it. This study aimed at exploring the links between Attention Deficit/hyperactivity Disorder (ADHD) and OUD.

Methods: Patients with OUDT for at least 6 months were recruited. They were assessed by a structured interview and a set of self-reported questionnaires. ADHD symptoms in childhood and persistent at adulthood were screened respectively by the Wender Utah Rating Scale-Child and the Adult ADHD Self-Report Scale. Multivariate analyses were performed to identify factors associated with ADHD symptoms, followed by mediation analyses.

Results: The sample consisted of 205 patients. Factors associated with ADHD symptoms in childhood were a lower educational level, an earlier age of opioid experimentation and a higher score of negative urgency. In addition, ADHD symptoms in childhood indirectly affected OUDT outcome, which was mediated by a higher score of negative urgency. The only factor associated with ADHD symptoms persistent at adulthood was a higher score of lack of premeditation.

Conclusions: This study provides further evidence of the need to diagnose and treat ADHD as soon as possible in childhood, but also in adults with addiction.

Bio

Marie Grall-Bronnec is a psychiatrist-addictologist. She is a hospital practitioner in the University Department of Addictology and Liaison Psychiatry at the Nantes University Hospital and Professor of Addictology at the Nantes Faculty of Medicine. She is a full member of the INSERM UMR 1246 team.

2. IMPACT OF REGULATORY MEASURE TO LIMIT ZOLPIDEM USE DISORDERS IN FRANCE: ZORRO NATIONAL PROJECT.

Caroline Victorri-Vigneau (FRANCE).

Abstract

Introduction: The extent of zolpidem use disorders led the French health authorities to make it mandatory to prescribe it on a secure prescription in 2017. The ZORRO project aimed to answer three key questions concerning the impact of this measure: (i) on the number of consumers (ii) on the type of consumption (iii) on the consumption of other sedative molecules.

Methods: We used epidemiological tools from health insurance databases and a clinical approach, directed to consumers and prescribers using questionnaires.

Results: We highlight (i) a decrease in the exposure to zolpidem (prevalence divided by 2); (ii) an improvement in proper use at epidemiological level and decrease in the prevalence of problematic users in specialized centers and general practice; (iii) a persistence of zolpidem consumption in about 40% of patients, a cessation of all consumption of sedative drugs in 1/3 of patients and 1/4 of a change to another hypnotic, almost all to zopiclone.

Discussion: ZORRO represents the first study that allows a multifocal and integral approach. It has made it possible to evaluate all the reactions since the announcement of the measure: the physician's reception of the information, his perception, his act of prescribing, the patient's action and his consumption.

Bio

Caroline Victorri-Vigneau: Head of the French Center for Evaluation and Information on Pharmacodependence - Addictovigilance (CEIP-A) of the Clinical Pharmacology Department of the Nantes University Hospital in France and Professor in pharmacology at the Nantes Faculty of Medicine.

3. IDENTIFYING ONLINE GAMBLING RELATED PROBLEMS FROM GAMBLING TRACKING DATA, A FRENCH EXPERIENCE.

Gaëlle Challet-Bouj (FRANCE).

Abstract

Rational and objective: Gambling problems are more frequent among online gamblers, while online gambling provides interesting opportunities to monitor gambling tracking data for prevention purpose. The objective was to develop a prediction model able to detect gambling problems based on online gambling tracking data.

Methods: Two random samples of French online gamblers answered an online survey including the Problem Gambling Severity Index (PGSI): 8,172 gamblers of skill-based games (poker, horse race betting and sports betting), and 5,404 gamblers of pure chance games (scratch games and lotteries). Gambling tracking data were retrospectively collected, and merged with gambling-tracking data. Machine learning algorithms were used to predict the PGSI categories with gambling tracking data.

Results: The model performed well for predicting gambling problems binary based on each PGSI threshold (1 for low-risk gambling, 5 for moderate-risk gambling and 8 for problem gambling), with higher performances for skill-based games (AUROCs from 0.72 to 0.82) compared to pure chance games (AUROCs from 0.63 to 0.76) due to the lower frequency of problem gambling for the latest.

Conclusions: We developed an algorithm for screening online problem gamblers, excluding online casino gamblers, that could enable the setting of prevention measures for the most vulnerable gamblers.

Bio



Dr Gaëlle CHALLET-BOUJU is a Hospital Research Engineer at the Mental Health Department at the Nantes University Hospital, and is a full member of the Inserm UMR1246 SPHERE team. She is currently working on the cognitive processes involved in behavioral addictions, the detection and prevention of online gambling disorders and the typologies of individuals with behavioral addictions.

4. SAPHIR STUDY: SEROPREVALENCE OF HEPATITIS C IN THE PSYCHIATRIC POPULATION AND MEASUREMENT OF THE EFFECTIVENESS OF THE CARE CASCADE FOR INFECTED PATIENTS.

Benoit Schreck (FRANCE).

Abstract

Objectives: The objectives of the study were to estimate the prevalence of chronic active hepatitis C in a psychiatric population and to measure the effectiveness of the care cascade of patients with a confirmed diagnosis.

Methods: This multicenter study involved all adult patients admitted in 3 French psychiatric hospitals. The seroprevalence estimate was based on the percentage of patients in whom chronic active hepatitis C was detected (TROD), then confirmed (blood collection BC). Estimation of the effectiveness of the cascade of care was based on completion of the BC for diagnostic confirmation, attendance at the consultation for prescription of direct-acting antivirals (DAA), reported adherence to therapy, and completion of the BC for confirmation of sustained virologic response (SVR) at week 12.

Results: The prevalence of chronic active hepatitis C was 0.76% (n=6, 786 included patients). A prescription of DAA was initiated in 5 patients, 4 of whom reported being compliant, leading to a confirmed cure in 3 patients.

Conclusions: The prevalence of chronic active hepatitis C in our population of patients with psychiatric disorders is lower than that expected and estimated in Europe. The SAPHIR study has helped to raise awareness of HCV screening among caregivers, the use of TROD and better collaboration between mental health hospitals.

Bio

Dr. Benoît Schreck is a psychiatrist specialized in addiction medicine. He works at the Nantes University Hospital and is a teacher at the Nantes Faculty of Medicine. He is a researcher in the Inserm U1246 SPHERE unit and works mainly on behavioral addictions, specifically sex addiction and chemsex.

Oral presentations: Dual Diagnosis

1. *MANAGEMENT PATIENT WITH ADDICTION AND CO-MORBID BORDERLINE PERSONALITY DISORDER.*

Rana Jawish/Mixael Zirio Mustafa (USA).

Abstract

A psychiatric prospective in managing patients with substance use disorder in general medical inpatient unit can be challenging and having a co- morbid borderline personality disorder diagnosis can complicate the presentation and increase the risk for under-treated pain, complicated alcohol withdrawal and patient discharging against medical advice. We will present a case of patient with opioid use disorder, chronic pain, and borderline personality disorder. The author will review the course of the hospitalization, pathology, management, and outcome. Authors will introduce the concept of GPM (good psychiatric management) in building therapeutic alliance with patients, review the most updated guidelines in managing borderline personality disorder, and explain the role of acute substance use (withdrawal/ detox) in triggering emotional dysregulation and exacerbating underlying borderline personality disorder.

Bio

Rana Jawish, MD American Board Certified in Psychiatry and Neurology/Addiction Psychiatry Fellow (University of Utah)

Mixael Zirio Mustafa, MD: -Assistant professor (University of Utah)/American Board Certified in Psychiatry and Neurology /American Board Certified in Addiction Psychiatry

2. THE LINK BETWEEN OCD AND SUBSTANCE USE DISORDER.

Soheir Elghonemy (EGYPT).

Abstract

Obsessive-compulsive disorder (OCD) is a mental disorder presented by intrusive, obsessive thoughts and compulsive, repetitive behaviors that usually significantly interfere with every part of individual's life; work, school, relationships, and other activities and responsibilities. OCD frequently co-occurs with substance use disorders (SUDs). Individuals with co-occurring OCD and SUDs may have a greater level of impairment in overall psychosocial functioning compared to individuals with any disorder alone. Individuals who suffer from this co morbidity may also have an increased risk for suicidality. Research indicates that some individuals with OCD may develop SUDs as a method of self-medication and coping with their OCD symptoms. The pattern of SUD is very similar to that of OCD. When an SUD and OCD co-occur, both conditions need to be addressed because the consequences, assessment, treatment, and recovery can be more complicated for each disorder when they occur together.

Bio

Professor and Consultant of Psychiatry and Addiction, Neuropsychiatry department, Ain Shams University, MTI University, former in Galala and King Salman International University. former Head and founder of psychiatry dept. AFCM. Member of Arbitration committee of Supreme Council of Universities in Egypt and Associate editor in Middle East Current Psychiatry

3. SUBSTANCE USE DISORDERS AND ANTISOCIAL PERSONALITY DISORDER AMONG A SAMPLE OF INCARCERATED INDIVIDUALS WITH INADEQUATE HEALTH CARE: IMPLICATIONS FOR CORRECTIONAL MENTAL BEHAVIOURAL HEALTH AND ADDICTION SERVICES.

Andrew T. Olagunju (CANADA).

Abstract

Background: Epidemiological estimates of substance use disorders (SUD) are critical for the planning of evidence- informed intervention and services.

Objectives: a) to investigate the prevalence rates and associated factors of SUD and antisocial personality disorder (ASPD) among incarcerated individuals and b) to describe the implications of the study findings for mental health and addiction services in correctional settings with inadequate health care.

Methodology: In this study, 250 incarcerated individuals in Nigeria were interviewed with the Mini International Neuropsychiatric Inventory (MINI) to diagnose SUD/ASPD.

Results: Most of the participants were males (97.6%), and the mean age was 35.4 (SD=13.5) years. Substance use disorder and ASPD were prevalent in 57.6% and 11.2% of the participants, respectively. Of those diagnosed with SUD, 35.2% and 22.4% had poly- SUD and mono- SUD respectively. Psychotic and dependence syndromes involving cannabis misuse were the most prevalent poly- SUD, and mono- SUD was characterized by alcohol, nicotine, and opioid dependence syndromes. Substance use disorder was more likely in participants charged with robbery and convicted, while ASPD was associated with prior and long- term imprisonment.

Conclusion: There is need for effective integration of treatment for ASPD/SUD into correctional mental health services in settings with inadequate healthcare using an appropriate strategy/model.

Bio



Dr Olagunju is an Assistant Professor at the Department of Psychiatry and Behavioural Neurosciences, McMaster University and a Psychiatrist at St. Joseph's Healthcare Hamilton (Forensic Psychiatry Program). He is an Associate Editor with Frontier in Psychiatry (Section on Public Mental Health and Psychology) and editorial board member of the Journal of Climate Change and Health, and Journal of Clinical Sciences.

4. INTERNET GAMING DISORDER INCREASED SUICIDAL IDEATION AMONG ADOLESCENT INTERNET GAMERS IN CHINA: MEDIATIONS VIA PSYCHOSOCIAL RESOURCES AND PSYCHOSOCIAL PROBLEMS.

Joseph T.F. Lau (CHINA)

Abstract

Adolescent Internet gaming disorder (IGD) was associated with severe harms. Suicidal ideation predicted completed suicides. The present study investigated the under-researched association between IGD and suicidal ideation and related novel mechanisms via psychological coping resources and psychological problems among Chinese adolescent internet gamers via an anonymous self-administered cross-sectional survey among secondary school students in Guangzhou and Chengdu, China (October 2019 to January 2020). Of the 1,693 internet gamers, the prevalence of IGD and suicidal ideation was 17.0% and 43.1%, respectively. Importantly, IGD was significantly associated with suicidal ideation ($OR_a = 2.42$) after adjusted for the socio-demographics and depression. Other significant factors of suicidal ideation included psychosocial coping resources (resilience and social support) and psychosocial problems (social anxiety and loneliness). The association between IGD and suicidal ideation was partially mediated by three indirect paths: 1) IGD → psychosocial coping resources → suicidal ideation, 2) IGD → psychosocial problems → suicidal ideation, and 3) IGD → psychosocial coping resources → psychosocial problems → suicidal ideation (a serial mediation), with effect sizes of 10.7%, 30.0%, and 13.3%, respectively. The direct path remained statistically significant.

Pilot randomized controlled trials are greatly warranted to evaluate effectiveness of interventions in reducing suicidal ideation via reducing IGD and improving psychosocial coping resources and problems.

Bio

Joseph T.F. Lau, Professor Lau is the Emeritus Professor and Research Professor of the Jockey Club School of Public Health and Primary Care, the Chinese University of Hong Kong. His research interests are inter-disciplinary behavioral health research including behavioral health theories, behavioral interventions and mental health related to addictive behaviors.

5. ALCOHOL USE AND SUICIDE IN LITHUANIA: PROXIMITY SHOUTING OUT LOUD.

Jokubonis Darius (LITHUANIA).

Abstract

- **PLENARY LECTURE:**

THE INTERNATIONAL SOCIETY OF ADDICTION MEDICINE: A 25 YEAR JOURNEY

Nady El-Guebaly (CANADA).

Abstract

Encouraged by the example of the American Society of Addiction Medicine (ASAM), a group of physicians began to plan an International Society during the late 1990s, reaching out to the rest of the world.

The first formal meeting of ISAM, held at the Betty Ford Center in the US in 1999, included the formation of an international Board, a draft of a mission and an inclusive agenda for the scientific meetings, to be held in various parts of the planet.

This presentation is an overview of the Society's 25-year journey. Through the lens of its annual, global meetings, the Society's accomplishments and challenges, and the concerted contributions of its leaders, its reach has been expanded with a number of products offered to its membership.

ISAM currently provides the fundamentals of a medical specialty, such as a textbook and certification. Committees refine the field's curriculum and special interest groups advance pioneering aspects of our practice, as well as planning world surveys. Support of the next generation of practitioners is an important priority for the sustenance of our field.

These products subsequently contribute to the ultimate recognition of our specialty by national licensing and other regulatory and funding bodies.

We look forward to ISAM's next 25 years as we face a seemingly endless stream of new substances and behavioral temptations offered to the human condition.

Learning Objectives:

1. To appreciate the roots of the field of addiction medicine in the 1990s.
2. To review the contributions of the Society, and their impact on creating a subspecialty.

Bio



Dr. El-Guebaly is Professor Emeritus, Department of Psychiatry at the University of Calgary, Canada, and the past Medical Director of the Calgary Health Region Addiction Centre and Program.

Dr. El-Guebaly is the past President of the Canadian Psychiatric Association and the Canadian Society of Addiction Medicine, and Founding Past President of the International Society of Addiction Medicine. ISAM activities include Senior Editor of the Textbook of Addiction Treatment: International Perspectives (2nd edition, Springer Nature 2021) and Chief Examiner Emeritus of the International Certification Examination.

Dr. El-Guebaly was also Board Chair and then Research Director of the Alberta Gambling Research Institute.

He is the Editor in Chief of the Canadian Journal of Addiction. Research interests have resulted in 300 peer-reviewed publications, 80 published editorials, 60 grants and close to 600 presentations. In 2017, Dr. El-Guebaly was appointed to the Order of Canada for his contributions to the field.

Symposium: BEHAVIOR ADDICTION

AFFECTIVE AND COGNITIVE MECHANISMS IN DISORDERS DUE TO ADDICTIVE BEHAVIOURS.

- **Stephanie Antons (GERMANY):** THE ROLE OF INSTRUMENTAL REINFORCEMENT AND PUNISHMENT LEARNING IN BEHAVIOURAL ADDICTIONS.
- **Annika Brandtner (GERMANY):** SELF-LICENSING IN THE CONTEXT OF ADDICTIVE BEHAVIORS: DEVELOPMENT OF A SELF-REPORT MEASURE.
- **Jeremy Solly (UK):** PROBLEMATIC USAGE OF THE INTERNET: NEUROBIOLOGY, TREATMENT APPROACHES AND FUTURE PERSPECTIVES
- **Konstantinos Ioannidis (UK):** CHARACTERIZING IMPULSIVITY AND ITS ROLE IN THE PHARMACOLOGICAL MANAGEMENT OF GAMBLING DISORDER

Abstract

Besides the addictive intake of substances, disorders due to addictive behaviours raise reason for concern. Although not inherently problematic, these behaviours cause a considerable load of harm to a vulnerable minority of the population. (Internet) Gaming Disorder and Gambling Disorder have been acknowledged disorders due to addictive behaviours whereas other candidate behaviours share similar affective and cognitive mechanisms such as pathological buying-shopping, pornography use, use of social networking sites, and the problematic use of the Internet in general. Scientific works on addictive behaviours focus on a deeper understanding of affective and cognitive mechanisms that are involved in the

development and maintenance of addictive behaviours as well as on mechanisms that can specifically be addressed in treatment approaches.

Accordingly, this symposium deals with **neurobiological mechanisms** (Dr. Jeremy Solly, GB) and **impulsivity** (Dr. Konstantinos Ioannidis, GB) and their relevance for the treatment of addictive behaviours; as well as **self-licensing** (Dr. Annika Brandtner, GER) and **mechanisms of reinforcement and punishment learning** (Dr. Stephanie Antons, GER) as supposed and important underlying mechanisms of addictive behaviours. Thus, this symposium discusses the similarity and uniqueness of affective and cognitive processes for certain behaviours and provides a pharmacological angle regarding treatment options when considering these mechanisms.

Bio

Dr. Stephanie Antons



Stephanie Antons is a postdoctoral research fellow of the department General Psychology: Cognition and Center for Behavioral Addiction Research (CeBAR) at the University of Duisburg-Essen. Her main research topics address affective and cognitive mechanisms involved in problematic pornography use and gaming disorder.

Dr. Annika Brandtner



Annika Brandtner is a postdoctoral research fellow of the department General Psychology: Cognition and Center for Behavioral Addiction Research (CeBAR) at the University of Duisburg-Essen. Her main research topics address desire- and imagery-related processes involved in addictive behaviors.

Dr. Jeremy Solly



Dr Jeremy Solly is an academic clinical fellow based in Cambridge, UK. He combines his clinical psychiatric training at Cambridgeshire and Peterborough NHS Foundation Trust with academic work at the University of Cambridge.

Dr. Konstantinos Ioannidis



Dr Konstantinos Ioannidis is the clinical lead of the Southern Gambling Service in Southampton, UK; he is affiliated with University of Southampton, Department of Psychiatry and Cambridge and Peterborough NHS Foundation Trust. As an early career investigator, he published book chapters and articles in peer reviewed journals (inc. Lancet Psych, Am J Psych among others) with a focus on the neurobiological determinants of behavioral addictions.

Symposium: OPIOIDS AND HARM REDUCTION (FRENCH SESSION)

1. HARM REDUCTION FOR USE OF LSD AND MDMA IN MUSIC EVENTS

Pierre Polomeni (FRANCE).

Abstract

Teenagers and young adults attending music events frequently use psychoactive substances to improve the quality of relationships and perceptions.

Objectives: Our work explores substances in combination, especially LSD and MDMA, determining the positive effects and the risks, in order to better advise young users attending health care facilities

Methods: This qualitative study used interviews with 10 young adults, with a particular focus on doses and methods of consumption

Results: Some people use to take first LSD, then MDMA and Cannabis and Alcohol. This practice is long-established and has a good reputation, but our work highlights risks related to the context and co-consumption.

The discussion introduces questions about micro-dosing and advice to avoid or reduce risks, in particular through time management

Conclusions: We highlight the interest of regulating use (as opposed to compulsive use) and the use of well-known products. We alert on the background, the psychological and physical characteristics of the consumer, the context, the effects of co-consumption (alcohol, cannabis, etc.) and the risks associated with the use of new, less well-documented products.

Bio



Psychiatrist with Clinical experience in psychiatry/addictology (outpatient consultations, hospitalization). Former member of the High Council of Public Health. Former head of the addiction department in a university hospital. Responsible for IT tools at ELSA France. Additional specialization in occupational medicine: consultant positions in companies or in the public sector, support for teams or managers/directors in the management of difficult situations, RPS, suicide, and the prevention of addictions.

2. TRAMADOL: TO PAIN TREATMENT AT ADDICTION.

Fatima El Asri (MOROCCO).

Abstract

Tramadol is a synthetic opioid, acting the same receptors as codeine and morphine; It's an opioid receptor agonist and also serotonin and norepinephrine reuptake inhibitor. It's used for the short-term relief of moderate to severe pain.

Tramadol is dangerous for patients because that can become very addictive. In France, it's the 2nd analgesic frequently found in falsified prescriptions in the context of misuse, abuse, and dependence. The Addiction of tramadol develop after prolonged use and increases dosage.

The side effects of tramadol are similar to those of other opioids and include: sleepiness, sweating, headache, dry mouth, vomiting, constipation. This drug cause unpleasant Withdrawal symptoms: high anxiety, dépression, excessive sweating, insomnia, nightmares, severe confusion, paranoia, hallucinations, muscle tightness, etc ...

The ANSM has decided that from 15 April, 2020, all Tramadol prescriptions will be reduced from 12 months to 3 months to limit misuse and especially risks of dependence on this analgesic.

The management withdrawal symptoms to tramadol include gradual reduction dose, in steps of approximately 5-10% every 1-4 weeks; The participation of patients is decisive and the phase of preparation for weaning is essential.

The Alternative strategies seem important to help in pain management: Regular self-hypnosis sessions; relaxation techniques, physiotherapy, acupuncture, massage, support groups, , mindfulness meditation, physical fitness, ...

Bio

Professor ASRI Fatima

Former head of the psychiatric department, FMPM,

Former director of Ibn Nafis Hospital, CHU M VI, Marrakech

Professor at the private faculty of Medecine, Marrakech

THE TSO AND RDR PROGRAM IN SENEGAL. THE CASE OF CEPIAD

Idrissa BA, Ibrahima NDIAYE, Mamadou Oumar SAMBA , Aïda SYLLA

Abstract

Background: Opened in January 2015, CEPIAD is the first center dedicated to the care of drug users in French-speaking West Africa. It has a methadone program, a syringe exchange program and offers users numerous conviviality and reintegration activities.

It was set up following a survey carried out in 2011. This survey estimated the size of the injecting drug user population in the Dakar region at 1,324 individuals, with HIV, HBV and HCV prevalence rates of 5.2%, 8% and 23% respectively.

Objective: The aim of this work is to review CEPIAD's activities and the important role it plays in reducing morbidity and mortality among injecting drug users, through its various interventions.

Methodology: To carry out this work, we collected data from consultation registers, pharmacy reports and field team collection sheets. The data collected was analyzed using an Excel file.

Results and discussion: From January 2015 to December 31, 2022, CEPIAD carried out 21150 consultations for 2781 consultants, including 577 CDIs. 305 CDIs were included in the methadone program. The outreach team carried out 1,551 outings, resulting

in 1,821 CDI contacts and the distribution of 7,925 syringes. 3,333 HIV tests were carried out, with 20 positive results. This gives a prevalence rate of 0.6%. 46 CDI deaths were recorded between 2015 and 2023.

Conclusion: This study shows that addiction is a real health problem. Treatment requires a specialized multidisciplinary team. Prevention, awareness-raising and reintegration are essential.

Bio



Idrissa BA is an addictology psychiatrist and research professor at Cheikh Anta DIOP University in Dakar, Senegal. He is head of the Centre de Prise en Charge Intégrée des Addictions de Dakar (CEPIAD) and coordinator of the University Diploma in Addictology at UCAD's FMPO. He is President of the first harm reduction association, the Association Sénégalaise pour la Réduction des Risques (ASRDR), created in 2012. He is a member of the West African Commission on Drugs (WACD) An expert in Opiate Substitution Treatment (OST) and Harm Reduction (harm reduction) programs, he has supported several programs in the West African region (Côte d'Ivoire, Togo, Benin).

3. PROFILE OF PATIENTS WITH ADDICTION TO OPIOID ANALGESICS (RETROSPECTIVE STUDY OF A SERIES OF 111 CASES).

Bouchra Hallab (MOROCCO).

Abstract

Introduction: The opiate crisis is a public health problem. Our objective is to determine the profile of patients with addiction to opioid analgesics in Morocco, and to determine the predisposing risk factors.

Methods: This is a retrospective study based on a series of cases (paper files of patients) with addiction to opioid analgesics (according to DSM5 criteria). The study was conducted at the Casablanca Addictology Centre during the period (2010-2023). After having detailed the socio-demographic characteristics of the patients, the psychiatric and addictive comorbidities, we evaluated the characteristics of the pain as well as the type of opioid analgesic, morphine equivalent. Data entry and statistical analysis were performed using SPSS 25.0 software.

Results: A total of 111 patients were included in our study. Males were the predominant sex in all age groups (representing % of cases). Tramadol was the most common substance of exposure in all age groups. Risk factors for development include route of administration and medical prescription and occupation or social isolation.

Conclusion: Opioids are the gold standard analgesics for the management of various types of pain. The prevention of opioid dependence has become an urgent public health priority.

Bio



Dr Hallab Bouchra was born in Casablanca. She is an Assistant Professor at the Centre of Addictology of Casablanca, Psychiatrist Addictologist. Vice general secretary of the AMTCC, general secretary of the association Nassim

4. SPECIFICITIES OF AGONIST OPIOID MAINTENANCE TREATMENT WITHIN PREGNANT WOMEN: THE EXPERIENCE OF MOROCCAN PREGNANT WOMEN.

Zineb Haimeur, Houcine Outaleb, Bouchra Hallab, Meryem Elyazaji (Morocco)

Abstract

Introduction: The Agonist Opioid Maintenance Treatment (methadone) was implemented in Morocco in 2010, it constitutes a public health challenge. Until today, 2669 men and 210 women have been included in this program. Women constitute 7.9%. During this period 67 pregnancies occurred in the 5 cities where the AOMT program exists. Agonist Maintenance Opioid Treatment is currently the treatment of choice during pregnancy. It prevents maternal illicit opioids use, withdrawal and improves pregnancy outcomes. It has been used in the population of these patients since the early 1970.

Objective: To focus on the specificities of AOMT within pregnant women, including the evolution of methadone metabolism during pregnancy and after childbirth.

To look for:

- Particularities of the evolution of the deliverance of Methadone in pregnancies.
- Different maternal and fetal complications that can occur during gestation and labor, especially the neonatal abstinence syndrome (NAS)

Methodology: It's a retrospective study in the 7 Moroccan centers delivering methadone, using the registers of methadone delivery and the medical files of 67 pregnant opioid users.

A questionnaire including 2 parts:

- The first part requires socio-demographic data, the evaluation of the substance use disorder and the co-consumption of illicit Drugs, the psychiatric comorbidities and the evolution of the Methadone doses depending on the evolution of the pregnancy.
- The 2nd part concerns the occurrence or not of maternal, fetal and neonatal complications during the different phases of the pregnancy, using the medical file or by contacting obstetrical and pediatric services by the social workers of the program.

Conclusion: A coordinated multidisciplinary approach is essential for providing optimal care to pregnant women with OUD Under substitution, including medication management to stabilize illicit drug use, medical care to secure the patient physical health, behavior mental health care, obstetrical and pediatric follow-up, and psychosocial support including parenting.

Bio



Dr Zineb Haimeur, graduated in Psychiatry in the Faculty of Medicine of Casablanca, Addictologist working in Addictology center in the university Hospital IBN Rushd of Casablanca. Member of Nassim from 2010 to 2021 which is the social pole of the addictology center of Casablanca. Also, a member of the AMA (Moroccan Association of Addictology) since 2020 and member of scientific committee of the current ISAM Congress (2023).

Symposium: OPIOID ADDICTION

ASSESSING HEROIN ADDICTED PATIENTS.

Mario Miccoli, Icro Maremmani, Angelo G. I. Maremmani and Filippo Della Rocca (ITALY).

Abstract

Addiction is a chronic relapsing condition in which psychiatric phenomena are crucial.

Psychopathological symptoms in patients with heroin addiction are generally considered to be part of the drug addict's personality or else to be related to the presence of psychiatric comorbidity, raising doubts about whether patients with long-term abuse of opioids possess specific psychopathological dimensions.

We report the validation process of 5-dimension SCL90 we found in substance use disorder patients.

Using the TALS questionnaire, in many papers, we stressed the importance of including the PTSD spectrum symptomatology as an integral part of the psychopathology of addiction. We propose a shorter TALS-SR form, selecting items

from TALS to obtain a reduced form for HUD patients, making it possible to differentiate patients with and without a PTSD spectrum comparable with the one developed by the survivors of the L'Aquila (Italy) 2009 earthquake (H/PTSD-S). Lastly, an expert panel open to rehabilitated patients built an inventory to assess craving behaviours in heroin use disorder patients.

Testing the value of the various items in the inventory in demonstrating their discriminative effect, their reliability, and the existence of behavioural clusters, we evaluated the sensitivity of our inventory (its preliminary construct validity) by comparing groups, each of which could be expected to be prone to a different type of craving.

This presentation is part of the assessing methodology built at the Addiction Research Methods Institute of the World Federation for the Treatment of Opioid Dependence (WFTOD) in Pisa (Italy) and New York (USA). WFTOD is an NGO with Special Consultative Status with United Nations Economic and Social Council (ECOSOC).

Bio

Miccoli Mario



Professor Mario Miccoli has been Associate Professor of Medical Statistics at the University of Pisa since 2019. Since 2022 he has been Co-Director, together with Prof. Icro Maremmani, of the “ARMI”; Research Center, the “Addiction Research Methods Institute” of the World Federation for the Treatment of Opioid Dependence. Prof. Mario Miccoli is professor of “Psychometrics of Addiction” of the Master course in “Addiction Medicine” of the Unicamillus University of Rome, professor of Medical Statistics of 13 Schools of Specialization in the Medical Area, and professor of

Medical Statistics in the Undergraduate Program in “Clinical and Health Psychology” at the University of Pisa.

Icro Maremmani



Icro Maremmani is now an Adjunct Professor of Addiction Medicine at the University of Pisa and the Saint Camillus International University of Health and Medical Sciences (UniCamillus) in Rome, Italy. Formerly, now retired, was the chief of the Dual Disorder Unit at Santa Chiara University Hospital in Pisa and a full professor of Psychiatry. His expertise is agonist opioid treatment of heroin addicts, especially patients with dual disorders.

Angelo Maremmani



Dr. Angelo G. I. Maremmani works as Psychiatry at the Psychiatry Unit at the Department of Psychiatry, North-Western Tuscany Region in Viareggio, Italy. He is an adjunct professor of Addiction Medicine at The Saint Camillus International University of Health Sciences in Rome.

Filippo Della Rocca



Dr. Filippo Della Rocca, MD and Psychiatrist, works as a full-time doctor at the “La Spezia” Drug Addiction Service - Department of Psychiatry and Addictions, Section of Addiction (Local Health Unit-5, Liguria NHS, La Spezia, Italy, EU).

Symposium: DUAL DIAGNOSIS

UPDATE ON CONCURRENT SUBSTANCE USE AND PSYCHOTIC DISORDERS.

Christian Schultz (CANADA), Alexander Baldacchino (UK) and Rosa Suaras (SPAIN)

Abstract

The presenters will provide insight into the interaction of substance use disorders and psychotic disorders. They will discuss treatment of these dual diagnoses, focusing on substance induced psychosis and schizophrenia. The focus in substance use will be on stimulant and cannabis use disorder.

Dr. Christian Schütz (University of British Columbia, Canada) will discuss choice of antipsychotic medication and impact on stimulant use based on recent publications, reviews, and clinical experience.

Dr. Rosa Blanca Sauras (University Autonoma Barcelona, Spain) will present a study focusing on diagnostic stability of methamphetamine induced psychosis versus schizophrenia.

Dr. Alexander Baldacchino (University of St. Andrews, Scotland) will present results from a recent comparison of responses to drug induced psychosis in 5 different European countries.

Bio

Christian Schütz



Christian G. Schütz, Professor of Psychiatry, holds the position of Division Head for Addiction and Concurrent Disorders for Psychiatry at the University of British Columbia, Canada, and the position of Research Lead for Adult Mental Health and Addiction for the Provincial Health Service Authority of British Columbia.

Alex Baldacchino



Professor Alex Baldacchino, MD, MPhil, PhD, FISAM, FRCPsych, FRCP(E). ISAM President and WPA for the Chair to the Addiction Psychiatry Section. Professor of Medicine, Psychiatry and Addictions, University of St Andrews. Chair for the Scottish Health Industry Partnership (SHIP) Reducing Drug Deaths Consortium; Honorary Professor of Medicine, University of Dundee; Retired NHS Consultant Psychiatrist in Addiction Medicine; Retired NHS Fife Research, Innovation and Knowledge Director

Rosa Blanca



Rosa Blanca Sauras Quetcuti, MD. Consultant Psychiatrist in Dual Disorders Unit and in Addictions Centre, CAS Forum of Hospital del Mar, Barcelona. Member of the program of addictions of Hospital del Mar Research Institute. Associated Professor of Medicine, Psychiatry and Addictions, University Pompeu Fabra, Barcelona.

▪ **Workshop : CARE IN PRISONS**

ADDICTION CARE IN CORRECTIONAL SETTINGS.

Annabel Mead (CANADA)

Abstract

Substance use disorders are highly prevalent in the incarcerated population, and Canadian prisons are seeing escalating numbers of overdose events and complicated withdrawal syndromes, resulting in frequent hospital transfers, significant morbidity or death.

Physicians and care providers working in correctional settings face increased challenges to provide safe withdrawal management, OAT initiation and treatment, and the psychosocial interventions to address the worsening crisis.

This workshop will explore these challenging scenarios, using case vignettes to develop your clinical skills and address barriers to providing care in these unique settings.

Bio



Dr Mead has been practicing addiction medicine for over 20 years with expertise in women's health, concurrent psychiatric disorders and pain management. She holds the positions of Senior Medical Director for Mental Health and Substance Use programs at BC Women's Hospital, and Medical Director for BC Correctional Health Services. Dr Mead is past Program Director of the BCCSU Addiction Medicine Fellowship training program, and continues to teach and mentor students, trainees and practicing physicians in the field of Substance Use care.

Symposium: ISAM HUMANITIES INTEREST GROUP

THE ROLE OF LOVE IN ADDICTION RECOVERY AND TREATMENT

Helena Hansen (USA), Fatima El omari (MOROCCO), Tomo Shirasaka (JAPAN), Eric Peyron (SWITZERLAND), and Sarah Namirembe (UGANDA).

Abstract

The opposite of stigma in addiction recovery can be called love: it is acceptance, non-judgment, making those in recovery feel at home and like family. Loving supporters don't label or distance themselves; they emphasize how they are the same (for example, by showing how the healer/minister is human and flawed the same as the patient/convert). This symposium illuminates the ways that love manifests in addiction treatment and recovery in different cultures. In Uganda, love is expressed in spiritual centers from Pentecostal churches to traditional faith healing circles, in which the ultimate outcome is for those seeking recovery to themselves become healers, by reestablishing a loving connection with their ancestors. In Japan, a unique self-help group called Danshukai which practices radical self-acceptance and mutual aid serves as the basis for solidarity and long-

term partnerships among those in recovery. In the US, creative arts and group therapy allow members to make their feelings external and tangible, viewable and known to others and themselves, creating a place of acceptance and belonging. This symposium provides both an ethical-philosophical exploration of love as a practice of recovery in four cultures, and number clinical case studies of love in recovery.

Bio

The Human-Sciences Interest Group is composed of clinician-social science and humanities scholars of addiction treatment and recovery; **Eric Peyron** and **Georges Brousse**, both philosopher-psychiatrists in France, **Sarah Namirembe**, founder of Recovery Uganda and a psychologist/medical anthropologist, **Tomo Shirasaka**, addiction specialist in Japan, and **Helena Hansen**, a psychiatrist-cultural anthropologist.

▪ PLENARY LECTURE :

INNOVATION IN THE FIELD OF OPIOID USE DISORDER: THE WAY FORWARD

Louisa Degenhardt (AUSTRALIA).

Abstract

Opioid dependence is associated with substantial health and social burden, and opioid agonist treatment (OAT) is highly effective in improving multiple outcomes for people who receive this treatment. Methadone and buprenorphine are two of the most common medications provided as OAT. This presentation will summarise evidence on the impact of OAT, including comparing buprenorphine maintenance to methadone, assessed in RCTs and observational study designs, across multiple primary and secondary outcomes, including mortality.

For the studies of outcomes other than mortality we found 33 eligible RCTs, N=6,028 participants; 70 observational studies, N=376,664. Retention was better for methadone than buprenorphine, and RCTs had higher retention than observational studies. Of these studies 61 were conducted in Western Europe, 164 in North America, 15 in Middle East/North Africa, 20 in Australasia, 5 in South-East Asia, 7 in

South Asia, 5 in Eastern Europe, 2 in Central Europe and 1 in East Asia. There was no evidence suggesting adherence to treatment differed for buprenorphine compared to methadone. There was some evidence that extra-medical opioid use was lower in those receiving buprenorphine. There was limited evidence of lower levels of cocaine use cravings, anxiety and cardiac risk, and higher levels of treatment satisfaction among people receiving buprenorphine compared to methadone. There was limited evidence of lower levels of hospitalisation and alcohol use in people receiving methadone. There were no differences on other secondary outcomes examined.

For studies examining mortality, the rate of all-cause mortality during OAT was half of the rate seen during time out of OAT (RR, 0.47; 95%CI, 0.42-0.53). This association was consistent regardless of patient sex, age, geographic location, HIV status, and hepatitis C virus status and whether drugs were taken through injection. Associations were not different for methadone (RR, 0.47; 95%CI, 0.41-0.54) vs. buprenorphine (RR, 0.34; 95%CI, 0.26-0.45). There was lower risk of suicide, cancer, drug-related, alcohol-related, and cardiovascular-related mortality during OAT. In the first 4 weeks of methadone treatment, rates of all-cause mortality and drug-related poisoning were almost double the rates during the remainder of OAT but not for buprenorphine. All-cause mortality was 6 times higher in the 4 weeks after OAT cessation (RR, 6.01; 95%CI, 4.32-8.36), remaining double the rate for the remainder of time not receiving OAT (RR, 1.81; 95%CI, 1.50-2.18). Opioid agonist treatment was associated with a lower risk of mortality during incarceration and after release from incarceration.

Evidence from trials and observational studies suggest that treatment retention is better for methadone than buprenorphine. A wide range of health and social outcomes are improved while people are retained in both methadone and buprenorphine. There was a lack of comparative evidence on many other outcomes examined.

Bio



Louisa is UNSW Scientia Professor and NHMRC Senior Principal Research Fellow and Deputy Director at the National Drug and Alcohol Research Centre (NDARC), Faculty of Medicine, UNSW. Louisa conducts diverse epidemiological studies focusing upon people with a history of drug dependence, pharmacoepidemiological studies of pharmaceutical opioid utilisation, post-

marketing surveillance of new opioid medications, and cohort studies of young people and of people using opioids.

Louisa is internationally acknowledged for her research on the epidemiology of illicit drug use, morbidity and mortality. She is a member of the WHO's Technical Advisory Group on Alcohol and Drug Epidemiology; is on the Core Analytic team for the ongoing Global Burden of Disease study led by IHME at the University of Washington in Seattle; and led the Secretariat for the Reference Group to the UN on injecting drug use and HIV from 2007-2010.

▪ PLENARY LECTURE :

HUMAN RIGHTS AND ADDICTION POLICIES.

Gabriele Fischer (AUSTRIA).

Abstract

Persons with disabilities include those who **have long-term** physical, **mental**, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (CRPD Art.1 - see figure 1 below).

Human Rights Based Approach includes also:

- the issue of psycho-social, psychiatric and mental impairments (like **Substance Use (opioid) disorder** as part of the psychiatric disease spectrum, as covered in DSM V: 304 & ICD 10: F11) as defined in CRPD

- persons with psycho-social/mental impairments participated in the negotiations

Hence countries who agreed to the ratification of Convention & Protocol of CRPD are by law obliged to consider the addressed rights - in a particular case the human rights of persons in prison are covered through CAT (convention against torture) and the Nelson Mandela rules, which basically state the equivalency principle - person deliberation from freedom must have the same access to health care as the general population.

Another special population are pregnant women with a psychiatric disorder respectively her legal right regarding the un/newborn child.

This includes: full information on diagnostic procedure & discussion about treatment options for her and her child; especially receiving informed consent after convincing the fully understanding of content in that particular target population.

Liberty & Security of the Person - Art 14/1 CRPD: States Parties shall ensure that persons with disabilities, on an equal basis with others:

- (a) Enjoy the right to liberty and security of person;
- (b) Are not deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty.

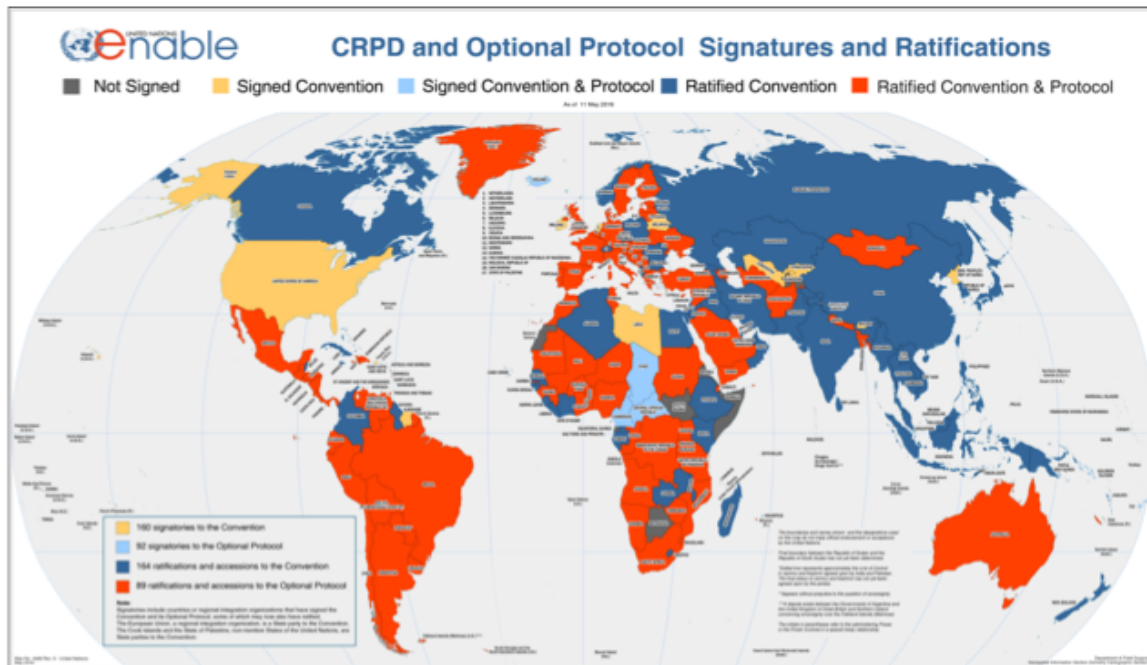
The discussion has to be non - judgmental and include the right of a women with disabilities as decisionmaker for her child under the determination of the child's best interests (see also Article 15 Women's Rights Convention (CEDAW): provision on women's right to legal capacity and the right to act it)

- Protection of the family has to be ensured (Right to Privacy, ECHR)
- Support for parents to fulfill their parental responsibilities
- Economic reasons no justification for separation
- Child's life and development have to be considered holistically
- Future consequences of decision have to be taken into account
- Decision making has to be fair & give due respect to parents' views
- Non-discrimination: health-status, social origin

Eg: Measure to avoid forced treatment, particularly implementation on preventative steps in mental health following evidence-based results needs to be followed eg:

forced detoxification of pregnant opioid dependent pregnant women could be seen as structural violence

Figure: Convention on the Rights of Person with Disabilities (CRPD)



Convention on the Rights of Persons with Disabilities (CRPD)

Quelle: United Nations. Abgerufen von

<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html> am 13.3.2017 um 18:00.

Bio



Univ. Prof. Dr. Gabriele Fischer works as psychiatrist & neurologist and is head of the Addiction Clinic at Medical University of Vienna.

She is involved in many epidemiological clinical and psychopharmacological studies in the field of substance use disorder and non - substance related addictions including the topic of co-morbidities. She has over 150 peer-reviewed publications.

She is, inter alia, member of the European Monitoring Center for Drugs and Drug addiction (EMCDDA) and the commission director of the Austrian Ombudsman Board dedicated to improve human rights in vulnerable populations. Dr. Fischer is also an

expert on the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) of the Council of Europe.

Symposium: BIOMARKERS IN ADDICTION MEDICINE

COGNITIVE AND BEHAVIORAL AS PREDICTIVE AND RESPONSE MARKERS IN ADDICTION TREATMENT.

Jasmin Vassileva (USA), Michela Balconi (ITALY), Salvatore Campanella (BELGIUM), Agnes Kroczek (GERMANY).

Abstract

The prevention and treatment of addictions, related or not to a substance, would benefit from having better biomarkers for the classification of patients into categories that are reproducible and have predictive validity. Recent years highlighted the potential utility of various biomarkers in predicting clinical trajectory of addicted patients. In this symposium, we will illustrate how various brain Imaging Tools (such as EEG, fMRI, NIRS, tDCS) may be useful in the clinical management of patients suffering from various forms of addictive disorders.

1. COGNITIVE AND BEHAVIORAL AS PREDICTIVE AND RESPONSE MARKERS IN ADDICTION TREATMENT.

Jasmin Vassileva



Associate Professor of Psychiatry and Psychology at Virginia Commonwealth University (VCU) in Richmond, Virginia, USA. Her international program of research focuses on personality and neurocognitive risk factors for addiction and developing novel behavioral interventions that target these risk factors.

2. EXECUTIVE FUNCTION NEUROREGULATION AND ADDICTION PREVENTION

Michela Balconi



Professor of Psychophysiology and Cognitive Neuroscience at the Faculty of Psychology of the Catholic University of the Sacred Heart (UCSC), Milan, Italy. She is Director of the International research center for Cognitive Applied Neuroscience (IrcCAN) and of the Research Unit in Affective and Social Neuroscience, Department of Psychology, at UCSC.

THE ROLE OF COGNITIVE ERPS AS BIOMARKERS OF RELAPSE IN ADDICTIVE DISORDERS.

Salvatore Campanella



Research Director at the Laboratory of Medical Psychology and Addictions, Faculty of Medicine, Université Libre de Bruxelles (Brussels, Belgium). He is professor of Psychopathology (Master level) at the Université Libre de Bruxelles (Brussels, Belgium).

NIRS BIOMARKERS DURING SMOKING CUE EXPOSURE TO DRIVE tDCS INTERVENTION.

Agnes KROCZEK



Post-Doc at the University Hospital Tuebingen, Germany, Faculty of Psychiatry and Psychotherapy, member of the Research Group “Psychophysiology and Optical Imaging” and working in outpatient treatment as psychotherapist.

BRAIN STRUCTURAL ALTERATIONS IN OPIOID USE DISORDER: RESULTS OF SURFACE AND VOXEL-BASED MORPHOMETRY.

Abhishek Ghosh (INDIA).

Dr. Abhishek Gupta MD, DM (Addiction Psychiatry, AIIMS, NDDTC Delhi, India).
Diploma in Drug policy, European Drug Winter School 2023, Lisbon, Portugal
Assistant Professor
Department of Psychiatry and Addictive disorders
MMIMSR, Ambala, India
Research Interest: Drug Policy, Behavioural Addiction, Opioid Use Disorder.

Panel: NOSOGRAPHY OF ADDICTIONS

DSM OR NOT TO DSM IN ASSESSING AND TREATING ADDICTION: A DEBATE IN NOSOLOGY AND TREATMENT STRATEGIES.

Marc N. Potenza (USA) and Raju Hajela (CANADA).

Abstract

The current edition (5th) of the Diagnostic and Statistical Manual (DSM-5) classifies substance use disorders and some non-substance conditions (such as gambling disorder) as addictive in the category of “Substance Use and Addictive Disorders.” Addiction has been defined as a primary, chronic disease of brain reward, motivation, memory and related circuitry by American Society of Addiction Medicine in 2011 and that definition was endorsed/adopted by the International Society of Addiction Medicine in 2012. A more recent ASAM statement (2019) defines addiction as a “treatable, chronic medical disease involving complex interactions among brain circuits, genetics, the environment, and an individual’s life experiences.” The DSM approach may lead people to classify “addictions” (plural), with each problem behavior and/or substance use being considered a separate “addiction.” Some may argue that some definitions of addiction consider brain disease as unitary (“Addiction is Addiction”), and assessment and treatment approaches are unified with all manifestations of the disease with various behaviors, along biological, psychological, social and spiritual dimensions. This clinical dialog/debate will have presentations (15 minutes each) by Drs. Marc Potenza and Raju Hajela, with 5 minutes each of response to each other’s presentations. Then the floor will be open for audience participation, with discussion of case examples and real practice scenarios from around the world.

Bio

Marc Potenza



Dr. Potenza is a board-certified psychiatrist with sub-specialty training in addiction psychiatry. He is an Albert E. Kent Professor of Psychiatry, Child Study and Neuroscience at the Yale School of Medicine where he is the Director of the Division on Addictions Research and Center of Excellence in Gambling Research.

Raju Hajela



Dr. Raju Hajela obtained his MD from Dalhousie University (Canada) in 1982 and is founding member (1989), Past President (1997-2000), Certificant (2000) and Honorary Life Member (2007) of the Canadian Society of Addiction Medicine. He is a Certificant and Distinguished Fellow of ASAM and an inaugural Diplomate of the American Board of Addiction Medicine (ABAM). He is a founding member, certificant and Distinguished Fellow of ISAM. He is currently the President and Medical Director of Health Upwardly Mobile (www.healthupwardlymobile.net) in Calgary and the Medical Advisor to the Foundation for Addiction and Mental Health (www.famh.ca).

Symposium: CORRECTIONAL SETTING.

PREVALENCE AND CORRELATES OF SUBSTANCE AND DOPING USE, AS WELL AS PROBLEM GAMBLING AMONG FINNISH PRISONERS.

Presenters:

- *Jonna Levola*: INTRODUCTION TO THE HEALTH AND WELFARE OF FINNISH PRISONERS (WATTU IV) STUDY
- *Jonna Levola*: SUBSTANCE USE DISORDERS, RELATED RISK BEHAVIOURS AND ACCESS TO TREATMENT AMONG FINNISH PRISONERS.
- *Jukka Koskelo*: CORRELATES OF ANABOLIC STEROID AND OTHER DOPING SUBSTANCE USE AMONG FINNISH PRISONERS.
- *Sari Castren*: FINNISH PRISONERS' PROBLEM GAMBLING AND RELATIONSHIP TO TYPES OF CRIME AND RE- OFFENDING.

Abstract

Objectives: The Health and Welfare of Finnish Prisoners (WATTU IV) study aimed to gather information on the mental, physical and social well-being of this specific population which is poorly represented in general population studies.

Methods: During an extensive field study among Finnish prisoners (n=529, 24.0% females), substance and doping use, medication misuse, and related risk-behaviours were assessed via a written health questionnaire and clinical interviews. Further,

semi-structured diagnostic interviews were conducted to assess lifetime substance use disorders (SUD) and other psychiatric disorders. Problem gambling was assessed using the Brief Biosocial Gambling Screen.

Results: Lifetime SUD (87.1%), doping use (34.3%), medication misuse (e.g., benzodiazepines 65.1%, pregabalin 46.5%), problem gambling (12.5%), and related risk-behaviours (e.g., lifetime iv-use 55.4%, prison iv-use 34.0%) were extremely common. Speakers will outline associations of these issues with e.g., gender, age, age at onset, type of crime, re-offending, quality of life, psychiatric disorders, access to treatment and perceived health needs.

Conclusions: The new Prisoner Database serves as an example of data gathering being able to reach also marginalized groups and encourages joint and multi-method research. Speakers will discuss the results' implications for promoting prisoners' health and well-being, integration back into society, and development of the prison health care system.

Bio

Jonna Levola



Jonna Levola is a psychiatrist and addiction specialist working as a clinical lecturer at the University of Helsinki where she holds a title of docent in addiction medicine. She is the current president of the board of the Finnish Society of Addiction Medicine, as well as the ISAM regional representative for Northern Europe.

Jukka Koskelo



Jukka Koskelo is a research manager at A-Clinic Foundation in the Unit of Research and Development. His research interests include addictions, cognitive enhancers and performance and image enhancing drugs.

Sari Castrén



Sari Castrén, PhD, Associate Professor in two universities Helsinki and Turku. She is currently working as a Research manager at the Finnish Institute for Health and Welfare, Finland. She is also a practicing clinical psychologist and is actively training professionals in addiction field (MI and CBT approaches).

Symposium: SUBSTANCE USE IN PRISON

SUBSTANCE USE IN INDIAN PRISONS: MAGNITUDE OF THE PROBLEM AND SOLUTIONS.

Ravindra Rao, Atul Ambekar and Roshan Bhad (INDIA).

Abstract

One out of every five prisoners globally are imprisoned for drug-related offences. Substance use in prison negatively affects the prison environment, while prison environment can adversely affect the health of substance-using prisoners. Research has documented substantial substance use among prisoners with high rates of infectious diseases in the prison population. A large-scale, nation-wide survey was conducted among 7004 prisoners across 17 prisons in India as part of a large-scale national survey on substance use in India. Systematic random sampling was used to choose the participants. Eight percent were females, and 65% prisoners undertrials. The survey found sizeable proportion of prisoners with lifetime and past-12-month substance use. A sizeable number admitted in prisons reported current use of substances and consequent withdrawals within prisons. Roughly six per cent had used a psychoactive substance (excluding tobacco) at least once during their current imprisonment.

The survey underscores the need to provide treatment for substance use disorders (SUD) in Indian prisons. Voluntary, opt-in-based screening for substance use and blood-borne viruses should be conducted at prison entry. SUD treatment should be provided in prisons along with plans for post-release continuity of treatment. Comprehensive addressal of SUD in prisons will help in reducing recidivism and societal cost.

Bio

Ravindra Rao



Ravindra Rao is a Professor, National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi, India. Areas of interest: Opioid Agonist Treatment; harm reduction; community-based treatment; consultation-liaison-Addiction.

Atul Ambekar



Atul Ambekar is a Professor, National Drug Dependence Treatment Centre (NDDTC), All India Institute of Medical Sciences (AIIMS), New Delhi, India. Areas of interest: epidemiology, evidence-informed-drug-policies.

Roshan Bhad



Roshan Bhad is an Associate Professor of Psychiatry, National Drug Dependence Treatment Centre (NDDTC), AIIMS, New Delhi, India. Chairperson, ISAM NExT. Areas of interest addictive behaviors in adolescents and youth, consultation-liaison in addiction psychiatry, drug policy, public health

Panel: RESEARCH AND INTERNATIONAL PARTNERSHIP

SUPPORTING HIGH POTENTIAL RESEARCHERS THROUGH MINI-GRANT FUNDING AND INTERNATIONAL RESEARCH PARTNERSHIPS.

Carly Searcy (USA), Gavin Bart (USA), Stephen Asatsa (KENYA) and Goodman Sibeko (SOUTH AFRICA).

Abstract

Objectives: While research and program evaluation are a part of university faculty expectations globally, authors and research from low and middle-income countries are under-represented in the literature.

Methods: ICUDDR, with support from NIDA, hosted a mini grant project designed to increase research collaboration between scientists in the United States and low and middle-income countries, and to improve capacity for research in low and middle-income countries.

Five researchers in Nigeria, Kenya and India were awarded a \$5,000 mini grant, were paired with a research partner-mentor, and participated in learning collaborative sessions focused on NIDA research priorities, international research partnerships, and policymaking and promotion. Grantees also participated in the eight session course, "publishing addiction science."

Results: In this panel session, grant recipients will present the outcome of their research projects.

Conclusions: International research partnerships are an important component of research, knowledge translation and implementation. Our goal is to increase the ability of researchers in low- and middle-income countries to conduct research in substance use disorders through developing partnerships, expanding learning opportunities, and leveraging available resources.

Bio

The International Consortium of Universities for Drug Demand Reduction (ICUDDR) is a global consortium of universities which offer graduate and postgraduate study programs specifically focusing on the transfer and adaptation of science-based knowledge regarding the prevention and treatment of substance use disorders.

Carly Searcy



Carly has spent her career working in nonprofit management, holds a Master in Information Science (MIS) from the University of Michigan, and is a Certified Project Management Professional (PMP). She served as an Americorps VISTA and has worked in the intersection of libraries, information technology, and higher education. She is the author of "Project Management in Libraries," published by the American Library Association.

Gavin Bart



Dr. Gavin Bart is Director of the Division of Addiction Medicine at Hennepin Healthcare and Professor of Medicine at the University of Minnesota Medical School. He is Principal Investigator of the NorthStar node of the NIDA Clinical Trials Network and engages in international addiction treatment capacity building and technical assistance.

Dr. Stephen Asatsa



Stephen Asatsa, is a Kenyan scholar and counseling psychologist. Currently he is the Head of the Department of Psychology at The Catholic University of Eastern Africa (CUEA). Dr. Asatsa leads a number of international research projects ranging from the impact of the COVID-19 pandemic on adolescent emotional regulation, to the impact of COVID-19 experiences on addiction severity and traditional mourning rituals in Kenya. He is passionate about the promotion of indigenous psychology and the decolonization of psychology in Africa.

Goodman Sibeko



Professor Goodman Sibeko is a Medical Doctor with specialist Psychiatric training. He holds a PhD in Psychiatry from the University of Cape Town where he currently serves as Head of the Division of Addiction Psychiatry and as Director of the US Department of State-funded International Technology Transfer Centre - South Africa. He has a growing body of research work in implementation of interventions for the overlapping pandemics of behavioural disorders and HIV. He has led and participated in several policy development and implementation activities locally in South Africa and further afield on the African continent.

Symposium: COVID 19

IMPACT OF COVID-19 PANDEMIC ON SUD TREATMENT ENGAGEMENT SERVICES AND PATIENT QUALITY OF LIFE.

Dace Svikiš (USA), Adrian Abagiu (ROMANIA), Michael Fingerhood (USA), Başak Unbol (TURKIYE) and H.K. Laldinpuii (INDIA).

Presenters:

- **Michael Fingerhood:** ADAPTING A LOW-THRESHOLD BUPRENORPHINE PROGRAM FOR VULNERABLE POPULATIONS DURING THE USA COVID-19 PANDEMIC.
- **Adrian Abagiu:** METHADONE MAINTENANCE TREATMENT ENGAGEMENT AND RETENTION AND QUALITY OF LIFE IN MALES AND FEMALES WITH OUD DURING THE COVID-19 PANDEMIC IN ROMANIA.
- **Başak Unbol:** IMPACT OF COVID-19 PANDEMIC ON SUBSTANCE USE AND MENTAL HEALTH SERVICES IN TURKEY
- **H.K. Laldinpuii:** IMPLEMENTING A COMMUNITY-BASED PROGRAM FOR RELAPSE PREVENTION DURING THE COVID-19 PANDEMIC: LESSONS LEARNED FROM THE MIZORAM, INDIA EXPERIENCE

Abstract

The COVID-19 pandemic has impacted individuals with SUD worldwide, compelling many health care systems to modify services and how care is provided. This symposium will examine how it impacted clinical research and treatment for SUD in different countries. First, Dr. Michael Fingerhood will describe a low-threshold buprenorphine program (Project Connections, PC) and how COVID-19 afforded an opportunity to increase access to OUD treatment (PC) via the easing of telehealth

regulations for buprenorphine. Second, Dr. Adrian Abagiu will describe pre-to-post-pandemic MMT treatment engagement and retention and patient QOL measures in Romania. Factors contributing to better treatment retention post-pandemic will be discussed, including lower mobility and fewer opportunities for socialization. Third, Dr. Basak Unubol will discuss how the pandemic in Turkey impacted social isolation, drug supply and mental health services for individuals with substance use and problems. She will focus on gender differences, and greater impact of the pandemic on substance use, psychological functioning and stress in women as compared to men. Fourth, Dr. H. K. Laldinpuii Fente will describe how COVID impacted launch of a Fulbright project in India focused on reducing post-treatment relapse using an empathic community-based approach to care. She will discuss the importance of ongoing community agency participation and strategies to maintain motivation and promote stakeholder involvement in the project during the pandemic.

Bio

Dace Svikis



She is a Professor in the Department of Psychology at Virginia Commonwealth University, Director for the Addiction and Women's Health (AWHARE) Program; Deputy Director of the Institute for Women's Health and Co-Director of the International Programme in Addiction Studies (IPAS). Her primary area of expertise is in perinatal addiction and the study of sex/gender differences in the etiology, course and treatment of alcohol and other drug use disorders. Dr. Svikis was the recipient of the 2023 CPDD Mentorship award and is committed to student, faculty and international fellow mentoring.

Michael Fingerhood



He is a Professor of Medicine and Public Health at Johns Hopkins University, and Chief of the Division of Addiction Medicine at Johns Hopkins Bayview Medical Center. The mission of his career

has been to promote and improve the provision of medical care to patients with substance use disorder, including the treatment of HIV and hepatitis C, with the development, maintenance and evaluation of innovative programs related to the care of these individuals. He is co-author of the ASAM Handbook of Addiction Medicine. Dr. Fingerhood was chair of the ASAM Annual Conference Planning Committee from 2014-2020, and currently chairs the ASAM State of the Art Conference and the ASAM Medical Education Council.

Adrian Abagiu



Dr. Adrian Octavian Abagiu is a senior doctor in Infectious Diseases since 1994 and PhD in Medical Science in 2000. He is a Hubert Horatio Humphrey Alumni from 2009 in Substance abuse Prevention Treatment and Policy at VCU&NIDA, working in the National Institute for Infectious Diseases in Bucharest both as senior physician in Infectious Diseases and as medical coordinator for the ARENA OMT Center. Dr. Abagiu is the EUROPAD, INWOMEN and ISAM representative for Romania.

Basak Unubol

Assistant Professor, University of Health Sciences
Istanbul, Turkey

H.K. Laldinpuij:



She is a Professor of Psychology since 2012 at Mizoram University, India. She has received training in neuropsychology, mental health and addiction under the Centre for Addiction Medicine, NIMHANS, India, with additional training in counselling and psychotherapy. Recently, she and colleague Dr. Lalchhanhima Ralte received funding for a Fulbright Scholar on a project to augment her community's intervention programs in substance misuse and use disorders in Mizoram, India.

ORAL PRESENTATIONS: SESSION FOR YOUNG DOCTORS:

- **PROBLEMATIC SUBSTANCE USE IN PATIENTS WITH COMORBIDITY BETWEEN AUTOIMMUNE DISEASES AND PSYCHIATRIC DISORDERS.**

Soukaina Stati (MOROCCO).

Abstract

INTRODUCTION: The comorbidity between autoimmune diseases and psychiatric disorders is an emerging area of research that has attracted attention in recent years. This comorbidity may be due to shared genetic and environmental factors, problematic substance use in this category of patients raises problems of diagnosis, prognosis and therapeutic choice

METHODOLOGY: A descriptive, analytical, cross-sectional, retrospective study done at the psychiatric university hospital Arrazi Salé. The collection of clinical data was carried out in the respect of anonymity and confidentiality archives Data management and statistical analysis were performed using JAMOVI

RESULTS: A total of 74 participants responding to the study criteria were included, we find that there is a statistically significant difference with a $P < 0.05$ of sex, family situation, medical and surgical history, presence of medical coverage and type of hospitalization.

Using multivariate logistic regression and adjusting for confounding factors we conclude that gender and medical history are risk factors for developing problematic substance use in these patients.

CONCLUSION Evaluation of problematic substance use is crucial in patients with psychiatric comorbidity and autoimmune disease in order to provide comprehensive and effective

health care to affected individuals. Treatment approaches must address both conditions simultaneously, including pain management, mental health and social support.

Bio

Dr Stati Soukaina psychiatrist practicing at Arrazi hospital in Sale and 3rd year Phd student

- ***"ALONE, JOBLESS AND SICK»: SOCIAL AND ECONOMIC STRUGGLES IN WOMEN WITH BIPOLAR DISORDER AND SUBSTANCE USE DISORDER- A RETROSPECTIVE STUDY.***

Soraya Boughdadi (MOROCCO).

Abstract

Objective: Show the correlation between socioeconomic status, and a dual diagnosis of bipolar disorder (BD) and substance use disorders (SUD) in women.

Rationale: The comorbidity of SUDs among patients with BD is one of the highest in psychiatry. This generally worsens the prognosis and could have a severe socioeconomic impact on patients. In women, this dual diagnosis might be even more challenging.

Methodology: This was a retrospective study, including women with a diagnosis of BD, who were hospitalized in our facility between the 1st March 2022 and 28th February 2023. The sample was divided into two groups: group1 included women with SUD and group2 included women without SUD. The statistical analysis was done using Excel.

Results: Total sample was n=36. Concerning marital status: in group1 (n=15): 86.7% were alone (single/divorced/separated), and in group2 (n=21): 52.4% were alone. Concerning professional status: in group1: 40% were jobless and 20% had unstable jobs, in group2: 33.3% were jobless and none had unstable jobs.

Conclusion: The percentage of social and professional precarity was higher in women with dual diagnosis of SUD and BD. A specific management for such patients including proper treatment of both disorders is needed to facilitate their social and professional reinsertion.

Bio



Soraya Boughdadi, MD, Graduate of Rabat Faculty of medicine and pharmacy, 2nd year psychiatry resident at Ibn Nafis Hospital - Mohammed VI University Hospital - Marrakech

- ***THE ROLE OF FAMILY AND SCHOOL IN ADDICTION PREVENTION.***

Nizar Liemlahi (MOROCCO).

Abstract

The world has recently undergone dramatic change; from economic globalization, technological progress to the rise of hedonistic and consumerist ideologies, plus the fading of social and family values.

These factors have pushed individuals to seek fulfilment through class affiliation and aggressive consumerism, seriously impacting family ties. Hence the emergence of vulnerable environments and an addictive society.

The objective is to provide youngsters with a preventive approach to resist any kind of addiction. Prevention in this case is a multi-faceted and individualized approach, involving teachers, parents, and health professionals as well as the target public.

An effective, scientific methodology was put into practice in Granada, Spain. As a participant, I worked with families and schoolteachers, analyzed their request to make a necessary diagnosis on the ground, then prepared practical actions, including care, awareness, and education, ending with an evaluation to objectively measure the results. We achieved a successful result of over 50%.

In conclusion, this work of preventative education and support plays a fundamental role in creating a healthy society whose members can avoid the vulnerability that can lead to different addictions.

Bio



Nizar Liemlahi is a clinical psychologist, psychosociologist. He has contributed to health, social projects in Spain, France, Italy, Germany and USA. He has taught at the University of Granada and collaborated with the University of Goshen College, US , Red Cross Spain , Former Regional Secretary of UNESCO .

- ***SUBSTANCE USE DISORDER, PERSONALITY DISORDERS AND ALEXITHYMIA.***
Omari Betahi Mohammed (MOROCCO).

Abstract

Objectives

- Evaluate the prevalence of personality disorder and alexithymia in patients admitted to the addiction center.
- Look for a possible relationship between alexithymia, different personality disorders and the severity of the substance use disorder.
- Look for a possible relationship between alexithymia, different personality disorders and the clinical aspects of substance use.

Materials and methods: This is a cross-sectional survey carried out at the addiction center of CHU HASSAN II in Fez from October to December 2019. Recruitment was carried out through convenience sampling of consultant and hospitalized patients diagnosed with substance use disorder according to DSM 5 criteria. They responded voluntarily to a questionnaire. Then they passed the French version of the TAS20 questionnaire on alexithymia and the French version of the PDQ-4 + questionnaire on personality disorders.

Results: Significant association between alexithymia and the severity of the substance use disorder ($p = 0.033$). significant association between the presence of a specific personality disorder and the existence of a severe substance use disorder ($p = 0.01$)

Conclusion: Other studies would be desirable in order to provide a better understanding of substance-related disorders, but also to assess their relationship with alexithymia and personality disorders.

- **DIGESTIVE MANIFESTATIONS IN DRUG-ADDICTED PATIENTS: MODEL OF A MOROCCAN CIRCUIT BETWEEN GASTROENTEROLOGY SERVICE AND ADDICTOLOGY CENTER.**

Oussama Lakhdar (MOROCCO).

Abstract

Objectives: To study the digestive manifestations in drug-using diseases and to establish a circuit between the addiction centre and the hepato-gastroenterology service

Rationale: The scarcity of studies concerning digestive disorders in drug-addicted patients and insufficient recommendations

Methods: A prospective analytical study was conducted in an addiction centre over 2 weeks including patients aged over 18 years followed up for drug addiction

Results: 142 patients were included; the average age was 44 years with a sex ratio of 46.3. There were 42 heroin users, 62 cocaine and heroin users and 38 heroin and alcohol users. Twelve patients tested positive for the hepatitis C virus. The most frequent digestive symptoms during withdrawal on methadone are constipation in 63% of patients, nausea/vomiting in 15%, abdominal bloating in 9.8%, epigastralgia in 7.7%, GERD in 7.4% and loss of appetite in 6.3%. Among the patients presenting constipation, 14% complained of proctological problems. Undernutrition was found in 85% during the consumption period and reduced to 15% after treatment and bowel syndrome in 24.6%. In the alcohol users a standard liver function test was disturbed in 9 patients.

Conclusion: This study allowed the creation of a patient circuit between the toxicology department and the hepato-gastroenterology service

Bio

Dr Oussama Lakhdar, resident doctor in the hepato-gastroenterology department of the University Hospital of Tangier

- **A CARDIAC ARREST FOLLOWED BY BIFRONTAL-PARIETAL CEREBRAL ATROPHY REVEALED BY ATYPICAL PSYCHIATRIC SYMPTOMS, FOLLOWING MASSIVE USE OF LAUGHING GAS.**

Farah n'sabi (MOROCCO).

Abstract

Introduction: Nitrous oxide is commonly used in medicine as an anesthetic agent. Another issue is the use of nitrous oxide for nonmedical purposes because of its euphoric properties. the use of laughing gas can have consequences that threaten the vital and functional prognosis of the patient such as: sudden death, combined sclerosis of the marrow

Objective: our case reports for the first time, cerebral atrophy following laughing gas in a young subject

This is a 21-year-old patient, chef by profession, with a history of cardiac arrest in 2016 following massive use of laughing gas, and a single day hospitalization in a psychiatric emergency for psychomotor excitement with spontaneous resolution, the patient was admitted for psychomotor agitation in a delirious setting. The patient was put on risperidone 2 mg, the evolution was marked by a very rapid resolution in 2 days with the search for urinary toxins was negative, an MRI performed showed atrophy bifrontal-parietal discordant with age. the patient also benefited from an etiological neurological assessment which came back normal

Conclusion the use of laughing gas can have serious complications.

Bio



Nsabi farah, a 30 years old 4th year psychiatry resident in Tangier's University Hospital.

- **LA DIMENSION 'GENRE' DANS LE TROUBLE ADDICTIF : EXPÉRIENCE DU SERVICE D'ADDICTOLOGIE DE L'HÔPITAL PSYCHIATRIQUE UNIVERSITAIRES DE SALÉ.**

Aicha Tounsi (MOROCCO).

Abstract

Objectives: compare the characteristics of substance use between male and female populations who have already stayed in the addictology department of the Rabat-Salé university hospital center.

This is a retrospective descriptive study carried out by analysis of hospitalization records over a period of one year.

Information is collected using a questionnaire studying sociodemographic data, physical and psychological comorbidities, particularities of use, factors maintaining this use and factors motivating withdrawal. The diagnosis of psychiatric disorders was established according to the DSM-5 criteria.

141 files were seized. The average age of our overall sample was 35.6 years with a female average of 34.3 years and a male average of 35.9 years.

The average age of onset of addiction in the female population was 18.4 years and in the male population 16.5 years. In both groups, the most used substances were tobacco followed by alcohol, cannabis then benzodiazepines.

Conclusion: For decades, research on substance use has only examined the effects of drugs on men.

Since the inclusion of women in this research, a number of differences in dependency have been established.

- **PLENARY LECTURE.**

ALTERNATIVES TO INCARCERATION.

KEVIN MULVEY (USA).

Abstract

This plenary presentation will discuss Alternatives to Incarceration, including both pre-arrest deflection and different types of diversion to substance use treatment. The presentation will review the need and rationale for ATI. Dr. Mulvey will describe a systems approach for designing and implementing treatment interventions at the nexus of the behavioral health and criminal justice systems, which combines public health and public safety interests. The presentation will examine criteria for placement in different types of ATI, considerations for risk assessment, and effective treatment and case care management services. The presentation will conclude with a discussion of the outcomes and benefits of ATI, including economic benefits and reductions in crime.

Bio



Dr. Kevin Mulvey is an Applied Sociologist with over 30 years of experience in the prevention and treatment of substance use disorder. He is currently the Executive Director of the International Consortium of Universities for Drug Demand Reduction (ICUDDR).

He has a Graduate Certificate in Public Health from the University of North Carolina, a PhD from Northeastern University in Sociology, a MA in Applied Sociology and a BA in Sociology from the University of Massachusetts Boston.

He is a Senior Lecturer in Liberal Arts at Northeastern University where he received the 1998 Garth Pittman Award for Teaching Excellence and currently teaches distance learning hybrid courses in the Opioid Crisis and Alcoholism.

Friday 3rd, NOVEMBER 2023

Symposium: TRAUMA AND ADDICTION

TRAUMA AND SUBSTANCE USE DISORDERS: ASSESSMENT AND TREATMENT OF OCCURRING DISORDERS.

Carol J. Weiss (USA), Olena Zhabenko (UKRAINE), Vanessa Cobham (AUSTRALIA) and Shalini Arunogiri (AUSTRALIA).

Abstract

Objective/Rationale: The high incidence of co-occurring Trauma and Substance Use Disorders, world-wide, is well documented, yet integrated treatment strategies are underutilized, and training is scant. This symposium addresses the phenomenology, epidemiology, and treatment strategies of co-occurring Trauma/SUD.

Methodology: Four speakers present 1) epidemiology of Trauma/SUD and range of treatment modalities (Weiss), 2) a 15 minute video from Ukraine reporting consequences of the military invasion on medical, mental health, and addiction treatment (Zhabenko), 3) data from a randomized controlled trial of exposure-based therapy for co-occurring PTSD/SUD among adolescents/young adults (Cobham: Sydney, Australia), and 4) data from a pilot clinic providing trauma-focused integrated treatment for women with PTSD/SUD (Arunogiri: Melbourne, Australia).

Results: Evidence-based treatments for PTSD are applicable to co-occurring Trauma/SUD. The Traumatic Stress Network of the European College of Neuropsychopharmacology (ECNP) has initiated interventions in Ukraine. An RTC of 55 young adults in exposure-based treatment in Sydney demonstrate treatment efficacy. Women accessing integrated treatment over a 2-year period in Melbourne demonstrate symptom reduction.

Conclusions: There is a wide range of modalities to treat co-occurring Trauma/SUD. There is an urgent humanitarian need in the Ukraine requiring management of Trauma/SUD. Two programs in Australia demonstrate that integrated treatment of trauma/SUD is feasible and effective.

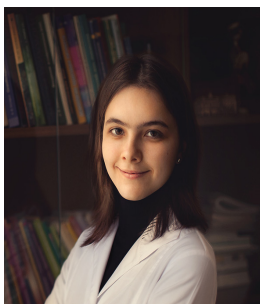
Bio

Carol Weiss



Carol Weiss MD is Associate Medical Director of Weill Cornell Medical College Center for Trauma and Addiction. She is a Clinical Associate Professor of Psychiatry and Psychiatry in Medicine, Weill Cornell Medical College, New York. She is a member of the Executive Committee of American Academy of Addiction Psychiatry (AAAP).

Olena Zhabenko



Olena Zhabenko MD, Psychiatric University Hospital of Zürich. Olena completed her medical degree in Ukraine and completed psychiatry specialization in Ukraine and Germany. She was a Fogarty Research Fellow at University of Michigan Addiction Research Center (2010-2011) and Research Fellow at Lee Kong Chian School of Medicine in Singapore (2014-2016).

Vanessa Cobham



Vanessa Cobham PhD, holds appointments as a Professor in the School of Psychology, University of Queensland and as a practicing Clinical Psychologist within Children's Health Queensland's Child and Youth Mental Health Service. She is an internationally recognized expert in child and adolescent mental health - specifically anxiety and posttraumatic mental health.

Shalini Arunogiri



Shalini Arunogiri MD, PhD is Chair of the Faculty of Addiction Psychiatry at the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and Board Director and Training Officer for ISAM. Shalini is an Associate Professor at Monash University (Melbourne), and a clinical addiction psychiatrist.

Oral presentations: TREATMENT, NEW RESEARCH FINDINGS

1. REVIEW OF METHAMPHETAMINE USE DISORDER TREATMENT AND EXPLORING TMS AS A NOVEL FUTURE THERAPEUTIC TREATMENT.

Rana Jawish (USA).

Abstract

Methamphetamine use disorder (MUD) is increasing in the US and around the world. We have few available treatment options that may be effective in addressing MUD. The Author will review the epidemiology of MUD and comprehensive review of the available evidence -base treatment for MUD. The Author will review the most recent research that focused on exploring the efficacy of Transcranial Magnetic Stimulation (TMS) in reducing craving in Methamphetamine use disorder. The author will review the pilot data of multi-centric clinical trial utilizing TMS as a novel treatment for MUD.

Bio

Rana Jawish, MD American Board Certified in Psychiatry and Neurology/Addiction Psychiatry Fellow (University of Utah)

2. MEDICATION APPROPRIATENESS OF PSYCHOTROPICS PRESCRIBED IN ADULTS WITH OPIOID USE DISORDER RECEIVING BUPRENORPHINE.

Hesham Elarabi (UAE).

Abstract

Background: Prescribing psychotropic medications is reported in upto 72% of the adults with Opioid Use Disorder maintained on medication agonist treatment (MAT) using methadone or buprenorphine (BUP). Antidepressants, antipsychotics, z-hypnotics and benzodiazepines were frequently reported. Psychotropics are prescribed for co-occurring mental health disorder, majority of the prescribed antipsychotics (75.5%) was for unlicensed use primarily sleep disorders. The need for developing evidence-based treatment for co-occurring disorders with was highlighted in with limited studies that examine appropriateness of prescribing psychotropics in adults with OUD maintained on BUP.

Methods: This is a secondary analysis of a randomized controlled trial of 141 adults with OUD maintained on Buprenorphine/Naloxone (BUP/NX) over 16-weeks. At baseline, subjects were screened for depression, anxiety and quality of sleep. Using data from medical records, participants receiving >2 psychotropics other than BUP/NX for >10 days post-acute stabilization were evaluated for medication appropriateness using the Medication Appropriateness Index (MAI) scores '0' :appropriate to '18' inappropriate. Odds Ratio (OR) estimated rate of prescribing

psychotropics in participants with sleep disorders. Linear regression examined the association between the prescribed psychotropics and rate of opioid use over 16 weeks.

Results: Moderate-to-severe depression, moderate-to-severe anxiety, and poor quality of sleep were screened in 77.3%, 52.6% and 61.2%, respectively. Majority of the participants were prescribed >2 psychotropics in addition to BUP/NX (n=104; 73.7%), 48 (46.1%) participants received a combination of an antidepressant and an antipsychotic while 40 (38.4%) received a combination of 2 antidepressants. Mirtazepine 30 mg was the most prescribed psychotropic (n=54; 51.9%). The MAI scores ranged from 0 to 16 with a Median score of 1.0 (Inter Quartile Range 1 to 7). The odds of prescribing psychotropics in adults with poor quality of sleep disorders is not significantly different in adults without poor quality of sleep (OR 1.67 95% CI 0.0.82 to 3.28). Prescribing escitalopram 10 mg was associated with lower opioid use (Standardized Beta Coefficient 0.20, p=0.01).

Conclusions: High rates of prescribing > 2 psychotropics in adults receiving buprenorphine were reported and generated MAI scores remained below the 50. Escitalopram 10 is associated with lower opioid use in adults with OUD receiving BUUP/NX with larger studies required to examine the association of psychotropics and opioid use.

Bio

Hesham Elarabi:

PhD in Addictions- Institute of Psychiatry, Psychology and Neurosciences, King's College London - KCL.

MSc in Addiction Sciences - KCL

Doctor of Pharmacy - Purdue University

Psychology Certificate - Brunel University

Board Certified Psychiatric Pharmacist

3. EXPANDING MEDICATIONS FOR OPIOID USE DISORDER TO AMBULANCE, EMERGENCY DEPARTMENT, AND HOSPITAL SETTINGS IN THE UNITED STATE.

Gavin Bart (USA).

Abstract

Background: Medications for the treatment of opioid use disorder (MOUD) reduce mortality risk by half yet remain underutilized. Efforts to expand access to MOUD in specialty addiction treatment centers and in general medical offices are not likely to reach those who typically avoid these settings. Expanding points of accessing MOUD and then linking patients to ongoing care may provide an opportunity to increase uptake of MOUD by these individuals. In the United States, the rise of illicit fentanyl has increased occurrence of overdose and other medical consequences of opioid use resulting in increased need for ambulance services, emergency department care, and hospitalization.

Methods: This descriptive presentation will focus on the initiation of MOUD within ambulance services, emergency departments, and hospitals in the United States.

Results: Preliminary case series and clinical trials indicate that initiating MOUD in ambulance, emergency department, and hospital settings is feasible and that ongoing engagement in MOUD care in the month following MOUD initiation is greater than for those who are simply referred from these settings to initiate MOUD in community treatment centers or clinics.

Conclusion: Increasing access to and engagement in MOUD will require initiating MOUD outside of traditional ambulatory care settings.

Bio



Dr. Gavin Bart is Director of the Division of Addiction Medicine at Hennepin Healthcare and Professor of Medicine at the University of Minnesota Medical School. He is Principal Investigator of the NorthStar node of the NIDA Clinical Trials Network and engages in international addiction treatment capacity building and technical assistance.

4. METHADONE MAINTENANCE TREATMENT ENGAGEMENT AND RETENTION AND QUALITY OF LIFE IN MALES AND FEMALES WITH OUD DURING THE COVID-19 PANDEMIC IN ROMANIA.

Adrian O. Abagiu (ROMANIA).

Abstract

Background: We are a harm reduction orientated MMT center offering daily opioid substitution to ~400 patients (from a total of ~1600 in Bucharest). In 2021 and 2022 we had about 100 fewer unique patients than in 2019 due to less travel possibilities and the fear of losing treatment opportunity as we have in Romania a big gap of more than 2000 treatment places.

Method: This is a retrospective study analyzing the centralized monthly “Arena” reports and observation files at treatment inclusion (medical check-up, ASI and OTI) and the opioid treatment index (OTI) also at 6 months of treatment. We have analysed entries and exits from treatment, relapses (positive urine tests), and duration in treatment including gender differences. We consider as relapse positive urine tests for opiates, benzo’s, stimulants and barbiturates.

Results: We had 492 unique patients in 2021 and 525 in 2022. The gender composition was 22% women and 79% men in 2021 and 21% women 79% men in 2022. About 46% of our patients are aged 30-39, and 43% aged 40-49. Retention was slightly better in 2022, but we had more positive urine tests in 2022 but only opiates almost reaching statistical significance ($p=0.02$). In OTI scores we had statistical difference favoring women only in Heroin use Q score, Risk-taking Behavior and Health Scales.

Discussion: MMT programs have been developed trying to improve four main domains: reduction in illicit drug use, reduction of HIV related risk behavior, reduction of related crimes and helping restoring societal and familial functions. Comparing to 2019 retention was statistically better ($p=0.001$), both in 2021 and 2022. The improvement seen in many OTI’s domains may be influenced by lesser quantities of street drug supply, lower mobility and less socialization opportunities during pandemic time.

Bio



Dr. Adrian Octavian Abagiu is a senior doctor in Infectious Diseases since 1994 and PhD in Medical Science in 2000. He is a Hubert Horatio Humphrey Alumni from 2009 in Substance abuse Prevention Treatment and Policy at VCU&NIDA, working in the National Institute for Infectious Diseases in Bucharest both as senior physician in Infectious Diseases and as medical coordinator for the ARENA OMT Center. Dr. Abagiu is the EUROPAD, INWOMEN and ISAM representative for Romania.

Symposium: ISAM-Global Expert Network (ISAM-GEN)

INTERNATIONAL SOCIETY OF ADDICTION MEDICINE GLOBAL EXPERT NETWORK (ISAM-GEN): RECENT DEVELOPMENTS IN NETWORK STRUCTURE AND GLOBAL SURVEYS

Hamed Ekhtiari (USA), Alexander Mario Baldacchino (UK), Marc Potenza (USA), Arash Khojasteh Zonoozi (USA), Fateme Sadat Abolghasemi (IRAN) *tbc*, Christian Schuetz (CANADA) and Atul Ambekar (INDIA).

Abstract

Addiction medicine is in nature a multifaceted dynamic field intertwined with socio-economical, political, and cultural factors whereas different types of data need to be evaluated by different groups of experts in related fields for more validated data collection both at national and international levels. Moreover, its sensitivity to wider systemic changes especially during challenging situations, emerges the need for developing a well-built communication infrastructure entangling addiction societies, clinics, and experts worldwide to monitor emerging concerns, subjectively and objectively, and for more rapid reliable information gatherings in the field as a central aid in decision formation and policy making. The ISAM Global Experts Network (ISAM-GEN) aims to build on this endeavor by addressing this crucial gap in international addiction medicine through expert opinion elicitation and consensus-building projects. In this symposium, the seeding idea of ISAM-GEN formation in line with ISAM global initiatives will be discussed. As ISAM-GEN has stepped through milestones and developments while expanding the network within the past year, the details of expert recruitment, network development, and recent updates within ISAM-GEN will also be presented. The results of the first ISAM-GEN survey which targeted addiction-related societies/associations on the subject of treatment service provision for opioid use disorder will also be presented. Development and initial results of the ISAM-GEN dual disorders global survey which focuses on the assessment, treatment, training and research, and quality improvement of dual disorders will be reported. As closing remarks, an overview of ISAM-GEN's future path and concluding remarks on how to contribute to future ISAM-GEN surveys will be discussed.

Bio

SAM Global Expert Network (ISAM-GEN) is the latest product of the ISAM which has aimed to extend the borders of addiction medicine by connecting experts around the world within an international network for expert elicitation. This symposium will discuss ISAM-GEN's recent advances and developments and its ongoing global surveys.

Oral presentations: POLICIES AND POLITICS

1. IMPROVING ACCESS TO ADDICTION MEDICINE SERVICES FOR A REMOTE INDIGENOUS COMMUNITY: CO-CONSTRUCTION AND EVALUATION OF A TELEHEALTH CARE TRAJECTORY.

Annie Talbot (CANADA).

Abstract

Background: To improve access to culturally safe addiction services for Indigenous patients living in remote regions, a telehealth care trajectory in addiction medicine was co-constructed by the Listuguj Community Health Services (LCHS), the CISSS de la Gaspésie and the Centre hospitalier de l'Université de Montréal (CHUM).

Methods: The study consisted of both qualitative and quantitative research tools, including a pre-implementation environmental scan, post-implementation semi-directed interviews with care providers, a patient satisfaction survey, an economic analysis, and retrospective chart reviews.

Results: environmental scan demonstrated barriers to addiction medicine access : long distances to services, language, lack of cultural safety and capacity. A retrospective review of charts showed good adherence to treatment, appointment attendance, and no complications. The qualitative data highlighted the systemic and operational friction points in patient flow, the importance of adaptability and relationship-building, the need for continuous professional development and training, the facilitators and barriers to telehealth, and the influence of external stakeholders on the trajectory. An economic analysis demonstrated that the cost of telehealth was comparable to the cost of ambulatory care within the CHUM. However, the analysis didn't include patient costs (ex. transportation, missed hours of works, lodging) in the calculation.

Bio

Dr Annie Talbot, is a Clinical Assitant Professor at the University of Montreal. She has been a co- investigator on a number of phase III clinical trials for antiretroviral drugs in Quebec and under a fellowship at Stanford University. She has lead OAT induction in ED and Listiguj projects.

2. USER PERSPECTIVES OF A COLLABORATIVE HEALTH INFORMATION SYSTEM FOR USE IN SUBSTANCE USE DISORDER RECOVERY.

Sue Feldman (USA).

Abstract

Objective: To ensure adequate, accurate, and complete data collection and reporting from community social care organizations, a collaborative health information system for peer support and clinical specialists (CHIPSS) was developed. The system is used at the point of contact.

Rationale: Research has reported on software-based systems to support SUD recovery services; without addressing the need for individual and personalized services for people in SUD recovery. Additionally, these systems do not consider motivational interviewing strategies for non-threatening, non-judgmental, and trustful information collection.

Methodology: Twenty-two emails invites were sent to users at the community social care organization, which included a survey link to an internet-based electronic survey tool. The survey was open for a 3-week period. Eighteen usable responses were received. Questions were asked relative to navigation, ease of use, and functionality.

Results: Eighteen (100%) respondents felt CHIPSS meets their overall expectations. Top box scores reveal 93% felt CHIPSS was: easy to navigate; 97% easy to use; 100% easy to learn; and 61% not complex. Comments included: "...I am so thankful [CHIPSS] makes my job so much more fluid and cuts down on interview times," and "CHIPSS is saving lives."

Conclusion: These findings speak to the importance of designing for usability at the outset of artifact definition for SUD applications.

Bio



Sue Feldman is a Professor at the University of Alabama at Birmingham and Director of Graduate Programs in Health Informatics. Her research focuses on health information systems for social protections. Her current work is around substance use disorder and recovery, but during COVID Dr. Feldman led a team in developing symptom assessment and exposure notification tools for the state of Alabama. This effort led to being awarded the HIMSS 2021 Changemaker in Health Award.

3. *STIGMA, SHAME, AND FRUSTRATION-WHY ISN'T ADDICTION TREATED LIKE ANY OTHER ILLNESS?*

Garrett McGovern (IRELAND).

Abstract

Stigma is an important but often forgotten aspect of addiction. Even across different addictions there is a 'stigma hierarchy' felt by sufferers. For example, there tends to be far greater stigma associated with heroin and crack cocaine use than there is with an alcohol or gambling problem. The pejorative language used to describe people who use drugs or develop use disorder piles a greater sense of shame on what is already a difficult problem to deal with.

This presentation defines and examines the concept of stigma and its theoretical origins, particularly in the context of addiction. There are a number of real-life case studies used to illustrate the lived experiences of people afflicted with addiction.

Bio



Dr McGovern qualified in Medicine in 1995 from Trinity College Dublin and has worked as a GP specializing in Addiction Medicine since the implementation of the methadone treatment protocol in 1998. In January 2022 he was appointed Clinical Lead for the HSE Addiction Services in Louth Meath & The Midlands. Dr McGovern holds a Master's degree in Clinical and Public Health Aspects of Addiction from The National Addiction Centre, King's College London and is a Diplomate of the International Society of Addiction Medicine (ISAM).

4. SOCIAL MEDIA USE DURING THE COVID-19 PANDEMIC: AN EVALUATION WITH MULTINOMIAL LOGISTIC REGRESSION ANALYSIS: THE CASE OF TURKIY.

Huseyin Unubol (TURKIYE).

Abstract

The objective of this study is to investigate the factors associated with social media use during the COVID-19 pandemic in Turkey.

Rationale: The COVID-19 pandemic has had a significant impact on people's daily lives, including their use of social media. Understanding the factors that influence social media use during pandemics can provide important insights for policymakers, health professionals, and social media companies.

Methodology: This study is one of the largest of its kind in Turkey, with a reach of 7684 participants. Conducted in 2021, 67 clinical psychologists utilized an online form called Humanations to engage with the study's participants. It used a Multinomial Logistic Regression analysis to predict whether social media use changed during the pandemic. Several independent variables were used to estimate the difference between those who claimed that social media use increased and those who claimed it did not. The independent variables included age, gender, educational level, ADHD diagnosis, and various reasons for social media use such as sharing experiences, using social media for work, shopping, gaming, following news/developments, passing time, overcoming boredom, education and personal development, meeting new people, and chatting.

Results: The results showed that having a higher education level, using social media to follow news and developments, kill time, and overcome boredom were factors that increased social media use during the pandemic. The Barratt Nonplanning Impulsivity and Barratt Attentional Impulsivity factors were also seen as factors that increase social media use. On the other hand, age, gender, having a diagnosis of ADHD, sharing experiences, using social media for work, gaming, using social media for education and personal development, meeting new people, and chatting did not change social media use during the pandemic.

Conclusions: The study provides important information on the factors associated with social media use during pandemics. It shows that educational level, following news, killing time, and overcoming boredom are the main factors that increase social media use during the pandemic. These findings suggest that individuals may have turned to social media as a way to cope with the stress, anxiety, and fear associated with the pandemic. However, it is important to note that the impact of social media use on mental health during pandemics should be further explored.

Bio

Hüseyin Ünübol is a psychiatrist and researcher with expertise in addiction research, epidemiology, political psychology, and positive psychology. He has established a large working network in Turkey as named Humanations. He has also worked as a volunteer researcher with VIPBG research group for a genetic study in Turkey.

- **Workshop: OPIOIDS ADDICTION TREATMENT`
STABILIZATION WITH SPLIT DOSE METHADONE AND BUPRENORPHINE FOR BIRTHING
PEOPLE WHO USE FENTANYL.**

Vania Rudolf (USA)

Abstract

Workshop Background: Adequate symptomatic relief from opioid withdrawal symptoms plays a key role in effective management of birthing people with opioid use disorder during the early phase of opioid cessation, allowing for engagement in stabilization with medication for opioid use disorder (MOUD) and behavioral treatment modalities. Trauma-informed care and education on OUD supports marginalized and structurally oppressed birthing people to make healthy choices and to engage in evidence-based services with MOUD that secure access, equality, equity, value-based caring and optimal outcomes. The clinical effectiveness of a novel pharmacotherapeutic approach for withdrawal management involving a fast uptitration of split Methadone dose and low dose buprenorphine initiation with ancillary non-opioid/benzodiazepine-free combination protocol will be discussed. Maternal and neonatal outcomes at delivery will be reviewed and compared.

Workshop Description: Retrospective chart review.

Birthing people with Diagnostic and Statistical Manual V (DSM V) diagnosed opioid use disorder seeking inpatient treatment and withdrawal management from illicitly manufactured Fentanyl. Patients were admitted to inpatient Addiction Recovery Services, Swedish Medical Center, Seattle, WA during 2022. They were educated on OUD and available medications for opioid use disorder (MOUD), stabilized on either Methadone or buprenorphine via novel approaches, discharged to follow up care and delivered within the same system in 2022. Methadone protocol included initiation of scheduled and as needed Methadone doses with fast daily uptitration of split dose which was continued throughout pregnancy. Buprenorphine protocol included scheduled low dose buprenorphine, non-opioid ancillary tizanidine, gabapentin, dicyclomine and hydroxyzine, and as needed oral hydromorphone. Information on co-occurring stimulant and tobacco use was screened and offered pharmacotherapy included, oral mirtazapine HS and nicotine replacement therapy as part of the withdrawal management treatment. Parent and neonatal outcomes including substance use at delivery, medication stability and MOUD dose, mode of delivery, neonatal withdrawal, need for higher level of care and warm hand off and discharge with parent were examined.

A total of 48 birthing parents received withdrawal management, stabilization with MOUD and delivered at Swedish in 2022; 100% reported Fentanyl use, 85% methamphetamine use and 98% tobacco. All people were educated on SUD and available pharmacotherapy.

A total of 26 (54%) chose to initiate split Methadone dose and 22 (46%) chose buprenorphine (TID/QID). At delivery, the mean Methadone dose was 95mg BID and total buprenorphine mean dose was 20mg. Substance use at birth was screened; 23%

(6/26) people on split Methadone reported Fentanyl use while 32% (7/22) people on buprenorphine endorsed illicit Fentanyl. Birthing people on Methadone had 16 vaginal (62%), 10 cesarean deliveries (38%), compared to people on buprenorphine who had 10 vaginal (45%, 10/22) and 12 cesarean (55%, 12/22) deliveries; mean GA was 37w4d for Methadone and 38w0d for buprenorphine. Neonatal outcomes for Methadone exposed newborns included 80% (21/26) no NOWS, 8% (2/26) requiring one dose morphine and 12% (3/26) admitted to NICU for higher level of care and scheduled morphine treatment. Buprenorphine exposed newborns included 68% (15/22) no NOWS, 14% (3/22) requiring one dose morphine and 18% (4/22) admitted to NICU and scheduled morphine treatment. A total of 98% (24/26) birthing parents on methadone compared to a 99% (1/22) birthing parents on buprenorphine discharged with their baby to home or to a treatment facility.

Results: The workshop describes novel pharmacotherapeutic approaches for withdrawal management and stabilization with split doses MOUD (Methadone and buprenorphine) in the setting of Fentanyl. It demonstrates efficacy of how trauma-informed care, timely management of challenging opioid withdrawal and embracing patient's choice for initiation of Methadone and buprenorphine facilitate treatment engagement and improved maternal and neonatal outcomes.

Bio

Dr. Vania Rudolf works at the Addiction Recovery, Swedish Medical Center, Seattle; is an assistant professor at University of Washington, Seattle and the Chair for the National Women's Addiction Group related to ASAM. She advocates for compassionate trauma-responsive care to vulnerable birthing people, for kind non-judgmental services and removing barriers to care

Symposium: POLICIES AND POLITICS

CANNABIS, CANNABINOIDS AND ADDICTION MEDICINE: INTERNATIONAL PERSPECTIVES FROM SCIENCE TO PRACTICE TO POLICY.

Ahmad Yousif (UAE), Gregory Bunt (USA) and Jag Khalsa (USA).

Abstract

Objectives: To shed light on the current research on medicinal cannabinoids and the clinical practice and policy issues. There is an acute need for a dynamic discussion on the global policy issues pertaining to cannabis/cannabinoid use.

Methods: The authors will present current research related to cannabinoids e.g., potential of use in the treatment of a number of disorders, the role of the physician in dealing with issues related to cannabinoids in clinical practice and global international policies related to the commercial sale and promotion of cannabis.

Results: Cannabis is a complex plant with 567 chemical constituents. Only 2 of these namely delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) have been studied for potential therapeutic value. Both are promoted for treating many clinical conditions including insomnia, anxiety, depression, Parkinson's, Alzheimer's, schizophrenia, and other diseases. The adverse effects of chronic use of cannabis including its connection to intoxication and addiction are also very relevant to clinical practice and public perception.

Conclusions: Currently indications of medicinal cannabinoids include their potential to treat some types of pain and substance use disorders (SUDs) such as opioid dependence. The potential of adverse effects of chronic cannabis use and its impact on public health needs to be considered.

Bio

Ahmed Yousif Ali



Dr. Ahmed Yousif is currently Head of Psychiatry at the National Rehabilitation Centre (NRC), Abu Dhabi. He joined the NRC in 2002 as a member of the founding team. He currently serves on the editorial boards of the Journal of Substance Abuse treatment, U.S.A, and the international journal of emergency mental health and Human Resilience.

Jag H. Khalsa



Jag H. Khalsa, MS, PhD, DFISAM, currently is serving as a Special Volunteer at National Institute on Drug Abuse, NIH, following retirement in October 2017 after 40 years of US Federal service (10 at FDA and 30 years as the Chief, Medical Consequences of Drug Abuse and Infections Branch, NIDA, NIH); and as an Adjunct Professor in the Department of Microbiology, Immunology, and Tropical Diseases at GWU School of Medicine and Health Sciences, Washington, DC, USA.

Gregory Bunt



Gregory Bunt M.D. graduated in 1983 from NYU School of Medicine, and completed his residency in Psychiatry at the Albert Einstein College of Medicine in 1987. He was among the first to complete the Fellowship in Addiction Psychiatry in the nation (NYU 1989), and is a Clinical Assistant Professor of Psychiatry at NYU Langone Medical Center. He is a diplomate of the American Board of Psychiatry and Neurology with Special Added Qualifications in Addiction Psychiatry and a Fellow of both the American and International Societies of Addiction Medicine.

▪ PLENARY LECTURE :

GLOBAL ALCOHOL ACTION PLANS (GAAP) 2022-2030: ROLE OF GLOBAL NETWORKS, ACADEMIA AND PROFESSIONAL ASSOCIATIONS IN REDUCING ALCOHOL-RELATED HARM.

Vladimir Poznyak, (WHO, Switzerland).

Abstract

Alcohol beverage use is strongly embedded in social norms and traditions in many societies, but according to WHO estimates, more than a half of the world population aged 15-64 years do not drink alcohol. Alcohol use is associated with a significant health burden for populations worldwide and the number of alcohol-attributable deaths every year is about five times bigger than the number of drug-attributable deaths, which is largely determined by differences in prevalence rates. Alcohol is one of the best studied psychoactive substances in terms of its impact on health of individuals and populations, and accumulated evidence is solid for developing effective prevention and management strategies and interventions. Considerable challenges remain for effective reduction of alcohol-related harm, including some controversies regarding the current knowledge on impact of alcohol use on health of individuals and populations. Alcohol remains the only psychoactive and dependence-producing substance with a significant impact on global health that is not controlled at the international level by legally-binding instruments. The global alcohol action plan 2022-2030 aims to strengthen implementation of the Global strategy to reduce the harmful use of alcohol by accelerating actions at all levels and by appropriate engagement of all key stakeholders including academia and professional associations. ISAM has been involved in intensive process of development of the action plan. Health professionals in addiction medicine have an important role to play in supporting national and international responses to the public health problems caused by the harmful use of alcohol, also by scaling up prevention and treatment interventions in health systems.

Bio



Vladimir Poznyak, a medical doctor and psychiatrist by professional background, is the Coordinator of the WHO Management of Substance Abuse unit at WHO Headquarters in Geneva. In this role, he is responsible for the coordination and implementation of a range of activities relating to alcohol control, drug demand reduction and addictive behaviours in the World Health Organization. Dr. Poznyak has been at the forefront of the WHO Secretariat's work on development and

implementation of the WHO Global strategy to reduce the harmful use of alcohol, strengthening public health aspects of policy dialogues and international efforts addressing drug use and drug use disorders, also in collaboration with UNODC. Dr. Poznyak received the International Award of Excellence in International Leadership from the National Institute on Drug Abuse (NIDA), USA.

Panel: PSYCHOSTIMULANTS

TREATMENT OF STIMULANT USE DISORDER.

Panelists: Kathleen Brady (USA), Giang Le Minh (VIETNAM), Larissa Mooney (USA), Shalini Arunogiri, (AUSTRALIA).

Abstract

Psychostimulant (primarily cocaine and methamphetamine) use is a major public health problem in many parts of the world. However, there are very few people receiving evidence-based treatment for stimulant use disorder (StimUD). This panel proposes 2 presentations on contingency management, a treatment with extensive evidence of efficacy. Arunogiri-Australia will present the results of an extensive meta-analysis and systematic review of contingency management for StimUD and plans for implementation of CM in Australia, Giang-Vietnam will provide research on use of contingency management to reduce stimulant use by individuals in methadone maintenance treatment. Mooney-USA will present a research review on the extensive research to identify pharmacotherapies for StimUD. Finally, transcranial magnetic stimulation (TMS) is a potentially useful approach being evaluated as a treatment for StimUD. Brady-USA will present research assessing TMS for StimUD and will describe a large multi-site clinical trial to be conducted in the NIDA Clinical Trials Network. All of the presentations will contain existing research evidence and plans for future research and implementation will be described.

Bio

Shalini Arunogiri



Shalini Arunogiri MD, PhD is Chair of the Faculty of Addiction Psychiatry at the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and Board Director and Training Officer for ISAM. Shalini is an Associate Professor at Monash University (Melbourne), and a clinical addiction psychiatrist.

Dr. Le Minh Giang is a Professor at Hanoi Medical University.

Dr. Mooney is a professor at UCLA.

Dr. Brady is a professor at Medical University of South Carolina.

Symposium: BEHAVIOR ADDICTION/ FOOD ADDICTION

SUBSTANCE USE DISORDERS IN EATING DISORDERS: ANALYSIS OF SHARED CLINICAL, NEUROPSYCHOLOGICAL AND PERSONALITY TRAITS.

Fernando Fernandez-Aranda (SPAIN).

Abstract

Introduction: Empirical data suggests a high comorbid occurrence of substance use disorders (SUDs) and eating disorders (EDs), as well as neurological and psychological

shared characteristics. However, no prior study has identified the neuropsychological features which make ED patients more vulnerable to develop substance abuse symptomatology. This study first examines the prevalence of A/DA symptoms in a heterogeneous group of ED patients. Subsequently, the study aims to compare the clinical features and neuropsychological performance of patients with an exclusive ED to those with additional A/DA symptoms.

Methods: 145 participants (74.5% females) with a range of diagnosed EDs underwent comprehensive clinical assessments (Temperament and Character Inventory-Revised (TCI-R), Symptom Checklist-90 Revised (SCL-90), (Eating Disorders Inventory-2 (EDI-2) and neuropsychological assessments (Stroop Colour and Word Test (SCWT), Wisconsin Card Sorting Test (WCST), Iowa Gambling Task (IGT)).

Results: Within the sample, 18.6% of ED patients displayed A/DA symptomatology. Prevalence of A/DA symptoms across ED subtypes did not differ significantly, however, patients with A/DA symptoms reported significantly higher prevalence of impulsive behaviours than those without. Clinical measures revealed significantly higher levels of interoceptive awareness (EDI-2), somatisation (SCL-90R) and novelty seeking (TCI-R) among ED patient with A/DA. In the neuropsychological assessments, this group also reported higher mean in perseverant errors (WCST) and in the first block of the IGT, and lower mean in the STROOP-words measure. **Conclusions:** Prevalence rates within this study reinforce previous findings that there is a strong association between ED patients that engage in binge-purge behaviours and substance abuse. ED patients with A/DA symptoms display a specific phenotype characterised by greater impulsive personality, psychopathology and impairments in executive functions compared to ED patients who do not exhibit A/DA symptoms. These findings may have important implications for the evaluation and treatment of eating disorders where alcohol or drug abuse could likely cooccur.

Bio

Distinguished Professor at the University of Barcelona, Specialist in Clinical Psychology, has been the Director of the eating disorders (ED) Unit at the Clinical Psychology Unit (University Hospital Bellvitge, Barcelona, Spain), current Scientific Director of Research Institute IDIBELL, Director of CIBERObn and co-Chair ED section of WPA.

STRENGTH OF PORNOGRAPHY CRAVING EXPERIENCE (PCE-S): THE VERIFICATION OF A NEW METRIC.

Yasser Khazaal (SWITZERLAND).

Abstract

Objective: This study aimed to adapt and validate the Strength of Pornography Craving Experience scale (PCE-S) based on the Elaborated Intrusion theory of desire.

Methodology: The PCE-S used and adapted the "strength" items from the Craving Experience Questionnaire for pornography use. 1584 English-speaking individuals who recently used cyberporn, aged 18-75 (M = 33.18; SD = 10.84; 63.1% male, 35.2% female, and 1.7% non-binary) took the PCE-S online. Compulsive Internet Use Scale for cyberporn use was assessed by all participants. Cronbach alpha coefficient, corrected item-total correlation, and discriminant analysis assessed the instrument's psychometric qualities, while confirmatory factorial analysis (CFA) assessed concept structure validity.

Results: After improving the model with modification indices, the three-factor model fit well. Compulsive cyberporn use (CCU) showed concurrent validity. The PCE-S differentiated CCU levels.

Conclusions: The PCE-S instrument scale appears to capture essential constructs and connect with compulsive cyberporn use.

Bio



Yasser Khazaal is Full Professor of Addiction psychiatry at the Faculty of Biology and Medicine, University of Lausanne and associate Professor at the Department of Psychiatry and Addictology, Montreal University, Canada.

ASSOCIATION BETWEEN CYBERPORN USE AND RAPE MYTHS ACCEPTANCE

Farah Ben Brahim (France).

Abstract

Objective: This study aimed to assess associations between rape myths acceptance and compulsive cyberporn including appealing pornographic styles, and moral incongruence among a sample used to cyberporn activities.

Methodology: 1000 men, 557 women, and 27 non-binary people participated. Participants completed the Compulsive Internet Use Scale for cyberporn use, Acceptance of Modern Myths about Sexual Aggression scale, and questions regarding their pornography consumption, preferences, and moral perception of pornography. Analysis of k-means non-hierarchical clustering was conducted to distinguish types of cyberporn use.

Results: We identified "low-risk" and "high-risk" cyberporn use. The people in the high-risk group had higher rape myths acceptance scores, were more aroused by visuals of dominance, humiliation, submission, and young people, and accessed cyberporn more often and for a longer time than the low-risk group. High-risk males were more morally opposed to pornography than low-risk males. Some pornographic styles had stronger associations with compulsive cyberporn use and rape myths acceptance.

Conclusions: This study updates previous research on compulsive cyberporn's link to rape myths acceptance with new data. Mediating factors between the two should be investigated further.

Bio

Farah BEN BRAHIM, after graduating as a psychologist with a clinical psychology psychopathology degree, Farah Ben Brahim pursued a research career with a thesis between the University of Tours, the University of Lausanne. In parallel to her research activities, she has worked in the clinical fields of addiction, sexual violence offenders, child protection.

BEHAVIORAL ADDICTION VERSUS SUBSTANCE ADDICTION.

Fatma Swilem Ali Mohamed Swilem (UK).

Abstract

Intro: The concept of addiction is not easy to define and the usage of the term addiction has been considered as controversial; however, central to its definition is the dependence on a substance or activity.

Methodology: First, differences and similarities of different perspectives in the field of addiction as well as behavioral symptoms of addiction to various substances was obtained from scientific literature (1990-2009). Thereafter, the obtained data was coded and categorized and subjects were discussed and major issues were extracted.

Conclusions: Behavioral addictions such as gambling, overeating, television compulsion, and internet addiction are similar to drug addiction except that the individual is not addicted to a substance, but he/she is addicted to the behavior or the feeling experienced by acting out the behavior.

However, the physical signs of drug addiction are absent in behavioral addiction. One of the precursors of behavioral addiction is the presence of psychopathologies such as depression, substance dependence or withdrawal, and social anxiety as well as a lack of social support.

Bio



Fatma Swilem Ali Mohamed Swilem GMC registered specialist Psychiatrist who is currently working in CAMHS in Preston. In 2021 she became Specialist and Head of Department at Borg El-Arab Central Hospital is a general private hospital situated in Alexandria.

In 2022 Fatma moved to the UK as International Training Fellow in Psychiatry at Lancashire and South Cumbria NHS Trust. She is working in CAMHS as CT3 - Specialty Registrar.

Symposium: NEW ASPECTS IN SUBSTANCE USE TREATMENT

ONDANSETRON'S EFFECTS IN THE TREATMENT OF ALCOHOL USE DISORDER - A REVIEW OF IMPORTANT AND NEW FINDINGS.

Bankole Johansson (USA).

Abstract

The Serotonin-3 (5HT3) receptor mediates those effects of alcohol in the cortico-mesolimbic dopamine reward pathway. Preclinical research has shown that antagonism of the 5HT3 receptors in the VTA blocks the acquisition of alcohol self-administration, reduces on-going alcohol self-administration, and prevents enhanced alcohol relapse consumption following a period of deprivation. There is extensive clinical research translating these findings. Seller and colleagues (1994) were the first to report positive effects of ondansetron on reducing alcohol consumption in humans. The development of employing ondansetron to treat alcohol use disorder (AUD) has progressed over the decades. Multiple clinical studies reported that low-dose ondansetron reduced alcohol consumption in early-onset AUD subjects.

Recent developments indicated that there are genetic markers in the serotonin transporter and 5HT3A and 5HT3B receptors that predict the efficacy of ondansetron (AD04) to reduce alcohol consumption in heavy alcohol consuming (<10 DDD) subjects. A 6-month recent study, double-blind, randomized, Phase-3 clinical trial of AUD subjects assessed the efficacy of ondansetron (0.33 mg/twice daily; AD04) to reduce alcohol consumption in genotype specific AUD subjects stratified by drinking endophenotype (10 DDD). AD04 reduced the PHDD compared to placebo treated heavy alcohol consuming AUD subjects and increased quality of life (OR=3.4, 95% CI: 1.03-11.45, p=0.04), reduced AUD symptoms (Mild: AD04 group 33% vs. placebo group 39%). The details of the study and the results will be discussed in a different presentation.

Bio

Bankole Johansson is a Professor of Biomedical Sciences, Larkin University, Miami

A PHASE 3 RANDOMIZED CLINICAL TRIAL SUPPORTS LOW-DOSE ONDANSETRON (A 5-HT3 ANTAGONIST) AS A PRECISION MEDICINE TO TREAT ALCOHOL USE DISORDER.

Hannu Alho (FINLAND).

Abstract

Past research has indicated that Ondansetron is efficacious at reducing alcohol consumption in AUD with specific genotypes (serotonin transporter and/or 5-HT3A/5-HT-3B receptors) and alcohol consumption endophenotypes (heavy drinkers - <10 Standard Drinks/Drinking Days; DDD). A 6-month, double-blind, randomized, Phase-3 clinical trial of AUD subjects assessed the efficacy of ondansetron (0.33 mg/twice daily; AD04) to reduce alcohol consumption in genotype specific AUD subjects stratified by drinking endophenotype (10 DDD). During Month 1 and 6, the least square (LS) mean change in PHDD from baseline was 8.5% greater in the heavy drinkers AD04 group compared with placebo (LS mean: -46.7% (2.7%), 95%CI: -52.1% to -41.2% vs. -38.1% (2.9%), 95%CI: -43.8% to -32.5%; $p < 0.03$) with an effect (LS mean difference: 7.0%, $p = 0.07$) for Months 5 and 6 combined. Treatment with AD04 increased quality of life (OR=3.4, 95% CI: 1.03-11.45, $p = 0.04$), reduced AUD symptoms (Mild: AD04 group 33% vs. placebo 39%; Severe: AD04 group 10% vs. placebo group 24%; $p = 0.05$), was well tolerated, and has similar adverse event profile as placebo. No significant effects existed between AD04 and placebo groups in severe heavy drinkers. This study showed promise for AD04 as a precision medicine treatment for heavy drinkers with predefined genetic markers.

Bio



Professor Hannu Alho, MD, PhD, Professor of Addiction Medicine, Emeritus, University of Helsinki, Finland; Specialist in Addiction Medicine; ISAM Past President. Professor Alho's main interests are on pharmacological treatment of alcoholism, prevention of alcohol related health problems, treatment of pathological gambling and treatment opiate addictions. Professor Alho continues actively his research, currently he is the coordinating primary investigator of two new pharmacotherapy trials in the treatment of AUD.

UNHELPFUL PSYCHOTROPIC PRESCRIBING IN ADDICTIONS.

Jonathan Chick (UK).

Abstract

People who have developed harmful habits with alcohol or substances have often seen practitioners who have diagnosed psychiatric illness, such as anxiety, depression, ADHD or even psychosis. Disentangling cause and effect is difficult even when a thorough timeline history is obtained, unless there is the possibility of observation of mental state over time while the subject is completely abstinent.

The result is that such people are prescribed, with good intentions, powerful psychotropic drugs such as antidepressants, sedatives, stimulants or antipsychotics. Over half of patients entering addiction treatment are already prescribed at least one psychotropic and a third are prescribed two or more.

Randomized controlled trials (RCTs) have sometimes revealed paradoxical results, even showing worsening of the substance use as shown for some SSRIs in alcohol dependence. Dopamine-enhancing antidepressants may provoke gambling. Major tranquillizers have sometimes been found to increase drinking. The role of medications for ADHD is also controversial when patients use substances. Discontinuation of unhelpful medications proves easier than many fear, according to observational studies conducted in a residential setting.

Bio



Professor Jonathan Chick MA (Cantab) MBChB MPhil DSc FRCPE FRCPsych is Medical Director, and Consultant Psychiatrist at Castle Craig Hospital, Scotland. He trained at Cambridge and Edinburgh Universities and till recently held a chair in Health Research at Edinburgh Napier University. He is co-Chief Editor of the international journal Alcohol and Alcoholism.

GHB AS PART OF AGONIST OPIOID TREATMENT.

Icro Maremmani (ITALY).

Abstract

GHB is one of the few effective aids in the treatment of alcoholism. Alcoholism is a relatively frequent condition in the opioid addict population. In the face of a small population of primary alcoholics with true double dependence, there is a well-founded suspicion that inadequate treatment for dose, duration or treatment option

chosen in the first line tends to induce the apparent remission of heroin through the establishment of POTUS. A metabolic relationship between alcohol and morphine would make the damaged brain of poorly treated heroin addicts a substrate vulnerable to alcoholism as a disguised exacerbation of metabolic decompensation itself. The usefulness of GHB, and some of its pharmacological peculiarities, could make it interesting in the prevention and treatment of alcoholism in drug addicts. Precautions about its potential for abuse, justified concerning impulsive alcoholics or abusers outside treatment programs, do not appear to be well-founded concerning selected populations of methadone maintenance responders.

Bio



Icro Maremmanni is now an Adjunct Professor of Addiction Medicine at the University of Pisa and the Saint Camillus International University of Health and Medical Sciences (UniCamillus) in Rome, Italy. Formerly, now retired, was the chief of the Dual Disorder Unit at Santa Chiara University Hospital in Pisa and a full professor of Psychiatry. His expertise is agonist opioid treatment of heroin addicts, especially patients with dual disorders.

PEOPLE WHO USE BENZODIAZEPINES IN TAYSIDE - A HEALTH NEEDS ASSESSMENT.

Jacob Asplin, (UK).

Abstract

Background: The Tayside region of Scotland experiences some of the highest rates of drug-related deaths anywhere in Europe. Since 2016, benzodiazepines, particularly ‘street’ benzodiazepines, have been increasingly implicated in these deaths. Understanding the patterns and drivers of this emerging trend, and the resulting health needs, is imperative in informing future service provision and planning.

Methods: A traditional tripartite approach to health needs assessment was conducted in Tayside between April and November 2022. This included an epidemiological assessment of routine and bespoke linked data sources alongside elements of the peer-reviewed and grey literature, a corporate assessment of the views and opinions of 17 multi-disciplinary professionals and 12 members of the Tayside community considered experts-by-experience, and a comparative assessment of the current global evidence base for both psychological and pharmacological interventions for benzodiazepine dependence.

Results: Benzodiazepines are now implicated in the majority of drug-related deaths in Tayside, the vast majority of which involve the use of 'street' benzodiazepines alongside other classes of drugs. Both physical and psychological benzodiazepine dependence is common whilst adverse behavioural, cognitive and social effects are also reported. The lack of access to specialist support for people who would like help with their benzodiazepine use is perceived as an injustice when compared to that which is available for opioid and alcohol use. There is a particular demand for benzodiazepine substitution therapy yet this approach lacks a conclusive evidence base.

Conclusions: The current focus of recovery-oriented services on opioids and alcohol, with a relative neglect of the role of benzodiazepines, is no longer supported by the epidemiological evidence. A change in approach is necessary to meet the needs of people affected by benzodiazepine use whilst the evidence base for pharmacological support remains limited.

Bio



Dr Jacob Asplin is a Specialty Registrar in Public Health Medicine at NHS Greater Glasgow and Clyde, Scotland. He is a graduate of the University of Nottingham Medical School, the Liverpool School of Tropical Medicine, and the University of Glasgow where he was awarded the Dr MacKinlay (Anderson College) Prize 2021 for the home student with the highest academic achievement on the Master of Public Health programme.

Panel: TRAINING AND EDUCATION IN AFRICA

COLLABORATION TO PROMOTE THE DEVELOPMENT OF AN EDUCATED AND PROFESSIONAL WORKFORCE IN DRUG DEMAND REDUCTION: AN AFRICAN CONTINENT PERSPECTIVE

Pamela Kaithuru (KENYA), Livia Edegger (USA), Brian Morales (USA) Roger Weimann (SOUTH AFRICA), and Martin Agwogie (NIGERIA).

Abstract

Objective: Specialised training in substance use disorders (SUD) is frequently absent from health and social welfare training programmes (Pasche et al. 2015; Pederson &

Sayette, 2020). According to Ayu et al. (2015), there is a lack of conformity amongst medical doctors and their perceptions of SUD. In light of this, ISSUP Africa Chapters, in conjunction with ICUDDR are working to promote the inclusion of training for SUD within degree programmes and thus promoting the professionalisation of the field of SUD in Africa.

Method: In all three chapters, working with different organisations, several activities have been engaged to support the inclusion of training in SUD within Health Sciences and Medical Science degree programmes.

Results: ISSUP South Africa, Nigeria and Kenya, partner engagements have resulted in inclusion of training in SUD within tertiary degree studies. For instance: The development and implementation of a Peer Education Training Module at Rhodes University, South Africa. The introduction of Addiction studies at post-graduate level in two universities in Nigeria and continued work with Kenyatta University has resulted in the development of a professional SUD task force within Kenya.

Conclusion: With improved capacity and education of the drug demand reduction workforce, it is possible to build a more professional and credible workforce across Africa.

Bio

ISSUP is a membership organisation that connects, unites, and provides knowledge to the global substance use prevention, treatment, and recovery workforce.

The ISSUP mission is to establish Substance Use prevention, treatment and recovery support as a unique and multidisciplinary field through the professionalisation and development of its network of professionals.

Pamela Kaithuru



Dr. Pamela Kaithuru is the President of the International Society of Substance Use Prevention and Treatment Professionals (Kenya Chapter) and an Instructor at the Institute for Meteorological Training and Research Regional Training Centre (Nairobi-Kenya) for English-speaking Africa. She is a Mental Health professional, an Internationally Certified Addiction Professional, author, trainer, researcher and a psychologist with over 20 years of experience in the Workplace in the area of HIV mainstreaming, Alcohol and Drug abuse prevention, mental health, psychological wellness and climate change.

Livia Edegger



Livia Edegger is the Deputy Director of the International Society of Substance Use Prevention and Treatment Professionals (ISSUP). Livia oversees the development of ISSUP National Chapters and has been instrumental in the establishment and sustainability of National Chapters around the world. Prior to joining ISSUP, Livia supported and coordinated the development, delivery, and evaluation of mentoring and parenting programmes.

Brian Morales



The Chief of the Counternarcotics Branch for the U.S. Department of State, working within the Bureau of International Narcotics and Law Enforcement Affairs, Office of Global Programs and Policy (INL/GPP). He has worked on the issues of substance use prevention and treatment for 14 years, developing and implementing projects with countries in Asia, Africa, and Latin America.

Roger Weimann (SOUTH AFRICA)

Martin Agwogie (NIGERIA).

Symposium: COMPULSORY TREATMENT

***CLINICAL, ETHICAL AND LEGAL DIMENSIONS OF COMPULSORY TREATMENTS IN
SUBSTANCE USE DISORDERS.***

Co-Chairs: Rabia Bilici (Turkiy), and Atul Ambekar (INDIA)

***COMPULSORY TREATMENT OF SUD: EVOLUTION AND STATUS IN THE
INTERNATIONAL DRUG CONTROL FRAMEWORK***

Atul Ambekar (INDIA).

Abstract

The three UN Drug Conventions form the bedrock of the international drug control framework. While the text of these documents urges the member states to take ‘practicable measures’ for drug control and have provisions for treatment and rehabilitation of people affected by addiction, historically, the governments have made diverse interpretations of these provisions. This has resulted in some countries enacting harsh and punitive laws for the crime of drug consumption, which has extended to compulsory treatment in lieu of (or, as?) punishment. In the recent past, at the international level, there has been a visible shift towards a more humane approach in formulating drug policies, which discourage compulsory drug treatment. However, it remains a work in progress.

Bio

Dr. Rabia Bilici, from Istanbul, Turkey, received a bachelor’s degree in medicine in 1999 from İstanbul University İstanbul Medical Faculty. After graduating, she completed her psychiatric residency between 2002-2007. Right now she is the president elect of Türkiye Addiction Psychiatry Association and the regional representative of Eastern Europe in ISAM.

Atul Ambekar



Atul Ambekar MD, MBBS. Professor National Drug Dependence Treatment Centre (NDDTC); Department of Psychiatry, All India Institute of Medical Sciences (AIIMS), New Delhi, India. Secretary General of the Addiction Psychiatry Society of India.

CONTEMPORARY DISCUSSIONS SURROUNDING COERCIVE TREATMENT OF SUBSTANCE USE DISORDERS IN CANADA.

S. Monty Ghosh (CANADA).

Abstract

This presentation will review current issues surrounding coercive treatment in Canada, including an overview of current legislation for youth, which varies across the country, and evolving conversations regarding adults. We will discuss ethical concepts, and how consideration for coercive treatment must incorporate evidence-based interventions and appreciate the larger substance use disorder treatment landscape.

ETHICAL AND EVIDENCE-BASED CONSIDERATIONS FOR COERCIVE TREATMENT OF ADDICTIONS

Jonna Levola (FINLAND)

Abstract

In (the Western world) civil rights are based on autonomy. However, individuals have the right to receive treatment even when they do not have the capacity to make decisions about their health for themselves. Nonetheless, they do not have the right to harm one another. These are the core principles which have to be considered when considering compulsory treatment for addictions.

Also, the evidence base for compulsory compared to voluntary treatment for addictions is slim and needs to be critically evaluated. The effect on individual human rights and the benefit to society as a whole needs critical evaluation.

Bio



Jonna Levola is a psychiatrist and addiction specialist working as a clinical lecturer at the University of Helsinki where she holds a title of docent in addiction medicine. She is the current president of the board of the Finnish Society of Addiction Medicine, as well as the ISAM regional representative for Northern Europe.

COMPULSORY TREATMENT OF DRUG USE DISORDERS FOR PERSONS PLACED UNDER THE CONTROL OF FRENCH JUDICIAL AUTHORITY: OPEN ENVIRONNEMENT, PRISON AND ARTICULATION OF CARE

Michaël Bisch (FRANCE)

Abstract

Half of the prisoners in France are suffering from Substance Use Disorders (SUD), including adolescents and adults. French prisons can be a place of care and prevention, but also a place where addictive behaviors are highly exposed and established.

There is no compulsory treatment during incarceration, but incentives such as reduced sentences in case of medical follow-up. Mandatory treatment begins at the time of full release, semi-freedom or under judicial supervision. In recent years, it can also be a form of alternative to prosecution especially for young people. The links between the health and justice systems remain ill-defined. We propose to address the synergies and dissonances of the French system of compulsory treatments for SUD.

PAPER PRESENTATIONS

ISAM/NIDA AWARDEES ORAL PRESENTATIONS

1. *STUDY OF CONNECTIVITY BETWEEN THE CEREBELLUM AND REWARD SYSTEM BY PET/ MRI (18F-FDG) IN PATIENTS WITH ALCOHOL USE DISORDER (AUD).*

Romina Andrea Capellion (ARGENTINA).

Abstract

Study of Connectivity between the cerebellum and reward system by PET/ MRI (18F-FDG) in patients with alcohol use disorder (AUD)

The cerebellum connects directly with structures of the reward pathway such as the ventral tegmental area in rodents, according to recent studies. However, brain structures and neuron pathways of this cognitive function are almost unknown to this day, as well as the link between AUD and impulsive behavior

The aims of our study are to understand whether the connectivity between the cerebellum and the brain areas of the reward pathway is affected in patients with alcohol use disorder,

and its relationship with the impulsivity trait in those individuals.

We designed an observational cohort study of adult AUD volunteers, classified according to DSM-5 severity criteria, AUDIT test, and the Barrat Impulsiveness Scale metrics.

Brain FDG-PET/MR hybrid images are acquired to analyze the metabolic, functional, and anatomic findings of these individuals compared to control subjects.

Preliminary results of the first ten AUD individuals are presented. Ulterior analysis of these patterns, and the correlation between cerebellum and reward pathway functional activity, together with psychometric scales results, could confirm the hypothesis of the interaction of these structures in AUD subjects.

Bio



Specialist of Psychiatry and Legal Medicine with a Master of Psychopharmacology. She is a psychiatrist at the Agency for the Prevention and Assistance in Addiction. Rio Negro, Argentina and also Medical Director and Psychiatrist of Applied Neuroscience Centre (NEA), Bariloche. Argentina. Founder member of the Argentine Society of Addiction Medicine (ARSAM-SAMA) and Secretary of the “Drug Dependence and Alcoholism”, chapter of the Association of Psychiatrists of Argentina (APSA)

2. ASSOCIATION OF PHOSPHOTIDYLETHANOL (PETH) LEVELS WITH SEVERITY OF ALCOHOL DEPENDENCE IN TREATMENT SEEKING PATIENTS OF ALCOHOL DEPENDENCE: AN EXPLORATORY STUDY.

Abhishek Gupta (INDIA).

Abstract

Phosphotidylethanol (PEth), a direct biomarker for alcohol can be measured in whole blood for up to 4 weeks. It is well suited to monitor abstinence, drinking behavior and to identify relapse because it can detect both chronic and occasional alcohol consumption. The current study aimed to assess the association of PEth levels with the severity of dependence in alcohol-dependent patients. Methodology: It is a cross sectional study comprising of 50 adult males, first time treatment seeking for alcohol dependence (based on ICD 10 criteria). Urine cassette test was done to rule out illicit opioid use and benzodiazepine use in past 3 days. Alcohol Use Disorder Identification Test (AUDIT) was used to screen patients for harmful alcohol use. Timeline Follow Back method was used to ascertain self-reported amount of alcohol use, Severity of Alcohol Dependence Questionnaire (SADQ) and Addiction Severity Index (ASI) were used for assessing severity of dependence, while Obsessive

Compulsive Drinking Scale (OCDS) to assess Craving. PEth estimation in whole blood sample (2ml) was done by LC-QTOF-Mass -spectrometry. Analysis was done using SPSS version 26. Result: The mean age of the subjects was 35.4 years (SD= 8.68). The PEth levels of the majority (72%, n=36) of the subjects were below 2500 ng/ml and the median was 1122 ng/ml (IQR: 3232.0-655.2). A highly significant moderate positive correlation was observed between PEth levels and number of days drinking ($r_s=0.44$, $p=0.001$), average drinks per day ($r_s=0.47$, $p=0.001$) and heavy drinking days ($r_s=0.44$, $p=0.001$) in past one month. Most of the subjects (60%) were of severe dependence. A weak positive correlation of PEth levels was seen with both SADQ score ($r_s= 0.15$) and OCDS total score ($r_s= 0.27$). A significant but moderate positive correlation of PEth levels was seen with the Alcohol domain ($r_s=0.37$, $p=0.009$) of ASI Composite score while employment ($r_s=0.02$), family ($r_s=0.10$) and psychiatric ($r_s=0.01$) domains had a weak positive correlation, which were not significant. Discussion: We found a strong correlation of PEth with self-report of amount of alcohol use but a weak to moderate correlation between PEth and severity of dependence.

Bio

Dr. Abhishek Gupta MD, DM (Addiction Psychiatry, AIIMS, NDDTC Delhi, India).
Diploma in Drug policy, European Drug Winter School 2023, Lisbon, Portugal
Assistant Professor
Department of Psychiatry and Addictive disorders
MMIMSR, Ambala, India
Research Interest: Drug Policy, Behavioural Addiction, Opioid Use Disorder.

3. DEXMEDETOMIDINE AS AN ADJUVANT IN TREATMENT RESISTENT DELIRIUM TREMENS.

Mandhini Bojappen (INDIA).

Abstract

Objective: To evaluate the utility of Dexmedetomidine infusion in the treatment of resistant Delirium Tremens (DT), defined as lack of sedation with 60 mg Diazepam equivalents.

Methodology: Retrospective, propensity score-matched, observational study using clinical data from a high dependency unit of a tertiary level addiction medicine centre. In January 2021, we instituted a stepped-care protocol allowing Dexmedetomidine infusion for carefully selected resistant DT cases. We have reviewed the case records of all DT patients between 01.01.2021 to 30.04.2023. Dexmedetomidine (study group) is compared with treatment as usual (comparator group). A 2:1 (study: comparator) nearest neighbour matching based on propensity scores was used to obtain a balanced sample for outcome analysis. Propensity score

matching is done on patient, treatment and illness-related variables (total of 20). We compare the two groups on a primary outcome of time required for acute sedation (RAAS score one or below). Safety-related outcomes are also explored and reported.

Results: During the study period, 160 DT patients received treatment and 18 received Dexmedetomidine. On average, patients who received dexmedetomidine achieved sedation faster than those who received escalating doses of benzodiazepines.

Conclusion: Dexmedetomidine can be an effective alternative to escalating doses of benzodiazepines in the treatment of resistant DT.

Bio

NANDHINI BOJAPPEN senior resident at Nimhans, India, doing post-doctoral fellowship in addiction medicine.

Substance use disorder in women and family interventions in addiction are areas of interest

4. PORTUGUESE DRUG POLICY REFORM IN INTERNATIONAL CONTEXT: A SYSTEMATIC INVESTIGATION.

Carl Erik Fisher (USA).

Abstract

Introduction: In response to a heroin use crisis, Portugal initiated a series of drug policy reforms that culminated in the 2001 decriminalization of personal drug possession and use, attracting widespread international attention. However, there have long been serious misunderstandings of these reforms. (1)

Methods: This author is a U.S. scholar of forensic psychiatry, policy, and the law, who, drawing on previous research on the social and historical dimensions of addiction (2), has undertaken a long-stay residency in Portugal to investigate the antecedents, details, and outcomes of reform in that country. Policy analysis

included: stakeholder interviews, historical research, literature review, program observation, and legal analysis.

Results: The Portuguese decriminalization of drug possession, as an isolated measure, was far less influential as usually portrayed. Actual criminal law practices changed relatively little in 2001. Rather, there were wide-ranging policy initiatives, including significant investments in public health and harm reduction measures, and there were also massive cultural changes in perspectives toward drug use.

Conclusions: The technical details of drug policy reforms cannot be understood in isolation from social and cultural factors. The law does not unidirectionally drive public health changes; rather, cultural norms and the law influence one another dynamically.

Bio



Carl Erik Fisher, M.D., is an addiction physician, bioethicist, and person in recovery. He is an assistant professor of clinical psychiatry at Columbia University, a fellow of the American Psychiatric Association and the American Society of Addiction Medicine, and a member of the American Psychiatric Association's Council on Psychiatry and Law.

5. THE MEDIATING EFFECTS OF PERCEIVED FAMILY SUPPORT IN THE RELATIONSHIP BETWEEN PSYCHOPATHOLOGICAL SYMPTOMS AND PROBLEMATIC SMARTPHONE USE.

Jiang Long (CHINA).

Abstract

Objective and rationale: Problematic smartphone use (PSU) is frequently considered a public health issue. Yet, there is a paucity of research focusing on cultural determinants of PSU. In this cross-cultural study, we aimed to investigate smartphone usage patterns and possible mediating effects of perceived family support (PFS) from a stress-coping perspective.

Methodology: Convenience samples of 790 Chinese and 439 Belgian undergraduates completed an online survey that focused on socio-demographics, smartphone usage patterns, and psychological variables (i.e. anxiety, depression, PFS, and PSU). The study hypotheses were tested via SEM analysis.

Results: Compared with Belgian undergraduates, Chinese undergraduates reported longer time of using smartphones and different usage preferences. In both samples, PSU was positively associated with anxiety and depression, and negatively associated with PFS. After controlling for gender and age, we found that PFS partially mediated the effect of anxiety on PSU in both samples, but a consistent mediating effect of depression was not confirmed.

Conclusions: Chinese and Belgian undergraduates have different smartphone usage patterns. The mediating effect of PFS in the relationship between anxiety and PSU is consistent in different cultural settings. Psychological interventions that take into account familial factors could be helpful for young people presenting with anxiety and PSU.

Bio

Dr. Jiang Long is a psychiatrist researcher focused on addiction and global health. He received his Ph.D. from Central South University with joint training at the *Université Catholique de Louvain*. He has extensively worked for the WHO and the National Health Commission of China on substance use and addictive behaviours.

6. DISRUPTIONS IN HIV PREVENTION DURING THE RUSSIAN INVASION OF UKRAINE.

Ben Nikitin (USA)

Abstract

Background: In Europe, Ukraine has the second-largest HIV epidemic, concentrated among people who inject drugs (PWID). The Russian invasion of Ukraine has caused major population displacement and put healthcare services at risk of disruption. Limited access to HIV prevention can result in outbreaks among PWID and other vulnerable groups.

Methods: We performed 9 semi-structured interviews with providers of HIV prevention and other harm reduction services in Ukraine. We purposively sampled

participants to include three distinct wartime regions of Ukraine: occupied, frontline, and destination regions.

Results: The Russian invasion of Ukraine has catalyzed demand- and supply-side interruptions in HIV prevention. Across all three regions in Ukraine, pharmacy closures combined with client financial instability and client openness to aid, substantially expanded demand for injection paraphernalia (IP), condoms, and other HIV prevention services. Furthermore, disruptions to opioid agonist therapy treatment and wartime stresses catalyzed changes in the illicit drug scene that led to even greater demand for clean needles and syringes. Finally, client displacement due to the war increased demand for HIV prevention in transit and destination regions. Supply was constricted due to roadblocks and curfews in occupied and transit regions; organizations were forced to curtail delivery of IP, condoms, and other HIV prevention supplies. Across all three regions, these issues were exacerbated by internal and external displacement of social workers, limiting in-person staff capacity. Several organizations were forced to decrease their daily distribution of IP due to supplier shortages.

Conclusions: Increased demand for and restricted supply of IP and condoms led to major disruptions of harm reduction services in Ukraine, increasing risk of HIV outbreak among PWID. To ensure a steady supply of HIV prevention services during conflict, a streamlined client database and centralized coordination of the national HIV prevention strategy should be developed.

Bio



Benjamin M. Nikitin is a Ukrainian-American researcher at Yale University (mentored by Dr. Frederick L. Altice). His research focuses on HIV policy, treatment of opioid use disorder, and harm reduction services for displaced Ukrainians. He has been deeply impacted by the ongoing war in Ukraine, which has inspired his current work.

7. SEMI-STRUCTURED MANUALIZED TREATMENT PROGRAM (SSMTP) FOR INDIVIDUALS WITH SUBSTANCE USE DISORDERS IN A CANADIAN FORENSIC PSYCHIATRIC PROGRAM.

Andrew T. Olagunju (AUSTRALIA).

Abstract

Background: Substance misuse is disproportionately prevalent among individuals in the criminal justice system.

Objective: This study highlights the lessons learned from implementing a semi-structured manualized treatment program (SSMTP) for substance misuse in a Canadian forensic psychiatric program to model a treatment option for substance misuse among this population.

Methods: A retrospective review of pre- and post-treatment data from individuals who underwent the SSMTP (a multi-levelled comprehensive substance abuse treatment program) was completed. Readiness was assessed pre- and post-SSMTP using the Stage of Change Readiness and Treatment Eagerness Scale (SOCRATES).

Results: Regarding alcohol use as problems in participants' lives, ambivalence increased significantly between pre-treatment ($M = 10.0 \pm 5.1$) and post-treatment ($M = 11.4 \pm 5.4$) analysis, $t(34) = 2.3$, $p = .025$. For participants using cannabis, cocaine, and tobacco, there were significant increases in recognition and taking steps between pre- and post-treatment groups. Cannabis recognition scores increased from $M = 21.2 (\pm 8.2)$ to $M = 23.6 (\pm 8.7)$, $t(38) = 2.4$, $p = .024$, and taking steps scores increased from $M = 33.1 (\pm 7.3)$ to $M = 35.5 (\pm 6.1)$, $t(41) = 2.79$, $p = .008$. Cocaine recognition scores increased from $M = 24.4 (\pm 6.9)$ to $M = 26.7 (\pm 6.3)$, $t(15) = 2.1$, $p = .05$, and taking steps scores increased from $M = 34.5 (\pm 4.7)$ to $M = 37.4 (\pm 3.4)$, $t(16) = 2.9$, $p = .011$. Tobacco recognition scores increased from $M = 19.0 (\pm 8.0)$ to $M = 21.3 (\pm 9.1)$, $t(42) = 2.4$, $p = .022$, and taking steps scores increased from $M = 32.6 (\pm 7.4)$ to $M = 34.7 (\pm 6.1)$, $t(44) = 2.4$, $p = .021$.

Conclusion: Semi-structured manualized treatment programs can help improve the recognition and action toward substance use cessation and abstinence in forensic populations with concurrent disorders. We recommend the implementation of similar intervention programs to support the rehabilitation, and public safety.

Bio



Dr Olagunju is an Assistant Professor at the Department of Psychiatry and Behavioural Neurosciences, McMaster University and a Psychiatrist at St. Joseph's Healthcare Hamilton (Forensic Psychiatry Program). He is an Associate Editor with *Frontier in Psychiatry* (Section on Public Mental Health and Psychology) and editorial board member of the *Journal of Climate Change and Health*, and *Journal of Clinical Sciences*.

8. SELF-REPORTED STRATEGIES FOR HARM REDUCTION IN RESPONSE TO FENTANYL DRUG SUPPLY.

Courtney Nordeck (USA).

Abstract

Objectives/Rationale: Fentanyl has contributed significantly to overdose mortality for nearly a decade. Harm reduction strategies are important mechanisms at the

forefront of preventing fatal overdose. However, more data are needed on how people who use drugs (PWUD) alter behavior in response to suspected fentanyl contamination of the drug supply.

Methods: A cross-sectional survey of residential treatment patients using fentanyl was conducted from December 2019 through July 2021. Participants reported various techniques to reduce drug use associated risks. Harm reduction strategies used in response to fentanyl-contaminated drugs were analyzed using descriptive statistics.

Results: Most participants identified as male (74.0%) and Black (59.6%). Nearly all participants reported using at least one harm reduction strategy (96.0%). The most common strategies reported included using smaller amounts of opioids (81.2%), having naloxone on-hand (64.0%), and not using alone (57.2%), whereas less common strategies included using fentanyl test kits (13.2%). Most participants (74.0%) reported willingness to use fentanyl test kits if they were available and half (50.0%) expressed willingness to engage with overdose prevention sites.

Discussion: These findings provide insight into PWUD's engagement in harm reduction behaviors to mitigate risks of fentanyl exposure and provide a basis for developing targeted interventions and increasing access to existing strategies within fentanyl-adulterated markets.

Bio

Dr. Courtney Nordeck is an Assistant Research Scientist at Friends Research Institute in Baltimore, Maryland. Her research includes studying facilitators and barriers to treatment access at individual and structural levels.

■ **PLENARY LECTURE**

ADOLESCENT BRAIN COGNITIVE DEVELOPMENT (ABCD) STUDY: FINDINGS AND WAY FORWARD.

Nora Volkow, NIDA, (USA).

Abstract

Adolescence is a time of profound growth but also of vulnerability, due to dramatic neurodevelopmental changes in the brain that take place during this period. This makes the adolescent brain learn faster but also renders it more susceptible to adverse experiences such as trauma and neglect but also to the effects from substance use. Recent advances in genetics, neuroimaging and data science have made it feasible to conduct a longitudinal study of sufficient size and scope to answer many outstanding questions about how these experiences influence brain development, how they promote or interfere with later health outcomes, or even what healthy brain development looks like. While still ongoing it already has expanded our understanding of the role that biological, social, and behavioral factors like genetics, gender, social media exposure, physical activity, sleep, nutrition and social/economic disparities among others have on brain development and their association with the emergence and progression of substance use and mental illness including suicide risk. The *ABCD Study*®, now in its sixth year, is the largest longitudinal study of brain development and child health in the United States and is led by NIDA and NIAAA in partnership with various Institutes and Centers across the National Institutes of Health. Its open science data platform allows for scientists from any discipline or organization to take advantage of its richness to help answer some of the most pressing public health questions of our day. This presentation will describe the origins and some of the most salient findings that this landmark study has generated to date.

Bio



Nora D. Volkow, is Director of the National Institute on Drug Abuse (NIDA) at the National Institutes of Health. Dr. Volkow's work has been instrumental in demonstrating that drug addiction is a brain disorder. As a research psychiatrist, Dr. Volkow pioneered the use of brain imaging to investigate how substance use affects brain functions.

Much of her professional career was spent at the Department of Energy's Brookhaven National Laboratory in Upton, New York, where she held several leadership positions including Director of Nuclear Medicine, Chairman of the Medical Department, and Associate Laboratory Director for Life Sciences. Dr. Volkow was also a professor in the Department of Psychiatry and Associate Dean of the Medical School at The State University of New York at Stony Brook.

Dr. Volkow has published more than 800 peer-reviewed articles, written more than 100 book chapters, manuscripts and articles, co-edited "Neuroscience in the 21st

Century" and edited four books on brain imaging for mental and substance use disorders.

Symposium: OPIODS AND HARM REDUCTION

LESSONS IN CREATING A VALUES FORWARD INTERVENTION TO PROVIDE MEDICATION TREATMENT FOR OUD TO UNDERSERVED AND MARGINALIZED POPULATIONS, INCLUDING THOSE WHO WERE RECENTLY INCARCERATED

Deborah Agus (USA)

SPECIAL CONSIDERATIONS FOR LEVERAGING DATA SYSTEMS TO SUPPORT AND IMPROVE COMMUNITY-BASED TREATMENT FOR OPIOID USE DISORDER PROGRAMS.

Courtney Nordeck (USA)

The Behavioral Health Leadership Institute, an NGO created in 1996 in Baltimore City, Maryland, USA, developed an innovative, community-based opioid use disorder (OUD) treatment program to meet the needs of the most vulnerable populations including those jailed due to their OUD and related actions. Project Connections at Re-Entry (PCARE) provides outreach, harm reduction services, HIV testing, and buprenorphine treatment to those with OUD.

The PCARE Van is located outside of the City jail to provide easy access upon release and better coordination with the jail. The goal is to provide high-quality, on-demand treatment. Our team is comprised of qualified clinicians, outreach workers, and a case manager. The team prescribes buprenorphine (Suboxone) and provides rapid HIV testing and naloxone, with a focus on increased accessibility within a harm reduction framework. Outreach workers link with patients who miss appointments and go inside the jail to meet with inmates and inform them of accessible treatment options upon release. The program is welcoming, low-barrier, and comprehensive. Since November 2017, we have enrolled over 1,700 patients including 79% with criminal justice history and 61% who are experiencing homelessness.

This symposium will focus on BHLI's model, guides for adaptation and replication, and relevant data.

Bio

Deborah Agus



Deborah Agus, is an Adjunct Associate Professor at the J.H. Bloomberg School of Public Health where she teaches classes related to policy and to the development of behavioral health law, especially as it impacts the rights to accessible and equitable treatment.

Courtney Nordeck

Dr. Courtney Nordeck is an Assistant Research Scientist at Friends Research Institute in Baltimore, Maryland. Her research includes studying facilitators and barriers to treatment access at individual and structural levels.

“A SHIFT IN PERSPECTIVE”- A QUALITATIVE INTERVIEW STUDY WITH UNSTABLE PATIENTS IN OPIOID AGONIST TREATMENT WITH LONG-ACTING INJECTABLE BUPRENORPHINE

Andrea Johansson Capusan (SWEDEN).

Abstract

Objective: To explore the perspective of unstable patients with opioid use disorder (OUD) regarding clinical use of long-acting injectable buprenorphine (LAI).

Rationale: Several qualitative studies have explored patient perspectives on LAI buprenorphine in opioid agonist treatment. Previous work did not consider the experience of unstable patients with ongoing substance use and multiple comorbidities.

Methodology: We first conducted 32 qualitative interviews with patients accepting or declining LAIs. In a second study we conducted an additional 19 interviews with unstable patients, from two harm reduction units in Sweden. Interviews were transcribed verbatim and thematic analysis was conducted both manually and using NVivo.

Results: Unstable patients with ongoing substance use describe a more even and stable medication effect with LAI buprenorphine. Social benefits connected to fewer visits at the clinic, as well as a more profound “shifting of perspective” towards perceiving oneself as not addicted anymore, or as a “normal person” were mentioned. Decreased peer-pressure to divert OAT medication was mainly described as positive, although economic consequences were mentioned.

Conclusion: Our findings indicate that unstable patients value the stability and shift in perspective offered by LAIs. Use of LAI buprenorphine may increase treatment access and potentially help stabilize patients with ongoing substance use.

Bio

Andrea Johansson Capusan, MD, PhD is a senior lecturer at Linköping University, Sweden and a senior consultant, specialist in psychiatry and addiction medicine at the Linköping University Hospital. Her research interests include addiction, addiction treatments as well as the impact of various genetic and environmental risk factors (ADHD, childhood maltreatment).

THE NEED FOR STANDARDIZED OPIOID OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION: IT TAKES A COMMUNITY.

Simren Lakhotia (USA).

Abstract

The opioid epidemic necessitates improvement of community knowledge surrounding opioid overdoses and increasing awareness of overdose reversal agents. Naloxone trainings are a powerful tool to bridge this knowledge gap and augment the amount of naloxone readily available for use in emergency situations. This project analyzes the impact of Operation Naloxone, a SAMHSA-funded training, on knowledge about opioid overdoses and response in both current health professions students at University of Texas Health San Antonio and residents at Alpha Home, an in-patient rehabilitation center for women recovering from substance use disorder. Validated pre- and post-surveys were administered to assess significance of the training. The average scores for both groups combined improved from 4.46 to 6.50 out of 9 ($p < 0.0001$), showing that naloxone training improved participants' knowledge about the opioid crisis, including how to identify and respond to an opioid overdose. There was a 1.80 point average improvement ($p < 0.0001$) among the students and a 1.61 point average improvement ($p < 0.001$) among the patients. The similarity in mean differences justifies that standardized education on opioid overdose presentation and response can, and should, be expanded beyond medical trainees and into the community.

Bio



Simren Lakhotia is a fourth-year medical student at the University of Texas Health Science Center at San Antonio, applying to anesthesiology residency this year. Her interest in addiction medicine and harm reduction arose while serving as the prior clinic coordinator for Alpha Home, an inpatient clinic in San Antonio for women recovering from substance use disorder.

AUSTRALIAN OPIOID TREATMENT PROGRAM STAFF PERSPECTIVES REGARDING CANNABIS USE BY CLIENTS ON OPIOID AGONIST TREATMENT: A CROSS-SECTIONAL SURVEY.

Laila Parvaresh (AUSTRALIA).

Abstract

Objectives: This novel study examined the perspectives of Opioid Treatment Program (OTP) clinical staff for the extent and need for treatment intervention for cannabis use in OTP clients.

Methods: Data was collected from an online survey targeting Opioid Agonist Treatment clinical staff in six Local Health Districts public OTP clinics in New South Wales.

Results: 166 OTP clinical staff participated (response rate: 55%). Median of clinical staff reporting OTP clients suffer from problematic cannabis use, was 44.5. More than half (53/105, 50.5%) stated only 10% of clients identified cannabis use as a problem. 67/104 (64.4%) of staff believed OTP services should do more for addressing cannabis use. 81/104 (77.7%) staff believed that cannabis treatment should be offered as part of OTP services with 75/104 (72%) and 70/104 (67%) agreeing that medicinal cannabis should be an option for some OTP clients to address health condition and cannabis dependency.

Conclusion: Problematic cannabis use in OTP clients was concerning for clinical staff. Cannabis dependency treatment could be provided in OTP clinics, considering medicinal cannabis for addressing OTP clients' health issues and cannabis use. This information will be utilised to design a clinical staff-led client centre strategy for addressing cannabis use in OTP clinics.

Bio



Dr Laila Parvaresh is an Addiction Medicine specialist and Public Health physician, working at South Eastern Sydney Local Health District. She is concurrently pursuing a PhD at University of Sydney, focusing on “Addressing Cannabis use in Opioid Agonist Treatment population”. Her research aims to shed light on strategies for addressing cannabis use in Opioid dependent population.

PLENARY LECTURES (FRENCH)

SOCIETES AND ADDICTIONS.

Mehdi Paes (MOROCCO).

Abstract

Addiction is certainly a personal story determined by the characteristics and vulnerabilities of each individual, and medicine has traditionally focused on the person. However, the prevalence of addictions had varied greatly according to cultures and historical periods, and currently we are witnessing, like other social issues, a globalization of this phenomenon. Drugs, like other goods in a world where free-market is king, are no longer limited to their traditional geographical areas and know no borders, they are available everywhere and their turnover (about 500 billions/ between 3% and 7% of the GDP) represents in volume the second world illicit trade after that of the weapons. Current trends have further blurred the boundaries between the licit and the illicit, between the therapeutic and the recreational, between the normal and the pathological. Social determinants have been and are very important in this evolution.

During this conference, this issue will be addressed by emphasizing the need to set up a new paradigm to address the prevention of addictions in a globalized world, taking into account, of course, the history of drugs use, advances in psychopathology and neurosciences but also recent societal and legislative developments.

Bio



Former Professor of Psychiatry and Chairman of the Department of Neuropsychiatry of the Mohamed VI University of Rabat, Prof. M. Paes has contributed in an important way to the development of Psychiatry in Morocco and has been a founding member and President for years of the Moroccan Psychiatric Society. Pioneer in drug assessment and prevention in the Maghreb countries he has collaborated in the field of drug prevention with numerous national and international official and non-governmental organizations as expert or member of the scientific committee (WHO, UNODC, ICAA, SOS DROGUE INTERNATIONAL, MENTOR FOUNDATION). He was the promoter of the creation of the first outpatient consultation for adolescents in psychological difficulty and of the first National Center dedicated to Research and Prevention of Addictions in North Africa. Currently he is a Senior Consultant mainly in liberal practice, he participates in the University training of specialists in addiction in various Moroccan Medical Schools. He is Honorary President of the Moroccan Society of Addictology and member of the WPA Section of Dual Disorders.

NEW PHENOMENA IN ADDICTIONS

Amine Benyamina (France).

Abstract

Research in addictions has made significant advances over the past few decades because of new techniques in genomics, proteomics, imaging and big data.

We are constantly gaining greater insights into the genesis of addictive disorders. This is even closer to leading us to new clinical insights, biomarkers as well as future treatments for addictive disorders.

New treatments both physical and pharmacological are quickly evolving, thus we may have a greater variety of effective options for improving symptoms in patients with addictions.

Bio



Amine Benyamina is a Professor of Psychiatry and Addictology at the Paul Brousse University Hospital in Villejuif. He is also a professor at the Paris Saclay Faculty of Medicine and responsible for several national and international university degrees.

He is editor-in-chief of the French medical journal "Alcoologie et Addictologie" and administrator of the French Society of Alcoolology (SFA), and of the French Association of Biological Psychiatry and Neuropsychopharmacology (AFPBN).

He is also president of the FFA (French Federation of Addictology), president of the Action Addiction Fund, President of the CNU (National University College) of Addictology and President of the Collegiate Addictology of the APHP (Assistance Publique Hôpitaux de Paris).

Professor Benyamina is the author of around a hundred referenced scientific publications, mainly dealing with questions of therapeutics, biomarkers and psychiatric and addictive comorbidities. Finally, he is the founder of the international addiction congress "ALBATROS", which takes place every year in Paris.

CHALLENGES OF A FRAMEWORK FOR MONITORING GAMBLING-RELATED HARM-REDUCTION POLICIES: THE EXAMPLE OF SWITZERLAND.

Olivier Simon (SWITZERLAND).

Abstract

In 2019, a new Swiss Federal Act on Gambling entered into force, highlighting the need for a comprehensive monitoring system. The presentation outlines work undertaken by experts

within the field to identify and elaborate a preliminary monitoring framework, for discussion with concerned health and legal authorities.

Twenty experts from the fields of law, healthcare, and problem gambling drew upon their professional experiences to undertake two steps: (1) mapping the concerned institutions and (2) drafting an impact model, which defines structural, process, and outcome indicators. Each potential indicator was then linked to a group of implicated actors.

The mapping process highlighted that Switzerland has a complex federal and cantonal institutional network of public and private law. A range of indicators were identified. Particularly, results indicators should include the degree of suicidality, over-indebtedness, quality of life for people who gamble and their families, as well as social costs. The means indicators should cover prevention by operators, prevention external to operators and places of care and support. In addition, process indicators should include the health and social situation of problem gamblers, the knowledge of the public and professionals, as well as the contribution of problem gamblers to the revenue derived from games.

Bio



Olivier Simon is psychiatrist, public health specialist and senior lecturer at Lausanne University Hospital, Center for excessive gambling (Centre du jeu excessif). He is also President of the Regional Addiction Medicine Association for french speaking part of Switzerland (Collège romand de médecine de l'addiction).

Symposium: HARM REDUCTION

1. AGONIST TREATMENT FOR SUBSTANCE USE DISORDERS: TRANSLATION FROM RESEARCH TO POLICY TO PRACTICE.

Kjell Johansson (NORWAY), Nadine Ezard (AUSTRALIA), Fatemeh Chalabianloo (Norway) and Lars Thore Fadnes (NORWAY).

Abstract

Objectives: This symposium represents an opportunity to learn from different countries on the latest evidence on agonist treatment of substance use disorders (SUDs) and how to translate this to policy and into practice.

Methods: A summary of new evidence using RCTs on the efficacy and safety of agonist treatment of dependence to amphetamines, cannabis, benzodiazepines and nicotine will be presented by four researchers from Australia and Norway, and accompanied by an interactive panel discussion.

Results:

Nadine Ezard: AGONIST TREATMENT OF AMPHETAMINE OR METHAMPHETAMINE DEPENDENCE: SUMMARY OF RCT RESULTS FROM AUSTRALIA (LIMA STUDY).

Nicholas Lintzeris: AGONIST TREATMENT OF CANNABIS DEPENDENCE: SUMMARY OF RCT RESULTS FROM AUSTRALIA.

Fatemeh Chalabianloo: AGONIST TREATMENT OF BENZODIAZEPINE DEPENDENCE: PRESENTATION OF ONGOING RCT IN NORWAY (BMX).

Lars Thore Fadnes: AGONIST TREATMENT OF NICOTINE DEPENDENCE: PRESENTATION OF ONGOING RCT IN NORWAY.

Conclusions: The symposium will encourage participants to share diverse perspectives on the agonist treatment of various SUDs, and challenges in translating pharmacological interventions from research to policy to practice.

Bio

Kjell Arne Johansson



Kjell Arne is an Addiction Medicine specialist who has been involved for over two decades in clinical service delivery, research, professional education and policy activities in the ethics of priority setting in health field. Professor Johansson has been President of the International Society for Priorities in health. He has a position as a Professor at Bergen Center for Ethics and Priority Setting (BCEPS) at Department of Global Public Health and Primary Care at University of Bergen.

Nadine Ezard



Nadine is an Addiction Medicine clinician-researcher with 30 years' experience in addiction medicine and public health practice in Australian and international contexts. For the past

decade she has held the position as Clinical Director of the Alcohol and Drug service at St Vincent's Hospital in Sydney, working as a practising Addiction Medicine specialist. Nadine is a conjoint Professor with the National Drug and Alcohol Research Centre, University of New South Wales Faculty of Medicine

Nicholas Lintzeris



Nicholas (Nick) Lintzeris is an Addiction Medicine specialist who has been involved for over three decades in clinical service delivery, research, professional education and policy activities in the Alcohol and other Drugs (AOD) field. He is a Conjoint Professor in the Department of Addiction Medicine at the University of Sydney,

Fatemeh Chalabianloo



Fatemeh Chalabianloo , Senior consultant and section chief physician of Section for Opioid Agonist Therapy at Department of Addiction Medicine, Haukeland University Hospital, Bergen. She is leader of the Norwegian research center for agonist treatment of substance use disorders (NORCATS). She is a specialist in both addiction medicine and clinical pharmacology.

Karl Trygve Druckrey-Fiskaen,



Karl Trygve is an Addiction Medicine specialist and has been working with addiction medicine since 2010. He works as a senior consultant in in-patient addiction wards at the University Hospital of Bergen, Norway.

2. BENZODIAZEPINE DEPENDENCY: THE SPECTRUM OF TREATMENT FROM HARM REDUCTION TO DETOXIFICATION - A LITERATURE REVIEW

Susanna Galea-Singer, Mike Simpson and Vikki Laing, (UK), and & Isabel Traynor

Abstract

The licit and illicit use of benzodiazepines is concerning and contributing to drug-related morbidity and mortality. This raises a conundrum for pharmacological treatment of benzodiazepine dependency. This presentation looks at what the literature says and identifies gaps in the literature. It suggests potential ways forward for clinical guidelines.

Bio



Susanna Galea-Singer IS Chair of the Education Committee, Board of Directors, International Society of Addiction Medicine Clinical Lead; Consultant Psychiatrist, NHS Fife Addiction Services, Scotland.

Clinical Innovations Champion; National Clinical Advisor, Innovation, UK Chair, Faculty of Addictions Psychiatry, Royal College of Psychiatrists in Scotland, UK. Honorary Senior Lecturer, University of St. Andrews, Scotland.

Susanna & Mike have long standing experience of treating individuals with benzodiazepine dependency.

Susanna is leads healthcare innovation, leads NHS Fife Addiction Services in Scotland & Chair of ISAM Education Committee.

Mike is an Addictions senior clinician. He combines general medical expertise with addiction treatment to deliver high quality care.

Symposium: (ISAM EDUCATION COMMITTEE)

ARE RECENTLY GRADUATED PHYSICIANS COMPETENT TO TRET ADDICTED PATIENTS?

Cornelis De Jong (NETHERLANDS), Barbara Broers (NETHERLANDS) and Shalini Arunogiri (AUSTRALIA).

Abstract

Problematic use of psychoactive substances or substance use disorders (SUD) is common and frequently co-morbid with somatic and psychiatric disorders. Almost every doctor will meet patients with a concurrent condition. To act professionally, a physician needs to have the knowledge and skills to work professionally with

patients with problematic use of substances of SUD. , and understanding of the context in which he works. Curricula at medical schools do not always provide for this. Discussion about the content of the curricula is sparsely held with future doctors; the medical students.

This symposium organized by the ISAM education committee will first discuss why it is important that addiction should be part of the medical curriculum (Shalini Arunogiri). Then examples of good curricula will be given (Barbara Broers). What medical students themselves think is important will be discussed using the results of a qualitative study on their Educational Needs (Cornelis DeJong). The symposium will conclude with a discussion of an ISAM project to map worldwide what medical students want to know and be able to do when treating patients with problematic use of psychoactive substances of SUD.

Bio

Cornelis de Jong



Cornelis A. J. De Jong, is an emeritus professor in addiction and addiction care at the faculty of social sciences of the Radboud University Nijmegen, the Netherlands.

He was trained as a medical doctor and formed as a scientist and psychotherapist.

His research interests have always been the neurobiology of addiction and the comorbidity. Until 2017 he was the principal lecturer of the Dutch Master in Addiction Medicine at the faculty of medicine of the Radboud University Nijmegen. As of last year, he is practicing Addiction Medicine in a primary care facility called Integral Recovery and Point O.

Prof Barbara Broers



Graduate from the Medical Faculty of the University of Amsterdam, NL (1987); Master's Degree in Epidemiology and Biostatistics, McGill University, Montreal; Swiss specialization title in Prevention and Public Health. Over 30 years of clinical, teaching and research

experience at the Geneva University Hospitals in the field of substance use, addiction, HIV and harm reduction.

Current positions: Professor, Dependencies Unit of the Primary Care Division, Geneva University Hospitals and Academic advisor at the Faculty of Medicine, University of Geneva.

Shalini Arunogiri



Shalini Arunogiri is Chair of the Faculty of Addiction Psychiatry at the Royal Australian and New Zealand College of Psychiatrists (RANZCP), and Board Director and Training Officer for ISAM. Shalini is an Associate Professor at Monash University (Melbourne), and a clinical addiction psychiatrist.

Panel: ALTERNATIVES TO INCARCERATION

EXPANDING ACCESS TO EFFECTIVE AND IMPROVED TREATMENT ADVANCING INTERNATIONAL STANDARDS AND ALTERNATIVES TO INCARCERATION

Hamad Al Ghafri (UAE), Gregory Bunt (USA), Kevin Mulvey (USA), Brian Morales (USA).

Abstract

The size of the prison population throughout the world is growing, placing an enormous financial burden on governments and a great cost to the social cohesion of societies. Drugs are related to crime in multiple ways. It is estimated that more than

10.3 million people, including sentenced and remand prisoners, were held in penal institutions worldwide in October 2015. Those prisoners most directly, it is a crime to use, possess, manufacture, or distribute drugs classified as having a potential for abuse.

Studies show that if we did not treatment them in three years in prison 68% arrested for new crime, 47% convicted of new crime, 25% incarcerated for new crime, 50% re-incarcerated for violations, 95% will relapse. Initial Assessment requires a coordinated response that involves the coordination in-between the criminal justice, the health sector and social care systems.

The situation in some of the EMRO countries will be discussed.

Bio

Hamad Al Ghafri



President-elect of the international society of addiction medicine (ISAM). Member of the board of the international consortium of universities for drug demand reduction (ICUDDR). He is the former Director General and the Head of the WHO Collaborative Centre for substance use prevention and treatment of substance use disorders (National Rehabilitation Centre Abu Dhabi). Chair of advisory board, school of health, and environmental studies at Sh. Hamdan Bin Mohammed smart university. Dubai, UAE. Member advisory board of the college of medicine and health sciences UAE university. Founder and CEO Delmon health consultancy & planning.

Gregory Bunt



Gregory Bunt M.D. graduated in 1983 from NYU School of Medicine, and completed his residency in Psychiatry at the Albert Einstein College of Medicine in 1987. He was among the first to complete the Fellowship in Addiction Psychiatry in the nation

(NYU 1989), and is a Clinical Assistant Professor of Psychiatry at NYU Langone Medical Center. He is a diplomate of the American Board of Psychiatry and Neurology with Special Added Qualifications in Addiction Psychiatry and a Fellow of both the American and International Societies of Addiction Medicine.

Kevin Mulvey



Dr. Kevin Mulvey is an Applied Sociologist with over 30 years of experience in the prevention and treatment of substance use disorder. He is currently the Executive Director of the International Consortium of Universities for Drug Demand Reduction (ICUDDR).

He has a Graduate Certificate in Public Health from the University of North Carolina, a PhD from Northeastern University in Sociology, a MA in Applied Sociology and a BA in Sociology from the University of Massachusetts Boston.

Brian Morales



Brian Morales is the Chief of the Counternarcotics Branch for the U.S. Department of State, working within the Bureau of International Narcotics and Law Enforcement Affairs, Office of Global Programs and Policy (INL/GPP). He has worked on the issues of substance use prevention and treatment for 14 years, developing and implementing projects with countries in Asia, Africa, and Latin America.

Workshop: TREATMENTS INNOVATION

TREATING PATIENTS WITH OUD AND OTHER SUDS IN RURAL SETTINGS: INNOVATIONS FROM THE USA, AUSTRALIA AND SCOTLAND.

Michelle Lofwall (USA), Stacey Sigmon (USA), Alexander Baldacchino (UK), Adrian Dunlop (AUSTRALIA) and Stacey Weedon (USA).

Abstract

Prevalence of opioid use disorder (OUD) and other substance use disorders (SUDs) in rural populations continues to grow and present unique challenges for addiction treatment. Rural areas often struggle with a lack of physicians and are located hours from speciality addiction treatment centers. Rural patients also often experience pragmatic barriers (e.g., distances, transportation, lack of childcare) that prevent them from accessing care, and many rural communities lack public transportation and other resources necessary to bridge those gaps. Using a global perspective, this workshop will present four creative solutions aimed at improving SUD treatment access for rural populations: (1) a novel addiction medicine training program for physicians already in practice that can be delivered with limited resources without completing a full year of addiction fellowship, (2) digital platforms (e.g., telemedicine) that support a borderless therapeutic intervention, (3) use of long-acting depot buprenorphine to increase treatment coverage to rural populations including ensuring continuous treatment for people released from custody, and (4) a new program aimed at disseminating education and real-time consultation to rural providers across multiple platforms. Taken together, there is a critical need for innovative solutions to ensure that rural populations have adequate access to a highly-trained addiction medicine workforce.

Bio

Michelle Lofwall



Professor, Depts of Behavioral Science & Psychiatry, Center on Drug and Alcohol Research at the University of Kentucky College of Medicine. Bell Alcohol and Addictions Chair. Professor Lofwall's primary focuses are on research, teaching, clinical care and advocacy for patients with substance use disorders (SUD). Currently, she serves as the Medical Director of two outpatient SUD clinics that provide rapid access to comprehensive low barrier treatment and oversees a novel addiction medicine physician scholar program.

Stacey Sigmon



Professor in the University of Vermont's College of Medicine. Director since 2004 of the first and largest opioid treatment clinic in Vermont

and Past President of the American Psychological Association's Division 28 on Psychopharmacology and Substance Abuse and of The College on Problems of Drug Dependence.

Alex Baldacchino



Professor Alex Baldacchino, MD, MPhil, PhD, FISAM, FRCPsych, FRCP(E). ISAM President and WPA for the Chair to the Addiction Psychiatry Section. Professor of Medicine, Psychiatry and Addictions, University of St Andrews. Chair for the Scottish Health Industry Partnership (SHIP) Reducing Drug Deaths Consortium; Honorary Professor of Medicine, University of Dundee; Retired NHS Consultant Psychiatrist in Addiction Medicine; Retired NHS Fife Research, Innovation and Knowledge Director.

Stacey Weedon



Specialist in Addiction Medicine for Hunter New England Local Health District in New South Wales, Australia. A General and Acute Care Medicine.

Symposium: ISAM Policy and Practice Interest Group (PPIG)

REDUCING DRUG OVERDOSES USING EARLY DETECTION, RESPONSE AND INTERVENTIONS: CURRENT DEVELOPMENTS.

Alexander Baldacchino (UK), Ivan Montoya (USA), Alberto Oteo (UK), Atul Ambekar (INDIA) Jiang Long (China) and Joseph Tay (UK).

Abstract

Objective: Discuss novel approaches in early detection, response/interventions of drug overdoses.

Rationale: Urgent need to research/develop strategies for rapid accurate detection to reduce fatal overdose incidents.

Methods: Review technologies/systems for rapid detection and timely effective response/intervention to potential overdose occurrences using digital technologies/therapeutics.

Results:

- Use of digital technology for easy use by drug users in clinical/non-clinical settings
- Simple alert/responder pathways creating effective responses to potentially fatal overdose events
- Enhance innovative therapeutics as antidotes to overdose episodes
- Novel public health approaches

Conclusion: Use of remote monitoring devices like wearables and smartphone applications, paired with artificial intelligence and innovative therapeutics is an emerging field of research. This needs to be balanced around novel public health approaches.

Bio

Alex Baldacchino



Professor Alex Baldacchino, MD, MPhil, PhD, FISAM, FRCPsych, FRCP(E). ISAM President and WPA for the Chair to the Addiction Psychiatry Section. Professor of Medicine, Psychiatry and Addictions, University of St Andrews. Chair for the Scottish Health Industry Partnership (SHIP) Reducing Drug Deaths Consortium; Honorary Professor of Medicine, University of Dundee; Retired NHS Consultant Psychiatrist in Addiction Medicine; Retired NHS Fife Research, Innovation and Knowledge Director.

Ivan Montoya



Ivan Montoya MD, MPH. Acting Director and Clinical Director of the Division of Therapeutics and Medical Consequences (DTMC) of the National Institute on Drug Abuse (NIDA) and Chair of the National Institutes of Health (NIH) Helping to End

Addiction (HEAL) Initiative in Therapeutics Development. Post-Doctoral Fellow at the Intramural Research Program of NIDA and previously Director of the Practice Research Network of the American Psychiatric Association.

Atul Ambekar



Atul Ambekar MD, MBBS. Professor National Drug Dependence Treatment Centre (NDDTC); Department of Psychiatry, All India Institute of Medical Sciences (AIIMS), New Delhi, India. Secretary General of the Addiction Psychiatry Society of India.



Alberto Oteo PhD. Post Doc Research Fellow (Addiction Medicine) and OLE coordinator, University of St Andrews. Lead for Research and Surveillance at the Addiction and Inclusion Directorate of the Office for Health Improvement and Disparities at the UK Department of Health. Coordinator of the UK Drugs Early Warning System and the National Intelligence Network on Drug Harms and Harm Reduction. Lead reporter on the UK drug situation to the United Nations Office on Drugs and Crime (UNODC) and World Health Organisation (WHO).

Symposium: HIV, HEPATITIS AND OPIOIDS

HCV TREATMENT IN ADDICTION TREATMENT SETTINGS: THE MALTA EXPERIENCE

Anna Maria Vella (MALTA).

Abstract

In 2018 the Maltese government started a campaign to eradicate Hepatitis C in Malta through a plan that envisaged that in 5 years the then 1000 Hepatitis C positive patients would receive free treatment. Most of these patients had a substance use disorder with a history of intravenous use. Due to Covid-19 the campaign was halted for 18 months but now has resumed and expected to finish in 2024. Till now about 600 patients have received treatment and have fully recovered. The last patients are the ones that are hard to reach or are not in contact anymore with the National Agency for drug addiction. This paper aims to

discuss innovative ways how to reach these patients and steps taken to help these patients receive treatment which will cure them. Hurdles that have been overcome will be discussed and new ways to overcome stigmatisation reviewed.

Bio



Dr Vella, Clinical Chair, has been working at the Substance Misuse Outpatients Unit for the past 27 years. Her area of specialisation is care for pregnant women with a substance misuse problem and women who are involved in prostitution. She is a Public Health specialist since 2008.

ARE WE EVER DONE? THE IMPORTANT ROLE OF ADDICTION MEDICINE IN ICELAND IN SUSTAINING LOW HCV PREVALENCE AMONG PWID, AFTER ELIMINATION PROJECT.

Valgerður Rúnarsdóttir (ICELAND).

Abstract

Objective: To highlight the importance of integrating HCV care in addiction medicine to sustain low HCV prevalence in a high-risk population.

Rationale: The Treatment as Prevention for Hepatitis C (TraPHepC) project in Iceland demonstrated a reduction in HCV viremia prevalence from 48,7% (2016) to 10.2% (2018) in people who inject drugs (PWID) admitted for addiction treatment at SAA's Hospital. TraPHepC project integrated HCV treatment with addiction treatment, offering close follow-up and re-engagement in care.

Methodology: To assess whether the reduction in viraemic prevalence was sustained beyond the TraPHepC project, we examined the number of HCV infections and linkage to care within the PWID population seeking addiction treatment.

Results: In 2022, there were 261 PWID admitted for addiction treatment at SAA's hospital. Of those, 208 (80%) were categorized as active in IDU. Viraemic HCV infection was diagnosed in 25 individuals (9.5%), and 19 initiated direct-acting antivirals (DAA) treatment during detox and rehabilitation.

Conclusions: The reduction in HCV viremia is sustained in 2022. Screening and initiating treatment for HCV in PWID is crucial and should be part of healthcare for this population. Integrating HCV services where PWID are seeking addiction treatment facilitates immediate HCV treatment and helps monitoring HCV prevalence.

Bio



Valgerður Á Rúnarsdóttir, board certified in internal medicine and addiction medicine, ABAM diplomate. Awarded FASAM designation in Jan 2023. Works full time in addiction medicine since the year 2000 and CMO since 2017. Been active in teaching and training as well as participating in committees for public policies

HEPATITIS C VIRUS (HCV) TREATMENT PROGRAMS AVAILABILITY FOR PEOPLE WITH OPIOID USE DISORDERS BETWEEN NATIONAL ISAM SOCIETIES IN 2021: A WORLDWIDE REPORT FROM ISAM GEN OPIOID SURVEY.

Ali Fathi Jouzdani, (IRAN) **(Vidéo recording).**

Abstract

Background: Hepatitis C virus (HCV) is a bloodborne infection that can cause serious liver damage and cancer. It is highly prevalent among people who inject drugs (PWID), who are at risk of acquiring and transmitting the virus through sharing injection equipment. However, many PWID are unaware of their infection status and face barriers to accessing HCV care, such as stigma, discrimination, and lack of resources. Therefore, integrating HCV care into addiction medicine is crucial to sustaining low HCV prevalence in this high-risk population.

Methodology: We analyzed the data from the first ISAM GEN Opioid survey to see how accessible HCV treatment was for people with opioid use disorders (OUD). The survey covered 44 ISAM societies in 41 countries.

Results: In 2021, 3788000 OUD patients in 41 countries were admitted for addiction treatment based on ISAM society's response to the first ISAM GEN Opioid survey. Of those, 30 (68.2%) countries admitted HCV treatment programs for all patients. In 30 (73.17%) countries, HCV testing and HCV treatment in 26 (63.41%) countries were available in jails/prisons.

Conclusions: By offering HCV screening, diagnosis, and treatment in addiction care settings, such as opioid treatment programs (OTPs), harm reduction services, or primary care clinics, providers can

improve the linkage to care and adherence to PWID.

Bio

Ali Fathi Jouzdani

TREATMENT OF HEPATITIS C (HCV) AT AN OPIOID AGONIST THERAPY CLINIC IN STOCKHOLM - ENHANCING THE HCV CONTINUUM OF CARE.

Martin Kåberg (SWEDEN).

Abstract

Background: People with opioid agonist therapy (OAT) represent a population with an increased hepatitis C (HCV) prevalence. HCV treatment in this population is essential to reach the WHO goal of eliminating HCV as a major public health threat by 2030.

Methodology: Prima Maria OAT clinic in Stockholm provides OAT for 450 patients. In January 2018, psychiatrist-led HCV treatment was initiated with consultation support from an infectious diseases clinic. To evaluate HCV treatment outcomes, we examined cure rates (SVR) and reinfection rates between January 2018 and December 2022.

Results: Overall, 136 HCV treatments were initiated through weekly administrations or directly observed treatment. 72% were men and overall mean age was 46.3 years. All were HCV RNA negative at end-of-treatment and 123/139 (88%) reached SVR. A total of 11 reinfections post SVR were noted, with a reinfection rate of 7.3/100 person years (95% CI 4.1-12.9).

Conclusion: HCV treatment outcomes were sufficient and level of reinfections manageable. Bringing HCV diagnostics and treatment to an OAT clinic constitutes a good example of enhancing the HCV care cascade. Furthermore, HCV treatment education for psychiatrists, addiction specialists and staff at OAT clinics makes HCV continuum of care more sustainable, as specifically noted during the COVID-19 pandemic.

Bio



Martin Kåberg is a senior consultant of Psychiatry, Addiction Medicine and Infectious Diseases. He currently works as head of the Emergency & Inpatient Units at Stockholm Centre for Dependency Disorders in Stockholm, Sweden. Kåberg is also the Medical Supervisor for the Stockholm Needle and syringe Programs.

BARRIERS TO METHADONE FOR HIV PREVENTION AMONG PEOPLE WHO INJECT DRUGS IN KAZAKHSTAN.

Amanda R. Liberman (USA).

Abstract

Central Asia (EECA) remains one of few regions where HIV incidence and mortality continue to increase, and this epidemic is concentrated among people who inject drugs (PWID). In Kazakhstan, the prevalence of HIV among PWID (9.2%) is higher than for any other key population. Opioid agonist therapies (OAT) like methadone or buprenorphine are evidence-based treatment for opioid use disorder (OUD) and crucial primary and secondary HIV prevention. Though methadone has been provided for free in Kazakhstan since 2008 through support from international donors, there are currently only approximately 340 (<1%) people on OAT among the estimated 90,000 PWID. To assess barriers and facilitators to methadone uptake for HIV prevention, we conducted nominal group technique (NGT) focus groups (FGs) with people with OUD in four cities in Kazakhstan. Among the 8 FGs, 4 included people currently on methadone, while the other 4 included people who had never received methadone. Additionally, we conducted 2 focus groups with local doctors, 1 focus group with community health workers and in-depth interviews with the directors at the four OAT sites and with several political figures who shape methadone policy in Kazakhstan. Multi-level barriers included: Policy (e.g., required national registration as a “drug user” to access

addiction treatment services); Structural (e.g., inaccessible locations of clinics, rigid enrollment requirements); Clinician (e.g., viewing potential methadone program participants as undisciplined, and therefore not ready for treatment); and Patient (e.g., too many logistical requirements). Potential solutions named were numerous and included increased access to information, take-home dosing, and psychosocial support for methadone program participants. Findings from this study identify many opportunities for potential methadone scale-up, which is required to control the HIV epidemic in Kazakhstan and throughout Central Asia.

Bio

Amanda Liberman is an MD/MHS Candidate at Yale School of Medicine and a Global Health Equity Scholar (funded by NIDA) for the 2022-2023 school year. She is grateful to the support of the Altice lab at Yale University and to the Global Health Research Center of Central Asia.

Symposium: MIGRANTS AND ADDICTION

CAN THE MIGRATION PROCESS INFLUENCE THE CLINICAL EXPRESSION OF HEROIN USE DISORDER IN MIGRANTS TO ITALY?

Chair: Icro Maremmani

Presenters: Manuel Glauco Carbone, Claudia Tagliarini and Filippo Della Rocca (ITALY).

Abstract

In previous research projects, we have succeeded in defining a psychopathology that appears to be specific to substance use disorder while remaining stable and independent of many factors and variables. Continuing this line of investigation, we tested the independence of this five-dimension psychopathology from ethnicity by assessing its five dimensions in migrant subjects with Heroin Use Disorder (M-HUD), and comparing them, after matching for age and gender, with Italian HUD patients (IT-HUD), selected from the Addiction PISA-DATASET. In collaboration with an Addiction Center in Rome, we investigated the influence of the migration process on the clinical expression of heroin use

disorder (HUD). We also analyzed demographic data, drug addiction history, psychopathological symptoms, addictive behaviour, and emotional reactivity to life events. Lastly, we compared migrants clustered by different origin locations and different religions. The migratory process does not seem to be correlated with addictive behaviours or with

psychopathology specific to HUD. It partly affects HUD history, specifically correlates with emotional reactivity to loss and traumatic life events, suggesting that, in M-HUD individuals, the link between the migratory syndrome and HUD is very close.

Bio

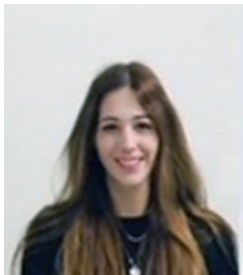
Dr. Manuel Glauco Carbone



Dr. Carbone works as a Psychiatrist at the Department of Psychiatry, ASST- Settelaghi in Varese, Italy. His daily work is mainly focused on clinical and therapeutical aspects of patients with dual diagnosis and with neurodevelopmental and neurodegenerative disorders treated in inpatients and outpatients public service at “Ospedale del Circolo” of Varese.

He is currently a second year PhD student at University of Insubria, Varese, with a doctorate project on “The identification of specific Neuropsychiatric syndromes (NPS) in early onset neurodegenerative diseases”.

Dr. Tagliarini



Dr. Tagliarini works as a Psychiatrist at the Department of Psychiatry, Sicily Region in Caltanissetta, Italy. Her daily work is focused on clinical and therapeutical aspects of patients with dual diagnosis and mood disorders treated in inpatients and outpatient setting.

Dr. Filippo Della Rocca



Dr. Filippo Della Rocca, MD and Psychiatrist, works as a full-time doctor at the “La Spezia” Drug Addiction Service - Department of Psychiatry and Addictions, Section of Addiction (Local Health Unit-5, Liguria NHS, La Spezia, Italy, EU).

Symposium: TELEHEALTH

EMPOWERING PATIENTS THROUGH TELE HEALTH.

Vania Rudolf, Tarek Haidar and Jake Ketchum (USA)

Abstract

The presentation describes a new innovative model of Virtual bridge zoom visits, with focus on how compassionate and trauma-informed telehealth services support Access, Equity/diversity, Equality, Recovery Model implemented Apr 2021: 104 groups, 779 patients

Groups: Chronic pain on buprenorphine, Moms with SUD on buprenorphine, Women/Men with OUD, Women/Men with AUD

Metrics:

PHQ2 < 0.5

No show < 1%

OD prevention (100%), OD 0%

MAT and Narcan prescriptions (100%)

Patient survey (qualitative and quantitative evaluation)

Lessons learned: Patients love the zoom format: “leaving with food for thought”, “liberating and educational”, “filling a niche for people”, “I can be real, everybody is so encouraging and understanding, no one is judgmental”

Bio



Vania Rudolf, is a primary care and addiction medicine physician, with a background in family medicine with OB and has completed Fellowships in Integrative Medicine, Addiction Medicine and High-Risk Obstetrics at Swedish Medical Center. assistant professor at University of Washington, Seattle and the Addiction Recovery, Swedish Medical Center, Seattle; Chair for the National Women’s Addiction Group related to ASAM.

Workshop: OPIOIDS

NOVEL OPIOID WITHDRAWAL MANAGEMENT AND OPIOID AGONIST TREATMENT APPROACHES IN THE FENTANYL ERA.

Pouya Azar, Victor Li , Mo Nikoo, James Wong (CANADA).

Abstract

Objectives: The high prevalence of fentanyl and its analogues in the unregulated drug supply has led to tragic levels of mortality and morbidity in North America and Europe, posing challenges in the clinical management of opioid use disorder. We will share our experiences with the development, implementation, and evaluation of innovative opioid withdrawal management and opioid agonist treatment (OAT) approaches in Vancouver, the epicentre of the overdose crisis in Canada.

Methods: We will present our low-dose buprenorphine induction protocols, which involve the administration of small, frequent doses of buprenorphine, eliminating the need for a prior period of withdrawal and opioid abstinence. We will also present our

pharmacokinetically-guided protocols utilizing hydromorphone and fentanyl to manage withdrawal, facilitate rapid methadone and slow-release oral morphine initiation, and promote adherence to medical treatment.

Results: We will teach our protocols utilizing practical real-life cases and patient testimonial videos. We will share our results from clinical trials and retrospective chart reviews, and our experiences in the implementation of our protocols.

Conclusion: Workshop participants will gain a comprehensive understanding of withdrawal management and OAT approaches to treat patients who use unregulated fentanyl and its analogues.

Bio

Pouya Azar

Head of the Complex Pain and Addiction Service (CPAS), Department of Psychiatry at Vancouver Coastal Health, British Columbia, Canada. Consulting physician for adolescent addiction medicine at BC Children's Hospital, pain physician for the VGH Transitional Pain Clinic and the director of the UBC Complex Pain and Addition Postgraduate Fellowship program.

Symposium: ISAM TRAINING COMMITTEE

GLOBAL TRAINING NEEDS ASSESSEMENT: RESULTS OF AN ISAM TRAINING COMMITTEE INTERNATIONAL SURVEY OF ADDICTION DOCTORS' TRAINING NEEDS.

Shalini Arunogiri (AUSTRALIA), Cornelis de Jong (NETHERLANDS) and Roshan Bhad (INDIA), and Gabrielle Welle-Strand (NORWAY)

Abstract

Objective: This symposium will discuss the ISAM Training Committee global survey of addiction medical professionals on perceived competencies and training needs.

Rationale: Efforts to train addiction medical professionals worldwide are currently of increasing interest. However, efforts to develop structured addiction training pathways are hampered by a lack of established competencies in addiction medicine and psychiatry.

Training needs assessments are essential for developing competency-based addiction curricula.

Methodology: In 2013, a survey was conducted to map which countries were developing training in addiction medicine. This study extended this, utilising a structured and standardized instrument (the Addiction Medicine Training Needs Assessment, AM-TNA) to develop a core set of competencies. The AM-TNA survey was administered globally via ISAM Affiliate societies and their membership between 2022-2023.

Results: In this symposium, four speakers will discuss the background and context for the survey, procedures and methodology, results and discussion of potential implications. Preliminary data includes responses from over 200 respondents internationally, with more detailed data available for at least 5 countries, to inform potential gaps and strengths in training needs and competencies.

Conclusions: Data from this survey can be utilised on a global and regional level to inform structured approaches to training and addiction medical curricula.

Bio

Shalini Arunogiri



Shalini Arunogiri has received speaker honoraria from Camurus, Indivior, Gilead, Janssen and Servier for unrelated work. GWS: received a consultancy fee and conference reimbursement from the service user organization proLAR Nett for helping them with a survey. GWS also received a consultancy fee and travel reimbursement from Camurus in 2022.

Cornelis de Jong



Cornelis A. J. De Jong, is an emeritus professor in addiction and addiction care at the faculty of social sciences of the Radboud University Nijmegen, the Netherlands. His research interests have always been the neurobiology of addiction and the comorbidity of substance-use disorders and other psychiatric disorders, especially personality disorders.

He is co-chair of the Training Committee of the International Society of Addiction Medicine (ISAM). As of last year, he is practicing Addiction Medicine in a primary care facility called Integral Recovery and Point O.

Roshan Bhad



He is an Associate Professor of Psychiatry, National Drug Dependence Treatment Centre (NDDTC), AIIMS, New Delhi, India. Chairperson, ISAM NExT. Areas of interest addictive behaviors in adolescents and youth, consultation-liaison in addiction psychiatry, drug policy, public health

Oral presentations: SESSION FOR YOUNG DOCTORS

VALIDATION OF THE TCQ 12 SCALE.

Mohammed Sbai (MOROCCO).

Abstract

Objectif: The purpose of our study is to translate the TCQ-12 questionnaire into Moroccan dialectal Arabic and to study its psychometric properties,

Rationale: we hope this work will allow the use of TCQ-12 (Moroccan version) as an instrument for assessing craving among Moroccan smokers.

methodology: This is a prospective study, spread over a period of 6 months and focused on the description and analysis of the data collected, aimed at establishing a validation of the TCQ-12 in Arabic dialect Moroccan according to international recommendations.

Results: 130 smokers participated in the study. The average age of participants was 38 years with a male predominance (95.4%). 46.9% were married. 90% of all participants lived in an urban area. For our survey the starting age was on average 19.13 years. With high nicotine dependence in 13.8%. The average time to complete the TCQ-12 questionnaire was 3 min. Questionnaire reliability was assessed using the Cronbach coefficient, in which all values, were > 0.7.

Conclusion: The Moroccan dialectal version of the TCQ-12 questionnaire is a reliable, valid and acceptable tobacco craving measuring instrument that can be self-administered by Moroccan smokers.

Bio



Mohammed Sbai is a psychiatry resident doctor at Hassan II university hospital in FEZ

VALIDATION OF THE SFQ SOCIAL FUNCTIONING SCALE.

Mohammed Ajebli (MOROCCO).

Abstract

Objective: This work constitutes the two steps of validation of the SFQ in the Moroccan context and is part of a strategy of the Fes University Psychiatry Service to develop means of evaluating the social functioning of patients.

Method:

In the first stage of qualitative validation: This involves the cross-cultural translation and adaptation of the SFQ from the source language (English) to the target language (Moroccan dialectal Arabic) according to the Beaton international recommendations. The translation involved four translators whose native language is Moroccan dialectal Arabic and who have very good linguistic skills in English. The first two translators performed the translation from the source language to the target language, while the other two performed the counter-translation. Several

synthesis meetings were held by the validation team composed of psychiatrists, epidemiologists, and translators who validated a final translated version in Moroccan dialectal Arabic. The goal of these meetings was to verify the compatibility of the original version with the translated version, eliminate any ambiguity, divergence, or discrepancy, and ensure the adaptation of the translated version to the Moroccan socio-cultural context. This final version was tested on a sample of 20 peoples from different regions of Morocco with different levels of education to verify their understanding of the different items of the questionnaire.

The second and final step of the quantitative validation: It is a prospective study, spread over a 9-month period, from August 1, 2021 to April 30, 2022, and focused on the description and analysis of the collected data, aiming at the development of a quantitative validation of the SFQ in Moroccan Arabic dialect according to international recommendations. For this, 120 consenting participants were recruited, divided into 40 subjects who have no psychiatric follow-up, 40 subjects followed for substance use disorder and 40 subjects followed for bipolar disorder according to DSM 5 criteria, and patients diagnosed with schizophrenia or schizoaffective disorder were excluded. The collection of information was during an individual interview in a calm atmosphere and respecting the patient's privacy, and the data from the questionnaire were collected on pre-established data sheets for the purpose of analyzing epidemiological characteristics. A first and a second administration were carried out by the first and second interviewer a few minutes apart, and then a third administration, 15 days apart, by a second interviewer who did not know the answers obtained during the first and second administration.

Results:

The process of translation/back-translation and cross-cultural adaptation resulted in a final version in Moroccan Arabic dialect as close as possible to the original version.

In the second step, 121 participants were recruited in our study, with the average age of the participants being 39.94 +/- 10.34. We found in our sample a predominance of men (62%), single people (59.5%), subjects without a profession (52.9%) and the majority lived in urban areas. The average score of the SFQ at the 1st administration was 10.74 +/- 4.93, at the 2nd administration was 10.96 +/- 4.86 and for the 3rd administration was 11.42 +/- 4.57. Thus, we find that the average score for each item ranges from 0.94 to 2.00 and the standard deviations range from 0.87 to 1.06. The Cronbach coefficient for the different items is acceptable, with a statistically significant value of 0.764.

Conclusion: This work allowed us to show that the Moroccan Arabic dialect version of the SFQ questionnaire which was made in the first part of the work is valid to be used in the evaluation of the social functioning of patients by different

practitioners. It presents itself as a reliable tool for quickly and effectively assessing social functioning. In a subsequent validation phase, it would be interesting to extend the use of the SFQ to other adult patients suffering from psychiatric, neurological or somatic disorders as well as to marginalized populations.

Bio



Mohammed Ajebli is a 3rd year child psychiatry resident at HASSAN II university hospital in FEZ

EPIDEMIOLOGICAL AND CLINICAL PROFILE OF ADOLESCENTS AND YOUNG ADULTS ADMITTED TO THE ADDICTION UNIT OF ARRAZI PSYCHIATRIC HOSPITAL: RETROSPECTIVE CHART STUDY.

Hajar Belhadga (MOROCCO).

Abstract

Introduction: Adolescence and young adulthood are pivotal periods in an individual's development during which many new experiences take place. Habits developed during this period, such as problematic use of psychoactive substances, can have long-term consequences on the health of these individuals. Thus, this phenomenon is increasingly becoming a public health problem among adolescents in Morocco.

Methods: We carry out in this work, a retrospective study on medical records of patients aged under 21 years, hospitalized in the Addictology Unit of ARRAZI Hospital in Salé since its inauguration and until the month of MARCH 2023. Our objective is to describe the clinical and epidemiological profile of these patients and to highlight the particularities and predictive factors / risk factors / prognostic factors that may surround this disorder in adolescents.

Results: Descriptive study: we were able to include 135 records of patients meeting the criteria in our study. Of which 11% were female and 89% male. The average age was 18 years (15-21). in 91% of the patients, polyaddiction was the rule. about 20% had an associated behavioral addiction.

Analytic study: in progress

Conclusions: Many risk factors influence the emergence of problematic substance use among adolescents. These include comorbid psychiatric disorders such as conduct disorder and depression, parental and peer substance use, conflicting or distorted family dynamics, academic difficulties, impulsivity, and early initiation of smoking. The greater the number of risk factors, the greater the likelihood that an adolescent is a substance user.

Bio

Dr Hajar BELHADGA, 4th year child psychiatry resident ARRAZI university hospital in SALE

QUALITY OF LIFE IN PATIENTS ON METHADONE MAINTENANCE TREATMENT IN MOROCCO.

Zineb Bencharfa (MOROCCO).

Abstract

Methadone substitution treatment has revolutionized the management of opioid use, to assess its effect more subjectively, we conducted a cross-sectional study in 2023, in the Addictology Department at Ar-razi Hospital in Salé, which delivers oral methadone substitution treatment.

56 patients with opioid use disorders were recruited.

Quality of life parameters were measured using the World Health Organization Quality of Life Scale (WHO QOL-BREF) after at least 3 months of treatment.

RESULTS: Of the 56 subjects initially enrolled, results showed that patients had a mean quality of life score of 63.1 points.

Factors associated with a higher QOL score included having a job and receiving support from relatives.

Bio

Doctor Zineb Bencharfa, resident in 3rd year in Psychiatry, at the ar-razi hospital of salé.

The EARLY AGE OF CANNABIS USE AND PSYCHIATRIC DISORDERS.

Kaoutar el Ouazzani (MOROCCO).

Abstract

Materials and Methods: This is a prospective study on 100 patients, who consume or have already consumed cannabis, hospitalized at Ibn NAFIS hospital over a period of 6 months from February 24, 2021 to August 24, 2021. Statistical study was carried out with SPSS version 25.0 software and in bivariate analysis, the comparison of qualitative variables used the Chi2 statistical test.

Results: The average age of our patients is 32 years old, with a clear male predominance (95%), 73% of patients are single, 85% of patients have a low social and economic level. The psychiatric evaluation of our patients revealed that psychotic disorders (schizophrenia, acute psychotic attack, etc..) are the most common with a rate of 85. The correlation between psychiatric disorders and the consumption of cannabis in our patients has shown that an early age of onset of consumption, heavy consumption, regular use are all risk factors for psychiatric disorders among cannabis users, especially psychotic disorders.

Discussion: The adolescence is a period of cerebral vulnerability. Cannabis could have effects on the endo cannabinoid system. As shown by Arseneault et al. in 2002 risk of schizophreniform disorders at the age of 26 years greater in subjects who consumed before

the age of 15 compared to subjects who started after 18 years. Concerning our study, the most represented age group of beginning cannabis consumption, among psychotic patients, is between 15 and 20 years old. This agrees with data from the literature.

Conclusion: This high prevalence of psychiatric disorders among cannabis users therefore justifies their systematic screening to guarantee better and more efficient care which must integrate the addictological and psychiatric dimensions. For adolescents, the World Health Organization has recommended since 1993 to work on a good development of psychosocial skills as a major tool for prevention.

Bio



Resident in child and adolescent psychiatry at the Mohammed VI University Hospital in Marrakech.

PREVALENCE OF THE CONSUMPTION OF PSYCHOACTIVE SUBSTANCES AMONG FISHERMEN.

Tarik Ghailan (MOROCCO).

Abstract

Objectives: Fishermen are a particular target for toxic habits due to the dangerousness and complexity of the work. However, few studies address this theme. The objective of this study is to determine the prevalence of the use and misuse of addictive substances among fishermen and to assess poly-consumption according to socio-demographic and professional characteristics.

Methodology: This cross-sectional study was conducted among 1219 fishermen in three ports in northern Morocco, all men and with seniority > 1 year. The study was conducted using a questionnaire focused on socio-demographic and professional characteristics, toxic habits (tobacco, alcohol, cannabis, drugs, and psychotropics), and misuse which was assessed by specific tests: the Fagerstrom for smoking, the Cannabis Abuse Screening Test (CAST) for cannabis and the DETA test for alcohol.

Results: the prevalence of smoking was 58.5%, carnabism 36.2%, and alcoholism 36.5%. Misuse was 49.7% for tobacco, 61.2% for cannabis, and 86% for alcohol. Only 115 people (9.4%) had no toxic habits. 56.4% had one, 20.4% had two, 11.9% had three, and 1.9% had four. The most common combinations were tobacco-cannabis (10.5%) and tobacco-alcohol (6.1%).

Conclusion: occupational physicians must play an important role in raising awareness and combating this scourge.

Keywords: Psychoactive substances, fishermen, Morocco.

Bio

TARIK GHAILAN, MD Ph.D. specialist in occupational medicine in Tangier (Morocco).

Maritime and Diving Physician

Occupational Health Researcher

Head of the Moroccan Society of Maritime Medicine and deputy mayor of the city of Asilah (Morocco).

THE THEORY OF MIND: A CASE/CONTROL STUDY AMONG 19 PATIENTS, CONDUCTED AT THE ADDICTION CENTER OF THE PSYCHIATRIC HOSPITAL- CHU HASSAN II FEZ.

Amal Ouraghene (MOROCCO).

Abstract

The objective of our study is to evaluate the Theorie of mind (ToM) in patients with substance use disorder, and determine the factors associated with a less performance of ToM.

Materials and methods: We conducted a case/control study, monocentric, with descriptive and analytical purposes, carry on a month, within the psychiatry department of the CHU Hassan II of Fez. We included patients over the age of 14, with a diagnosis of substance use disorder, they were recruited at the addiction university center of Fez from the hospitalization service or consultations.

Data collection was based on a questionnaire including:

- Socio-demographic characteristics
- Personal and family psychiatric history
- Consumption: the type of Substance, quantity, existence of substance use disorder (SUD) and it's severity

- The Thomas test: this is a ToM evaluation scale, with 39 Items, we had translated the scale to the dialectal moroccan arabic version.

Data were coded and entered into Excel.

Statistical analysis was done with SPSS.20.

Results: Our study collected 19 participants, 11 cases (7 cases hospitalized in the addiction university service and 4 recruited on the sidelines of the outpatient addiction consultations) and 8 controls matched by age and sex. The mean age was 34.26 +/- 14.951, 14 participants (73.7%) were male, 12 (63.2%) were single, and 8 (42.1%) had no job. 4 (21.1%) had a personal psychiatric history (one case of schizophrenia, one case of bipolar disorder and 2 cases of depressive disorder), family history was found in 5 cases (26.3%) The substance use disorder (SUD) according to DSM 5 criteria was objectified in all 11 cases, with mild severity in 3 cases (27.3%), medium in 2 cases (18.2 %) and Severe in 6 cases (54.5%). For the type of substance used: Tobacco was the most consumed substance (39%), followed by alcohol (23%), cannabis (19%), cocaine (15%), glue snorted (4%). The mean Th.o.m.a.s test score in cases was 98.18 +/- 10.348, lower than that found in the group of the controls which was 125.75 +/- 26.690.

For the univariate analysis: Overall, the case group performed less well than the control group on each of the individual scales and subscales of the Th.o.m.a.s. with significant differences.

Conclusion: The results of our study were in favor of a less performance of ToM in patients with TUS, and are consistent with the few data found in the literatur, in matter a fact, to our knowledge this is the first moroccan and africain study evaluating the ToM among patients with SUD

Bio



OURAGHENE Amal: PSYCHIATRIST - Psychiatry Department, CHU Hassan II FES.

SATURDAY 4th, NOVEMBER 2023

Oral presentations: OPIOIDS AGONIST TREATMENT

EFFECTS OF BUPRENORPHINE/NALOXONE AND METHADONE TREATMENT ON NON-OPIOID SUBSTANCE USE AND ASSOCIATIONS WITH TREATMENT OUTCOMES IN PRESCRIPTION-TYPE OPIOID USE DISORDER: SECONDARY ANALYSES FROM THE OPTIMA STUDY.

Hamza Bakouni (CANADA).

Abstract

Objectives: We aim to compare methadone and buprenorphine/naloxone (BUP/NX) effects on non-opioid substance use and verify whether non-opioid substance use is associated with treatment outcomes in individuals with prescription-type opioid use disorder (POUD).

Methods: This is a secondary analysis of OPTIMA trial (n=271), an open-label, pragmatic, parallel, two arm, pan-Canadian, controlled trial comparing standard methadone model of care and flexible take-home dosing BUP/NX for POUD treatment. We studied methadone and BUP/NX effects on non-opioid substance use evaluated by urine drug screen (UDS) and by non-opioid substances classes (i.e, tetrahydrocannabinol [THC], benzodiazepines, stimulants) from weeks 2 to 24 using generalized estimation equation. We studied associations between non opioid substance-positive UDS and treatment outcomes (opioid-positive UDS and treatment retention).

Results: Methadone was not associated with non-opioid substance-positive UDS compared to BUP/NX (OR: 0.78; 95%CI: 0.41-1.48), but was associated with benzodiazepine positive UDS

(OR: 0.63; 95%CI: 0.40-0.98) and with THC-positive UDS (OR: 0.47; 95%CI: 0.28-0.77). Substance-positive UDS was not associated with opioid-positive UDS or treatment retention.

Conclusion: Methadone was associated with less benzodiazepine and THC use compared to BUP/NX, but non-opioid use did not influence POUD treatment outcomes. Further research is needed to ascertain whether specific patterns of polysubstance may affect OAT effectiveness and other outcomes.

Bio



Hamzah Bakouni is a medical doctor graduated from Damascus University with specialization in vascular surgery. He also had a master's degree and PhD in health sciences from Sherbrooke University in Canada. He worked as a post-doctoral fellow at CRCHUM in Montreal University in the field of biomedical sciences (addictology).

ALTERNATIVE SUBSTITUTIONAL THERAPY FOR OPIOID ADDICTION.

Gary Surak (SERBIA).

Abstract

Substitutional therapy with depot Naltrexone as an alternative in certain, particularly young patients, afflicted with opiate use disorder (heroin, Methadone, Buprenorphine, Fentanyl...etc) with adjuvant group and individual psychotherapy proves superior to substitution alone with Methadone or Buprenorphine. This therapy helps maintain sobriety particularly with the younger patient group with shorter exposure to opioids during their lifetime. Maintenance therapy with Naltrexone proves superior in achieving long term sobriety

The results of our study come from observing the advantages of early introduction of Naltrexone in maintaining sobriety while, at the same time, conducting intensive psycho-social rehabilitation. In the long run that proves to be superior to a rehabilitation program alone.

IMPLEMENTATION OF AN EDUCATION SESSION ON BUPRENORPHINE INDUCTION IN THE EMERGENCY DEPARTMENT, A RESIDENT-LED INITIATIVE.

Cara Borelli (USA)

Abstract

As emergency departments implement buprenorphine induction protocols, educational sessions can provide physicians with familiarity with the treatment of opioid use disorder. This quality improvement project aimed to address the barrier of physician education in the implementation of buprenorphine initiation in the emergency department and presents a model for resident-led education sessions of emergency medicine physicians. The thirty-minute educational session (n=47) included a pre-test survey, lecture, practice case workshop, questions, post-test survey, and a discussion. The pre-survey versus post-survey data were aggregated and analyzed as continuous data based on the Likert scale with 1 corresponding with strongly disagree through 5 corresponding with strongly agree. The mean physician score pre-survey was 3.29 (SD 1.05), and the mean score post-survey was 4.42 (SD 0.57), p-value <.0001 using a one-tailed t-test. Physicians showed an increase from 42.5% to

100% responding that they understood the risks and benefits of prescribing buprenorphine in the emergency department pre and post-survey respectively. After completing the educational session, 88.5% of physicians responded that they planned to prescribe buprenorphine in the emergency department for patients meeting clinical criteria. The results are encouraging in addressing one of the main barriers to treating opioid use disorder in the emergency department.

Bio

Cara Borelli, DO is an addiction medicine fellow at Icahn School of Medicine at Mount Sinai. She completed a residency in emergency medicine at the UT Health San Antonio in San Antonio, Texas. Her educational work includes hosting podcasts on addiction medicine topics for RebelEM and JAMA Clinical Reviews

UTILIZING THE QUALITY IMPROVEMENT FRAMEWORK TO SUPPORT HOSPITAL NURSES IN CARING FOR PATIENTS WITH OPIOID USE DISORDER

Tara Andrusiak (CANADA).

Abstract

Quality improvement (QI) is a systematic, formal approach to the analysis of practice performance and efforts to improve performance. The QI framework was utilized with an aim to improve nursing knowledge and satisfaction in working with patients with Opioid Use Disorder (OUD) on the Orthopedic Trauma Ward at Royal Columbian Hospital in Vancouver, British Columbia Canada by 10%, as measured by a Nursing Knowledge and Satisfaction Survey by May 2023. Plan-do-study-act (PDSA) cycles were generated to identify specific areas of challenge and develop short teaching sessions for nurses in the areas of withdrawal management, harm reduction, and communication around using drugs. Although the 10% improvement metric was not achieved, it was learned that nurses were very enthusiastically engaged in learning more about caring for patients with OUD, this serving as a basis for implementing further education work.

Bio

Tara Andrusiak is a primary care and addiction medicine physician in Vancouver British Columbia Canada. She works across the continuum of addiction medicine care, having involvement in acute care, detox, substance use treatment and primary care clinics.

Oral presentations: NEUROCOGNITION AND REHABILITATION

CONSTRUCTING ALCOHOL-RELATED PROBLEMS: A QUALITATIVE ANALYSIS OF ATTITUDES TOWARD ALCOHOL SCREENING AND COUNSELLING IN SOCIAL WORK.

Elina Renko (FINLAND).

Abstract

Background: Alcohol-related problems are widely viewed as health problems and thus as marginal to the social workers' job. Social workers, who work outside the substance-abuse practice settings, frequently encounter clients with hazardous and harmful drinking.

Aims: This study presents a qualitative analysis of how alcohol-related problems are constructed in social work. Methods: It employs a qualitative attitude approach (QAA); the aim is to explore the construction of attitudes in argumentative talk: The ways social workers (n=14) and their clients (n=14) constructed alcohol-related problems. Results: Both groups mainly constructed alcohol-related problem as a social issue. The interviewees associated this social issue closely with social statuses as well as with client's fulfilment of their responsibilities, and their ability to function well. Alcohol-related problem was allocated not only to the individual but to people around him as well. The medicalized view of alcohol-related problem - highlighting the negative impact this problem can have on

people's health and well-being - was also present in the argumentative talk but was less common than the social view.

Conclusions: The interviewees saw identifying and managing alcohol-related problems as essential to the social workers' job. This social view might be in contrast with the individualistic models of substance abuse treatment.

Bio



Elina is a postdoctoral researcher in social psychology. Her main research interests lie in the fields of agency, motivation, well-being and behaviour change. Her current research focus involves the construction of alcohol-related problems in social work

DECLINE OF COGNITIVE FUNCTION IN RELATION TO SUBSTANCE USE.

Paul Filletti (MALTA).

Abstract

It is known that prolonged opioid use causes brain deterioration, especially in cognitive functions such as executive functions and working memory. Cognitive and neuro executive functions refer to a set of processes that are necessary for the cognitive control of behaviour: selecting and successfully monitoring behaviours that facilitate the attainment of chosen goals. These functions include attention control, working memory, inhibition, and problem-solving. They are needed to execute tasks, prioritize, plan and focus on completion and avoiding outside distractions. Working memory indicates the ability to keep information in mind, as well in the face of distraction. We use this ability all the time in every-day life.

Neuro cognition, brain development and function have all been long studied, and neuro cognition refers to the cognitive processes or functioning, understood in relation to the specific neural mechanisms by which they occur in the brain. Whilst cognitive function is the performance of the mental processes of perception, learning, memory, understanding, awareness, reasoning, judgment, intuition, and language.

Neurocognitive testing has been in use for a long time. Traditionally, it has been done with paper and pencil, but in recent years computerized neurocognitive tests have been shown to be even more sensitive and more efficient than the traditional tests. We can capture precise reaction times, randomize trials, keep attention focused, be consistent, and score totally objectively.

Tests and tools used to measure memory, language skills, math skills, visual and spatial skills, and other abilities related to mental functioning help to diagnose a patient's condition accurately. These tests examine orientation, memory, and attention, as well as the ability to name objects, follow verbal and written commands, and copy a complex shape. Doctors also use a variety of other tests and rating scales to identify specific types of cognitive problems and abilities. Other cognitive tests such as the CANTAB tasks use computerised measures of cognition which include attention & psychomotor speed, executive function, memory, emotional and social cognition.

This presentation will discuss the research made in relation to the decline in the cognitive functions of drug users and will shed light on gaps in the existing literature. This is being done to encourage further studies in the field, come up with innovative ways to do research and gather new data which will enrich existing data, and increase understanding, enhance knowledge, with the aim of improving the quality of life of substance users.

Bio

Paul Filletti is a qualified BSc Hons Nurse, from the University of Malta. He is currently reading for an MSc in Addiction Studies from the University of Malta. He is a full-time resident nurse at the Substance Misuse Outpatients Unit within the FSWS-Sedqa Malta.

EXECUTIVE FUNCTION NEUROREGULATION AND ADDICTION PREVENTION.

Michela Balconi (ITALY).

Abstract

This research project explored the potential of the digitalized "Battery for Executive Functions in Addiction (BFE-A)" developed for substance addiction disorders on a sample of patients with gambling disorder (GD). The BFE-A consists of five neuropsychological tests - aimed at measuring short- and long-term verbal memory, working memory, verbal and non-verbal cognitive flexibility, and focused attention - and a computerized Stroop and Go/No Go task, modified with addiction-related stimuli to measure the control of interference and inhibition. This work compared the results obtained on an experimental sample with substance addictions, with a sample composed of patients with GD, and a group of healthy controls. Findings supported the validity of BFE-A as a sensitive tool for the detection of memory impairment and attentional bias found in the inhibitory control task in GD. The study suggested that memory impairment and attentional bias, along with increased

impulsivity, could play a significant role in the executive impairments seen in behavioral addictions. The results highlighted that the BFE-A can provide relevant information for the design of tailor-made neurorehabilitation interventions, which can be specifically structured taking into account the strengths and weaknesses that emerge from the comparison of the patient's performance to the single sub-tests on executive functions.

Bio



Professor of Psychophysiology and Cognitive Neuroscience at the Faculty of Psychology of the Catholic University of the Sacred Heart (UCSC), Milan, Italy. She is Director of the International research center for Cognitive Applied Neuroscience (IrcCAN) and of the Research Unit in Affective and Social Neuroscience, Department of Psychology, at UCSC.

Symposium: COMPASSION MODEL

IMPROVING CHILD WELFARE, NEWBORN AND MATERNAL OUTCOMES WITH COMPASSION MODEL.

Vania Rudolf and Tricia Wright (USA).

Abstract

Objective: Opioid use during pregnancy has risen, with a 131% increase in opioid-related diagnoses at delivery from 2010 to 2017. Neonatal opioid withdrawal syndrome (NOWS) in the US has also increased, with a 433% increase from 1.5 to 8.0 per 1,000 hospital births from 2004 to 2014. Pregnant, postpartum, and parenting individuals with substance use disorder (SUD) and their newborns have unique treatment needs that require access to evidence-based treatment, a collaborative approach, integrated services, and early intervention to facilitate optimal outcomes, parenting and family wellbeing.

The clinical effectiveness of a novel postpartum COMPASSION model that fosters “zero separation” for the birthing parent, newborn and family unit while encouraging bonding through respect, compassion, self-sufficiency and empowerment was reviewed. Child welfare, newborn and maternal outcomes at delivery, postpartum course and discharge were reviewed and compared.

Methods: The COMPASSION (Community Of Maternal Parenting Support for Substance Impacted People and Newborns) model comprises of 5- day extended postpartum floor stay for the birthing parent, newborn and family unit. It promotes trauma-informed and respectful comprehensive care that is patient-centered and tailored to the whole person/family unit. The model offers comprehensive care for the birthing parents, newborns and family members summarized in a 5-S approach: Sobriety (access and freedom of choice, harm reduction and trauma-responsive healing), Safe home/housing (help find strategies/resources for safe home environment), Sober support (connect with family, loved ones and peer support to strengthen recovery journey); Self-sufficiency - commitment to offer a whole person treatment to all birthing parents, to empower with knowledge, tools and confidence for them to meet the needs of their baby (bonding, feeding, newborn cares) and family, Setting people up for success - Social work navigation, medication/treatment follow up coordination. Retrospective chart review of birthing people/newborn/family units who presented in labor >35 weeks gestation in 2022 and who chose to engage in the COMPASSION stay at Swedish Medical Center, Seattle, WA.

- Primary Outcomes: Completion of COMPASSION, discharge coordination Child welfare outcomes: Plan of safety care (POSC) versus child protective services (CPS) referral, discharge with baby to parent versus foster placement.

- Secondary Outcomes:

Medication for OUD (MOUD) treatment choice and dose at delivery

Breastfeeding rates

Average length of stay (ALOS)

NOWS, Morphine requirement, NICU admission

Results: A total of 44 birthing people with SUD, GA>35 weeks presented in labor at Swedish Center in 2022 and chose to engage in COMPASSION; 24 (55%) were on split Methadone dose (30mg BID-> 150mg BID) and 20 (45%) were treated with buprenorphine (4mg BID->8mg QID). Birthing people on Methadone had 15 vaginal (63%), 9 cesarean (37%) deliveries, mean GA of 37w8d and 21 (88%) chose to initiate breastfeeding. People on buprenorphine had 10 vaginal (50%) and 10 cesarean (50%) deliveries, mean GA of 38w5d and 15 (75%) breastfed. ALOS was 5 days on the postpartum floor for all parents.

Primary outcome: 43 (98%) completed COMPASSION 5 day stay, 1 (2%) parent left AMA after she felt unsafe during a CPS conversation. A warm hand-off for ongoing MOUD, OD education and Narcan was provided to all 44 (100%).

Child Welfare Outcomes:

Methadone exposed newborns:

Plan of Safety Care/POSC: 12 (50%)

Child Protective Services/CPS: 12 (50%)

Parent discharge with newborn: 23 (99%); 17 (74%) home, 6 (25%) residential/PPW

Buprenorphine exposed newborns:

Plan of Safety Care/POSC: 10 (50%)

Child Protective Services/CPS: 10 (50%)

Parent discharge with newborn: 20 (100%); 14 (70%) home, 6 (30%) residential/PPW

Neonatal outcomes: 1) Methadone exposed newborns: 21 (88%) had no NOWS, 2 (8%) required 1 morphine and 1 (4%) admitted to NICU for scheduled morphine treatment. 2) Buprenorphine exposed newborns: 15 (75%) had no NOWS, 3 (15%) required one dose morphine and 2 (10%) admitted to NICU.

ALOS for Methadone exposed newborns was 8.2 days: 19 (80%, ALOS 5 days postpartum floor), 2 (16%, ALOS 18 days on pediatric floor/feeding/prematurity) and 1 (4%, ALOS 30days NICU).

ALOS for Buprenorphine exposed newborns was 8.2 days: 16 (80%, ALOS 5 days postpartum floor), 2 (10%, ALOS 32days NICU), 2 (10%, ALOS 10 days held for placement)

NICU admissions and morphine treatment were directly related to recent Fentanyl exposure.

Conclusion & Discussion: The study describes a novel COMPASSION model to offer patient-centered and whole family care while improving Child Welfare, newborn and maternal outcomes to offer wrap around service with Access: offering no wrong door service, access for ALL; Equity/diversity: embracing inclusive, and empowering caring for all patients of any recovery phases, cultures/races, backgrounds); Equality: affirming birth is an essential time and a special new beginning for every birthing parent indifferent of life circumstances/recovery stages; Recovery: strengthening lifelong journey while fostering safe, peaceful and compassionate environment to the birthing parent, newborn and family unit. Further research is encouraged to prospectively evaluate the effectiveness of postdelivery and

transitional programs to facilitate early bonding and positive maternal engagement while eliminating foster CPS placement.

Bio



Vania Rudolf, is a primary care and addiction medicine physician, with a background in family medicine with OB and has completed Fellowships in Integrative Medicine, Addiction Medicine and High-Risk Obstetrics at Swedish Medical Center. assistant professor at University of Washington, Seattle and the Addiction Recovery, Swedish Medical Center, Seattle; Chair for the National Women's Addiction Group related to ASAM.

Symposium: ISAM NEUROSCIENCE INTEREST GROUP (ISAM-NIG)

NOVEL NEUROSCIENCE-INFORMED MODELS FOR UNDERSTANDING AND TREATMENT OF ADDICTION.

Parnian Rafe (IRELAND), Serenella Tolomeo (SINGAPORE), Antonio Verdejo-Garcia (AUSTRALIA), Mehdi Farokhnia (USA) and Hamed Ekhtiari (USA).

Abstract

The field of neuroscience has vastly evolved during the past decades thanks to cutting-edge developments of tools and techniques to explore the brain more precisely. These developments had considerable contributions to our understanding of addictive disorders in multiple extents, including prediction and prevention of addiction, mechanisms of addiction development and chronicity, as well as addiction treatment and relapse prevention. In this symposium, the Neuroscience Interest Group of ISAM (ISAM-NIG) will bring together speakers from a diverse range of subfields in neuroscience to present an overview of the current

state of neuroscience-informed approaches to understanding and treatment of addiction. Antonio Verdejo-Garcia (Australia) will present the results of an international Delphi study providing expert consensus data for development and applications of cognitive training interventions for addiction. Parnian Rafei (Ireland) will give an overview of theory-driven and data-driven computational approaches for increasing the precision and reliability of measurement, and the accuracy of diagnosis and prognosis in substance use disorders. Mehdi Farokhnia (USA) will present the most recent pieces of evidence about the neurobiological aspects of alcohol use disorder and the crosstalk between the central nervous system and the periphery and how they inform pharmacotherapy approaches to addiction treatment. More evidence from brain functional dysfunctions in substance users and its impacts on cognition and behaviour will be presented by Serenella Tolomeo (Singapore), and lastly, Hamed Ekhtiari (USA) will present the most recent evidence on the effectiveness of brain stimulation for addiction treatment and technical considerations for optimising neuromodulatory interventions.

Bio

The Neuroscience Interest Group of the International Society of Addiction Medicine (ISAM-NIG) was established in November 2018, during the ISAM's 20th annual meeting in Busan, South Korea. The NIG's agenda was initially categorized into four domains, including Cognitive assessment, Cognitive training/remediation, Neuroimaging, and Neurostimulation.

Workshop: FAMILY AND RECOVERY

RELATIONSHIP BETWEEN FAMILY CAREGIVERS' BURDEN AND THE MANAGEMENT OF SUBSTANCE USE DISORDERS AMONG PERSONS IN RECOVERY IN MOMBASA COUNTY, KENYA.

Pamela R.N. Kaithuru, (KENYA).

Abstract

Substance Use Disorders have mild, moderate and severe effects on individuals and management can be impacted by various factors. The objective of this study was to investigate the relationship between family caregivers' burden and the management of Substance Use Disorders among persons in recovery in Mombasa County, Kenya. The study was anchored on Rational Emotive Behavioral Theory and self-concept theory. Convergent Parallel Mixed Method Research Design was adopted. The rationale of this study is that family relationships facilitated a sense of wellbeing and thus played a significant role in the recovery process of persons with SUDs. The target population was 220 individuals and a sample of 152 was selected through stratified and simple random sampling. Data was collected using Caregivers Self-Assessment Questionnaire and Focused Group Discussion guides; Cronbach's alpha .879. Data was analyzed using Pearson correlation and thematic

analysis backed by narratives and found a weak negative and significant relationship between family caregivers' self-awareness and uptake of counseling ($r=0.91$; $p>0.01$). The study recommended the County of Mombasa to institutionalize professional counseling services, to engender early diagnosis and treatment of substance use disorders

Bio



Dr. Pamela Kaithuru is the President of the International Society of Substance Use Prevention and Treatment Professionals (Kenya Chapter) and an Instructor at the Institute for Meteorological Training and Research Regional Training Centre (Nairobi-Kenya) for English-speaking Africa. She is a Mental Health professional, an Internationally Certified Addiction Professional, author, trainer, researcher and a psychologist with over 20 years of experience in the Workplace in the area of HIV mainstreaming, Alcohol and Drug abuse prevention, mental health, psychological wellness and climate change.

Symposium: ISAM-NEXT “*Virtual session*”

IS THERE A NEED FOR NEW PLAYERS? HOW ADDICTION MEDICINE BENEFITS FROM THE NEWLY BORN ISAM-NEXT INITIATIVE FOR UNDERGRADUATES.

Hossein Mohaddes Ardabili, Mohammad Mohebbi, Molly Doernberg and Ojas Krishnani (IRAN).

Abstract

Objective: Addiction and associated harms constitute a tremendous social, health, and economic burden. As it continues to steadily increase, addiction medicine faces challenges complicating its role in tackling these issues: the low popularity of addiction medicine among undergraduates and healthcare providers as a career, the expanding demography of the victims, the patients' inadequate access to substance use services, etc. Addressing these challenges demands collective and concerted efforts. ISAM-NExT (New Professionals Exploration, Training & Education) has run an international mentorship project aiming to

empower healthcare professional students in addiction medicine. The aim of this symposium is to discuss global challenges in addiction and how this initiative can help addiction medicine cope with them.

Method: ISAM-NeXT initiative consists of mentor-mentee dyads of under/post graduates from various countries who initiate and expand a global network of such dyads. From prevention to treatment, and from local to international level lie the potentials of this international collaboration to tackle addiction- related issues: running anti-stigma campaigns, raising public awareness through campaigns or social media, contributing to addiction research, etc.

Result and conclusion: The ISAM-NeXT initiative of undergraduate healthcare students can make meaningful contributions to addiction medicine. This symposium will focus on these potential contributions and related challenges.

Bio

ISAM-NEXT (New Professionals Exploration, Training & Education) has run an international mentorship project aiming to empower healthcare professional students in addiction medicine. This initiative consists of mentor-mentee dyads of under/post graduates from various countries who initiate and expand a global network of such dyads.

○ **PLENARY LECTURE :**

PUBLIC HEALTH AND ADDICTION.

Hamad Al Ghafri (UAE).

Abstract

Drug use is an increasing global public health concern (1). A public health approach to addressing substance misuse and substance use disorders could lead to a consistent reduction in health and social problems and costs (2). A Study of the economic impact of addiction in the Middle East, conducted by UNODC and NRC Abu Dhabi showed that addiction in the UAE cost 1.4% of the country's annual GDP with most of the cost in loss of productivity and death. A public health strategy should include working polices, strengthen data collection, reporting, and improve access to addiction services (prevention, treatment, and recovery support services). It

should also advance the practice of pain management and increase the availability of overdose-reversing drugs, support cutting-edge research, and upgrade the training programs for all the professional working in the field of addiction with continuous monitoring (4). A combination of leadership, good financing system, with a professional trained workforce and supported by an advanced information system should contribute to a successful health system. This will help in reducing the burden of the disease and increase the availability of services to those who need it.

(1) Drug use, drug use disorders, and treatment services in the Eastern Mediterranean region: a systematic review. Afarin Rahimi.

(2) Nora Volkow's.

(3) US Surgeon general report 2016.

(4) (Johnson et al, 2018)

Bio



President-elect of the international society of addiction medicine (ISAM). Member of the board of the international consortium of universities for drug demand reduction (ICUDDR). He is the former Director General and the Head of the WHO Collaborative Centre for substance use prevention and treatment of substance use disorders (National Rehabilitation Centre Abu Dhabi). Chair of advisory board, school of health, and environmental studies at Sh. Hamdan Bin Mohammed smart university. Dubai, UAE. Member advisory board of the college of medicine and health sciences UAE university. Founder and CEO Delmon health consultancy & planning.

Symposium: ISAM-US PARTNERSHIPS

NIDA-ISAM-ASAM-PARTNERSHIP: OUR 15-YEAR HISTORY.

Marc N. Potenza (USA), Steve Taylor (USA), Gregory Bunt (USA), Ivan Montoya (USA), Alexander Baldacchino (UK) and Jag H. Khalsa (USA).

Abstract

Objective: To showcase clinical accomplishments of NIDA-ISAM-ASAM collaborations over a 15-year period.

Rationale: With funding and guidance from NIDA, both ISAM and ASAM have organized and presented clinical/scientific conferences in international settings, but its accomplishments have never been presented before an international audience.

Methods: Based on data from annual conference brochures and annual reports including on trainees/ISAM-board certified young physicians, the authors will present

accomplishments of annual NIDA-ISAM-ASAM conferences and offer recommendations.

Results: ISAM, established in 1998 with a current membership (individual and affiliates) of 16,000 from 50 countries successfully obtained an initial conference grant in 2007 to organize and present annual conferences and develop international collaborations in international settings. In 2014, with NIDA's encouragement and active involvement, ISAM partnered with ASAM in the ISAM conference grant endeavors. During this 15-year tripartite collaboration between NIDA, ISAM and ASAM, the annual conferences have successfully presented the latest clinical and research findings on various aspects of addiction medicine, have developed collaborations in several countries and trained, and certified many young physicians in those countries. NIDA grant support has supported early career investigators, ISAM/ASAM collaborations, and other conference endeavors consistent with the mission of NIDA. The NIDA-ISAM-ASAM partnership has facilitated annual conferences in 20 different countries and two virtual congresses, promoted international collaborations, and supported the career advancement through education of 186 addiction physicians and allied health professionals through bursaries.

Conclusions: Collaborative NIDA-ISAM-ASAM efforts over the past fifteen years have promoted global efforts to advance addiction medicine training and education. Such endeavors have included a focus on early career investigators and a goal of reducing the burden of addictions worldwide.

Bio

Marc Potenza



Dr. Potenza is a board-certified psychiatrist with sub-specialty training in addiction psychiatry. He is an Albert E. Kent Professor of Psychiatry, Child Study and Neuroscience at the Yale School of Medicine where he is the Director of the Division on Addictions Research and Center of Excellence in Gambling Research.

Steve Taylor



Steve Taylor is board-certified in general psychiatry, child and adolescent psychiatry, addiction psychiatry, and addiction medicine. The 2022-23 NBA season marks Dr. Taylor's 16th year as the Medical Director of the Player Assistance and Anti-Drug Program of the National Basketball Association (NBA) and the National Basketball Players Association (NBPA). Dr. Taylor is a Distinguished Fellow of the American Psychiatric Association and a Distinguished Fellow of the American Society of Addiction Medicine (ASAM). He is current ASAM's President-Elect.

Gregory Bunt



Gregory Bunt M.D. graduated in 1983 from NYU School of Medicine, and completed his residency in Psychiatry at the Albert Einstein College of Medicine in 1987. He was among the first to complete the Fellowship in Addiction Psychiatry in the nation (NYU 1989), and

is a Clinical Assistant Professor of Psychiatry at NYU Langone Medical Center. He is a diplomate of the American Board of Psychiatry and Neurology with Special Added Qualifications in Addiction Psychiatry and a Fellow of both the American and International Societies of Addiction Medicine.

Alex Baldacchino



Professor Alex Baldacchino, MD, MPhil, PhD, FISAM, FRCPsych, FRCP(E). ISAM President and WPA for the Chair to the Addiction Psychiatry Section. Professor of Medicine, Psychiatry and Addictions, University of St Andrews. Chair for the Scottish Health Industry Partnership (SHIP) Reducing Drug Deaths Consortium; Honorary Professor of Medicine, University of Dundee; Retired NHS Consultant Psychiatrist in Addiction Medicine; Retired NHS Fife Research, Innovation and Knowledge Director

Ivan Montoya

Dr. Montoya is a psychiatrist and epidemiologist who specializes in the development of therapeutics for substance use disorders (SUDs). He leads NIDA's marijuana medications development initiative and the recently published funding opportunity for the development of medications to prevent opioid use disorders and overdose, which is part of the NIH's Public Private Partnership to combat the opioid use crisis

Jag H. Khalsa



Jag H. Khalsa, MS, PhD, DFISAM, currently is serving as a Special Volunteer at National Institute on Drug Abuse, NIH, following retirement in October 2017 after 40 years of US Federal service (10 at FDA and 30 years as the Chief, Medical Consequences of Drug Abuse and Infections Branch, NIDA, NIH); and as an Adjunct Professor in the Department of Microbiology, Immunology, and Tropical Diseases at GWU School of Medicine and Health Sciences, Washington, DC, USA.

Symposium: EMERGING TRENDS IN ADDICTIONS (IN FRENCH)

NEW PSYCHOACTIVE SUBSTANCES.

Alain Dervaux (FRANCE).

Abstract

The new psychoactive substances (NPS) refer to substances that have recently been made available. NPS have been created to mimic the actions and psychoactive effects of drugs or licensed medicines. The market for NPS is characterised by the large number of substances detected each year (range: 40-100/year in Europe according to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). EMCDDA reported that NPS can be summarised as « Everywhere, everything, everyone » (European Drug Report 2023). There are four main groups of NPS:

- Synthetic stimulants include cathinones, mephedrone, 4-MMC (4-methylmethcathinone), 3-MMC (3-methylmethcathinone), 4-MEC (methylmethcathinone), MDPV (3,4-methylenedioxypyrovalerone), Méthylone, associations (NRG-1, NRG-2, NRG-3)... The stimulants increase the serotonin, dopamine and to a lesser extent noradrenaline

concentration in the synaptic cleft (serotonin, dopamine and norepinephrin reuptake inhibition).

- Synthetic cannabinoids (e.g hexahydrocannabinol), are cannabinoids CB1 receptors agonists which have a greater potency and binding affinity than delta9-THC.

- Synthetic opioids include fentanyl and fentanyloids (e.g butyrfentanyl, acryloylfentanyl, methylfentanyl...). Synthetic opioids interact with opioid receptors in the brain as partial to full agonists at mu opioid receptors. The potency of fentanyl is 50- to 200-fold higher than morphine.

- Benzodiazepines «designer» includes benzodiazepines (30 have been identified by EMCDDA, e.g. adinazolam, bromazolam, cinazepam, clonazolam...), GHB, GBL. They mediate their effects through interactions GABA-A receptors.

There are many harms and adverse effects due to NPS use: agitation, paranoia, hallucinations, confusion, hypertension, tachycardia, nausea, vomiting, headache, drowsiness, dizziness, hyperthermia, seizures, collapse... The current laboratory testing for NPS is challenging.

Bio



Alain Dervaux, MD, PhD, is a graduate of Lille University School of Medicine University (France). He received his PhD in Neurosciences from the University of Paris Sorbonne. He worked as a Psychiatrist at Sainte-Anne Hospital, Paris, France (1997-2016). He is Full Professor of Psychiatry at Paris-Saclay University, France and Head of the substance abuse treatment department of EPS Barthelémy Durand at Etampes (Essonne, France).

CARE AND ADDICTIONS IN MOROCCAN PRISONS

Taoufiq Abtal (MOROCCO).

Abstract

The General Delegation for Prison Administration and Reintegration recognizes the central role of the health response in prison in the national response to addictions and crucial HIV in prisons in the management of Addictions and HIV. This summary discusses the importance of comprehensive health services alongside opioid substitution treatment (OT) in Moroccan prisons and highlights the crucial psychosocial dimension and reintegration efforts.

The health of prisoners poses significant challenges and it is the shared responsibility of stakeholders to address them. The DGAPR, in collaboration with its partners, has

developed a national prison health strategy which is based on the principles of equivalence of care, gender equity and human rights.

This strategy provides a comprehensive, integrated range of diverse health services focused on the needs of inmates, including specific populations with special needs.

In the context of the HIV response in prisons, we have made substantial progress, with 60% of prisoners benefiting from prevention programs and 31% being tested for HIV. This demonstrates our commitment to improving the health and well-being of inmates.

The human rights and anti-discrimination component, as defined in the national strategy on human rights and HIV, is an integral part of our approach. We insist on respecting confidentiality and ethics during tests in prisons.

The National Prison Health Strategic Plan reflects our commitment to the integration of prevention, treatment and rehabilitation of drug use disorders. Regarding incarcerated drug users, the figures remained stable until 2016 (1,002) but will triple by 2022 (2,991). The number of prisoners incarcerated for drug trafficking has also increased to more than 23,000 by the end of 2022, representing around 25% of the prison population.

Our multi-dimensional approach to drug control encompasses safety, reintegration and health care. The annual inclusion of 6-7% of prisoners on psychotropic treatment reflects our commitment to combating psychiatric and substance use disorders.

The introduction of the Injectable Drug Substitution Program in 2011 in prisons has expanded considerably. We now have 11 addiction units strategically located to align with the Department of Health and Social Care's addiction centers, actively contributing to national strategies.

At the end of 2022, 907 inmates, including 20 women, were enrolled in our OAT programs.

In conclusion, the fight against drug addiction is a collective effort that requires a multisectoral approach. Governments should prioritize drug prevention policies and effective prevention programs involving various sectors such as education, youth, sports, communication, health and justice. Collaboration with the private sector and NGOs is essential.

Political will for drug prevention must extend beyond national borders, requiring international cooperation to share best practices and coordinate global prevention efforts

Bio



Head of Division of Health Action at the General Delegation for Prison Administration and Reintegration. Graduated in general medicine and emergency medicine, oxyology from the Faculty of Medicine and Pharmacy of Rabat.

Since 2013, head of the Health Action division - Strategic coordination of health services for prisoners and supervision of the implementation of national health programs developed with the Ministry of Health and other National and International Partners.

Member of the steering committee of the African partnership network on HIV and health in prisons Member of the MedNet network.

ALCOHOL ADDICTION TREATMENTS FOR HOME RESIDENTS IN SWITZERLAND: REVIEW AND PRELIMINARY RESULTS OF TRANSECTIONAL STUDY.

Franco Masdea, Isabelle Gothuey Fribourg (SWITZERLAND).

Abstract

Background: Epidemiological datas show that alcohol consumption is increasing in old age. But very few studies focused on old people with an alcohol addiction, as well for preventing action than for treatment proposal. Moreover, the home residents' alcohol problems aren't taken in account by scientific studies.

Method: We conduct a narrative review on alchool addiction identification and treatment for home resident. A lack of data conduct to enlarged the spectrum of research for mean of identification and treatment for old addicted outpatient. In parallel, we sent a enquiry in

the 49 home in Fribourg area, in order to identify the needs and the possibilities of existing treatment.

Results: Preliminary results for narrative review and data issued of the enquiry will be exposed. Results show a gap in the scientific data about addictions for home residents, and also heterogeneous practices of treatment for old addicted home resident. From drinking in home residence to forced withdrawal and abstinence.

Conclusion: There is some needs for preventing actions and for useful treatment for motivated home residents. Specialized places for non-abstinent residents must be created and offer the choice of a controlled consumption

Bio

Dr Masdea specializes in geriatric psychiatry and is an associated medical director for the psychogeriatric unit in Fribourg.

Prof Gothuey is a psychiatrist, specialized in comorbid mental illnesses, affiliated to Fribourg University and RFSM. She is currently working on topics as public psychiatry, stigma and specialized treatment of addicts.

EXPLANATORY MODELS FOR DUAL DIAGNOSIS.

Hamid Ibani (MOROCCO).

Abstract

Our aim in this communication is to define a set of questions that are useful in attempting to understand the etiology and development of co-morbid substance misuse or dependence and severe mental illness ('dual diagnosis') and to review the literature relevant to each of these. We will summarize the current evidence on each of these questions and consider what further research may need to be undertaken. Dual diagnosis has been defined in a variety of ways: this communication will follow many papers in defining dual diagnosis relatively narrowly as the comorbidity of functional psychotic illness (including schizophrenia, schizoaffective disorder and manic-depressive illness) and harmful substance use or dependence. Much of the research evidence concerns schizophrenia only so that this is the main emphasis of this intervention, but evidence regarding other psychotic illnesses has been included where available. One of the most relevant questions in regard to the

development of dual diagnosis relates to whether substance use independently leads to functional psychotic illness.

Bio



Ibanni Hamid is a psychiatrist, child psychiatrist and addictologist, professor at the Higher Institute of Nursing and Health Workers (ISPITS), regional manager of the Addictology Centers of Marrakech. Member of the board of the association Rdr. Section Marrakech in charge of prevention, support for recovery and reintegration of drug addicts.

IMPROVING THE PREVENTION OF MISUSE OF BENZODIAZEPINES AND RELATED DRUGS: THE IMPACT OF DRUG PERCEPTION BY GENERAL PRACTITIONERS AND PATIENTS.

Edouard-jules LAFORGUE (FRANCE).

Abstract

Despite repeated clinical practice guidelines, misuse of benzodiazepines and related drugs (BZD/Z) remains a major health concern. Although the clinical benefits and risks of these treatments are well known, the literature is still scarce on how these treatments are perceived by practitioners and patients.

Method: We used data from two large surveys of general practitioners (GP) prescribing zolpidem (n=206) and patients long-term users of BZD/Z (n=970) to assess (i) the impact of perceived zolpidem status on inappropriate prescribing and

(ii) the impact of the information retained relating to BZD/Z on the inappropriate use of these drugs.

Results: We highlight that (i) general practitioners' perception of zolpidem is ambivalent and that unfavorable perception of the drug is associated with prolonged inappropriate prescriptions; and (ii) 60% of long-term consumers know why they take BZD/Z and poor knowledge by the patient is associated with inappropriate use of BZD/Z.

Discussion: Patients and GPs are both involved in the prevention of BZD/Z misuse. In order to prevent misuse and promote proper use of prescribed drugs, a shared medical decision between GPs and patients is crucial. To ensure this, an appropriate representation by GPs and good knowledge of the drug by patients is important.

Bio



Edouard-Jules LAFORGUE, MD (psychiatry), PhD (pharmacology). Associate professor of pharmacology in Nantes University. I have a clinical activity in the addictive medicine department of the Centre Hospitalier Universitaire de Nantes. My research topics focus on clinical and epidemiological factors associated with the misuse of psychotropic treatments, notably benzodiazepines and Z-drugs.

Symposium: NEW DEVELOPMENTS

CORRELATES OF EXPENDITURE ON CANNABIS BY PATIENTS WITH CANNABIS USE DISORDER: SECONDARY ANALYSIS OF A RANDOMIZED CONTROLLED TRIAL.

Rahul Mathur (INDIA).

Abstract

Background and aims: The present study used secondary data from a randomized controlled trial of brief intervention versus simple advice for patients with cannabis use disorder to find correlates of expenditure on cannabis use.

Methodology: This was a non-blinded, parallel two-group randomized controlled trial which included 100 male patients with cannabis use disorder. They were divided in 1:1 into two groups: brief intervention and simple advice. They were followed up at 4, 8 and 12 weeks. Typical daily expenditure on cannabis was assessed at baseline, and the three follow-up time points.

Results: At baseline, participants were spending a median of Indian Rupees 100 per day on cannabis usage (roughly 1.25 USD per day). This amounted to 12.8% of the monthly income. A longer duration of cannabis use, higher severity of cannabis dependence measured by Severity of Dependence Questionnaire and history of injecting drug use showed a positive trend level significance with typical daily expenditure on cannabis use (p values of 0.069, 0.053 and 0.065 respectively). The median expenditure on cannabis remained the same in both the groups at all the 3 follow-up time points, though overall changes did occur over time in both the groups.

Conclusion: Cannabis consumption has clear economic implications apart from health ones, and amount spent on cannabis can be an additional outcome measure in studies evaluating efficacy of interventions.

Bio

Rahul Mathur M.D. (Psychiatry), currently working in Department of Psychiatry & Addiction medicine at AIIMS, New Delhi. Areas of interests includes addiction and child & adolescent psychiatry. I'm the recipient of Luke clack (Young scientist award) given by Indian Association for child and adolescent mental health.

A METHODOLOGY TO DEVELOP AN INTERPROFESSIONAL SUBSTANCE USE DISORDER AND PAIN MANAGEMENT CURRICULUM FOR HEALTH PROFESSIONAL STUDENTS.

Sue Feldman (USA).

Abstract

Background: A core opioid and pain management curriculum (ALAHOPE) for Alabama (AL) health professional schools in opioids and pain management was developed. **Methods:** An adapted form of the Kern Model for Curriculum Development was as a guide. A variety of assessments were performed including a stakeholder round table discussion, stakeholder, a thematic analysis of 6 external programs, and a regulatory analysis. A cross-thematic analysis of all assessment data was performed to develop broad curriculum goals and specific learning objectives. These learning objectives were sent to stakeholders and

modified accordingly. Subject matter experts (SME) were consulted to assist with detailed curriculum components. Each lecture was built in a curriculum design template in MS Word and underwent a thorough review process that included an internist, a legal and policy medical expert, an SME, and a health informatics and health education expert. Lectures were then built in an online, asynchronous, interactive format in Articulate by a designer/builder using the content in the design template. Results: The final curriculum resulted in two units (substance use and pain management), 17 modules, and 44 lectures. This curriculum development methodology can be used to help inform similar educational initiatives around substance use and pain management.

Bio



Sue Feldman is a Professor at the University of Alabama at Birmingham and Director of Graduate Programs in Health Informatics. Her research focuses on health information systems for social protections. Her current work is around substance use disorder and recovery, but during COVID Dr. Feldman led a team in developing symptom assessment and exposure notification tools for the state of Alabama. This effort led to being awarded the HIMSS 2021 Changemaker in Health Award.

MULTIPLE OVERDOSE EXPERIENCES AND PATIENT PREFERENCES FOR FENTANYL AMONG PEOPLE STARTING TREATMENT FOR OPIOID USE DISORDER.

Jan Gryczynski (USA).

Abstract

Objectives: The illicit opioid supply in North America has come to be dominated by fentanyl. Some people with opioid use disorder (OUD) prefer and seek fentanyl, while others view it as an unwelcome contaminant in the opioid supply.

Methods: Patients entering OUD treatment between December 2019-July 2021 with baseline fentanyl exposure (n=250) were interviewed about their experiences and preferences regarding fentanyl, and tracked in clinical records. A subset (n= 40) completed in-depth qualitative interviews. Overdose experiences and clinical outcomes were examined on the basis of expressed fentanyl preferences.

Results: Approximately 52% of participants preferred fentanyl (alone or mixed with heroin) to other opioids, with 21% preferring fentanyl alone. Most participants reported prior overdose experiences (78%), with 39% reporting more than 3 prior events. Participants who expressed preference for fentanyl alone were more likely to report multiple (>3) overdoses than those with other preferences (34 vs. 57%, $p= 0.003$). Once in treatment, preference for fentanyl was not associated with length of stay.

Discussion: Recurrent opioid overdoses have become a common experience for many people with OUD. People with strong preferences for fentanyl may be at higher risk compared to people with unintentional exposure.

Bio

Jan Gryczynski is a Senior Research Scientist at Friends Research Institute (Baltimore, USA), where he is engaged in a program of research on opioid use disorder treatment access and outcomes. His work spans clinical trials of medications and behavioral treatments as well as health services and policy studies.

20 YEAR EXPERIENCE AND CHALLENGES OF OPIOID USE DISORDER IN ICELAND, SAA- THE NATIONAL CENTER ON ADDICTION MEDICINE IN ICELAND.

Sigrun Lilja Sigurgeirsdottir (ICELAND).

Abstract

Objective: To describe changes in Opioid Use Disorder (OUD) and improvements in treatment in Iceland for over 20 years.

Rationale: The National Centre of Addiction Medicine (SAA) in Iceland has offered medication assisted treatment (MAT) with buprenorphine and methadone for OUD since 1999. SAA's hospital is the main provider of MAT and its extensive database demonstrates the change in OUD in Iceland and improvements in delivery of MAT.

Methodology: We reviewed data from medical records at SAA on OUD diagnosis and MAT treatments for the years 2000-2022. Retention in treatment and mortality are followed.

Results: Opioid use and diagnosis of OUD has almost tripled in the population seeking all addiction treatment at SAA in 22 years. MAT is readily available to this population and innovations in treatment delivery have been necessary to adjust to the need. Take-home doses, implementation, and adjusted protocols to initiate subcutaneous buprenorphine have increased to improve care. Patients on MAT followed for eight years showed 11% mortality but 65% retention in treatment.

Conclusions: Improvements have been done in delivering MAT to the growing number of people with OUD in Iceland. This has secured continued access to care as getting full governmental funding remains a challenge.

Bio

ADDRESSING THE ADDICTION MEDICINE WORKFORCE GAP AND BUILDING THE FUTURE GENERATION OF ADDICTION MEDICINE.

Madison Walsh (USA).

Abstract

In 2018, the State of Michigan brought together leadership from all medical schools in Michigan. The meeting was to address the lack of addiction medicine (AM) education for students. The barrier to solving this gap in education was identified at this meeting: there was no AM faculty at any school except Michigan State University. Students could not be trained in AM if there was no one to train them. The Michigan Collaborative for Addiction Resources and Education Systems (MI CARES) was originally developed to support training one AM-certified faculty member at each medical school in MI. Once faculty were trained, the next step was to train medical students and residents, therefore addressing the gap in the current workforce while also building a pipeline of future doctors with a strong AM curriculum. Currently, MICARES has over 860 enrolled practicing physician

participants, has disseminated curriculum to around 300 students, and is in 49 states and growing internationally.

Bio



Madison Walsh, graduated with her Master's in Epidemiology from Michigan State University, focusing on Drug Dependence Epidemiology. She currently works as a Research Assistant for the Michigan Collaborative Addiction Resources and Education Systems (MI CARES) supporting the extension of medical student education across Michigan. Madison works as the lab's data analyst, develops SUD curriculum, and focuses on outreach to expand MI CARES.

Symposium: TREATMENT, NEW RESEARCH FINDINGS

MOVING FROM HARM REDUCTION TO ABSTINENCE WITH THE DUALY DIAGNOSED: CASE STUDIES ON USING CREATIVE ARTS THERAPY IN MEDICATED ASSISTED TREATMENT.

Corinna Brown (USA).

Abstract

This presentation explains how creative arts therapies (CAT) help patients receiving medicated assisted treatment achieve a variety of treatment goals. While CAT have been used professionally in institutional settings since the 1950s to treat groups and individuals in the USA, research is sparse on the topic of CAT as a form of evidence-based practice (EBP) or as a form of complementary and alternative medicine (CAM) in substance abuse treatment. One study by Aletraris et al. (2014) verifies that CAT are available in a variety of substance abuse treatment settings across the USA. More research is needed to understand the efficacy of CAT as a EBP in substance abuse treatment. This research presentation aims to fill this gap by offering three

case studies from the presenter's clinical practice over the past 24 years at Bellevue Hospital's Opioid Treatment Program, building on her prior research on dance/movement therapy in methadone maintenance with individuals who are dually diagnosed (Brown, 2010). Results demonstrate that CAT, in combination with MAT, helps patients reduce their use, build sober social networks, and reconnect to the community. It concludes that CAT should be included more broadly as an EBP and form of CAM in substance abuse treatment.

Bio

Corinna Brown PhD, LCAT, BC-DMT, dance/movement therapist, substance abuse counselor, educator, & researcher, has been working at Bellevue Hospital's Opiate Treatment Program since 1999 and teaching at Pratt Institute's Graduate Creative Arts Therapy Program since 2005. She has worked with the dually diagnosed in various settings for over 30 years.

PSYCHOSTIMULANTS FOR THE TREATMENT OF AMPHETAMINE-TYPE STIMULANT USE DISORDER: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED PLACEBO-CONTROLLED TRIALS

Heidar Sharafi (CANADA).

Abstract

Objective: No pharmacological treatment is currently approved for amphetamine-type stimulant (ATS) use disorder (ATSUD). This meta-analysis aimed to pool the results from randomized placebo-controlled trials (RPCT) and to evaluate the efficacy and safety of psychostimulants for the ATSUD treatment.

Methods: Major databases were searched to include records before August 29, 2022. We selected RPCTs that evaluated the efficacy and safety of psychostimulants for ATSUD treatment. We used pooled results of risk ratio (RR), risk difference, mean difference, and standardized mean difference (SMD) to evaluate the following

outcomes: ATS use by urine analysis (UA), self-reported ATS use, retention, craving, withdrawal severity, depression and, drop-out following adverse events.

Results: Ten RPCTs (N=561 participants) were included. Psychostimulants were associated with a borderline decrease in ATS use by UA (RR: 0.93; 95%CI: 0.85-1.01) and a significant decrease in endpoint craving (SMD: -0.29; 95%CI: -0.55, -0.03). No effect was observed for other outcomes, including safety. In the subgroup analysis of ATS use by UA, a higher dose was significantly associated with increased efficacy of the intervention.

Conclusion: Results of our meta-analysis suggest that individuals living with ATSUD might benefit from psychostimulants treatment in terms of decreased ATS use and decreased craving, especially at higher doses.

Bio

Heidar is a biomedical scientist working in the field of viral hepatitis and addiction for more than 10 years. Currently, he is a postdoctoral researcher in the Jutras-Aswad Laboratory at the Research Center of CHUM (CRCHUM), QC, Canada.

BLUNTED MIDBRAIN REWARD ACTIVATION DURING SMOKING WITHDRAWAL IN ADOLESCENT-ONSET SMOKERS.

Serenella Tolomeo (SINGAPORE).

Abstract

Tobacco smoking is the leading preventable cause of death, causing more than six million deaths annually worldwide, due to cardiovascular disease and cancer. Many habitual smokers try to stop smoking but only about seven percent are successful, despite widespread knowledge of the risks. Development of addiction to a wide range of substances is associated with progressive blunting of brain reward responses, and sensitisation of stress responses, as described by the allostasis theory of addiction. There is pre-clinical evidence for a dramatic decrease in brain reward function during nicotine withdrawal. Here we tested the hypothesis that habitual smokers would also exhibit blunted reward function during nicotine withdrawal using a decision-making task and fMRI. Our findings supported this hypothesis, with

midbrain reward-related responses particularly blunted. Pre-clinical studies also report that the most marked brain abnormalities occur when smoking starts in adolescence. We therefore tested the hypothesis that the most marked abnormalities would be found in people who started habitual smoking before 16 years. Our findings also supported this hypothesis, with blunted midbrain reward-related activation including the dopaminergic ventral tegmental area. Given the substantial mortality associated with smoking, and the small percent of people who manage to achieve sustained abstinence, further translational studies on nicotine addiction are indicated.

Bio

Dr Serenella Tolomeo currently works at the Institute of High-Performance Computing, A*STAR and she has an Adjunct position in the Department of Pharmacology at NUS Yong Loo Lin School of Medicine. Her research focuses on determining brain pathophysiological mechanisms underlying drug and behavioral addictions.

DEPENDENCE SYNDROME: A MULTIDIMENSIONAL DISORDER REQUIRING A TRULY MULTIDISCIPLINARY APPROACH

Massimo Riccio, Yves Jominy (MOROCCO).

Abstract

Dependence syndrome, also known as substance dependence or addiction, is a complex and multidimensional disorder that affects individuals physically, psychologically, and socially. It is characterized by the compulsive and repetitive use of substances despite negative consequences.

The dependence syndrome encompasses dependence on substances and/or behaviours, in other words, anything that will allow us to change the way we feel from 'without and not within'. From this point of you, recovery is meant as a way to help the individual to embark on a journey of self-discovery and personal growth,

aimed at developing more constructive internal strategies to deal with their emotions.

To effectively address dependence syndrome, a multidisciplinary approach is crucial. This approach involves the collaboration of professionals from various fields to provide comprehensive and holistic care to individuals with addiction. Here are some key components of a multidisciplinary approach:

1. Medical and psychiatric care: Healthcare professionals, including physicians, nurses, and psychiatrists, play a vital role in the assessment, diagnosis, and treatment of dependence syndrome. They can address the physical and mental health needs of individuals, manage withdrawal symptoms, and prescribe medications when necessary. Depending on the substance involved, medications may be prescribed to assist with the detoxification process or to manage cravings and withdrawal symptoms. These medications can be administered under the supervision of a healthcare professional. Its important to state that 'detoxification' is only about 'staying stopped'.

2. Psychological and counseling services: Psychologists, therapists, and addiction counselors provide individual or group therapy sessions to help individuals understand the underlying causes of their addiction, develop coping strategies, and work towards recovery. They may also provide behavioral therapies such as 12 step facilitation, cognitive-behavioral therapy (CBT) or motivational interviewing and involving the family dynamics in the recovery process. These steps and beyond, will allow the person to 'stay stopped'-

3. Social support: treatment is only the first step in developing a meaningful and constructive life beyond addiction. Ongoing involvement with support networks, such as self-help groups has proven to be of huge benefits for people with a dependence syndrome.

4. we wish to present a treatment facility which will address these issues iin the francophone and arab world by presenting a new clinic attempting to address these issues in a new treatment facility soon to open in Marrakesh, Olive Hill Clinique

Bio

Dr Massimo Riccio



With over 40 years dedicated to mental health, Dr Riccio worked as a Senior Physician in General Psychiatry at Chelsea & Westminster Hospital in London and, for

more than 10 years, held the post as Medical Director of the Priory Hospital in London. He is also Professor of Neurology and Psychiatry, and Honorary Lecturer in Psychiatry at the Imperial College of Medicine, London. At Clinique Olive Hill, Dr. Riccio supervises the entire patient journey, and coordinates all treatment protocols.

Yves Jomini



He is a psychologist specializing in psychotherapy (CBT, family therapy and sex therapy). He worked in consulting rooms and hospitals in Switzerland, notably for 18 years at the Belmont Clinic in Geneva, specializing in the treatment of addictions and eating disorders. He joined the medical team at the Olive Hill Clinic in Marrakech this year as manager of psychotherapeutic programs.

RENEWING THE ADDICTION MEDECINE CURRICULUM, PROCESS AND CONTENT.

Mary Janssen van Raay (NETHERLANDS).

Abstract

The Dutch training program for addiction physicians is the only one of its kind in West Europe. It was conceived 15 years ago, and in 2021-22 the curriculum was renewed with a team, using the six-step method as outlined by Kern. We used concepts as integrative medicine, network medicine, positive health, recovery and shared decision making as input. After the needs evaluation we reviewed the competencies and renewed the competencies required to successfully work as an addiction physician along the Canmeds model, which led to a renewal of assessment tools. In line with other post-graduate medical training programs in the Netherlands, we decided to develop a set of Entrustable professional activities (EPA's) specifically

for addiction medicine: Intake, Detoxification, Relapse prevention, Comorbidity (psychiatric + somatic), Palliation & chronicity, Prevention and policy, and Leadership. Per EPA we created clinical observation tools to support the learning goals. The local trainers were part of the process, in informing and implementing the EPA's. Furthermore, they were trained in the new tool, Case-based discussion.

Process, EPA's and clinical observation tools will be presented.

Bio

Mary Janssen van Raay has been working in addiction medicine since 2004, participated in the training program for addiction medicine in 2007-2009. Acquired a diploma in Medical Education at the U of Dundee in 2019. Head of training program since 2017.

■ Workshop: BENZODIAZEPINE ADDICTION AND COMPASSION COMPASSIONATE CARE FOR PERSONS WITH BENZODIAZEPINE MISUSE, BENZODIAZEPINE USE DISORDER, AND COMPLEX BENZODIAZEPINE DEPENDENCE.

Gail Basch, Anna Grassy, Cody Naughton, Marianne T Guschwan (USA).

Abstract

Objectives: To review epidemiological data and international prescribing patterns of benzodiazepines. To guide prescribing, intoxication, withdrawal, protracted withdrawal, indications and strategies for long-term use, shared decision-making in dose reduction or discontinuation, tapering of long-term use, and pharmacologic and nonpharmacologic alternatives for sleep and anxiety.

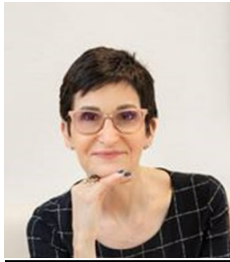
Methods: Interactive skill-building workshop based on literature review and clinical experience of US-based Addiction Specialists.

Results: Benzodiazepines are among the most highly used groups of pharmaceuticals, especially in industrialized countries where the prevalence of benzodiazepine use disorder is 2-3% among the general population. Long-term use accounts for 30-40% of all benzodiazepine use.

Conclusions: Despite weak evidence for long-term efficacy, and well-known risks, benzodiazepines remain a popular first-line choice for treating anxiety and insomnia. Risks include overuse, harm when co-administered with other substances, high dependence risk after a short time, and harm in older adults. Research shows that low and stable doses of benzodiazepines are the most common form of long-term use, posing risks often underappreciated by prescribers. There is a growing concern in international public health systems due to prescription prevalence. Management of benzodiazepine-related issues includes combining evidence-based standardized practices with individualized, compassionate care strategies.

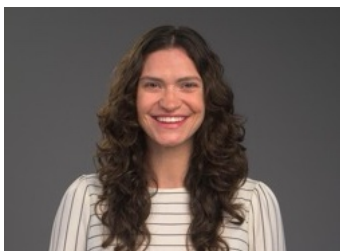
Bio

Gail Basch



Dr. Gail Basch is an Associate Professor in the Department of Psychiatry and Behavioral Sciences at Rush University in Chicago, Medical Director of the Adult Outpatient Psychiatry Clinic for Persons with Co-Occurring Disorders, and Addiction Medicine Fellowship Program Director. With over thirty-five years of experience in general psychiatry, Dr. Basch has specialized for the last twenty years. Her passion lies in training providers on best practices for diagnosing and treating persons with addictive-related and behavioral disorders.

Anna Grassy



Anna Grassy is a fourth-year medical student at Rush University in Chicago. She has contributed to impactful projects concerning substance use disorders, from collaborating on expert testimony to refining curriculum materials for fellow medical students. Anna intends to pursue a psychiatry residency with a keen interest in forensics and addiction medicine.

Cody Naughton



Cody Naughton is a fourth year Psychiatry Resident at Rush University Medical Center in Chicago, IL. He currently serves as the Chief Resident of Inpatient Psychiatry as well as the Chief Resident of Education. He is applying for a Consult-Liaison fellowship after graduation in June of 2024. His passions include CL-Psychiatry, Outpatient Psychiatry as well as Medical Education.

Marianne T. Guschwan



Marianne T. Guschwan, is an assistant clinical professor of psychiatry at New York University School of Medicine where she has worked since 1993. Dr. Guschwan works in her private practice and as a clinical research psychiatrist at NYU as well as supervising and serving on the Medical School Admissions Committee. She is an active member and distinguished life fellow of the American Psychiatric Association having served 6 years as the chairperson of the (now re-organized) Committee on Treatment Services for Patients with Addictive Disorders, and she serves as a board member of Odyssey House, Incorporated, a non-profit organization that treats an underserved population of patients with substance use disorders in New York City.

Symposium: SOCIAL IMPLEMENTATION OF METHAMPHETAMINE USE DISORDERS.

TREATMENT PROGRAMS IN DEVELOPING COUNTRIES.

Takayuki Harada (JAPAN), Shogo Kanamori (JAPAN) and Tomohiro Shirasaka (JAPAN).

Abstract

In the field of addiction, various theories and intervention techniques have been developed, and a great deal of evidence has been accumulated. However, access to these latest treatments is limited to patients in developed countries. The social implementation of evidence-based treatment in developing countries is an urgent issue so that patients in these countries can also access effective treatment. We are carrying out a project for introducing evidence-based treatment programs through the framework of a technical cooperation of the JICA (Japan International

Cooperation Agency) to the Philippines, one of the countries most affected by methamphetamine use in the world. In this symposium, we will present an overview of our project in the Philippines and preliminary results of our studies.

Bio

Takayuki Harada



Dr. Takayuki Harada is currently a Professor at University of Tsukuba. He obtained his PhD from the University of Tokyo in 2017 and he received his Master of Arts from the California State University, Los Angeles in 2000. He had also been a board member of the Japanese Medical Society of Alcohol and Drug Addiction Studies, Japanese Association of Criminal Psychology, Japan Society for Tobacco Control and Japanese Society for Certified Public Psychologist.

Shogo Kanamori



Dr. Shogo Kanamori, Chief Advisor, Project for Introducing Evidence-based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines. He is a pharmacist and public health specialist. In the 2000s, he worked for the United Nations Office on Drugs and Crime (UNODC). He is currently serving as a JICA expert and chief advisor for the Project for Introducing Evidence-Based Relapse Prevention Programs to Drug Dependence Treatment and Rehabilitation Centers in the Philippines.

Tomohiro Shirasaka



Director of the Neuropsychiatry, Teine Keijinkai Hospital, Sapporo, Japan. Dr. Tomohiro Shirasaka is currently a Director at Teine Keijinkai Hospital, Department of Neuropsychiatry. He had been a board member of the Japan Psychiatrist Organization and worked as a research fellow at the department of neuropsychiatry, Sapporo Medical University School of Medicine. And then he worked as a director of the Department of Neuropsychiatry.

- **PLENARY LECTURE.**

DUAL DISORDERS: JUST A CONCEPT?

Nestor Szerman (WADD, SPAIN).

Abstract

A concept is a mental representation, and the term dual disorder allows us to make sense of the frequent presence of addictions and other mental disorders, which is a clinical reality for most patients, not just an abstract idea. The term Dual Disorders is not the same as “comorbidity”, “dual diagnosis”, or “co-occurring disorders”, which refer to the relationships between two different, simultaneous, and separate disorders. The term Dual Disorders aims to align with the scientific knowledge that

comes from clinical neuroscience and provide a transdiagnostic, dimensional and brain-based vision.

It is estimated that up to 75% of patients with severe mental illness also have another mental disorder such as substance use disorder (SUD)

Not all people exposed to psychoactive substances become 'addicted' Individual vulnerability is necessary. Biological and social determinants of health are recognized factors that contribute to vulnerability to or resilience against developing Dual Disorders

From the perspective of Precision Psychiatry, without a human brain, a psychoactive substance is “inert”, and psychoactive substances with addictive potential can have distinct effects depending on individual brain differences.

Despite the overwhelming existence of neuroscientific and epidemiological evidence that DDs are the expectation, it is estimated that less than 10% of people with DDs receive adequate (based on scientific evidence) and integrated care. Lack of attention is driven in part by lack of training of clinicians on how to diagnose and treat dual disorders, as well as by the structural differentiation and lack of coordination, in many countries, between programs to treat SUD and those to treat other mental illnesses.

One of the main obstacles hampering most therapeutic approaches for Dual Disorders is “considering addiction as a behavioural problem”, instead of a mental disorder (i.e., a Brain Disorder) likely linked to other mental disorders.

Bio



Dr. Szerman is working as a consulting psychiatrist and expert on Dual Disorders at the Institute of Psychiatry and Mental Health at Gregorio Marañón University

Hospital, in Madrid. He has been a member of the Spanish State Council for Addictions since 2016 and the State Council on Responsible Gambling since 2019.

He is an international fellow of the American Psychiatric Association, and member of the Spanish Society of Psychiatry. For more than ten years (2005-2016), he served as President of the Spanish Society of Dual Disorders (SEPD). He is currently the President of the Dual Disorders Foundation (Spain, 2016-).

In addition, Dr. Szerman is serving as Chair of the WPA Section on Dual Disorders (World Psychiatric Association) (2011-). In 2015, he helped found the World Association on Dual Disorders (WADD), for which he has held the position of secretary, vice president and currently holds the position of president (2021-

Dr. Szerman has published more than 100 scientific papers in international journals, as well as numerous books chapters, mainly focused on Dual Disorders, addictions and other mental disorders. Moreover, he has edited different scientific and educational books.

- **PLENARY LECTURE.**

GAMING AND GAMBLING IN HIGH-RISK POPULATIONS

Sophia Achab (SWITZERLAND).

Abstract

The field of addiction medicine has been transformed recently by the introduction of addictive behaviors along with addictive disorders in a new category of the World Health Organization's gold standard classification ICD-11 released in 2022. Its

implication on clinical practice is to enhance identification and treatment of affected individuals.

Objectives: The aim of the present talk is to address the issue of identifying high-risk individuals for Gaming and Gambling disorders.

Methods: We built upon our international research projects for the last decade, with lead scholars in the area worldwide, on vulnerability factors for Gaming or Gambling disorders.

Results: Vulnerability factors and predictors of gaming and gambling disorders, have been progressively unveiled, ranging from individual factors (such as impulsivity traits, poor self-esteem or cognitive biases) to environmental contributors (such as adverse life-events or gamers' groups pressure), and including specific addictive properties of gaming and gambling offer (such as online massive gaming settings, increasing monetization of games and blurred boundaries between gaming and gambling).

The knowledge advances have been achieved through different research designs over the last decade, from cross-sectional to longitudinal, using qualitative research methods or innovative clustering and network analysis.

The understanding of the 2 disorders has been transformed recently by the dynamic way of thinking about their clinical presentations as being mediated in a very singular way in each individual.

Conclusion: After having Gaming and Gambling disorders officially included as mental disorders of addictive nature, the knowledge improvement on their underlying mechanisms allows now practitioners for conducting personalized treatment schemes.

Bio



Sophia Achab is psychiatrist, senior lecturer, lead researcher and Head of WHO Collaborating Centre for Training and Research in Mental Health at Faculty of Medicine of Geneva University. She has been part of several TAGs and Panels on public health issues, policy making and capacity building regarding addictive behaviors for WHO, for Swiss Federal Office of Public Health and for other Swiss regional public health entities. She is part of the WHO EURO Mental Health Alliance and of the WHO Global Clinical Practice Network. Her Research line is "Populational and clinical perspectives of addictive behaviors."

Symposium: RISK FACTORS

PROBLEMATIC CANNABIS USE AMONG A SAMPLE OF FINNISH YOUTH.

Jasmin Lostedt (FINLAND).

Abstract

Objective: Assessing the risk levels for problematic cannabis use among Finnish youth. **Rationale:** The majority of cannabis use is experimental, but more frequent cannabis use also increases the risk for problematic cannabis use. However, measuring only the frequency of cannabis use does not provide enough information on the risk levels for problematic cannabis use. **Methodology:** A cross-sectional survey was conducted with vocational students in eight Finnish vocation schools from 2020-2021. The inclusion criteria used was: a) 17-29 years old, b) able to provide informed consent, and c) fluent in Finnish. Information on age and gender was collected. Cannabis Abuse Screening Tests were used to examine the risk levels for problematic cannabis use. Descriptive statistics were calculated using the findings. **Results:** From the participants (n=1,855), the majority were aged 18 or older (69.9%) and identified as female (52.3%). Five-hundred-and-eighty-nine (31.8%) youth had used cannabis in the past year. The risk levels for problematic use were evenly distributed between low (12.29%), moderate (8.52%), and severe (10.89%) levels. **Conclusions:** More than half of the participants screened displayed a moderate or severe level of risk for problematic cannabis use. This demonstrates the importance of screening to be able to provide timely support and intervention.

Bio



Jasmin Lostedt. comes from Finland., she is a registered nurse and have been working in psychiatry and addiction psychiatry. She graduated last year with a Master of Health Science and started my PhD study this Fall in University of Turku. My research topic focus on problematic cannabis use among young people.

HISH-RISK ALCOHOL CONSUMPTION IN UGANDA - A POPULATION-BASED STUDY.

Leo Ziegel (SWEDEN).

Abstract

Objective: To assess high-risk alcohol use among adults aged 18+ in Uganda.

Rationale: Uganda has one of the highest reported per capita alcohol consumption globally, but drinking is unequally distributed in society. More data is needed for targeted interventions to prevent harmful health and social consequences.

Methodology: Data was collected through annual household censuses and individual surveys on health-related behaviours and outcomes including AUDIT-C, in an open population cohort with rural, semi-urban and urban sites in two Ugandan districts. Alcohol use was assessed in 2021/22 among 4107 participants, defining high-risk consumption with a cut-off of 5+ for males and 4+ for females.

Results: 78.8% reported no alcohol use in the past year (65.3% among males, 88.1% among females). Alcohol consumption was highest in semi-urban sites, where 12.1% of all men and 4.8% of all women were high-risk consumers. In an adjusted logistic regression model, high-risk consumption was strongly correlated to being male, age 25+ years, of Catholic or Protestant denomination, having lower education, living in a traditional marriage, and in a semi-urban setting. Further analyses are ongoing.

Conclusions: Most participants did not use alcohol at all. A large share of those who drink report high-risk consumption, especially in semi-urban sites.

Bio



Leo Ziegel is junior doctor and PhD student in public mental health at Karolinska Institutet, with a project on psychiatric epidemiology in Uganda. Additionally, he conducts research with women who use drugs in Myanmar. Leo has clinical experience from the Stockholm Center for Dependency Disorders, Sweden's largest clinic for substance use disorders.

ASSOCIATION OF AGE, DURATION OF SMOKING AND BREATH CARBON MONOXIDE LEVEL WITH BLOOD FLOW CHANGES DURING CUE-INDUCED CRAVING AMONG TOBACCO SMOKERS - A FMRI STUDY.

Preethy Kathiresan (INDIA).

Abstract

Objectives: To assess the association of age, duration of smoking and breath carbon monoxide level with fMRI changes among tobacco smokers during cue-induced craving

Methods: The study was a cross-sectional, case-control study and consisted of 2 groups - 20 smokers and 11 controls. The selection criteria for the study were right-handed adult males, with no lifetime dependence on any substance (except tobacco in smokers), Additional criteria for smokers were taking more than 10 cigarettes or beedis daily for at least the past one year and willing to abstain from smoking for 2 hours before fMRI. fMRI involved assessing brain areas associated with craving by showing smoking cues block, neutral cues block and baseline screens. Multiple linear regression analysis was applied to evaluate the association of cue-induced brain activity with different socio-demographic and clinical variables.

Results: The study found that age, duration of smoking and breath CO levels were associated with changes in the blood flow in the brain regions associated with visual and visuospatial attention, motor area, memory, response inhibition, somatosensory area, habit formation, and co-ordination area, during cue-induced craving.

Conclusions: The current study found that different clinical variables like age, duration of smoking and breath CO level can influence the blood flow changes in the brain associated with cue-induced craving.

Bio

Dr. Preethy Kathiresan is an Assistant Professor of Psychiatry at AIIMS, Delhi. She has completed her super-specialty in Addiction Psychiatry from NDDTC, AIIMS, New Delhi in India. She is also the Member Secretary of ISAM-NExT and Assistant Officer of ISAM-GEN.

MEASUREMENT INVARIANCE OF THE MARIJUANA MOTIVES MEASURE AMONG MEN AND WOMEN AND SEX-RELATED DIFFERENCES IN PROBLEMATIC CANNABIS USE.

Lucien Rochat (SWITZERLAND).

Abstract

Background: Women are at higher risk for adverse outcomes associated with cannabis use than men. However, the literature on the psychological processes associated with problematic cannabis use in women is still sparse. Among these

processes, motives to use cannabis play a central role in the development and maintenance of problematic cannabis use and the literature also stressed sex-related differences on motives to use cannabis. However, motives cannot be validly compared in men and women without first establishing the measurement invariance across sex. The aim of the study is to (1) examine for the first time the measurement and structural invariance of the Marijuana Motives Measure (MMM; Simons et al., 2008) across sex, and (2) to investigate whether motives by sex interactions account for problematic cannabis use.

Methods: 2951 (41.7% women) users of the “Stop cannabis” smartphone app completed the MMM as well as the ASSIST for assessing problematic cannabis use.

Results: Multigroup confirmatory factor analyses supported measurement invariance across sex, whereas structural invariance was not confirmed. Indeed, group comparisons showed that women reported significantly greater coping motives whereas men showed greater social motives. Regression analyses supported that only coping and conformity motives were significantly associated with greater cannabis problematic use, whereas neither sex nor motives by sex interactions were significant predictors.

Conclusions: The MMM appears to function comparably across men and women. Therefore, sex-related comparisons on the questionnaire can be considered valid. Coping motives may play a central role part in the development of marijuana use problems especially in women which may hold implications for intervention development and public policy.

Bio



Lucien Rochat, is a neuropsychologist in the Department of Psychiatry, Addiction unit at the Geneva University Hospitals, as well as senior lecturer in the faculty of psychology, UniDistance University, Switzerland. His main area of research regards the psychological factors (cognitive, affective, motivational) involved in impulsive behaviors, with a particular focus on self-regulation-related processes.

A FEASIBILITY STUDY OF AN INTERVENTION TO MANAGE BENZODIAZEPINE DEPENDENCE AND HIGH-RISK USE IN THE CONTEXT OF ESCALATING DRUG RELATED DEATHS

Catriona Matheson

Presented by: Susanna Galea-Singer (UK), *Virtual*.

Abstract

Objective: This study designed and tested the feasibility of a co-designed intervention to address concurrent benzodiazepines and opiate use.

Rationale: Problematic benzodiazepines use alongside opiates contributes to mortality among people who use drugs. Clinical practice currently focuses on managing BZD dependence through tapered benzodiazepine dosing. An intervention to address the root causes of benzodiazepines use with opiates was needed.

Methodology: Following the MRC complex intervention framework, three workshops and PPI groups were held. Workshops used a systems approach and participants included: people who use benzodiazepine, clinicians, academics, psychologists, pharmacists. Outputs were refined by the PPI group then fed back into the next workshop. The resulting agreed intervention included: prescribing of diazepam, anxiety, sleep and pain management and harm reduction resources and safety conversations. Forty people were recruited in three Scottish sites to test intervention feasibility. Outcomes measure include GAD, PHQ-9, EQ5D, SURE, ACE-III (cognitive function) oral fluid testing. Qualitative interview sought participant experience.

Results: Participants (31 male, 9 female), mean age 41.9yrs. Data collection is incomplete but at 4 month 33 of 40 participants remain. Final data on retention, outcomes and experience will be presented.

Conclusion: A co-produced intervention was successfully developed and tested. Recruitment and retention proved feasible.

Bio

Catriona Matheson is a Professor in Substance Use at the University of Stirling. Her research, spanning almost 30 years, is in the delivery of care to people who use drugs. Current interests include effective interventions for people who use street benzodiazepines, managing multi-morbidity.

Symposium: BEHAVIOUR ADDICTION

SHARED AND UNIQUE FEATURES OF BEHAVIORAL ADDICTIONS

Marc N. Potenza (USA), Matthias Brand (USA).

Abstract

The symposium will address shared and unique features of specific behavioral addictions focusing on gambling disorder, gaming disorder, buying-shopping disorder, compulsive sexual

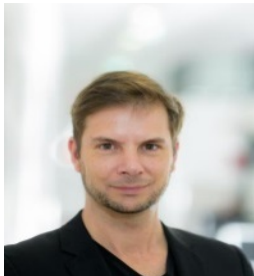
behavior disorder and internet use concerns. The presentations will summarize shared and unique features of these behavioral addictions regarding developmental aspects (Marc N. Potenza; USA), psychological and neurobiological mechanisms (Matthias Brand; Germany), diagnostic aspects (John Saunders; Australia), political perspectives (Henrietta Bowden-Jones; UK), and treatment perspectives (Susana Jimenez-Murcia; Spain). All presentations will summarize the current state of knowledge and empirical evidence on each topic and will derive challenges for the future regarding research, clinical practice, policymaking, and public health considerations.

Marc Potenza



Dr. Potenza is a board-certified psychiatrist with sub-specialty training in addiction psychiatry. He is an Albert E. Kent Professor of Psychiatry, Child Study and Neuroscience at the Yale School of Medicine where he is the Director of the Division on Addictions Research and Center of Excellence in Gambling Research.

Mathias Brand



Mathias Brand receives funding from the Deutsche Forschungsgemeinschaft (DFG, German Research Foundation). MNP has consulted for Opiate Therapeutics, Game Day Data, Baria-Tek, the Addiction Policy Forum, AXA and Idorsia Pharmaceuticals. He has been involved in a patent application with Yale University and Novartis; has received research support from Mohegan Sun Casino, Children and Screens and the Connecticut Council on Problem Gambling. He has also performed grant reviews for research-funding agencies; has edited journals and journal sections; has given academic lectures in grand rounds, CME events and other clinical or scientific venues.

SHARED AND UNIQUE FEATURES IN DIAGNOSING BEHAVIORAL ADDICTIONS.

John Saunders (AUSTRALIA).



Professor John Saunders is a consultant physician in internal medicine and addiction medicine, and is affiliated with the National Centre for Youth Substance Use Research. He is the Founding and Emeritus Editor-in-Chief of the Drug and Alcohol Review, and Chair of the NSW/ACT Branch of the RACP Australasian Chapter of Addiction Medicine. In addition to his academic and research work, he has an extensive clinical practice in addictive disorders, including for the past 20 years, gaming disorder.

SHARED AND UNIQUE FEATURES OF BEHAVIORAL ADDICTIONS FROM POLITICAL PERSPECTIVES.

Henrietta Bowden-Jones (UK).



Dr Henrietta Bowden-Jones is a consultant psychiatrist with many years of experience in treating all mental illnesses. She is currently working both in the NHS where she runs a large team at the National Problem Gambling Clinic and a smaller team at the National Centre for Gaming Disorders. Dr Henrietta Bowden-Jones also work at the Nightingale Hospital in London where she has worked for many years looking after people suffering from anxiety, stress, depression, alcohol problems, drug problems, and relationship difficulties.

SHARED AND UNIQUE FEATURES OF BEHAVIORAL ADDICTIONS FROM TREATMENT PERSPECTIVES.

Susana Jimenez-Murcia (SPAIN).



Susana Jiménez-Murcia mainly focuses on Clinical psychology, Eating disorders, Psychopathology, Gambling disorder and Big Five personality traits. Her specific area of interest is Clinical psychology, where Susana Jiménez- Murcia studies Impulsivity. Her study of Bulimia nervosa is a part of eating disorders.

Symposium: ADDICTIONS TREATMENT

Chairs: Dario Gigena Parker (ARGENTINA)

CANNABIS CESSATION PROGRAM IN A PRIMARY CARE SETTING.

Brodie Ramin (CANADA).

Abstract

Cannabis was legalized in Canada on October 17, 2018. This legal change had a major impact on the streetscape of Canadian cities, on drug use patterns and on the health of Canadians. This oral presentation will review major developments in the use of cannabis as well as on cannabis use disorder in Canada in the past 5 years. In the province of Ontario there are nearly 2,000 cannabis stores in Ontario and the average strength of THC used in Canada is approaching 20% concentration. Despite this rapid growth in marketing there has been very little investment in the treatment of cannabis addiction.

In the face of these changes, our primary care team developed a Cannabis Cessation Program in Ottawa, Ontario. Using our resources in addiction medicine, nurse practitioners, mental health counsellors, pharmacists, dieticians and health promoters, we launched a program to help patients work toward reducing or stopping cannabis use. This oral presentation will review the structure and early outcomes of this program.

Bio



Dr. Brodie Ramin is a primary care and addiction medicine physician and author based in Ottawa, Canada. He is a Diplomate of the American Board of Addiction Medicine and an Assistant Professor at the University of Ottawa. He is the author of *The Age of Fentanyl*.

ADDICTION, MENTAL HEALTH AND HARM REDUCTION: A BACKGROUND ON ITS MEANING AND APPLICATION FOR SUBSTANCE USE ISSUES.

Obot Bassey (NIGERIA).

Abstract

Drug Addiction by youths in Nigeria including harmful use of illicit drugs, products, prescription drugs and over-the-counter drugs, constitute a growing health challenge for Nigerians.

Harm reduction is a set of practical strategies designed to reduce the adverse health, social and economic consequences associated with the use of legal and illegal psychoactive drugs without necessarily reducing drug use itself.

Harm reduction aims at minimizing the negative health, social and legal impacts associated with drug use, drug policies and drug laws.

Harm reduction acknowledges that several persons coping with drug addiction and problematic substance use may not be in a position to remain abstinent from their substance of choice.

The Harm reduction approach provides an alternative for users to engage with peers, while having medical and social services in a non-judgmental way that will meet them where they are.

Against this backdrop, the focus of this paper builds on the philosophy behind harm reduction based on three (3) features: Pragmatism, Human Values and Focus on Harms.

Bio

Mrs. Obot Bassey is a seasoned Law Enforcement Officer who has gained accolades within and outside the shores of Nigeria. She has presented papers to international audiences on the consequences of drug trafficking and other related crimes. Won a National Award for her immense contribution in Drug Demand Reduction 2021.

ALCOHOL USE IN PREGNANT AND BREASTFEEDING WOMEN: ASSOCIATED RISK AND PROTECTIVE FACTORS AND THE ROLE OF HEALTH PROFESSIONALS.

Gigena Dario (ARGENTINA).

Abstract

Objective: To develop a evidence based campaign to warn and/or reduce alcohol consumption in pregnant and breastfeeding

Rationale: The high prevalence of alcohol consumption during pregnancy and breastfeeding and the risk for babies' health are well known and preventive campaigns are needed.

Methodology: Two cross-sectional observational studies using an online survey were conducted. Study 1: 118 health professionals completed questions about alcohol use in pregnancy and/or breastfeeding (Mage=44.5, SD=8.77). Study 2: 475 women (202 pregnant and 273 breastfeeding) between 18-47 years old completed another online survey. The results of these two studies were used for a preventive campaign in 2020.

Results: The results showed that almost every professional highlights the importance of approaching alcohol use during pregnancy and breastfeeding, but some allow alcohol use during these periods despite the fact that a large group considered that alcohol use has moderate to high risk for the baby. Also, 93,1% of pregnant and 68,1% of breastfeeding women reported no alcohol use. A riskier profile was observed in breastfeeding women.

Conclusions: The evidence obtained from these two studies was fundamental for a well preventive campaign. Social norms theory was used to develop the campaign.

Bio



- Assistant professor in Psychiatry. Medical Science Faculty. National University of Córdoba. Argentina.
- Secretary of the Secretary of Prevention and Assistance of Addictions. Ministry of Health of Córdoba
- President of ArSam (Argentinian Society of Addiction Medicine).
- Representative of South America Region of ISAM
- Magister degree Drug Dependency. National University of Córdoba.

UNHEALTHY ALCOHOL USE PATTERNS OF TREATMENT-SEEKING ZAMBIAN YOUTH IN THE "HOPES FOR LIFE--COMMUNITIES" STUDY.

J. Paul Seale (USA).

Abstract

Objective: Describe unhealthy alcohol use patterns of treatment-seeking Zambian youth

Rationale: Unhealthy alcohol use (UAU) is a major concern in Zambia. "Hopes for Life--Communities" (HFL-C) is a promising yearlong weekly 90-minute curriculum

rooted in positive psychology and spirituality which aims to build character strengths, bolster psychological resilience, and decrease UAU in Zambian youth.

Methods: 467 18- to 24-year-olds with UAU and ASSIST alcohol scores ≥ 2 enrolled in a randomized controlled trial of HFL-C. Participants self-completed baseline questionnaires containing Global School-based Student Health Survey alcohol items, ASSIST, AUDIT-C, and Daily Drinking Questionnaire.

Results: 467 participants had mean (SD) age of 20.8(1.9) years; 49.4% were female; 71.7% lived with parent(s); 22.9% were students; 5.6% were employed; and 49.0% ate < 3 meals/day. 39.7% reported initiating drinking at age < 16 , 77.5% drinking to intoxication, 67.2% experiencing UAU-related problems, and 24.5% having ≥ 20 lifetime days being drunk. Mean (SD) number of past-30-day drinking days was 10.0(9.46); 15.0% reported near-daily/daily drinking; 42.2% reported typically drinking 5+ drinks per drinking day. 71.5% screened positive on AUDIT-C. 88.5% scored moderate (43.7%) or high risk (44.8%) on Alcohol ASSIST.

Conclusions: Heavy drinking and alcohol-related problems were common in Zambian youth participating in the HFL-C trial. Findings suggest need for early prevention/intervention efforts.

Bio

J. Paul Seale, MD, FASAM, FAAFP is professor of Psychiatry and Family Medicine in the Institute for Public and Preventive Health at Augusta University, Augusta, GA, USA. A graduate of the University of Texas (Austin) and Baylor College of Medicine, he is board certified in Family Medicine and Addiction Medicine.

ORAL KETAMINE AS MAINTENANCE TREATMENT FOR ALCOHOL USE DISORDER: CLINICAL, PHARMACOKINETIC, AND PHARMACODYNAMIC CHARACTERIZATION IN AN OBSERVATIONAL STUDY.

Deepak S. Ghadigaonkar (INDIA).

Abstract

Background/ Rationale: Ketamine, approved for depressive disorders, has preliminary evidence for Alcohol Use Disorder (AUD). Both its parenteral and intranasal forms are cumbersome and costly.

Objective: We evaluated the feasibility and acceptance, pharmacokinetics, pharmacodynamics (autonomic), and effectiveness of oral ketamine in AUD.

Methodology: 16 patients with AUD, who previously failed to respond to at least two pharmacological and intensive psychosocial interventions, received oral ketamine (ranging from 150-300 mg) mixed with water over multiple sessions (1- 12). We noted patients' heart rates (HR), blood pressure every 5th minute, and utterances and behaviors during sessions. Blood samples were collected with planned missingness protocol at fixed intervals to measure ketamine, nor-ketamine, and dehydro-nor-ketamine levels.

Results: All patients tolerated oral ketamine well. Fourteen patients remained in follow-up. 10 out of 14 patients achieved early remission. Breakpoint analysis of HR showed two distinct phases of cardiovascular acceleration in most sessions, with high concordance between autonomic effects, subjective experiences, and blood levels of ketamine and metabolites.

Conclusions: Oral Ketamine is predictably absorbed and metabolized and is a promising treatment option in AUD. This is the first study evaluating the effectiveness of oral ketamine in AUD and the pharmacodynamic effects of ketamine and its metabolites.

Bio

Dr. Deepak S. Ghadigaonkar has completed his MD in Psychiatry, Post-Doctoral Fellowship in Addiction Medicine, and DM in Addiction Psychiatry from the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bengaluru. He is currently an Assistant Professor of Psychiatry at NIMHANS. His interests are newer treatment modalities in Addiction Psychiatry, including Tele-Psychiatry.

Symposium:_NEW DEVELOPMENTS IN ADDICTIONS

GABAPENTIN NON-MEDICAL USE, DIVERSION, AND CONTROLLED SUBSTANCES LAWS.

Mance E. Buttram (USA).

Abstract

Objectives: Diversion and non-medical use (NMU) of gabapentin is increasing in the USA, especially among people with substance use disorders. This study examines

reports of gabapentin NMU and diversion and the impact of recent state-level controlled substances laws on people who use drugs.

Methods: Qualitative data was collected from prescription drug diversion investigators (n=46) in 25 states. Respondents described their experiences with gabapentin, characteristics of users, polysubstance use, street value, and recent laws in seven states which classified gabapentin as a controlled substance.

Results: Respondents universally described NMU of gabapentin occurring in conjunction with other drugs, including illicit and prescription opioids (52%) and methamphetamine (33%); motivations for doing so included self-treating withdrawal symptoms. Street prices were between \$1.00-\$2.00 per tablet; prices increased in states where gabapentin is a controlled substance. Most respondents (89%) supported laws classifying gabapentin as a controlled substance in order to place additional controls on prescribing and dispensing of gabapentin.

Conclusions: Gabapentin appears to be a component of polysubstance, including opioids and methamphetamine. With strong support for state-level action to control NMU and diversion of gabapentin, continued surveillance will provide necessary data to assess these policies and their impact on individuals with substance use disorders.

Bio



Dr. Buttram's primary research interests are the social environmental context of substance use and related HIV transmission risk behaviors and the diversion and non-medical use of prescription drugs. Currently, Dr. Buttram serves as Principal Investigator of a large national surveillance study of prescription drug diversion; and as Principal Investigator of a National Institute on Drug Abuse-funded study of the non-medical use of gabapentin.

NEW PSYCOACTIVE SUBSTANCES.

Abuelgasim Alrasheed (UAE).

Abstract

New psychoactive substances (NPS) are a complex and diverse group of substances often known as either designer or synthetic drugs, or by the more popular but misleading colloquial term of "legal highs".

They tend to be either analogues of existing controlled drugs and pharmaceutical products or newly synthesized chemicals, created to mimic the actions and psychoactive effects of licensed medicines and other controlled substances. By their number, nature, and composition, NPS pose significant challenges for drug consumers, clinicians - both in drug services and, more broadly, researchers, forensic toxicologists, healthcare systems and drug control policy globally - and have been described as a 'growing worldwide epidemic'

The United Nations Office for Drugs and Crime (UNODC) has defined NPS as 'substances of abuse, either in a pure form or a preparation, that are not controlled by the 1961 Single Convention on Narcotic Drugs or the 1971 Convention on Psychotropic Substances, but which may pose a public health threat'.

Major NPS categories found in the market are

- Synthetic cannabinoids - these drugs mimic cannabis but no relation to cannabis plant except that the chemicals which are blended into the base plant matter act on the brain in a similar way to cannabis.

- Synthetic Cathinones - Synthetic Cathinones are β -keto phenethylamines and chemically similar to amphetamine and methamphetamine (4-methylethcathinone (4-MEC) and α -pyrrolidinopentiophenone (α -PVP)

- Stimulant-type drugs - mimic substances such as amphetamine, cocaine and ecstasy and

include Benzylpiperazine, mephedrone, Benzo Fury, ethylphenidate

- 'Downer'/tranquilizer-type drugs - these drugs mimic tranquilizer or anti-anxiety drugs, in from the benzodiazepine family and include Etizolam, Pyrazolam and Flubromazepam

- Hallucinogenic drugs - these drugs mimic substances like LSD and include 25i-NBOMe, Bromo- Dragonfly and the more ketamine-like methoxetamine

Bio

INTRANASAL OXYTOCIN FOR PATIENTS WITH BENZODIAZEPINE WITHDRAWAL SYNDROME: PRELIMINARY DATA FROM A PILOT RCT.

Tone Aurora Pleym (NORWAY).

Abstract

Objective: Benzodiazepine withdrawal syndrome (BWS) is a common and challenging condition that can cause complications such as anxiety, insomnia, seizures. Emerging evidence suggests oxytocin to be a possible treatment option for certain SUDs. The

aim of this study was to evaluate the effect of intranasal oxytocin for patients with benzodiazepine withdrawal syndrome.

Methods: We conducted a pilot randomized controlled trial with 60 patients with benzodiazepine dependence who met the ICD-10 criteria for F13.2. Patients were randomly assigned to receive either intranasal oxytocin (48 IU) or placebo (saline) thrice daily for 21 days. The primary outcome was the change in BWS measured by the Clinical Institute Withdrawal Assessment scale for benzodiazepines. Secondary outcomes included number of changes in the tapering plan, symptoms of craving, anxiety, depression and sleep problems.

Results: Initially the drop-out rate in our study seemed to be greater than expected. This patient group faces many challenges such as severe withdrawal symptoms, craving, medical complications, and comorbidity which may affect their retention and compliance in the trial. However, small adjustments without changing the study protocol has increased the success rate. As of April 2023, we have included 24 patients, and 11 patients have completed the study protocol.

Bio

Tone Pleym is a PhD candidate at the Department of Clinical and Molecular Medicine at the Norwegian University of Science and Technology and a physician at the Clinic of Addiction Medicine at St. Olavs hospital in Norway. Her research focuses on new withdrawal treatments, such as oxytocin during benzodiazepine tapering.

ANALYSIS OF SYNTHETIC CANNABINOID PARAPHERNALIA IN TWO PATIENTS ADMITTED FOR DRUG REHABILITATION IN THE UAE.

Abuelgasim Alrasheed (UAE).

Abstract

The use of synthetic cannabinoids has become wide spread around the world and especially within the last 10 years. Compared to some other regions (e.g., Europe and North America), such use has been more recent in the Gulf region. Potential drug material from two clinical patients was analyzed in association with their admission and treatment programmes at the National Rehabilitation Center (NRC) in Abu Dhabi. Patient 1 had a history of drug use (in particular, heroin, methamphetamine, pregabalin, tramadol,

benzodiazepines, cannabis and eye drops). As part of the out-patient programme after in-patient care, urine drugs of abuse monitoring detected synthetic cannabinoids on one occasion but the patient denied use. The family were concerned of sporadic episodes of patient confusion, self-talking, restlessness, inappropriate laughter and nonsensical talking but the patient denied any drug use. Small pieces of paper were found next to the patient's smoking kit at home and were submitted to the NRC toxicology laboratory. The synthetic cannabinoids 5F-MDMB-PICA and 5F-MDMB- PINACA were detected with use of such drugs potentially accounting for the patient symptoms exhibited. Patient 2 had a history of pregabalin and methamphetamine drug use. They had started to use synthetic cannabinoids within the last 2 years prior to admission for rehabilitation and had experienced a rapid health deterioration, including uncontrolled blood sugar (alternating hyperglycemia and hypoglycemia), repeated nausea and vomiting, repeated infections and bouts of irritability and anger. As part of the patient programme a small piece of paper was submitted to the NRC toxicology laboratory with 5F-MDMB-PICA and 5F-MDMB- PINACA being detected. Whilst synthetic cannabinoids are more commonly encountered as substances on plant material for smoking, in some situations (typically prisons), they may be present in paper items. These cases represent the less common form but provide useful confirmation of synthetic cannabinoids in the UAE.

▪ **Workshop : COMPASSION (IN FRENCH)**

THE POTENTIAL OF COMPASSIONATE THERAPY IN THE TREATMENT OF ADDICTIONS.

Elodie Chaix-Murys (MONACO) and Francis Gheysen (FRANCE).

Abstract

Compassion Focused Therapy (CFT) builds on Cognitive Behavioural Therapies (CBT), with a focus on Mindfulness and a specific compassionate dimension. CFT is part of the third wave of psychotherapies, focusing specifically on working with emotions such as fear, sadness, anger and shame. This new integrative approach draws

primarily on evolutionary psychology, attachment theory, neuroscience, clinical and social psychology.

Addiction affects clinical populations with high psychological vulnerability related to early trauma and insecure attachment patterns. The suffering of addiction is related to the sense of shame and excessive self-criticism it provokes.

CFT is particularly useful in the context of addiction. It helps to build a foundation of internal security that promotes tolerance for emotional distress and the development of the necessary psychological resources for change.

The development of a therapeutic pathway integrating CFT and the results of the observational study on the benefits and evolution of pre- and post-treatment measures will be presented (craving, depression, psychological flexibility, self-compassion, relational attachment style). A practical exercise will conclude this presentation exploring self-regulation, appeasement and interoceptive awareness.

Bio

Elodie Chaix-Murys



is a psychologist-psychotherapist, specialized in third wave CBT. She works in the psychiatry and addictology department of the CHPG of Monaco. She is currently doing a PhD in psychology on the topic of "Addictions and attachments: interest of processual and integrative approaches focused on compassion.

Francis Gheysen



Psychiatrist- Psychotherapist specializing in CFT (Compassion Focused Therapy) and MBI (Mindfulness Based on Compassion and Insight).

ORAL PRESENTATIONS: Session for Young Doctors

OPIOID USE AMONG CAREGIVERS.

Miriam Chanded (MOROCCO).

Abstract

Introduction: Opioids are highly effective for pain treatment but tend to be extremely addictive. Their non-medical use increased in recent years and represents a public health issue. When abused, opioids can cause a strong feeling of euphoria or analgesia, but they can also lead to a fatal overdose. The main objective of this

study is to estimate the frequency of opioid use among Moroccan healthcare workers.

Methods: Our work consisted of a cross-sectional study of a sample of healthcare personnel who responded to a questionnaire distributed on social networks for a period of two months from the beginning of January 2022 to the end of February 2022. We collected the epidemiological characteristics, and the frequency of opioid consumption, we studied the risk of addiction to opioids by the ORT score, we also studied the problematic use of drugs or medication by the DAST score, and then through the DSM-V we estimated the frequency of the severity of addiction to opioids and we studied the factors associated with this diagnosis.

Results: Our study involved a sample of 278 participants. The main epidemiological characteristics of the participants in our sample are the predominance of women (57.2%), a large share of participants over 25 years old (59%), and The majority of the participants were doctors in training We found that 27.7% of the participants had a medical history and 17.6% had a surgical history. We found that 11.2% of the participants mentioned the presence of psychiatric pathology, and the majority of the participants (57.9%) had difficult working conditions, regarding the use of substances we found that 4.7% used cocaine, 9.7% used cannabis, 8.3% used benzodiazepines and 3.6% used psychostimulants and 8.6% used alcohol. The calculation of the DAST scores objectified that 21.3% of the participants had problematic use or addiction to drugs and/or medication. The calculation of the ORT score showed that 27% of the participants had a moderate to high risk of addiction. The frequency of opioid use was 15.5%. Codeine was the most commonly used opioid in our study. The DSM-V calculation among opioid users showed that 25.6% of the users had a mild to severe addiction to opioids.

Conclusion: This study report that opioid use among healthcare personnel is not negligible, and this causes a danger not only to the healthcare personnel but also to the quality of care given. Hence the interest in conducting further studies to investigate this phenomenon, and to propose screening and prevention strategies adapted to this specific population.

SELFIE ABUSE AMONG MEDICAL STUDENTS IN MORROCO.

Kaouthar El Mir (MOROCCO).

Abstract

Introduction: The abusive use of the selfie is a current phenomenon; its concept is evolving over time and it is considered to be the result of a machine-human

interaction. Its serious psychological repercussions can alter the quality of life and engage the vital prognosis.

Objective: To study the prevalence and associated factors of selfie abuse among medical students in Morocco.

Material and method: Multicenter cross-sectional survey of 558 students in medical schools in Morocco, spread over a period of 10 months between July 2019 and April 2021 based on the SBS scale "The scale behavior selfitis».

Result: 558 students recruited, with an average age of 23.4 ± 3.4 years and a female predominance (71.3%). The prevalence of severe selfie addiction was 18.63%. The severity of addiction was significantly correlated with young age ($p = 0.006$), single marital status ($p = 0.007$), level of education ($p = 0.007$), the presence of a psychiatric condition ($p = 0.001$) and a history of suicide attempts ($p = 0.0193$) and the use of psychoactive substances, particularly alcohol ($p = 0.0202$) and cannabis ($p = 0.057$).

Conclusion: A good conceptualization of this disturbing phenomenon allowing to study well the means of its prevention.

SUBSTANCE USE AMONGST MOROCCANS' ANESTHESIA PROVIDERS: A NATIONAL SURVEY.

Choujaa Hafsa (MOROCCO).

Abstract

OBJECTIVE: The objective of this study was to describe the prevalence and risks factors of substance addiction among Moroccan anesthesia professionals.

METHODS: A national survey, via an anonymous online questionnaire, was conducted over a one- month period (March 7 to April 7, 2023) among Moroccan physicians and nurse anesthetists. It included questions on sociodemographic data and on the different types of consumption during the last twelve months. Substance abuse was assessed using 3 questionnaires (Fagerström, AUDIT, DAST-10).

RESULTS: A total of 206 responses were obtained for a participation rate of 93.7%. The majority of the respondents were male (59.1%) and had been in practice for more than 11 years (70.2%). The respondents were physicians (59.1%) and nurses (40.9%). Nearly a quarter of the respondents were from Casablanca (24.4%). The most commonly used substance was tobacco (31.1%), followed by alcohol (21.2%), cannabis (15.5%), opiates (11.9%), and fentanyl (7.5%). The prevalence of dependence on at least one substance was 56% [49%-63%] (65.8% for men and 41.8% for women; $p=0.001$).

CONCLUSION: A health professional suffering from addiction puts himself at risk, but also the patients under his care and moreover he can be brought to interfere with the good functioning of the healthcare organization.

Bio

Dr. Chouja Hafsa, is currently in her fourth year of residency at the Moroccan University Hospital Centre IBN ROCHD, Casablanca. She is passionate about research, and writing articles; would like to be a part of this Congress, to share her current research with all of the participants.

WORKAHOLISM : PRÉVALENCE CHEZ LES MÉDECINS ET FACTEURS ASSOCIÉS.

Hana ABREBAK (MOROCCO).

Abstract

Introduction: It was in the early 1970s that work addiction (workaholism) was first conceptualized as a behavioral addiction characterized by “an uncontrollable need to work constantly”

Research on workaholism has continued to grow over the past decade. However, the literature is far from unified and there has been much debate on the subject.

Objectifs :

- Estimate the prevalence of work addiction among doctors.
- Identify associated factors and myths about work addiction

Methodology: This is a descriptive and analytical cross-sectional study on Doctors. Data collection is through a self-administered-anonymous questionnaire. The instrument used is the “Bergen Work Addiction Scale”, in addition to sociodemographic questions. With a review of publications on the subject using the PubMed search engine (keywords: “Workaholism”, “Work Addiction”, “work dependence”)

Results: In operation

Conclusion: A balanced life means living well outside of work. There's good evidence that people who put work aside and focus their attention elsewhere make better workers.

ADDICTIVE BEHAVIORS AMONG STUDENTS IN THE SOUSS-MASSA REGION, MOROCCO: A SURVEY OF 2345 MIDDLE AND HIGH SCHOOL STUDENTS.

Fatima Zahra Ramdani (MOROCCO).

Abstract

Objective: The objective of this study is to describe the current state of drug use in the Souss-Massa region of Morocco among adolescents in schools. The status of this issue in southern Morocco remains unknown.

Methods: This is a cross-sectional, quantitative, descriptive and analytical study, using a questionnaire, taken from the Medspad survey questionnaire, completed in class.

Results: In a population of 2354 students of different options and school levels and from different cities of the region. There was a prevalence of use of psychoactive substances of Tobacco (9.4%); Alcohol (4.2%); Cannabis (3.9%), Benzodiazepines without medical prescription (6%). A univariate logistic regression analysis showed that there was a highly significant association between tobacco use and gender ($p=0.0001$) and between tobacco use and years of school repetition ($p=0.0001$).

Conclusion: This is a pilot survey carried out for the first time in the Souss-Massa region, requiring other larger studies.

Conflicts of interest: There are no conflicts of interest to report.

Source of funding: There was no funding for this work.

Bio



RAMDANI Fatima Zahra: PHD student at the Clinical Neurosciences Innovation and Ethics team (NICE), Laboratory REGNE, Ibn Zohr University under the supervision of Pr Rammouz Ismail. She is a permanent teacher at the Higher Institute of Nursing and Health Techniques of Agadir.

SUBSTANCE USE DISORDER IN A CLINICAL POPULATION OF MOROCCAN WOMEN: WHAT INDICATORS OF VIOLENCE.

Ibtissam Koubaa (MOROCCO).

Abstract

Introduction: violence affects 15 to 75% of women around the world and has a significant impact on their physical and mental health, well-being and rights. Violence against women remains a priority public health problem globally.

Objective: prevalence and factors associated with substance use disorder in clinical population of women patients victims of violence.

Materials and methods: we carried out a prospective descriptive and analytical cross-sectional study. They were included 166 patients

Results: the average age was 43 years. 16.2% of patients had substance use disorder. 68% were victims of violence. Addiction to psychoactive substances (PAS) was strongly correlated with history of violence ($p=0.035$), either during childhood, adolescence or adulthood. Among women suffering from an addiction to PAS, the violence that was mainly sudden was sexual ($p<0.0001$), physical ($p=0.0003$), economical ($p=0.003$) psychological ($p=0.091$) and verbal ($p=0.172$). The DSM V score for the severity of addiction is higher among women victims of violence, especially sexual violence

Conclusion: until now, little or no research on the psychological and especially addictive consequences of violence against women is available in Morocco. There is probably a link between the consumption of substances and violence suffered during life.

Bio

Ibtissam Koubaa, is 30 years old and psychiatry resident in the psychiatric hospital of the university hospital center Mohamed VI of Oujda.

ADDICTION AMONG ELDERLY SUBJECTS.

Noumidia Khatib (MOROCCO).

Abstract

Addiction among the elderly is particular by its epidemiological character, it could reflect the association with other psychiatric disorders. An accurate medical care requires an early diagnosis of the psychiatric comorbidities, a thorough evaluation of

every situation, an uncanny knowledge of the psychiatry of the elderly and a clear therapeutic strategy.

Objectives: In this study, we will determine the epidemiological importance of addiction among the elderly, the different associated comorbidities, and the particularities of medical care among this population

Material and methods: the sample was made of patients aged over 60 hospitalized at the addiction ward of Hassan II university hospital of Fes over the course of 2 years to whom we administered the mini-international neuropsychiatric interview.

Results: During a 2-year period, 12 patients were hospitalized. The average age of the patients in the study sample was 64 years (60-67). The prevalence of addictions is lower than that observed for adolescents and adults. Addiction in the elderly is often hidden behind misleading clinical pictures for which age is wrongly considered as the determining factor. On the other hand, alcohol misuse and even dependence appear to be a real problem. Globally, the risk of harmful consumption and alcohol dependence is estimated to be between 7 and 10% in subjects over 65 years old; according to our study, this age group represents 4%. The risk factors are well identified as gender with a male predominance, social factors represented by single cases with poor family support in 16% of cases, somatic pathologies such as diabetes and COPD in 25% of cases, or psychiatric pathologies such as bipolar disorder in 12.5% of cases, notably depressive states in 60% of cases, anxiety disorders in 16.5% of cases Alcohol dependence represents 70% of cases; benzodiazepines 34% of cases and cannabis 25% of cases

Conclusion: Abuse and dependence in the elderly, especially with regard to alcohol, benzodiazepines and cannabis, remains a major concern that needs to be addressed in order to improve management and develop primary, secondary and tertiary prevention.

- **PLENARY LECTURE**

CANNABIS: FROM REGULATION FOR LICIT USE TO LEGALIZATION FOR RECREATIONAL USE. WHERE DO WE STAND?

Jallal Toufiq (MOROCCO).

Abstract

Cannabis is still number one drug consumed worldwide. The growing availability and potency of cannabis products available on the illicit markets poses an increasing health risk. The demand for treatment of cannabis use disorders has increased considerably.

Over the last decade, a growing number of States have pursued policies with the aim of allowing and regulating the use of cannabis, either for cultivation and licit uses or for non-medical and non-scientific purposes. The latter is still in contradiction with the international conventions.

The question of how to deal with cannabis and cannabis-related substances, their increasing consumption and supply and the related consequences and problems is a controversial issue.

Some civil society groups and some Governments have called for cannabis and cannabis-related substances to be rescheduled under the international drug control conventions or even fully removed from international control, which would effectively amount to the legalization of cannabis, leaving each country to decide on applicable controls and restrictions to access and use.

The so-called “war on drugs” has so far not proven to be effective in decreasing the prevalence of cannabis. Thus, governments have sought other ways to reach that goal and especially to decrease the harm associated with use and dependence. This trend represents a growing challenge for the States parties to the international drug control conventions, which stipulate that, subject to the provisions of those conventions, any kind of drug use must be limited to medical and scientific purposes.

Between depenalization, decriminalization and legalization, countries and territories have made their choice under different laws, regulations and models. To conciliate these policies with the international conventions remains a major issue, but to assess their impact from the public health perspective is the real challenge.

Bio



Head of the National Centre for Drug Abuse Prevention and Research; Director of the Moroccan National Observatory on Drugs and Addictions; Director of the Ar-razi University Psychiatric Hospital and Professor of Psychiatry at the Rabat Faculty of Medicine.

Currently holding positions in Morocco as Head of the Harm Reduction Programme, National Centre for Drug Abuse Prevention and Research; and Member of the Ministry of Health Commission on Drug Abuse.

At the international level, Representative of the Mediterranean Network (MedNet) for Morocco (MedNet/Pompidou Group/Council of Europe); former permanent correspondent of the Pompidou Group for Morocco (Council of Europe) on drug abuse prevention and research and former member of the Reference Group to the United Nations on HIV and Injecting Drug Use.

Member of the International Narcotics Control Board (since 2015) . Member of the Standing Committee on Estimates (2015). Chair (2021) and Member (2016) of the Committee on Finance and Administration. First Vice-President of the Board (2018). President of the Board (2023).

ABSTRACTS: POSTERS

1.TITLE APPLYING THE THEORY OF PLANNED BEHAVIOR TO PREDICT ONLINE ADDICTION TREATMENT INTENTION DURING COVID-19

DUDI GOLD (ISRAEL)

ABSTRACT

Little is known about online addiction treatment, with few studies focusing on the Theory of Planned Behavior (TPB) in relation to addiction treatment during the COVID-19 pandemic. Therefore, the aim of this study is to explain the predictability of the TPB on intention and behaviors in relation to online addiction treatment during COVID-19 among people recovering from SUD.

Methods : This descriptive-analytical study included a self-report questionnaire based on the TPB model, and was distributed to a sample of 115 people recovering from SUD, aged 18-69, 62% of whom were men.

Results : Attitude, Subjective Norms (SN), and Perceived Behavioral Control (PBC) toward online addiction treatment was significantly positive in relation to intention and past behavior of participants in online addiction treatment. Although SN did not significantly predict the intention to participate in online treatment as attitude and PBC were found to be significant predictors, the TPB model was found to be significant { $F(3,111) = 47.29, p < 0.01$ }, explaining 56% of the variance of intention for participants in online addiction treatment.

Conclusion : Professionals and treatment providers should encourage beliefs, attitudes, moral norms, and perceived behavior control to increase intentions among future participants in online addiction treatment. **BIO :** Dudi Gold : Founder Director of "Gold Center", an outpatient addiction treatment center in Tel Aviv, Israel, and a sitting board member of the Israeli Society of Addiction Medicine (ILSAM) Audit Committee

2. TITLE SEVERE GAMMA-HYDROXYBUTYRATE (GHB)WITHDRAWAL WITH HEMODYNAMIC LABILITY AND RHABDOMYOLYSIS: A CASE SERIES”

CARA BORELLI (TEXAS)

ABSTRACT

Gamma-hydroxybutyrate (GHB) use has significant regional variations, and GHB withdrawal is rarely seen outside of regions where its use is common. Severe GHB withdrawal is underreported in literature and has clinical significance due to its potential for severe complications. We report a case series of two patients with severe GHB withdrawal who experienced complications of delirium, hemodynamic lability, and rhabdomyolysis. The first patient was successfully treated with a combination of a benzodiazepine taper and symptom-triggered benzodiazepines with baclofen as an adjunct. The second patient had more severe symptoms and required intubation with a midazolam infusion, dexmedetomidine infusion, phenobarbital, baclofen, and a combination of a benzodiazepine taper and symptom-triggered benzodiazepines. This case series highlights the medical treatment options for severe GHB withdrawal and its potential complications.

BIO: Cara Borelli, DO is an addiction medicine fellow at Icahn School of Medicine at Mount Sinai. She completed a residency in emergency medicine at the UT Health San Antonio in San Antonio, Texas. Her educational work includes hosting podcasts on addiction medicine topics for RebelEM and JAMA Clinical Reviews.

3. TITLE SCHOOL CLIMATE AND SCHOOL IDENTIFICATION WERE DETERMINANTS OF INTERNET GAMING DISORDER AMONG ADOLESCENT INTERNET GAMERS IN A CHINESE CITY: MEDIATION VIA TEACHER-STUDENT RELATIONSHIP, ACADEMIC STRESS, AND ANXIETY

YANQIU YU (CHINA)

ABSTRACT

School climate and school identification are important features of school environment and potential determinants of adolescent internet gaming disorder (IGD). This novel study investigated their joint effects on IGD and related mediation mechanisms via interpersonal factor of teacher-student relationship and individual factors of academic stress and anxiety. A large-scale cross-sectional study was conducted among internet gamers of junior/senior/vocational middle schools in Taizhou city, China from February to March 2022. Among the 5,778 participants, the prevalence of IGD was 8.0%. The four school climate subscales and the school identification subscale were significant protective factors against IGD. Such negative associations were mediated via 1) three two-step paths, each involving a single mediator of teacher-student relationship, academic stress, and anxiety, respectively, and 2) two three-step paths involving two mediators of teacher-student relationship and academic stress first, respectively, and then anxiety. The direct effect of school climate on IGD was statistically non-significant (i.e., full mediation) while that of school identification was statistically significant (i.e., partial mediation). In conclusion, the relatively high prevalence of IGD among Chinese adolescents may be reduced through school-based interventions improving school climate and school identification. Such improvements may reduce the levels of risk factors of IGD (e.g., poor teacher-student relationship).

BIO : Dr. Yanqiu Yu is an Associate Professor in the School of Public Health, Fudan University, China. Her primary research interest focuses on addictive behaviors, mainly gaming disorder while she starts researching alcohol misuse problems.

4. TITLE EVALUATION OF A COMMUNITY-BASED MOBILE WITHDRAWAL MANAGEMENT SERVICE

ANDREW LODGE (CANADA)

ABSTRACT

As with many jurisdictions across Canada, the city of Winnipeg continues to experience significant problematic substance use. An ongoing methamphetamine epidemic, compounded by a growing opioid crisis and endemic alcohol use, function to strain addiction treatment services, including withdrawal management resources. In this study, we present results from a novel community-based outreach detoxification service. The Mobile Withdrawal Management Service (MWMS) was formed in 2019 to provide an alternative to facility-based detox services. MWMS operates 365 days a year and is deliberately interdisciplinary, staffed by support workers, psychiatric nurses, and a physician. Additional resources available to clients

include peer support, Indigenous cultural support, group therapy, and trauma counselling.

The program offers up to 30 days of detox management. Interventions include psychosocial support and medical management such as opioid agonist treatment (OAT) initiation. Targeted outcomes are centred on participant objectives, ranging from stand-alone detox to bridging towards long-term treatment. Individuals are offered aftercare options such as ongoing peer support, linkages (if needed) to primary care, ongoing OAT, and group programming.

MWMS is committed to continuous quality improvement, through regular program evaluation. In our analyses, we adopt a combination of quantitative and qualitative methodology. The results are presented here, revealing strong uptake reaching program capacity.

Future directions for research include direct comparison of both cost-effectiveness and outcomes of the MWMS model versus with facility-based services.

BIO : Andrew Lodge is Medical Director at Klinik Community Health and Physician Lead for the Mobile Withdrawal Management Service. He is also a Clinical Assistant Professor at the University of Manitoba and Vice-Chair of the Addiction Medicine Member Interest Group at the College of Family Physicians of Canada.

5. TITLE OPIOID STABILIZATION PERIODS BEFORE AND DURING THE FENTANYL ERA : A COMPARISON OF TWO RANDOMIZED CLINICAL TRIALS

ANJALEE SHARMA(USA)

ABSTRACT

Objectives: Illicitly manufactured fentanyl has permeated the illicit opioid drug supply in the United States. This study examines whether withdrawal during treatment induction differs between individuals who used fentanyl and historical controls who primarily used heroin.

Methods: Two clinical trials conducted before and after the emergence of fentanyl, in the same city, recruited individuals seeking opioid use disorder treatment. The historical control (n=103) and fentanyl-exposed groups (n=33) were stabilized on the same dose of morphine and assessed with the clinical opioid withdrawal scale (COWs), subjective opioid withdrawal scale (SOWs), blood pressure, and heart rate (HR), which were compared using one-way analysis of variance.

Results: Participants were similar on characteristics of age, sex, and race ($p>0.05$). COWs [F (6,873) 12.43, $p<0.001$], SOWs [F (6,917) 23.55, $p<0.001$], and HR [F (6,873) 2.87, $p<0.01$] were significantly greater among fentanyl-exposed participants relative to the historical controls. COWs and SOWs were significantly worse on stabilization days 2-6 and HR was worse on days 3-5 for fentanyl-exposed participants.

Conclusions: Self-reported and observer-rated scales indicate that participants using fentanyl experience more severe withdrawal. Results reinforce that fentanyl availability has fundamentally changed treatment of opioid use. Treatment needs to

evolve to support participants' transitions to treatment to ensure medical safety and comfortability.

BIO: Dr. Sharma is a postdoctoral research fellow at the Johns Hopkins School of Medicine in Baltimore, Maryland, USA. She obtained her doctorate in social work from the University of North Carolina at Chapel Hill. Dr. Sharma's research centers on continuity of care and linkage to treatment for people with OUD.

6. TITLE USING MOBILE PHONE TECHNOLOGY TO ASSESS SUBSTANCE USE OUTCOMES AND PROMOTE RECOVERY

JENNIFER I MANUEL (USA)

ABSTRACT :

Objectives : This study reports the feasibility and 3-month preliminary outcomes of a promising mobile application, the Addiction Comprehensive Support System (ACHESS), to reduce substance use relapse among 38 individuals receiving outpatient services in New York City.

Rationale : Limited knowledge exists on how best to integrate mobile applications like ACHESS into clinical practice.

Methods : Pre-post structured interviews and weekly ecological momentary surveys were administered to participants to assess substance use, service use, readiness to change, social support, and acceptability outcomes.

Results : Pilot results suggest that more than 80% of participants engaged with the application, with varying levels and types of use. At 3 months, participants using the application had greater engagement in services, higher levels of social support, and lower levels of substance use compared to their baseline levels. Reported challenges to using the application included participant's age and experience with technology and the type of smartphone and data plan. Providers described several challenges to integrating the application into clinical practice.

Conclusions : ACHESS is a potentially useful application to support individuals in substance use recovery. Greater attention to how mobile applications like ACHESS can be effectively integrated into routine care is an important consideration for future research.

BIO : Jennifer I. Manuel, Ph.D., is an associate professor and the Associate Dean for Research at the UConn School of Social Work. Her research is federally-funded and addresses health disparities and poor access to and transitions in care among individuals in substance use and mental health treatment systems.

7. TITLE THE THERAPEUTIC MANAGEMENT OF CO-OCCURRING BORDERLINE PERSONALITY DISORDER AND SUBSTANCE USE DISORDER: A LITERATURE REVIEW

RIM HAYAT, MARRAKESH (MOROCCO)

ABSTRACT :

Objective : Reviewing and analyzing the most effective psychotherapeutic approaches of co-occurring borderline personality disorder (BPD) and substance use disorder (SUD).

Rationale :

Studies have observed the co-occurrence of BPD and SUD. It leads to significant functional impairment and increased risk of suicidal behavior. Despite this, there's a lack of consensus on the best therapeutic approach which results into challenges in the management of this dual diagnosis.

Methods : A systematic literature search was conducted on scientific databases for articles published between 2014 and 2023 that focused on the co-occurrence of BPD and SUD and its treatment. Articles were screened for eligibility and out of the 49 results, 6 were included.

Results :

The reviewed literature discusses the effectiveness of integrated treatment approaches that target both BPD and SUD.

The results, although limited by a reduced number of studies with small sample sizes, suggest that DBT (dialectical behavior therapy) and GPM (general psychiatric management) have shown promise in treating these comorbid conditions, but further research is needed to confirm their efficacy. **Conclusion :** Co-occurrence of BPD and SUD presents a significant challenge and requires integrated treatment approaches but more research is needed to develop and refine effective interventions for individuals with BPD and SUD.

BIO : Rim Hayat, MD Graduate from Marrakesh faculty of medicine ;First year psychiatry resident at Med VI university hospital in Marrakesh.

8. TITLE USAGES DETOURNES DES BENZODIAZEPINES

FARAH. AZRAF, SALE (MOROCCO)

RESUME :

L'objectif de notre travail est de déterminer les caractéristiques sociodémographiques des malades, les principales molécules utilisées, la dose, la voie d'administration, le mode d'obtention du médicament et l'intentionnalité de l'usage.

Méthode : C'est une étude rétrospective étalée sur 1 an portant sur une série de patients qui ont été hospitalisés au service de l'addictologie à l'hôpital psychiatrique Ar-razi de Salé. Le recueil des données a été réalisé à partir des dossiers médicaux et une fiche d'exploitation.

Résultats : Un total de 141 patients a été hospitalisé durant cette période dont 53 (37,5%) ont un usage détourné de médicaments dont 85,7% ont un usage des benzodiazépines. Notre échantillon se caractérise par une prédominance de sexe féminin 90% avec un âge médian est 33 ans. Les molécules les plus utilisées sont : Clonazepam 45,3 %, Nordazepam 15,3% , Diazepam 11,3%, Bromazepam 7,5%,

Alprazolam 2,8%, Lorazepam 1,9%, Midazolam 1,9%. 8,7 % des patients présentent une coaddiction : tabac 86,8%, cannabis 77,3%, alcool 58,5 %, cocaïne 34,5 %, solvants 15 %, héroïne 1,8 % ou un antécédent d'addiction. L'hospitalisation est uniquement liée au 34 mésusage médicamenteux dans 11,3 % des cas. Les effets recherchés : anxiolyse et désinhibition.

Conclusion : Le détournement de benzodiazépines toucherait davantage toutes les couches démographiques, plus spécifiquement ceux qui sont déjà aux prises avec d'autres problèmes de consommation. Le clonazepam constitue la molécule la plus détournée. Afin de diminuer cette pratique, une synergie d'action des professionnels de la santé est indispensable pour un usage rationnel des médicaments

BIO : FARAH. AZRAF (MOROCCO)

9. TITLE IMPACT OF RAMADAN ON SMOKING AND MOTIVATION TO QUIT

YASSINE RASSAME, TANGIER (MOROCCO)

ABSTRACT :

This study aimed to determine whether the month of Ramadan could influence smokers in Morocco to reduce or quit smoking.

Rationale : Smoking is a major public health problem in Morocco, with about 18% of the adult population smoking. Ramadan is an important period for religious practice, which may impact health behaviors, including tobacco consumption. This study sought to explore whether religious practices during Ramadan could positively impact motivation to quit smoking.

Methodology : An online questionnaire was administered during and after Ramadan using Google Forms. The questionnaire included sociodemographic data, the Fagerström scale to assess nicotine dependence, and a Prochaska and DiClemente contemplation scale adapted for smoking cessation to evaluate the stage of behavioral change.

Results : The results are currently being analyzed, and preliminary findings suggest that Ramadan may have a positive impact on smokers' motivation to quit smoking in Morocco.

Conclusions : This study contributes to the understanding of the impact of Ramadan on smoking behaviors and motivation to quit in Morocco. The findings could inform public health interventions to promote smoking cessation during Ramadan and beyond. Further research is needed to fully understand the potential impact

of Ramadan on smoking behaviors in Morocco.

BIO : Dr. Yassine Rassame, a resident physician in psychiatry at the Faculty of Medicine and Pharmacy in Tangier

10. TITLE ADDICTION AND ATTACHMENT BONDS : INTEREST OF THERAPEUTIC APPLICATIONS CENTERED ON SELF-COMPASSION

EZZAHAR GHIZLANE (MOROCCO)

ABSTRACT :

Maintaining abstinence in people with multiple addictions is a therapeutic challenge, especially when it comes to early trauma, emotional vulnerability and insecure attachment. Self-Compassion-Based Therapies (SCTs) are particularly helpful in getting individuals to build a base of internal safety to cope with emotional distress, and to develop psychological resources inaccessible to conventional therapeutic approaches.

Objectives : 1) To develop a therapeutic program based on TFC which combines therapeutic approaches and aims to develop an internal security base (TFC), self-awareness and emotional elaboration (ACT, TFC, TCD); 2) to investigate the changes elicited at the level of addictive symptomatology, self-awareness and relational attachment style.

Method : observational follow-up study of a group of adults with addiction to one or more substances and affective and relational vulnerability related to old traumas, having participated in the therapeutic group based on TFC/ACT. Anxio-depressive symptoms will also be controlled. The therapeutic program consists of 8 weekly sessions and targets the following processes: development of a compassionate self as a basis for internal security (session 1 and 2); distress tolerance, self-awareness and psychological flexibility (session 3,4,5); compassionate attitude and peaceful relationship (session 6,7,8). Pre- and post-treatment measures : craving (OCDS); depression (anxiety, stress, depression, EDAS21 scales); self-awareness and psychological flexibility (AAQ-II); self-compassion (EAC scale); relational attachment style (RSQ scale).

Results : The pre- and post-treatment comparison shows the following clinically significant changes : a reduction in craving and depression severity, an increase in self-awareness, psychological flexibility and self-compassion. Importantly, relational attachment style positively shifts to a more secure base.

Conclusion : The introduction of the principles of TFC within a CBT treatment of addictions promotes the accessibility of patients with an insecure attachment to this type of therapy. The therapeutic exercises offered improve self-regulation capacities through the activation of the calming system, the development of interoceptive awareness and the construction of a quality therapeutic relationship. The construction of this internal security base allows better management of unpleasant internal states and a reduction in craving.

BIO : Ezzahar Ghizlaine

HAJJI SALIMA (MOROCCO)

RESUME

Addictologie et personnalité borderline

L'addictologie est la branche de la médecine spécialisée dans la prévention, le diagnostic, le traitement et la recherche sur les addictions, qu'elles soient liées à l'alcool, aux drogues, aux jeux d'argent, à la nourriture ou à d'autres comportements compulsifs. Les troubles de la personnalité, comme le trouble de la personnalité borderline (TPB), sont des affections mentales caractérisées par des schémas de pensée, d'émotion et de comportement qui diffèrent considérablement de ceux de la population générale.

Le TPB est un trouble de la personnalité complexe qui se caractérise par une instabilité émotionnelle, une impulsivité, une dysrégulation affective, une instabilité de l'image de soi et des relations interpersonnelles chaotiques. Les personnes atteintes de TPB ont souvent des antécédents d'abus ou de négligence dans l'enfance, ainsi que des expériences traumatiques, et sont souvent diagnostiquées avec d'autres troubles de santé mentale, tels que la dépression, l'anxiété et les troubles alimentaires. Les personnes atteintes de TPB sont également plus susceptibles de développer des comportements addictifs.

Les relations entre le TPB et les troubles liés à l'addiction sont complexes et peuvent être bidirectionnelles. Les personnes atteintes de TPB sont plus susceptibles de développer des comportements addictifs que les personnes sans TPB en raison de leur instabilité émotionnelle et de leur impulsivité. Les comportements addictifs, tels que la consommation de drogues et d'alcool, peuvent aggraver les symptômes du TPB et rendre le traitement plus difficile.

Cependant, le traitement de l'addiction chez les personnes atteintes de TPB peut être particulièrement difficile en raison de leur dysrégulation affective, de leur impulsivité et de leur instabilité émotionnelle. Les approches thérapeutiques qui ont été utilisées pour traiter le TPB, comme la thérapie cognitivo-comportementale et la thérapie dialectique comportementale, peuvent également être utiles pour traiter les comportements addictifs chez les personnes atteintes de TPB.

En conclusion, les personnes atteintes de TPB sont plus susceptibles de développer des comportements addictifs que les personnes sans TPB. Les relations entre le TPB et les comportements addictifs sont complexes et peuvent être bidirectionnelles. Le traitement de l'addiction chez les personnes atteintes de TPB peut être particulièrement difficile, mais les approches thérapeutiques qui ont été utilisées pour traiter le TPB peuvent également être utiles pour traiter les comportements addictifs.

BIO : Hajji Salima

12. TITLE THE NEED FOR STANDARDIZED OPIOID OVERDOSE EDUCATION AND NALOXONE DISTRIBUTION: IT TAKES A COMMUNIT

SIMREN LAKHOTIA, SAN ANTONIA, TEXAS (USA)

ABSTRACT :

The opioid epidemic necessitates improvement of community knowledge surrounding opioid overdoses and increasing awareness of overdose reversal agents. Naloxone trainings are a powerful tool to bridge this knowledge gap and augment the amount of naloxone readily available for use in emergency situations. This project analyzes the impact of Operation Naloxone, a SAMHSA-funded training, on knowledge about opioid overdoses and response in both current health professions students at University of Texas Health San Antonio and residents at Alpha Home, an in-patient rehabilitation center for women recovering from substance use disorder. Validated pre- and post-surveys were administered to assess significance of the training. The average scores for both groups combined improved from 4.46 to 6.50 out of 9 ($p < 0.0001$), showing that naloxone training improved participants' knowledge about the opioid crisis, including how to identify and respond to an opioid overdose. There was a 1.80 point average improvement ($p < 0.0001$) among the students and a 1.61 point average improvement ($p < 0.001$) among the patients. The similarity in mean differences justifies that standardized education on opioid overdose presentation and response can, and should, be expanded beyond medical trainees and into the community.

BIO : Simren Lakhotia is a third-year medical student at the University of Texas Health San Antonio. She graduated from The University of Texas at Austin with a Bachelor of Science and Arts in Neuroscience and a minor in Business Administration in 2020.

13. TITLE ALEXITHYMIA, SELF-ESTEEM AND ADDICTIVE BEHAVIOURS

BALLOUK HANA, SALE (MOROCCO)

ABSTRACT :

Introduction : Alexithymia refers to the absence of words to express emotions or feelings. Recently, alexithymia has been shown to be highly prevalent in several psychopathologies, including addictive disorders. Thus, the behavioural symptoms of these psychopathologies can be conceived as attempts to compensate for this defective emotional regulation, which would have negative effects on self-esteem and sense of well-being.

Method :

This is a cross-sectional study with descriptive and analytical aims carried out among patients hospitalised in the addictology department at Ar-Razi Hospital in Salé, the aim of which is to assess the level of alexithymia and self-esteem among patients with addictive behaviours.

Data will be collected using an anonymous hetero-questionnaire including personal and socio-demographic data of the patients, as well as the Rosenberg Self-Esteem Scale, and the Toronto Alexithymia Scale TAS-20.

Results :

The results show that alexithymia and low self-esteem evolve in a significant relationship with addictive behaviours, strengthening with the intensity and severity of the latter.

Conclusion :

This preliminary study showed a significant correlation between different levels of alexithymia, low self-esteem and the presence of addictive behaviours. It therefore leads to further research that will identify the emotional factors of alexithymia that influence each of the different addictive behaviours.

BIO: Psychiatry resident, 1st year Ar-Razi University Psychiatric Hospital in Salé Faculty of Medicine and Pharmacy, Mohammed V University, Rabat, Morocco

14. TITLE PREVALENCE OF CIGARETTE SMOKING AND INFLUENCE OF ASSOCIATED FACTORS AMONG MEDICAL STUDENTS: A SURVEY AT THE FACULTY OF MEDICINE IN RABAT

BOUKDIR ASMAE, SALE (MOROCCO)

ABSTRACT:

Aim : To determine the prevalence of cigarette smoking among a specific cohort of medical students and to assess factors related to tobacco use in this population.

Methods : A study conducted among medical students of the Faculty of Medicine of Rabat, during the 2021-2022 academic year using a self-administered questionnaire. The statistical study used the test Chi 2 and the difference is significant if the risk of error is lower than 5%.

Results : Of 239 students, 152 were female 87 were male. The prevalence of smoking was 16.3% (32.2% for males and 7.2% for females, $p < 0.001$), with an average age of 21 years ($p = 0.017$). Rates of smoking increased significantly by year of study from 10% in first year to 27.8% in 7th year. All smoker students have used other psychoactive substances (Alcohol, cannabis...) versus 13.5% of non-smokers student ($p < 0.001$). Among the smoker students, 35.8% had at least one parent smoking and 28.2% had a partner who was also smoker ($p < 0.001$). 56.4% report attempting to quit smoking, and 17.9% have succeeded ($p < 0.001$).

Conclusion : Our study showed that the prevalence of cigarette smoking appears to be closely related to age, gender, psychoactive substances use, and exposure to secondhand smoking.

BIO : Boukdir Asmaa. Resident in second year psychiatry University Psychiatric Hospital Ar-razi of Salé, University Hospital Centre Ibn Sina Faculty of Medicine and Pharmacy of Rabat - Mohammed V University, Morocco

15. TITLE INCREASED CANNABIS INTAKE DURING THE COVID-19 PANDEMIC IS ASSOCIATED WITH WORSENING OF DEPRESSION SYMPTOMS IN PEOPLE WITH PTSD

EL HAID YOUSRA (MOROCCO)

ABSTRACT

Introduction : Some evidence suggests substance use affects clinical outcomes in people with posttraumatic stress disorder (PTSD). However, more work is required to examine links between mental health and cannabis use in PTSD during exposure to external stressors such as the COVID-19 pandemic.

Method : Data were obtained as part of a larger web-based population survey from April 3rd to June 24th 2020 (i.e., first wave of the pandemic in Canada). Participants (N = 462) with self-reported PTSD completed questionnaires to assess mental health symptoms and answered questions pertaining to their cannabis intake. Participants were categorized according to whether they were using cannabis or not, and if using, whether their use frequency increased, decreased, or remained unchanged during the pandemic.

Results : Findings indicated an overall perceived worsening of stress, anxiety, and depression symptoms across all groups. A higher-than-expected proportion of individuals who increased their cannabis consumption reached threshold for minimal clinically important worsening of depression.

Conclusion : Overall, those who increased cannabis use during the pandemic were more prone to undergo meaningful perceived worsening of depression symptoms. Prospective investigations will be critical next steps to determine the directionality of the relationship between cannabis and depressive symptoms.

BIO: EL HAID YOUSRA

16. TITLE DRUG USE BEFORE AND DURING IMPRISONMENT: DRIVERS OF CONTINUATION

EL HAID YOUSRA (MOROCCO)

ABSTRACT

Objectif

Many people who enter prison have recently used drugs in the community, a substantial portion of whom will continue to do so while incarcerated. To date, little is known about what factors may contribute to the continuation of drug use during imprisonment.

Methods

Self-reported data were collected from a random sample of 1326 adults (123 women) incarcerated across 15 prisons in Belgium. Multivariate regression was used to investigate associations between in-prison drug use and sociodemographic background, criminological profile, drug-related history, and mental health among participants who reported pre-prison drug use.

Results

Of all 1326 participants, 719 (54%) used drugs in the 12 months prior to their incarceration and 462 (35%) did so while in prison. There was a strong association

between drug use before and during imprisonment (OR = 6.77, 95% CI 5.16-8.89). Of those who recently used drugs in the community, half (52%) continued to do so while incarcerated. Factors independently associated with continuation (versus cessation) were young age, treatment history, polydrug use, and poor mental health. In a secondary analysis, initiation of drug use while in prison was further related to incarceration history and low education.

Conclusion

Persistence of drug use following prison entry is common. People who continue to use drugs inside prison can be differentiated from those who discontinue in terms of drug-related history and mental health. Routine screening for drug use and psychiatric morbidity on admission to prison would allow for identifying unmet needs and initiating appropriate treatment.

BIO : EL HAID Yousra

17. TITLE SUBSTANCE USE IN FIRST EPISODE ACUTE PSYCHOSIS : PREVALENCE AND ASSOCIATED FACTORS (ABOUT 32 PATIENTS)

BOUCHRA EL HAFIDI, MARRAKESH (MOROCCO)

ABSTRACT

Objectives

The aim of this study is to determine the prevalence of substance use in patients with a first acute episode of psychosis and the association to sociodemographic variables.

Methods

This is a retrospective descriptive study conducted on the medical records of 32 patients in the Ibn Nafis psychiatric hospital from June 2022 to April 2023, for the first acute psychotic episode based on DSMV. Datas were collected using a form analyzed using Excel.

Results

The M/F sex ratio was 3.57. Average age at the onset of the acute psychotic episode was 25.96y, and the majority were single 72.12%. Substance users represented 59.37% vs 40.62% non-users. 81.25% of patients had a low socioeconomic level, only 5 patients had university level of education. Cannabis use was found in all patients using toxics, tobacco 53.12%, alcohol 21.87%. Other drugs (benzodiazepines, cocaine, ecstasy, solvents) reported in 21.87% cases. Average duration beginning of consumption/psychotic episode was 5.94y.

CONCLUSION

The results of our study show a high prevalence of substance use. Appropriate treatment of this comorbidity is required, as it impacts the course of the illness, the response and increases the risk of relapse.

BIO : Bouchra EL HAFIDI, Psychiatry resident doctor at IBN NAFIS hospital

18. TITLE PATHOLOGICAL GAMBLING AFTER SUBTHALAMIC NUCLEUS DEEP BRAIN STIMULATION IN PARKINSON'S DISEASE: A CASE REPORT

BOUCHRA IMOUNACHEN, (OUJDA MOROCCO)

ABSTRACT

Introduction :Deep brain stimulation (DBS) of the subthalamic nucleus (STN) is a neurosurgical intervention often used as alternative treatment to drug therapy in Parkinson's disease. However, it can be associated with an increase of impulsive and addictive behaviors.

Objective :

We report the case of a patient with Parkinson's disease who developed pathological gambling within a few months after successful bilateral STN stimulation.

Case presentation :

A 58-year-old man, followed for Parkinson's disease for 10 years, underwent bilateral STN stimulation's surgery for severe pharmaco-resistant tremor.

Three years after the operation, he consulted in our department for pathological gambling, from which he started suffering a few months after the surgery.

Discussion :

Literature's data showed contrasting findings on the effect of deep brain stimulation on pathological gambling and impulsivity in Parkinson's disease patients. While some studies have reported the development or worsening of impulsivity and addictions after surgery, other studies have highlighted a significant improvement post-surgery.

Conclusion :To better understand the modulation of different subcomponents of addictions by STN-DBS, future research should explore other factors such as genetic predisposition and direct effects on the limbic function of STN.

BIO : Fourth year resident, at the psychiatric department of Oujda's University teaching hospital.

19. TITLE LONG-ACTING INJECTABLE (LAI) BUPRENORPHINE IN CLINICAL PRACTICE IN SWEDEN - A ONE YEAR FOLLOW-UP STUDY

EMELIE GAUFFIN (SWEDEN)

ABSTRACT

Objective

To increase knowledge about clinical implementation of long-acting injectable buprenorphine (LAI) treatment in opioid use disorder.

Rationale

LAI buprenorphine has shown equal efficacy to sublingual medication in opioid agonist treatment (OAT). With LAI buprenorphine, the need for control is decreased but it is unclear how this impacts rehabilitation, health care consumption and treatment retention. Clinical trials often fail to recruit patients with the largest disease burden. We have therefore collected real-life data to assess how switching to LAI buprenorphine impacts above outcomes.

Methodology

Details on LAI buprenorphine type and dose inpatient care, emergency room (ER) visits and treatment retention were collected from medical records for patients who switched from sublingual medication to LAI buprenorphine in four clinics in Sweden between 2019 and 2022. Data was collected between one year before and after switching to LAI buprenorphine.

Results

At one year, 66% out of 128 patients remained on LAI buprenorphine, with significant differences between clinics, while 91% remained in OAT overall. Inpatient care decreased from 9 to 4.5 days ($p=0.03$). ER visits showed no difference ($p=0.60$).

Conclusion

We found excellent treatment retention to OAT after one year. Retention to LAI buprenorphine varied, possibly due to differences in practice between clinics.

BIO : Emelie Gauffin, MD, PhD, is a resident in psychiatry at Linköping University Hospital and affiliated with the Center for Social and Affective Neuroscience at Linköping University, where she is studying the effect of opioids on social distress and involved in clinical studies on opioid addiction.

20. TITRE LONG-TERM BENZODIAZEPINES FOR REFRACTORY ANXIETY DISORDERS : BETWEEN EFFICIENCY AND OVERESTIMATED RISKS

ESSAFI AMAL (MOROCCO)

ABSTRACT

Objectives :

- To highlight the value of benzodiazepines in the pharmacological management of refractory anxiety disorders.
- To identify the risk associated with long-term benzodiazepine use in patients with refractory anxiety disorders.

Materials and methods:

- A literature search of the following databases: Medline, ScienceDirect, ResearchGate, and using the following keywords : "Anti-Anxiety Agents", "Anxiety Disorders", "Substance-Related Disorders", "Long Term Adverse Effects".

Results :

- SSRIs and psychotherapy CBT are the first-line treatments for anxiety disorders. However, many patients do not respond to these first-line interventions.
- BZD monotherapy had a positive effect on reducing anxiety on the Hamilton scale compared to placebo for the pharmacological treatment of generalized anxiety.
- Given the increase in the number of BZD prescriptions over the past decade, The U.S. Food and Drug Administration (FDA), updated its "warning" and urged organizations to review their guidelines for prescribing BZDs.
- The challenge is to simultaneously consider the risks and benefits of benzodiazepines before starting treatment and to regularly reassess their use,

aiming for the lowest effective dose for the shortest possible duration of treatment
Conclusion :

- Long-term prescription of BZDs may be considered when SSRIs and CBT have initially failed in the treatment of severe and disabling anxiety disorders.

BIO : Essafi Amal

21. TITLE KETAMINE ADDICTION : THE DARK SIDE OF THE MIRACLE TREATMENT (LETTER TO THE EDITOR)

HALLAB BOUCHRA, CASABLANCA (MOROCCO)

ABSTRACT

Ketamine is a " dissociative anaesthetic " with fast analgesic and amnesic properties that has been used since more than 40 years.

Objectives : In this article we tried to review the history of ketamine, its growing role as a "dance drug", as well as the specifics of the management of ketamine misuse.

Results : New findings about ketamine's antidepressant and antisuicidal characteristics give evidences for an effective treatment for major depressive disorder. However due to its reinforcing and motivating properties, ketamine has become a recreational drug in the context of raves and its non medical use has been increasing worldwide over the last decades. Ketamine's positive reinforcing properties include anesthesia, euphoric and dissociative effects. A low dose is associated with a feeling of relaxation, called "K-land", while a hianalogs induces a dream like state, called "K-hole". There is still no specific guideline in the literature for the management of Ketamine dependency ; Like other substance use disorders, behavioural and cognitive therapies have also been the main approach to managing compulsive use behaviours in patients with ketamine dependence.

Conclusion : There is a legitimate concern about the risks associated with the use of ketamine and its analogues, particularly in recreational situations.

Mots clés : Kétamine ; Abus ; Dépendance ; Dépression ;

Abréviations : Phencyclidine (PCP) ; N-méthyl-D-asparate (NMDA) Food and Drug Administration (FDA) ; L'expérience de mort imminente (EMI) ; système nerveux central SNC ; Essai Randomisé Contrôlé (ERC) ; psychothérapie augmentée à la kétamine(KAP)

BIO : Born in casablanca. Assistant Professor at the Centre of Addictology of Casablanca, Psychiatrist Addictologist. Vice general secretary of the AMTCC, General secretary of the association Nassim

22. TITLE KETAMINE ABUSE (A CASE REPORT) BOUCHRA HALLAB, KHANSAA LAYOUSSIFI, EL YAZAJI MERIEM

HALLAB BOUCHRA, CASABLANCA (MOROCCO)

ABSTRACT

Summary

Ketamine is a " dissociative anaesthetic " with fast analgesic and amnesic properties that has been used since more than 40 years. Today, ketamine abuse has become a public health concern. We report the case of a 23-year-old patient who came to the Casablanca Addictology Centre asking for help with ketamine abuse. At the interview the patient presented depressive symptoms and had already made 3 suicide attempts, the last one dating from two months ago. Mr J. started his consumption of psychoactive substances during adolescence (age 14) by experimentation, the first substance was tobacco followed by crack, alcohol and ketamine. The ketamine dependency started one year ago, with 2 grams of ketamine snorted per occasion (twice a week).

The reported psychoactive effects of ketamine ranged from dissociation and depersonalisation to psychotic experiences. The patient has never made a withdrawal attempt.

Given the increasing therapeutic importance of ketamine, our aim was to highlight the other side of the problem, the significant risk of ketamine abuse. Thus, in this article we tried to review the history of ketamine, its growing role as a "dance drug", as well as the specifics of the management of ketamine misuse. In conclusion, the clinicians must stay vigilant, however this should not be a deterrent to appropriate prescribing.

BIO : Born in casablanca. Assistant Professor at the Centre of Addictology of Casablanca, Psychiatrist Addictologist. Vice general secretary of the AMTCC, general secretary of the association nassim

23. TITLE ADDICTION TO VIDEO GAMES AMONG TEENAGERS : WHAT DIAGNOSIS AND WHAT PREVENTION ?

HALLAB BOUCHRA, CASABLANCA (MOROCCO)

ABSTRACT

In just a few decades, video games have become one of the most popular leisure activities for young people in societies including Morocco. The so-called problematic use of online video games (Internet Gaming Disorder or IGD) is defined as "a compulsive preoccupation that some people develop with online games, often at the expense of other needs and hobbies".

In Morocco, 40% of adolescents aged 13 to 19 have a problematic use of the Internet, of which about 8% are in a situation of addiction

BIO : Bouchra Hallab ; professeur assistante, psychiatre, addictologue

24. TITLE EXERCISE ADDICTION AND CO-MORBIDITY

HALLAB BOUCHRA, CASABLANCA (MOROCCO)

ABSTRACT

The health benefits of physical activity (PA) are well known. Exercise helps to prevent non-communicable diseases, for example. Cardiovascular disease (CVD), stroke, diabetes, high blood pressure (HBP) and cancers. It also has a positive effect

on quality of life, well-being and mental health. However, under certain conditions, it is possible for exercise to become excessive or even pathological. This condition is called "exercise dependence" (ED),

EA is strongly associated with daily exercise, anxiety disorders, social phobia, eating disorders and OCD. Exercise dependence is a complex, multifactorial problem with interindividual variability. Diagnosis is still difficult to establish and follow-up protocols not yet defined.

Through this presentation, we believe that we are making a significant contribution to the literature by revealing information about groups at risk of exercise dependence and could serve as a guide to identify them and thus raise awareness of the implementation and orientation of lifelong prevention programmes, future research is needed to understand the impact of loneliness on the development of EI risk in different sport populations.

BIO : Born in casablanca. Assistant Professor at the Centre of Addictology of Casablanca, Psychiatrist Addictologist. Vice general secretary of the AMTCC, General secretary of the association Nassim 25. **TITLE SUBSTANCE USE DISORDER AND PUBLIC ROAD TRAFFIC ACCIDENTS**

AMINA ABDELHAMID, SALE (MOROCCO)

ABSTRACT

Key words :

Substance use disorder, public road traffic accidents

Introduction :

Traffic accidents are the second leading cause of death in 15-34 year-old males. Connections between substance use and road safety have been frequently researched.

Objective :

Our aim is to study the correlations between substance use disorder and public road accidents at the addictology unit of Ar-razi psychiatric hospital and compare them to those in the literature. Method :

It is a retrospective descriptive and analytic study of a series of cases in the past five years, carried out at the psychiatric hospital Ar-razi

Our inclusion criteria are patients diagnosed with substance use disorder according to DSM5 criteria, over 18 years with a history of a public road traffic accident.

Data was collected from the archives of the addictology unit into an operation sheet. Transcribed on Microsoft Excel and analysed using Jamovi.

Results :

There is a correlation between substance use disorder and public road traffic accidents. Alcohol intoxication is the most associated with increased risk for accidents.

Conclusion :

It is important to work on the prevention of substance use disorders and public road

traffic accidents as one might lead to another and as they have harmful or even fatal consequences.

BIO : Amina Abdelhamid, a first year resident at the Arrazi psychiatric hospital of Salé in Morocco. **26. TITLE THERAPEUTIC ALLIANCE AND RELAPSES OF SUBSTANCE USE**

NAWAR EL MOUSSAOUI (MOROCCO)

ABSTRACT

Therapeutic alliance is the key to ensure adequate and sustainable care in psychiatry.

The therapeutic alliance has been the subject of a great deal of psychotherapy research, and evidence from numerous empirical studies suggests that a strong patient-therapist relationship predicts favorable treatment outcomes and continues to be regarded as an important aspect of the therapeutic process.

OBJECTIVES :

The purpose of this paper is to evaluate how the development of therapeutic alliance dimensions was associated with substance use and mental health problem prevention.

METHOD :

This is a prospective, observational, cross-sectional study, carried out in the department of addictology at Ar-razi hospital in Salé using a therapeutic alliance measurement scale and evaluating relapses' frequency and duration of abstinence. The therapeutic alliance (TA) score was measured using Working Alliance Inventory.

RESULTS :

The results call upon the concepts of anomie and attachment, which seem to play an important role in the follow-up and prevention of relapses, indicating the need for a global approach to care and the involvement of health and social professionals, where empathy must find its place.

CONCLUSION :

Decades of psychotherapy research suggest that the strength of the relationship between patient and therapist is a common factor that is associated with treatment response. In the context of relapses specifically, most of the studies reviewed found evidence for a significant alliance-outcome relationship.

BIO : Nawar El moussaoui, psychiatric resident in the third year. Passionate with psychiatry and research, and glad to be a part of this community.

27. TITLE. DRUGS AND ADDICTIONS 10 YEARS OF EVOLUTION IN MOROCCO

CHAMSI FATIMA ZAHRA (MOROCCO)

ABSTRACT

The main changes observed in 10 years in terms of drug use and addiction practices morocco (2013-2023), to one of the information systems put in place since the 1990s. It highlights the tendency to the decline for the two most widespread products : alcohol, the use of which has been declining steadily since the 1950s,

and, more recently, tobacco, which has been subject to “denormalization”. By contrast, the proportion of cannabis users is increasing among adults, reflecting the aging of the generations who experimented with this product at the peak of its diffusion, from the 1990s. However, cannabis use is declining among the youngest. In a context of expansion of the supply of drugs, this synthesis looks back on the developments encouraging vigilance (rise of stimulants, increased use of legal opioids) and highlights some emerging issues (irruption of new synthetic products, diversion of drugs for psychoactive purposes, escalation of non-substance addictions).

BIO : Chamsi fatima zahra

28. TITLE CONSOMMATION DU KIF ET DU HASCHICH PENDANT RAMADAN EN COMPENSANT L'ABSENCE DE L'ALCOOL

RADI SALAHEDDINE, TANGIER (MOROCCO)

RESUME

Dès les 40 jours qui précèdent le ramadan, trouver de l'alcool en vente au Maroc ou en relève de la mission impossible. En revanche, vendeurs de kif et du cannabis fleurissent dans la rue pendant la période de jeûne. L'alcool manquant, la demande de ces deux substances augmente.

D'après les études en psychiatrie et en toxicologie, cette consommation de ces deux stupéfiants concentrée dans le temps associé aux grandes quantités de café et au manque d'alcool provoque une irritabilité des comportements. « Le changement de substance du jour au lendemain dans un contexte de physiologie perturbée provoque un grand énervement, notamment chez les plus jeunes.

Objectif de l'étude :

Apporter des informations sur la prévalence de la consommation du Kif et du cannabis en compensant l'interdiction à l'alcool chez la population.

BIO : Radi salaheddine, Tangier, Morocco

29. TITLE POST TRAUMATIC STRESS DISORDER IN WOMEN FOLLOWED FOR SUBSTANCE USE DISORDER AT ARRAZI SALE PSYCHIATRIC HOSPITAL

NIHAD AIT BENSALD, SALE (MOROCCO)

ABSTRACT

Objectives : To search for the existence of a history of post-traumatic stress disorder in patients followed for substance use disorder in the addictology service at the psychiatric hospital Arrazi of Salé.

Method : This is a descriptive cross-sectional study through a questionnaire including sociodemographic and clinical criteria and a post-traumatic stress scale "PCLS" to assess the comorbidity of substance use disorder and post-traumatic stress disorder in patients followed at the psychiatric hospital Arrazi of Salé.

Inclusion criteria : female gender, age 18-65 years, substance use disorder according to DSM 5 criteria.

Exclusion criteria : psychosis and cognitive impairment.

Results : The mean age was 23 years. The majority of patients were born in the city(87%). The majority were single (85%) and unemployed (55%).Alcohol, cannabis, tobacco, and sedatives were the most frequently used substances. Approximately 34% were hospitalized in an addiction service. All participants had at least one diagnosis of substance dependence. Almost 67% of the participants had a history of post-traumatic stress disorder

Conclusion: The comorbidity of posttraumatic stress disorder and substance use disorder is common. It seems necessary to develop new therapeutic strategies and to adapt existing programs to the needs of the patients for better results.

BIO : Dr. Nihad Ait Bensaid, second year resident at Arrazi psychiatric hospital in Salé

30. TITLE CANNABIS ET SUICIDALITE

TAQUI AMINE, TANGIER (MOROCCO)

ABSTRACT

Introduction :Suicide and substance abuse are two closely related phenomena, with substance use representing a significant risk factor for suicidal ideation, attempted suicide, and unfortunately, suicide. Cannabis, being one of the most widespread drugs in the world, is of particular concern in this context. Indeed, several studies have shown that cannabis use is associated with increased vulnerability to suicidal ideation among young people. It is therefore crucial to understand the relationship between these two phenomena to better prevent and treat suicidal behavior in people suffering from drug addiction.

Objective: Objectifying the relationship between cannabis use and suicidality

Methods: This is a descriptive and analytical cross-sectional study focusing on patients using cannabis and followed in psychiatric university hospitals in Tangier and the Errazi regional hospital in Tangier. Data collection is through an anonymous self-administered questionnaire.

Results :In progress

BIO : TAQUI Amine, Tangier/Morocco

31. TITLE THE THERAPEUTIC MANAGEMENT OF COMORBID BIPOLAR DISORDER AND SUBSTANCE USE DISORDER IN FEMALE PATIENTS : OUR PROTOCOLS AND INTERNATIONAL RECOMMENDATIONS

SORAYA BOUGHDADI, MARRAKESH (MOROCCO)

ABSTRACT

Objective : Describe the therapeutic management of comorbid of bipolar disorder(BD) and substance use disorder(SUD) in women in our department and compare it to international recommendations.

Rationale : Up to 70% of patients with BD have a comorbid SUD.This leads to multiple challenges in diagnosis and treatment, particularly in women.

Methods : This was a retrospective study including women with comorbid BD and SUD

hospitalized in our facility between March 1st 2022 and February 28th 2023.

Results: 36 bipolar patients were included in our study, 14 with a comorbid SUD. The pharmacotherapeutic management of these patients focused on BD, it was based on monotherapy in 14.3% of cases. However, bi-therapy was more frequent, of mood stabilizers in 78.5% of cases: one antipsychotic (Olanzapine 57.1%) and one antiepileptic drug (Sodium valproate 42.8%, Carbamazepine 35.7%). Therapy was recommended for the comorbid SUD but not started during hospitalization, patients were referred to the addiction center after their discharge from the hospital.

Conclusion: A specific management of patients with dual diagnosis of BD and SUD including proper pharmacological treatment and psychotherapy is needed. The research on this subject is still limited, and more work is needed before we define a standardized approach. **BIO:** Soraya Boughdadi, MD. Graduate of Rabat Faculty of medicine and pharmacy. 2nd year psychiatry resident at Med VI university hospital - Marrakech

32. TITLE THE LINK BETWEEN AMOTIVATIONAL SYNDROME AND CANNABIS USE IN ADOLESCENCE

MOUACHI SAMIA, MARRAKESH (MOROCCO)

ABSTRACT

Introduction: Cannabis is the most used illicit drug. Its use by adolescents has increased. Heavy cannabis use causes chronic effects. The amotivational syndrome (AS) can be one of them, but the link of causality between the two is still controversial and hard to establish. In this work, we are looking to elucidate this correlation.

Methods: Non-systematic review of literature in PubMed using the terms; motivational syndrome; and Cannabis.

Results: Previous findings considering the relation between cannabis use and apathy lead to mixed results. There are many variables, such as comorbid depression and other drug use, that can be found, which is why the cannabis effect on apathy cannot be isolated. Many studies have shown that heavy cannabis use is associated with low academic outcomes, which is assumed to reflect less academic motivation. However, it is unclear if this link is specific to academic areas or can be expanded to wider motivation-based concepts such as self-efficacy.

Recent studies have investigated the interaction between cannabis and motivation. One suggests that using this substance reduces the initiative and perseverance supporting the existence of AS caused by cannabis.

Conclusion: The association between cannabis use and the development of psychotic disorders has been widely recognized. However, AS in Adolescence deserves more attention and should be systematically detected. The prevention of cannabis use should be a priority.

BIO : Samia Mouachi. Is a doctor currently specializing in child psychiatry at the Mohammed VI University Hospital in Marrakech, Morocco. Currently, she is assigned

to the Child and Adolescent Psychiatry Department at the Queen Fabiola University Hospital for Children in Brussels a part of an advanced training.

33. TITLE BIPOLAR DISORDER AND SUBSTANCE USE DISORDER COMORBIDITIES

YASSAMINE BENSALAH, SALE (MOROCCO)

ABSTRACT

Introduction

People with bipolar disorder are at extraordinarily high risk for co-occurring substance use disorders. The lifetime prevalence of substance use disorder is higher in bipolar disorder than other psychiatric illnesses, with lifetime rates in epidemiological and clinical samples ranging from 40%-60%. Objectives

The objective of our study is to evaluate the prevalence of comorbidities between bipolar disorder and disorder related to the use of psychoactive substances in patients followed for bipolar I and II disorder at the Ar-Razi psychiatric hospital in Salé - Morocco.

Method

A descriptive and analytical cross-sectional study was conducted among patients followed at Ar-Razi Hospital for bipolar I and II disorder from March 1, 2022 to April 30, 2023. A questionnaire was used to assess the socio-demographic and clinical characteristics of our people.

Results

We collected 100 patients with male predominance. The average age was 33.5 ± 10.5 years. The majority of our patients were single (72%) and without profession (68%).

Most of our patients had bipolar disorder type 1 (95%) with psychotic episodes reported in 20% of patients. 10 years was the mean duration of evolution of the disorder.

The consumption of psychoactive substances was reported in 70% of our patients, with an increase in the consumption of these substances during manic episodes in our patients.

Conclusion

The comorbidity of the problematic use of psychoactive substances and bipolar disorders is frequent, hence the importance of systematic screening for early and adequate management.

BIO : Yassamine Bensalah, a 3rd year psychiatry resident doctor at Ar-Razi Psychiatric hospital Salé-Morocco.

34. TITLE PROBLEM ALCOHOL USE AND ANXIETY DISORDERS WHAT'S THE CONNECTION ?

N. KISSA (MOROCCO)

ABSTRACT

Introduction :Anxiety disorders are often associated with alcohol use disorders, making symptoms worse and treatment more difficult. Comorbidity of anxiety disorders and alcohol use disorders is associated with poorer treatment outcomes and increased difficulties in treatment with standard psychosocial interventions (1). Problem drinking is defined as a pattern of drinking that causes mental and physical health damage and serious impairment in the life of the individual and in the lives of people in his or her social environment, and is a major policy concern (2, 3). Alcohol dependence and anxiety often coexist in the same person. Anxiety is both a reason why many people drink and a consequence of drinking.

Alcohol affects many brain chemicals, including GABA, serotonin and dopamine. When these brain chemicals are altered, the body may react differently in everyday situations. Alcohol can cause panic because of its effect on GABA, a chemical that normally has a relaxing effect. Moderate alcohol consumption can stimulate GABA and cause a feeling of relaxation, but excessive alcohol consumption can deplete GABA, leading to increased tension and a feeling of panic (4, 5).

Objective :

The objective of this study is to evaluate the relationship between problematic alcohol use and anxiety disorders in the Arrazi Psychiatric Hospital in Salé

Material and method :

This is a retrospective descriptive study through the collection of cases hospitalized at the Arrazi Hospital of Salé. The evaluation will be made with the help of an exploitation form by resorting to the patients' files.

Result :

Among the 62 patients with an anxiety disorder comorbid with a problematic use of alcohol, 61.3% were men and 38.7% were women, the average age was 35 years, 64.5% were single, 3.2% were divorced, 32.3% were married, the level of education was 17.7% primary, 48.4% secondary, 25.8% university and 8.1% had never studied, 61.3% had no profession, 25.8% were active, 8.1% retired and 4.8% were students; 79% were urban residents and 21.7% rural

76% had a psychiatric history, dominated by personality disorders, almost all patients had a history of problematic use of substances other than alcohol

Among the anxiety disorders identified : 20% of patients had generalized anxiety, 6% had panic attacks, and 11% had social phobia 97% of the identified patients presented a problematic use of alcohol to cope with their anxiety disorders, appreciating its anxiolytic and disinhibiting effect, and only 3% of the cases the anxiety disorder was the consequence of the problematic use of alcohol.

Conclusion

There is a strong connection between problematic alcohol use disorder and anxiety disorders. Individuals with anxiety disorders may turn to alcohol as a form of self-medication, leading to alcohol abuse.

Excessive alcohol consumption can worsen anxiety symptoms over time. Shared risk factors and common genetic predisposition contribute to the co-occurrence of these

disorders. Integrated treatment approaches that address both conditions are crucial for effective management and improved mental well-being

BIO : N. Kissa.2nd year resident

35. TITLE ORGANIC VOLATILE SOLVENTS, WHAT'S THE POINT ?

BELLAFQIH SOUKAINA (MOROCCO)

ABSTRACT

Objective :The study aimed to explore the reasons behind the use of organic volatile solvents among addicted patients, assess their impact on mental and physical health, and identify associated risk factors.

Methodology :

The research was conducted through a descriptive study involving hospitalized patients and those attending consultations at Ar-razi psychiatric university hospital in Salé. A hetero-questionnaire was used to gather sociodemographic and clinical information, and the reasons for solvent use and the evaluation of its effects on health.

Results : Among the 21 patients, the majority were male (86%), unmarried (89%), and had a history of psychiatric disorders (87%). Their average age was 21 years, with 60% having a secondary education and 40% having a primary education. Notably, 60% reported using cannabis alongside volatile solvents. A significant portion (35%) experienced withdrawal symptoms, while 45% believed that volatile solvents had a mild impact on cognition and perception.

Conclusion :Gaining a better understanding of the motivations and behaviors related to the use of volatile organic solvents among addicted patients is crucial. The findings emphasize the need for tailored management approaches that prioritize prevention, early detection, and education about the mental and physical health risks associated with these substances.

BIO : BELLAFQIH SOUKAINA

36. TITLE THE IMPACT OF THE INTERVENTION OF EXPERT PATIENTS AT THE ADDICTION CENTER OF THE CHU HASSAN II OF FEZ

BENDIHAJ KENZA (MOROCCO)

ABSTRACT

A real public health issue, the problem of addictions is not to be taken lightly because of its major economic, social and financial repercussions. Although the introduction of the concept of expert patient is recent at the level of addictology centers in Morocco, the investment of former addict patients with patients at the start of the care pathway has existed for more than a century in addiction.

In order to assess the impact of the intervention of expert patients at the addiction center of the CHU Hassan II in Fez, a retrospective study was carried out from January 1, 2021 to May 31, 2022 concerning 10 expert patients. The evaluation method is based on the completion of operating sheets from interviews with patients

hospitalized at the addiction center of Fez (CAF) during this period and by health professionals working within the same structure.

Regarding the description of expert patients (EPs) by patients hospitalized at the CAF level, 64% of patients judged the EPs to be "qualified", 46% of the patients judged them to be "reassuring", 53% considered that the EPs were "listening", while 37% of patients consider that PEs share "the same experience" with them. The study also highlights the participation of PEs in support groups, which provide an opportunity to share experiences with people who live in similar situations.

In total, the intervention of expert patients at the addiction center of the CHU Hassan II in Fez has made it possible to guarantee significant support for patients, in particular by adapting to the gradual increase in the demand for help and maintaining links with the healthcare team. The implementation of discussion group sessions provided a platform for discussion bringing together a large number of patients.

BIO : Bendihaj kenza

37. TITLE PREVALENCE OF INTERNET ADDICTION AMONG AFRICAN UNIVERSITY STUDENTS : A SYSTEMATIC REVIEW

BOUCHRA EL HAFID, MARRAKESHI (MOROCCO)

ABSTRACT

Introduction

Internet addiction, especially among young population, is becoming a global concern. Defined as excessive and uncontrolled use of the internet affecting everyday life. The global prevalence is estimated to be 6% ranging however data about this addiction is lacking in Africa.

Objective

This systematic review aimed to determine prevalence of internet addiction among university students in Africa through published studies conducted in African universities.

Methodology

A comprehensive literature search was conducted using electronic databases (PubMed/MEDLINE and Google scholar. 104 results were obtained through the initial research, out of which 14 met the inclusion criteria, collected data from between 2015 and 2023.

Results

9811 participants were issued from Egypt, Ethiopia, Nigeria, South Africa, Tanzania and Tunisia. The mean age of participants was 21.65 years, and the most used tool for IA screening was the Young's 20- item Internet Addiction Test. The pooled prevalence rate of IA was 43.38% (95% CI: 39.6%-47.8%).

Conclusion
Results from this review suggest that internet addiction is a major public health problem in Africa. More preventive actions should be held.

BIO : Psychiatry resident doctor at IBN NAFIS hospital

38. TITLE ADDICTIVE BEHAVIORS IN PATIENTS TREATED FOR SCHIZOPHRENIA : EXPERIENCE OF THE ADDICTOLOGY CENTER OF FEZ

GADI IMANE (MOROCCO)

ABSTRACT

Introduction :It is strongly recognized that schizophrenic subjects most often present with comorbid substance use disorders.

The management of these patients is characterized by many difficulties. Thus, the idea of conducting a study within our training to identify the clinical and therapeutic aspects of the comorbidity schizophrenia and substance use disorders.

Study Objective :

- Describe the clinical features of schizophrenia and substance use disorder comorbidity
- Study the evolution of the addictive disorder after treatment and hospitalization ;
- Look for factors that may influence abstinence or treatment failure.

Materials and methods :

This research work is spread over 50 months, from May 2015 to June 2019, it is a retrospective study with a setback, including patients with schizophrenia hospitalized at the Addictology Center of Fez, afterhaving had a consent of patients and their families. Before admission to the CAF, the type of substance use was specified by the MINI (Mini International Neuropsychiatric Interview), and a urinary toxicological examination. The status of the patients (abstinent or not) was evaluated by telephone calls for those who had stopped the follow-up, and by a urine toxicology test for those who were still being followed.

Data processing was carried out with Excel software (Microsoft). The statistical analysis was done with SPSS.

Results :We recruited 50 male patients, the average age of our patients was 29.00 +/- 7.27 (18 and 56 years), the majority of our patients were single (88%), almost 2/3 (62.9%) had already been hospitalized at leastonce in the general psychiatry department, the average age of onset of schizophrenia was 20.18 +/- 5.95years (12 and 28 years). 47 patients (94%) used cannabis on a daily basis, 1 patient used it occasionally and 2 others did not use it anymore, the average amount of cannabis used was 2.02 +/- 1.97 g (min of 0.5g - max of 10 g), the average duration of cannabis use was 10.22 +/- 5.41 years, with a minimum duration of 2 years and a maximum of 26 years. Cannabis use preceded the onset of the disease in 41 patients (82%). Almost all patients smoked tobacco (97.1%), the average amount of tobacco consumed was 20.39 +/- 7.78 cigarettes per day, the average duration of consumption was 12.31 +/- 6.76 years.

All our patients had received neuroleptics (atypical antipsychotics in 27 patients, classical neuroleptics in 23, and three patients also received delayed neuroleptics), all our patients had received benzodiazepine anxiolytics during their hospitalization, the average length of hospitalization was 30.37 +/- 13.82 days with durations varying between 5 days and 60 days, 38 patients (76%) were able to complete their

Treatment.

At the time of data collection (end of June 2019), only 20 patients (40%) were abstinent, with an average length of follow-up in abstinent patients of 21.13 +/- 19.70 months, with a duration of abstinence that varied between 2 and 44 months, 6 patients (12%) had required a second hospitalization in the service after a resumption of consumption, only 21 patients (42%) are still followed up at the center and consult regularly. Among the 30 patients (60%) who resumed cannabis use after a period of abstinence, 10 patients presented a schizophrenic relapse and required hospitalization in the general psychiatric ward.

According to these data we could deduce factors ; even if they are not statistically significant ; which could influence the abstinence or the therapeutic failure: an older average age, a less important quantity consumed of cannabis, a later age of beginning of schizophrenia, the married status, a permanent job, the regular follow-up in consultation, a complete cure and a sufficient length of hospitalization, they are

all factors in favor of the abstinence

Conclusion :

Our study presented the CAF experience. The analysis of the results identified factors that could influence the abstinence rate, such as the duration of the treatment and the adherence to the posttreatment follow-up. This can guide us to target our therapeutic actions in the success of the treatment.

BIO : Gadi Imane

39. TITLE THE LINK BETWEEN CANNABIS USE AND PSYCHIATRIC DISORDERS

AJOUB ABDELILAH, TANGIER (MOROCCO)

ABSTRACT

Objective :

To discuss the association between cannabis use and the development of psychiatric disorders.

Methods : Literature search in the following databases : Medline, ResearchGate, PsychInfo, and using the following keywords : "Cannabis", "psychiatric disorders", "mental health", "schizophrenia", "psychosis", "depression", "anxiety", "personality disorder.

Results and Discussion :

Cannabis use has been shown to be correlated with both an increased likelihood and earlier onset of psychosis, as well as more intense schizophrenic symptoms in patients with a previous diagnosis of schizophrenia the effects of cannabis use on symptoms of depression and anxiety are unclear . Antisocial and borderline personality disorders (PD) were strongly associated with cannabis use and usedisorder.

Schizotypal and narcissistic PD were not found to be associated with cannabis use or abuse.

Conclusion: Cannabis use has increased in recent years due to changing societal and legal perceptions. Cannabis use disorders are widespread among people with mental illnesses.

Studies have found that cannabis has been mostly incriminated in the onset of psychoses, its use is frequently associated with impulsive personality disorder, while they were less conclusive for anxiety-depressive disorders.

BIO : Ajoub Abdellah, Tangier

40. TITLE **PECULIARITY OF METHADONE IN FEMALES**

AMAL KORCHI(MOROCCO)

ABSTRACT

Introduction :

Methadone is an opioid analgesic, it helps to suppress the withdrawal symptoms that occur during drug withdrawal, and which are largely the cause of addiction.

Recent studies have highlighted particularities in women of their use of methadone for problematic uses other than heroin or other opiates.

Goals :The aim is to resolve important questions regarding methadone treatment for women with problematic substance use disorders.

Methods :Cross-sectional study with a descriptive and analytical aim, in patients hospitalized at the addictology center of Salé, using a questionnaire grouping together the socio-demographic characteristics and the psychoactive substance to which they had been addicted.

Results: Among the 27 patients identified, 45% are women, 30% of whom are married and 15% single, the average age is 38 years. Most of the women seen in psychiatry at the addiction center treated with methadone suffer from problematic use of codeine
Conclusion: Optimal interventions for women with problematic substance use disorder differ from those for men.

Preventive strategies must consider the risks and benefits of methadone.

BIO : korchiamal84@gmail.com

41. TITLE **ADDICTION TO INTERNET VIDEO GAMES AND ASSOCIATED PSYCHIATRIC PATHOLOGIES IN ADOLESCENTS**

ASBAI YOUSRA (MOROCCO)

ABSTRACT

Internet Gaming Disorder (IGD) is an entity appended to the chapter listing "Conditions Proposed for Further Study" in Section 3 of the 5th version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Its introduction has caused widespread controversy, due to the lack of empirical studies and the absence of guidelines for its therapeutic management. However, IGD still retains its place in the fifth revised edition of the American Psychiatric Association's DSM-5-TR. Worldwide, estimates of the prevalence of Internet gambling disorder are very

heterogeneous and often seem excessively high.

The main objective of this study is to estimate the prevalence of IGD and to establish a descriptive profile of adolescents with IGD and associated child psychiatric disorders using the Internet Gaming Disorder Test-20 (IGDT-20) Arabic version and validated Arabic scales.

To do this, we conducted a descriptive cross-sectional epidemiological study of the prevalence of IGD and associated child psychiatric disorders on a population of adolescent all coming consultants in the department of child and adolescent psychiatry Hospital Abderrahim Harouchi CHU Ibn Rochd of Casablanca during the period of 1 april to 1 may 2023.

Our results count 50 patients recruited for the study, with a sex ratio at 1 and an average age of 14.5years [11-17]. The most frequent reason for consultation was behavioral problems. More than two thirds of our patients played at least 1 hour per day, and 14% of our patients played more than 7 hours per day. We found a correlation between the problematic use of video games and high scores of anxiety and depressive pathologies, Internet addiction, a decrease in school performance, and the development of increased aggressiveness.

To date, the concept of IGD and the pathways to it are not entirely clear.

In particular, long-term follow-up studies are lacking. IGD should be understood as a dangerous disorder with a complex psychosocial context.

BIO : ASBAI YOUSRA

42. TITLE ANALGESIC OPIOID USE DISORDER: COMORBIDITIES AND TREATMENT APPROACHES

LAILA TBATOU (MOROCCO)

ABSTRACT

Objective: to establish a psychopathological profile of patients with opioid analgesic use disorder, specifying the associated psychiatric, somatic, addictive comorbidities in order to make a simultaneous and adequate diagnosis and treatment,

Methodology: Descriptive study that identified 44 cases collected in the Addictology Department of Arrazi Hospital in Salé from 2020 to April 2023, an exploitation form was established and the study was carried out using the google forms software.

Results: The average age is 37 years+/- the sex ratio is equal to 1. 42.3% are single while 11.5% are divorced.

The professional activity, 38.5% are unemployed. 13 patients have an education level higher than the baccalaureate. The 3 molecules found are Codeine (50%), Tramadol (42%), and Fentanyl (11.5%), 38.46% have a family history of psychoaddictive disorders. 34.6% have medical and surgical history .57% suffer from a depressive disorder, 13.40% have a psychosis, 16% have an anxiety disorder 47% of patients have a personality disorder, 34% have attempted suicide

80.8% of the patients had a substance use disorder other than OP, 47.6% of these cases had a prescriber

Conclusion: The addictive risk of prescription opiates is ignored by patients. Their availability and easy access leads to the belief that their danger is minimal, so information is the role of the physician on tests.

BIO Laila Tbatou

43. TITLE CANNABIS USE FOR PATIENTS WITH PSYCHOTIC AND BIPOLAR DISORDER
KHOUYI SOUFYANE (MOROCCO)

ABSTRACT

Objectives :

We will assess the prevalence of cannabis use in patients with psychotic and bipolar disorders; and study its impact on the number and duration of hospitalizations.

Methodology :

This is a retrospective cross-sectional study, carried out on 130 files of patients hospitalized in the psychiatry department of the Moulay Ismail military hospital in Meknes, between November 2018 and November 2020.

Results :

The average age of patients is 28 years +/- 9.4 all male , 76(58.9%) have psychotic disorders and 54(41.1%) have bipolar disorders. The prevalence of cannabis use is 65.9%, with 65.8% for psychotic disorder and 66% for bipolar disorders. Cannabis is associated with a longer hospital stay: 28.34 versus 19.43 days (p=0.005), but not with a greater number of hospitalizations.

Conclusion :Cannabis use is very common among patients with psychotic and bipolar disorders. Our results remain limited by the fact that our patients are generally readmitted to other care facilities.

BIO : khouyi soufyane

44. TITLE CO-OCCURRING MOOD AND SUBSTANCE USE DISORDERS
KHOUYI SOUFYANE (MOROCCO)

ABSTRACT

Mood and substance use disorders commonly co-occur, yet there is little evidence-based research to guide the pharmacologic management of these comorbid disorders. The authors review the existing empirical findings including current clinical pharmacotherapy practices for treating co-occurring mood and substance use disorders and call into question current clinical practices. The specific mood disorders reviewed are bipolar and major depressive disorders (either one co-occurring with a substance use disorder). The authors also highlight knowledge gaps that may serve as a basis for future research.

Findings from the relatively small amount of available data indicate that pharmacotherapy for managing mood symptoms might be effective in patients with substance dependence, although results have not been consistent across all studies. In most studies, medications for managing mood symptoms did not appear to have an impact on the substance use disorder. Research has only begun to address optimal

pharmacologic management of co-occurring disorders. In addition, current clinical treatment for drug dependence often excludes new pharmacotherapies approved by the French Haute Autorité de Santé for treating certain types of addiction. With new data becoming available, it appears that we need to revisit current practice in the pharmacological management of co-occurring mood and substance use disorders.

BIO : khouyi soufyane

45. TITLE SCHIZOPHRENIA AND DRUG ADDICTION

EL MGHARI MERYEM(MOROCCO)

ABSTRACT

Objectives : The aims of this work are to study the frequency of substance use disorder in schizophrenia, and the consequence of this comorbidity. In addition, it identifies the risk factors of this comorbidity.

Methodology : This is a cross-sectional study of 108 schizophrenics hospitalized in the psychiatry department of Ibn Al Hassan Hospital, CHU Hassan II. We targeted all hospitalized patients with a diagnosis of schizophrenia according to schizophrenia according to the DSM IV criteria.

Results: The average age is 33+/-9.1 years old, with male predominance 88%; paranoid type was the most representative with 74%.

The frequency of substance use in schizophrenia is about 66.66%, the cannabis was the most frequently used substance (67.25%), followed by alcohol (47.66%), followed by tranquilizers (37.3%). In the two thirds of cases, substance use disorder precedes schizophrenia. Male may be more likely than women to have substance use disorder, and users had early age of schizophrenia onset. In terms of social plan, there were no significant differences between patients with and without substances using.

However, in terms of clinical plan, substance users had higher rate of penal problems, and family history of addiction and psychiatric problems.

Conclusions: Unlike other studies, substance users in our sample had less frequently history of attempted suicide. The progressive beginning of schizophrenia is more frequent in substance users as well as paranoid type of schizophrenia. Patients with abuse or dependence to substance had medication noncompliance, higher rate of psychiatric hospitalisation, and a tendency to stop the treatment.

BIO : EL MGHARI MERYEM

46. TITLE WOMEN'S ADDICTION

AOUATEF KHALLOUK (MOROCCO)

ABSTRACT

Introduction : Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medicine. There is a complex interplay of neurobiology, genetics, and the environment --nature and nurture-- that play into the

development of addiction, alcohol, and other drug use disorder. Substances such as alcohol, marijuana and nicotine also are considered drugs. When you're addicted, you may continue using the drug despite the harm it causes. Research has shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment as simple as not being able to find child care or being prescribed treatment that has not been adequately tested on women.

Objective : The objective of this work is to describe the socio-demographic and clinical characteristics of patients admitted to the addictology department of Arrazi Hospital in Salé for alcohol withdrawal treatment, as well as to describe the main somatic and psychiatric co-morbidities found and the principles of management of these patients and to assess the impact of this consumption.

Study methods : Retrospective study with descriptive and analytical aims on the files of women who were admitted to the addictology service since its opening in 2000, with the aim of specifying the prevalence and the characteristics of addictive behaviors in the female population. **Results :** in progress

BIO khallouk.aouatef@gmail.com .

47. TITLE CONDUITES ADDICTIVES ET MANIFESTATIONS PSYCHIATRIQUES PENDANT LA PANDEMIE COVID 19 : ENQUETE AUPRES DE 1593 ETUDIANTS UNIVERSITAIRES

EL BTIOUI FATINE (MOROCCO)

RESUME

Introduction : La crise sanitaire de Covid 19 a eu des répercussions négatives sur le parcours de vie de la population générale, la santé mentale des étudiants a également été affectée. L'objectif de notre étude était de: Préciser les consommations de substances psychoactives chez les étudiants universitaires marocains.

Evaluer les symptômes de dépression, anxiété, insomnie et stress. Analyser les éventuels facteurs de risque potentiels associés à ces symptômes.

Méthodes : Il s'agit d'une étude transversale, à visée descriptive et analytique. Menée auprès des étudiants universitaires marocains de mai 2020 à juin 2020. Le recueil des données s'est fait par un questionnaire Google form, la diffusion s'est faite à travers des plateformes en ligne.

Résultats : 1593 étudiants universitaires ont participé à cette étude nationale. On a objectivé dans notre étude que 10,1% des étudiants Présentaient un usage de substance (9,2 % Tabac, 6,2% Alcool, 5,5% Cannabis, 2,1% Benzodiazépines, 1,6% Cocaïne/ Ecstasy), dont 6,3% était de sexe masculin et âgé de moins de 21ans.

Les proportions des étudiants souffrant d'anxiété et de stress sévères étaient respectivement de 7,2% et 57,5%. En ce qui concerne la sévérité de la dépression, 28,8%, 22%, 15,4% et 9,9% des étudiants ont eu respectivement une dépression, légère, modérée, modérément sévère et sévère, et pour la sévérité de

l'insomnie, 32 %, 22,8% et 9% des étudiants présentaient une insomnie, légère, modérée et sévère.

Conclusion : La pandémie COVID 19 a eu un impact psychologique significatif. Ainsi, la mise en place de mesures spécifiques pour promouvoir la santé mentale chez les étudiants universitaires marocains est devenue nécessaire.

BIO : El Btioui Fatine

48. TITLE A LATENT CLASS ANALYSIS OF SYNDemic CONDITIONS IMPACTING INCARCERATED PERSONS WITH OPIOID USE DISORDER AND HIV IN MALAYSIA AND THE IMPACT ON LINKAGE TO HIV CARE

ALLISON M. MOBLEY (MALAYSIA)

ABSTRACT

Objective : People who inject drugs (PWID) experience high incarceration, particularly as Asia has harsh penalties for drug use. Syndemic theory provides an opportunity to examine health outcomes for PWID released from incarceration. We conducted a secondary latent class analysis from a clinical trial in Malaysia's largest prison with 296 men with HIV and opioid use disorder (OUD) from 2010 to 2014.

Methodology : Participants were each assigned the latent class of best fit with variables selected from the Behavioural Model for Vulnerable populations. Participant times to linkage to HIV care over the 90 days after release from incarceration were fitted to Cox proportional hazards models with latent class as a predictor.

Results : The best model fit has three latent classes. The rapid-linkage group (n=38) was characterized by lower risk behaviours (e.g. alcohol use, polysubstance use), more serious HIV with antiretroviral treatment, and less severe psychiatric illness. The global hypothesis test for linkage by class at 90-days was $p=0.001$. The unadjusted hazard ratio for this class' membership was HR 2.39 (95% CI 1.45-3.92).

Conclusion : Incarcerated people with OUD and HIV experiencing syndemic conditions with higher severity and instability should be targeted for better engagement during their transition to the community.

BIO : Ms. Mobley is an NIH Fogarty Global Health Equity Scholarship conducting research in Kuala Lumpur, Malaysia investigating the treatment for opioid use disorder and HIV in the carceral setting. After this fellowship, she will return to the University of Chicago Pritzker School of Medicine to complete her MD.

49. ESTIMATING THE EARLIEST TRANSITIONS FROM ALCOHOL DRINKING ONSET TO AN ALCOHOL DEPENDENCE SYNDROME IN THE UNITED STATES, 2002-2019

MADISON WALSH, MSC (USA)

ABSTRACT

Background : Hazards and global burdens of disease attributable to drinking alcoholic beverages are substantiated by decades of epidemiological and clinical research in

all six of the World Health Organization's regions (1,2). Globally, in 2016 alcohol use was the seventh leading risk factor for death and disability-adjusted life years (3). Within the United States (US), drinking alcohol is common, with point estimates from recent National Surveys on Drug Use and Health (NSDUH) indicating that an estimated 51% to 55% of people ages 12 years and older drank alcohol recently (4).

Objective: To use frequentist approaches for interval estimation of what has been described as a 'rapid transition' from first full drink to onset of an alcohol dependence syndrome among persons with newly incident alcohol use, based on new nationwide epidemiological surveys.

Methods: The study population included all non-institutionalized US civilian residents, sampled in the US National Surveys on Drug Use and Health 2002-2019, with assessments via confidential computer-assisted self- interviews. Newly incident drinkers are those who had their first full drink no more than 12 months before assessment. Alcohol dependence (AD) criteria are from DSM-IV. 95% confidence intervals from conventional meta-analysis and Bayesian 95% credibility intervals are presented.

Results :

With coverage of the full age range from 12 years old to centenarians and based on the assumptions of the frequentist interval estimation approach, we found that an estimated 1.7% percent transition into a clinically recognizable alcohol dependence syndrome within the first 0-12 months after the first full drink of an alcoholic beverage (95% confidence interval = 1.5 to 1.9).

Conclusions :

The transition from first full drink to alcohol dependence within the first year of use is just under 2%. This novel research differs from prior studies by including a larger sample, rather than focusing on all drinkers, a certain age group, or a longer transition period between initiation and dependence. The short period within this study reflects the possibility of a rapid transition to dependence and shows the importance of potential public health prevention and intervention strategies for this high-risk group.

BIO : Madison Walsh, MSc. is Research Assistant working at the Michigan Collaborative Addiction Resources & Education System. She graduated with her Master's in Epidemiology from Michigan State University. Madison has devoted time to research projects surrounding Drug Dependence Epidemiology.

50. TITLE COMPARATIVE ANALYSIS OF METHADONE'S IMPACT ON GUT MICROBIOME WITHIN THE FRAMEWORK OF OPIOID TREATMENT: A CROSS-POPULATION STUDY BETWEEN THE UNITED STATES AND CHINA

HASNAE BIDARI, CASABLANCA (MOROCCO)

ABSTRACT

Background : Methadone, a synthetic opioid, is frequently employed as an alternative treatment for opioid use disorder (OUD) and the management of chronic

pain. However, its prolonged usage comes with a notable drawback : adverse effects on the gut microbiome. The utilization of methadone has been associated with substantial modifications in both the composition and functionality of the gut microbiome. These alterations encompass shifts in bacterial diversity and abundance, which can potentially exert significant influences on gut health and the intricate gut-brain axis. This article undertakes a meticulous examination, drawing a comparative analysis of findings derived from two separate studies conducted in the United States and China. By doing so, it illuminates the multifaceted impact of methadone on the gut microbiome and elucidates the potential ramifications of these effects on addiction and overall health. The overarching objective is to furnish readers with a comprehensive comprehension of how methadone influences the gut microbiome, underlining the imperative necessity for further exploration in this promising yet understudied realm.

Methods : We obtained gut microbiome data from two sources : the study conducted by Li et al. (2020), accessible under accession number PRJEB36803, and the study by Cruz-Lebrón et al. (2021). These datasets were used to examine two distinct cohorts of individuals undergoing methadone maintenance treatment (MMT) for opioid use disorder (OUD). The first cohort included 24 patients from the Cleveland Treatment Center and Case Western Reserve University in USA. The second cohort comprised 16 MMT patients from Honghe Prefecture, Yunnan Province, China, with ages ranging from 29 to 58 years.

To analyze the raw 16S rRNA amplicon sequence data, we employed the EzBioCloud metagenomics platform.

Results : Both studies demonstrated that methadone use can lead to alterations in gut microbiome composition and potentially impact metabolic pathways within the gut microbiome, affecting nutrient metabolism and overall health. These alterations were observed in both American and Chinese populations, with differences in the abundance of specific bacterial taxa, including a reduction in beneficial Bacteroidetes and an increase in Firmicutes, noted in the American study compared to China MP.

Conclusion : Methadone use can modulate the gut microbiome, which can have implications for addiction and health. These findings underscore the imperative to advance research pertaining to the interplay between Methadone usage, the composition of the gut microbiome, and their potential repercussions on human well-being. This becomes especially relevant when considering various populations and their distinctive microbiome profiles, accentuating the importance of enhancing addiction treatment strategies.

BIO : HASNAE BIDARI, Laboratory of Genomics, Bioinformatics and Digital Health, School of Medicine, Mohammed VI University of Sciences and Health, Casablanca, Morocco

51. TITLE ADDICTIVE BEHAVIORS IN THE UNIVERSITY ENVIRONMENT IN THE REGION OF AGADIR, MOROCCO : A SURVEY OF 1961 STUDENTS

FATIMA ZAHRA RAMDANI, AGADIR (MOROCCO)

ABSTRACT

Objective : The aim of our work is to study by adopting an epidemiological approach the aspect and impact of consumption of psychoactive substances among students of the University Ibn Zohr of Agadir.

Methods : This is a cross-sectional, quantitative, descriptive and analytical study, using a questionnaire, based on the one used for Medspad surveys, filled out in the lecture halls by students from 6 institutions of the University Ibn Zohr of Agadir.

Results : 1691 students participated in our survey, of which 65% were female and 34.9% male, with an average age of 20.3 years. In our sample we had a prevalence of use of psychoactive substances of Tobacco (9.3%) ; Chicha (6.5%); Alcohol (12.8%); Cannabis (1.7%), Benzodiazepines without medical prescription

(3.1%). We illustrate again the analytical results during the communication.

Conclusion : This is a pilot survey carried out for the 1st time among university students in Agadir which will be the object of a remarkable mobilization to contribute to the reduction of the problem of addiction among young people in the South in Morocco. Key words : Addiction ; Prevalence ; Student ; Psychoactive substances, Agadir

Conflicts of interest : There are no conflicts of interest to report.

Source of funding : There was no funding for this work.

BIO : Fatima Zahra RAMDANI : PHD student at the Clinical Neurosciences Innovation and Ethics team (NICE), Laboratory REGNE, Ibn Zohr University under the supervision of Pr Rammouz Ismail. A permanent teacher at the Higher Institute of Nursing and Health Techniques of Agadir

52. TITLE PETH AS BLOOD BIOMARKER OF ALCOHOL CONSUMPTION IN EARLY PREGNANCY : AN OBSERVATIONAL STUDY IN 4067 PREGNANT WOMEN TRINE FINANGER, (NORWAY)

ABSTRACT

Introduction The teratogenic effect of alcohol is well documented, but there is lack of appropriate screening methods to detect alcohol use in pregnancy.

PEth (phosphatidylethanol) is a specific and sensitive alcohol marker reflecting alcohol intake up to several weeks after consumption.

Aim To explore the use of PEth as a marker of prenatal alcohol exposure in a general pregnant population.

Methods We analyzed 4533 blood samples from 4067 women submitted to St. Olavs hospital for Rhesus typing in pregnancy between September 2017 and October 2018. Rh typing is performed routinely around gestational week 12 and Rhesus negative women have an additional blood test taken in week 24. All blood samples were analyzed for phosphatidylethanol 16:0/18:1 (PEth).

Results A total of 58 women had positive PEth in pregnancy; 50 women (1.4%) had positive PEth at around 12 weeks, three (0.4%) had positive PEth around 24 weeks. There were five Peth-positive samples with unknown time of blood sampling. There were no significant differences in proportions of women with positive PEth related to age or rural residency.

Conclusion 1.4% of women from a general pregnant population had positive PEth test at the end of the first trimester. PEth to identify pregnant high risk drinkers should be further investigated as a possible diagnostic tool in an antenatal setting.

BIO : MD at clinic of substance use and addiction medicine St Olav. Specialist in drug and addiction medicine and in obstetrics and gynecology. Currently enrolled in a PhD program looking at the use of PEth in populations of women.

53. TITLE FACILITATING GYNECOLOGICAL EXAMINATION AND LONG ACTING REVERSIBLE CONTRACEPTION FOR WOMEN WITH SUBSTANCE USE DISORDER

TRINE FINANGER (NORWAY)

ABSTRACT

Background Women with substance use disorder (SUD) more frequently experience unplanned pregnancy, they have a higher incidence of cervical premalignant lesion compared to the general female population and they have greater experience of sexual assault and abuse. In order to target this subgroup of vulnerable women, a facilitated gynecological service was organized. This study aimed to describe: the women attending the service, the service provided, the test results, and the contraceptives they preferred, as well as the women's self-reported outcomes.

Methods A total of 48 women who received out- or inpatient treatment for their SUD were included in the area of Sør-Trøndelag, Norway. At the outpatient clinic of Obstetrics and Gynecology, they received a gynecological

Results One in three women (33%) had a pathological cervical test result that required treatment or follow-up. Half of the women chose a LARC and there were no cases of sexually transmitted infections. Of the 23 (49%) available for follow-up, 12 out of 13 still used the LARC provided, and everyone reported great satisfaction with the service and would recommend it to women in the same situation.

Conclusion An integrated, targeted, gynecological service providing cervical testing, as well as contraceptive counselling, can be set to reach women in treatment for their SUD. Accordingly, if the programme were to be implemented nationally, it has the potential to both reduce the incidence of unplanned pregnancies and increase early detection of cervical pathology. examination, including collection of Thin Prep Pap Test and microbiological swabs. In addition they were offered contraception, with an emphasis on Long Acting Reversible Contraceptives (LARC) free of charge. Study participants were asked for their opinion about the service immediately after the examination and six months afterwards.

BIO : MD at clinic of substance use and addiction medicine St Olav. Specialist in drug and addiction medicine and in obstetrics and gynecology. Currently enrolled in a PhD program looking at the use of PETH in populations of women.

54. TITLE IS THE MOROCCAN PSYCHIATRIC CARE STAFF AWARE OF THE MANAGEMENT OF SMOKING IN SCHIZOPHRENIC PATIENTS?

ZINEB BENCHARFA, SALE (MOROCCO)

ABSTRACT

Smoking is the leading cause of preventable death in the world. Studies have shown that the frequency of its use in schizophrenic patients is significantly higher than in the general population, or in other psychiatric disorders, which hinders both treatment strategies and the efficacy of antipsychotics.

Various hypotheses have been proposed to explain the high level of tobacco dependence in schizophrenic patients, which it seems important to address. However, caregivers working in psychiatric wards reportedly trivialize smoking in schizophrenic patients and resist the implementation of specific care, although treatments are available in most institutions.

In order to have an overview of the situation of psychiatric services concerning tobacco, we carried out the survey "smoking and psychiatry" in the form of a questionnaire addressed to professionals working in Moroccan psychiatric services.

It emerged that the caregivers, although concerned by this smoking problem, do not make it their priority. Nevertheless, it was found that the presence of addictologists/tobacologists would positively influence the attitude of caregivers regarding the management of smoking in patients with psychiatric conditions, especially with the provision of nicotine substitutes.

Providing training in addictology/tobacco would encourage caregivers to better manage patients with psychiatric conditions who smoke.

BIO : Doctor Zineb Bencharfa, resident in 3rd year in Psychiatry, at the ar-razi hospital of salé.

The venue plan /layout

(Insert plan)

We would like to thank you for your contributions
“THE MINISTRY OF HABOUS AND ISLAMIC AFFAIRS”



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Many thanks to all “S’Tours” Team Members

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