

EV1428

New designer benzodiazepines use in Barcelona

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Introduction New designer benzodiazepines such as phenazepam, etizolam, diclazepam, clonazolam and flubromazolam have appeared in the recreational drug market due to that they provide an attractive alternative to prescription-only benzodiazepines as they are readily available over the Internet.

Objective To describe the presence of new designer benzodiazepines in samples delivered to energy control since 2010 to 2016 in Barcelona.

Methods From 2010 to 2016, 24,551 samples were delivered to energy control. Among this samples 43 (0.175%) were analysed as benzodiazepines. They were analyzed by energy control, a Spanish harm reduction NGO that offers the possibility of analyzing the substances that users report. Analysis was done by gas chromatography-mass spectrometry.

Results From the 43 samples analyzed as benzodiazepines, 1 (2.32%) was delivered in 2010, none in 2011, 2 (4.65%) in 2012, 2 (4.65%) in 2013, 1 (2.32%) in 2014, 15 (34.88%) in 2015 and 21 (48.83%) in 2016.

Discussion The data shows that new designer benzodiazepines use is increasing in Barcelona, especially in the last two years. Abuse an addiction to these drugs may be a new public health problem in Barcelona. Unknown side effects may appear due to lack of information about pharmacokinetic profile of these drugs.

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EV1429

Cognitive status and addiction denial in the early stages of alcohol addiction

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Introduction Denial is a common feature of alcohol addiction that is apparent in the early and late stages of the disease. Defensive psychological mechanisms and cognitive failure have been reported as reasons for addiction denial. Effective therapeutic approaches should consider the reasons for anosognosic denial.

Aims and objectives The study investigates the correlations between the degree of denial of alcohol addiction and cognitive status of people in the early stages of alcohol dependence.

Method Subjects were identified using clinical interview the AUDIT questionnaire investigating compulsive drinking, impaired control of drinking, alcohol tolerance, and symptoms of withdrawal.

Results Forty-nine alcoholic patients at early stage of alcohol dependence were identified. At assessment, all had been abstinent for at least 7 days. They reported compulsive drinking, impaired control over it, increased alcohol tolerance, but no withdrawal symptoms followed by relief drinking. The level of denial was defined by summing up the quantitative ratings of awareness of alcohol addiction and its harmful effects. Three groups emerged of non/mild, moderate, and severe levels of addiction denial. Neuropsychological evaluation of verbal memory, logical memory, visual-motor coordination, and motor and mental speed was conducted.

Conclusion The identified cognitive deficiencies in the 3 groups were mild. Correlation between the poorer test performance and higher levels of denial was not significant. In the early stages of alcohol addiction, the anosognosic denial appears to be an unconscious ego defense mechanism leading to rejection of all the addiction-related problems.

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Seasonal variation and alcohol consumption: A retrospective observational study

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Introduction Seasonal and geographic variations in light exposure influence human mood and behavior, including alcohol consumption. In literature alcohol consumption have a clear seasonal rhythm, with specific differences during the year [1]. Seasonal changes in mood and behavior (seasonality) may be closely related to alcoholism [2]. The aim of our study is to evaluate the relationship between alcohol consumption and seasonal variation.

Method One hundred and nine inpatient are assessed with: the SCID-P for axis I diagnosis. Inclusion criteria are: (1) acute alcohol intoxication at the admission. All the socio-demographic characteristics are explained.

Results The peak period of alcohol admission is in the autumn, the lowest period is in spring in April and May. There is any significant difference related to gender. The 76% of the admission are coerced admission. The rates of co-morbidity are: personality disorders (30.3%), affective disorders (22.9%) and psychotic disorders (12.8%).

Discussion and conclusion Some patients with alcoholism have a seasonal pattern to their alcohol misuse. Several lines of evidence suggest that changes in the circadian system are also involved in the development of non-seasonal mood disorders, such as major depression and bipolar disorder. Thus, developmental alcohol exposure produces subtle abnormalities in circadian rhythms that may contribute to the development of seasonal and non-seasonal mood disorders [3]. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

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References

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[2] Sher L. 2004.

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EV1431

25c-nbome: Case report and literature review

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Introduction Novel psychoactive drugs (NPS) have rapidly increase in the last years in the drug market as a recreational use. A new group of toxic phenethylamine derivates named NBOMe of 2 C