

Cannabis use-associated alterations in the domain of cognition have been extensively studied.

**Objectives:** To research memory deficiency in the young consumers of cannabis in Tunisia.

**Methods:** This is a transversal descriptive study conducted during two months (January and February 2022). The research involved about 137 participants aged between 18 and 35 years old, exhaustively recruited amid emergency patients of Mahdia Hospital regardless of the reason for their health care seeking. The patients were declared as consumers of cannabis and accepted to be part of this study. Therefore, Data were collected on a pre-determined data sheet that included various information (age, sex, lifestyle, personal and family psychiatric history, age when first used cannabis and the rate of cannabis use ...).

Principally, a Functional Impact Assessment (ERF: French abbreviation for *échelle d'évaluation des Répercussions Fonctionnelles*) scale was used to assess and review working memory.

**Results:** In our study population, there was a noticeable male predominance of 71%. Hence, the age structure ranged between 18 years old and 35 years old. Among the latter, 65.9% were single, and 29.7% experienced school failure. In this sample, 23.2% had a psychiatric history like depression, bipolarity, etc. The average age of the first use of cannabis was between 18 and 25 years old in 70% of cases.

Besides, a high percentage of association of other substances was found among cannabis users as follows: use of alcohol 72.5%, tobacco 74.6%, ecstasy 41.3%, and cocaine 25.4%. First and foremost, the use of cannabis was considered as a means of indulgence for 66.7% of the study population, as an anxiolytic for 26.8%, and as a sedative for 23.9%.

Additionally, the effect of cannabis use on working memory deficiency according to the functional impact assessment scale was: no deficiency in 19% of cannabis users, minimal in 34%, mild in 32%, moderate in 9%, fairly severe in 4%, very severe in 1%, and extreme in 1% of cases.

More importantly, the percentage of consumers with significant memory deficiency (moderate to extreme) was 15%.

**Conclusions:** The assumption of the effect of cannabis on memory and cognitive deficiency remains controversial and leads us to suggest further in-depth study of this subject.

**Disclosure of Interest:** None Declared

## EPP0907

### Risk factors for addictive disorders in life history interviews

M. Krupa<sup>1\*</sup>, E. Kiss<sup>2</sup> and K. Kapornai<sup>2</sup>

<sup>1</sup>Doctoral School of Education and <sup>2</sup>Child and Adolescent Psychiatry, University of Szeged, Szeged, Hungary

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1187

**Introduction:** There are multifactorial pathologies in the development of addictive disorders, such as psychosocial factors, genetic and biological factors, as well as their interaction. In line with this, psychological research focuses on the abusive environment and its

impact, where the developmental psychopathological analysis of addictive disorders is of paramount importance, since it examines the causes of the disease with the involvement of several disciplines.

**Objectives:** In our research, we studied the risk factors leading to the development of addictive disorders through the lifetime histories of those who recovered from this disorder. Our goal was to point to the common factors that emerged in the interview narratives in the development of addictions. Furthermore, we revealed risk factors that affected the psychological processes influencing both personal and social functioning.

**Methods:** We processed semi-structured interview materials from 12 adult patients who were previously treated for addictive disorder but were substance-free for more than 4 years. Distinguishable phenomena with guided questions emerged: peak experiences, lows, turning points, and first psychoactive substance use. The interviews distinguished childhood, adolescence and adulthood, as well as the best and worst substance use experiences.

**Results:** Emotion regulation difficulties and low self-esteem emerged as dysfunctionality in most of the interviews. Without exception, the good effects of substance use appeared in the life stories, and led to the development of addictive disorder. In retrospective narratives, it is decisive and points toward recovery from the bad effects of the drug decisive presence. The narratives showed a change in the overall pattern, when self-control, performance, empowerment appeared. The road to recovery in the narratives led from illness to the pursuit of good emotion regulation and the strengthening of self-esteem.

A common narrative thread mostly showed a V-shape, which, unlike previous models, is a dynamic model. This new finding sheds light on the possibility of a recovery-centered model in adult population with addictive disorder.

**Conclusions:** Disturbances in emotion regulation and low self-esteem could be experienced as early as in adolescence, correctly recognizing the risk factors of addiction. Therefore, prevention can be applied. In addition to the qualitative studies, it is also necessary to measure the risk factors by quantitative method, which can confirm the results.

We need to be mindful of the different characteristics of disease- and recovery-oriented narratives, which may differ due to various life history experiences.

**Disclosure of Interest:** None Declared

## EPP0908

### Person-centered approach to work with drug addicts on substitution maintenance therapy

N. Halytska-Pasichnyk\*, S. Moroz and V. Semenikhina

<sup>1</sup>Psychologic, narcologic and psychiatric departments, "Dnipropetrovsk multiprofile clinical hospital for provision of psychiatric care" Dnipropetrovsk regional council", DNIPRO, Ukraine  
\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1188

**Introduction:** According to the United Nations World Drug Report 2019, there are an estimated 53 million opioid users[1]. Health problems, social problems associated with this abuse are the result of a complex interaction between psychoactive substances,

the patient and the environment. There are two main approaches in the treatment - aimed at complete abstinence from the use of a psychoactive substance and substitution maintenance therapy using methadone and buprenorphine [2]. This is due to the pharmacological effects of narcotic substances, the dynamics of physiological processes and the general state of health with the systematic use of psychoactive substances.

**Objectives:** The problem of the use of narcotic substances must be considered not only as a physiological problem, but also as a problem of a person resorting to drugs in a specific social situation. In this case, curative and rehabilitation work acquires new content and new opportunities. The emergence of addiction depends on two main reasons: on the one hand, these are certain specific personality traits of a person, formed primarily by the family, and on the other hand, external factors such as the influence of friends, curiosity, life difficulties experienced and other personal problems. The greatest danger of the formation of drug addiction occurs in the case of simultaneous exposure to both groups of causes.

**Methods:** The study interviewed 123 patients aged 23 to 45 years (109 men and 14 women) diagnosed with opioid addiction. Of these, 17 patients with a period of abuse of up to three years and 105 - longer than three years, respectively. Personality disorders were assessed using the 16-factor Cattell Personality Questionnaire for the study of personality traits [3], the multi-aspect MMPI methodology (mini-mult) [4], and the Luscher color choice method [5].

**Results:** 14 drug addicts (82%) with a period of abuse of less than 3 years were characterized by impulsivity, reduced stress resistance, risk appetite; in 83 drug addicts (79%) with a period of abuse longer than 3 years, persistent psychosocial maladjustment, communication difficulties, conflicts were detected, social norms were disregarded, increased readiness for open manifestation of aggression; 14 women (100%) had features of mental rigidity, disregard for social norms, conflict, impulsiveness; 88 men (81%) had emotional instability, excitability, hostility.

**Conclusions:** The formation of opioid dependence is influenced by both the psychophysiological characteristics and the pathopsychological changes that occurred during the use of a psychoactive substance.

Addiction therapy should include a psychological analysis of risk factors.

Selection of psychological options for social adaptation that contribute to the maximum possible realization of the individual's potential, will increase the effectiveness of substitution therapy and accelerate the resocialization of drug addicts.

**Disclosure of Interest:** None Declared

## EPP0909

### Specific treatment for alcohol use disorder reduces relapse after psychiatric hospitalization

O. Martin-Santiago<sup>1\*</sup>, J. I. Goncalves-Cerejeira<sup>2</sup>, G. Guerra-Valera<sup>1</sup>, M. Calvo-Valcarcel<sup>1</sup> and P. Martinez-Gimeno<sup>1</sup>

<sup>1</sup>Hospital Clinico Universitario de Valladolid, Valladolid and

<sup>2</sup>Complejo asistencial de Palencia, Palencia, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1189

**Introduction:** Patients with an alcohol use disorder frequently relapse after various efforts to quit. Admission to hospital units is

a possible start to stop drinking alcohol and reach abstinence. Among the pharmacological strategies to quit this addiction are specific drugs, such as disulfiram or nalmefen, which are widely studied. Hospitalized patients frequently initiate these medications to control addiction, but little is known about their efficacy after discharge in this group.

**Objectives:** The aim is to determine whether the initiation of treatment with specific drugs for alcohol use disorder could help to maintain alcohol abstinence after admission to a General Hospital Psychiatric Ward. In addition, we want to check those factors associated with a higher rate of relapse in consumption.

**Methods:** We conducted a retrospective cross-sectional study of a group of patients admitted in 2018 to a psychiatric hospitalization ward due to alcohol use disorder and who expressed their desire to stop drinking. At the time of admission, we recorded sociodemographic data, consumption of other substances and alcohol family history. Patients initialized specific treatments to reduce and control alcohol consumption if they wanted. Twenty-four months after discharge, we acquired the number of relapses through new admissions, emergency room visits or outpatient follow-up data.

**Results:** A sample of 36 patients (28 men) admitted to a psychiatric hospitalization ward was analyzed. At discharge, 17 accepted specific pharmacological treatments to reduce alcohol consumption. After a follow-up period of 24 months, 70.8% relapsed compared to 94.7% who did not accept treatment ( $\chi^2=4.001$ ,  $DF=1$ ,  $p=0.045$ ,  $OR=0.13$ ). There were no differences between the two groups in age, gender, amount of alcohol consumed, follow-up modality at discharge or if it was their first detoxification attempt. However, those who did not accept the specific pharmacological treatment consumed other drugs (41.1% vs 5.8%,  $\chi^2=5.888$ ,  $DF=1$ ,  $p=0.015$ ), had other history of mental disorder (64.7% vs 23.5%,  $\chi^2=5.845$ ,  $DF=1$ ,  $p=0.015$ ) and a higher proportion of relatives with alcohol consumption (81.8% vs 42.8%,  $\chi^2=3.896$ ,  $DF=1$ ,  $p=0.048$ ) more frequently. The time (in days) to relapse was faster in this group of patients (200.8 vs 402.7,  $Z=-2.5413$ ,  $p=0.005$ ).

**Conclusions:** Accepting drug-specific treatment for alcohol use can be helpful for many patients who want to achieve alcohol abstinence. Among the factors that prevent the acceptance of this treatment is the consumption of other substances, comorbidity with another mental pathology and family history, which may involve genetic factors that favour addiction. This group of patients could benefit from a specific pharmacological treatment, although other psychosocial factors may also help.

**Disclosure of Interest:** None Declared

## EPP0910

### Prevalence of comorbid pathological gambling in substance use disorders

P. Cargonja<sup>1\*</sup>, S. Jonovska<sup>1</sup>, V. Šendula Jengić<sup>2</sup> and T. Sugnet<sup>1</sup>

<sup>1</sup>Department of Addiction and Psychotrauma and <sup>2</sup>County Hospital Insula, Rab, Croatia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.1190

**Introduction:** Since gambling opportunities expanded over the last four decades, gambling, including pathological and problem gambling, has received increased attention from clinicians and researchers worldwide.