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Introduction: Alcohol and sedative substance use disorders are escalating global public health challenges. Lebanon has grappled with multiple crises, including economic, healthcare, and social issues.
Objectives: This study aimed to assess the correlates of the alcohol and sedative substance use risk scores with sociodemographic and clinical factors, including sleep disorders, chronotype, anxiety, and depression.
Methods: A cross-sectional study was conducted among the Lebanese population using several validated scales to assess the risk of alcohol and sedative substance use, including the Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST). Other tools evaluated chronotype, sleep, and mood disturbances. Bivariate and multivariable analyses were then performed, taking the alcohol and sedative scores as dependent variables.
Results: A total of 646 participants were included. Multivariate analysis revealed positive and significant correlations between higher ASSIST-alcohol scores and personal history of alcohol abuse (B=4.61), family history of prescription substance abuse (B=1.763), psychiatric disorders (B=2.898), and worse Insomnia Severity Index scores (Beta=0.14). Conversely, ASSIST-alcohol scores negatively correlated with weight (B= -0.39) and morning chronotype (B=-0.084). Positive correlations were identified between higher ASSIST-alcohol scores and personal history of illicit substance abuse (B=2.834), prescription substance abuse (B=2.252), sleep quality (B=0.130), and sleep severity (B=0.082), while negatively correlating with cigarette smoking (B=-0.038).
Conclusions: This study elucidates the role of several predisposing factors to alcohol and sedative use disorders in Lebanon, including history of substance abuse, psychiatric disorders, sleep disorders, and chronotype. These findings advocate, in particular, for the integration of sleep disorder assessment and management into addiction rehabilitation programs.

Disclosure of Interest: None Declared

EPP0077

Changing drinking patterns among Italians: 7 out of 10 students experience Binge Drinking

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Introduction: The expression Binge Drinking (BD) refers to dysregulated alcohol consumption, characterized by the intake of large quantities of alcohol, regardless of their nature, consecutively in a limited period of time. BD is a significant public health problem in many European countries, including Italy. According to data from the *Istituto Superiore di Sanità*, dated 2020, over 4 million Italians exhibit episodic excessive alcohol consumption (compared to 2019 data, there was an increase of approximately 5,3%).
Objectives: This study aims to examine alcohol consumption habits in the Italian population, evaluating psychopathological correlations that can explain its diffusion.
Methods: Between January and May 2023, an anonymous online questionnaire was randomly sent to the general population. Alongside with tests to evaluate psycho-social features, to estimate the presence of alcohol abuse or dependence the AUDIT scale (Saunders *et al.* Addict Abingdon Engl. 1993; 88:791–804) was used. It included two specific questions to frame the phenomenon of BD (Cranford *et al.* Alcohol Clin Exp Res. 2006; 30:1896–905). No other study conducted in Italy has so far used the aforementioned validated questions.
Results: The sample consists of 308 people (189 F, 119 M), with an average age of 32 years (*sd* 14). The AUDIT indicates a state of chronic alcohol consumption in 11,7% (95% confidence interval 8,5%-15,7%), of the recruited sample, positively correlating with the element of impulsivity (p<0,005) confirming what has already been reported in literature. BD prevalence reaches 56% (M 57%, F 55%) without any significant correlation with impulsivity, personality disorders, emotional dysregulation, or sensitivity to rejection. Among university students the prevalence of BD exceeds 70% (95% confidence interval 60%-76%), with a number of drinks reported for a single occasion reaching up to 25 units and a reported number of binge episodes, in a two-week span, ranging from 2 to 10.
Conclusions: Despite possible *biases,* this study raises the relevant issue of the extremely high prevalence of BD disorder, which is particularly alarming in light of the numerous issues related to the behavior itself. A direct correlation with reduced school performance, an increase in risky sexual behavior, and an increase in cases of drunk driving have been evaluated. Considering these consequences, it is of primary importance on a medical, but even more social level, to best characterize this phenomenon in such a way as to be able to implement awareness-raising and prevention interventions.

Disclosure of Interest: None Declared

EPP0079

A preliminary analysis of clinical characteristics of patient with alcohol use disorder and suicidal ideation

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Introduction: Suicidal behaviors are frequently observed among patients with substance use disorder, including suicidal ideation (SI) (1). Alcohol use disorder (AUD) is one of the most prevalent addictions and may be related to suicidal behaviors (2,3). However,

the association between AUD and SI requires a deeper analysis which includes several clinical features observed among AUD patients.

Objectives: To analyze the clinical characteristics and features associated with lifetime SI among patients who had AUD.

Methods: This is a cross-sectional study performed in an outpatient center for addiction treatment in patients seeking for treatment who met the criteria for AUD between 01/01/2010 and 12/31/2021. Patients were evaluated with an ad-hoc questionnaire and the European Addiction Severity Index (EuropASI), SI was evaluated using the item for SI in EuropASI.

Results: From a potential sample of n=3729 patients, only n=1082 (73.8% males; mean age 42.82±12.51) met inclusion criteria and had data for the current analysis. Lifetime SI was present in 50.9% of the AUD patients. Several clinical features were related to SI, including: sex differences, any type of lifetime abuse, polyconsumption, benzodiazepine use disorder, any psychiatric diagnosis aside from SUD, and higher addiction severity according to the EuropASI.

Image:

Patient characteristic		All sample (n= 1082)	No SI group (n=531; 49.1%)	SI group (n= 551; 50.9%)	χ^2, t	p
Sociodemographic characteristics						
Age, mean ± SD		42.82±12.51	43.62±13.56	42.06±11.37	2.025	0.043
Sex %	Male	73.8	52.9	47.1	17.626	<0.001
	Female	26.2	38.4	61.6		
Education %	<8years		46.6	53.4	3.144	0.076
	≥8 years		52.2	50.6		
Marital status %	Single	37.4	46.8	53.2	9.354	0.025
	Married	35.7	55.5	44.5		
	Divorced	23.7	44.1	55.9		
	Widowed	3.2	48.5	51.5		
Lifetime emotional abuse	Yes	35.9	36.9	63.1	37.337	<0.001
	No	64.1	56.3	43.7		
Lifetime physical abuse	Yes	24.0	36.6	63.4	21.893	<0.001
	No	76.0	53.3	46.7		
Lifetime sexual abuse	Yes	11.0	26.3	73.3	28.247	<0.001
	No	89.0	52.2	47.8		
SUD variables						
Three or more SUD, %	Yes	33.6	40.9	59.1	14.549	<0.001
	No	66.4	53.2	46.8		
Amount of lifetime SUDs		3.46±1.94	3.22±1.89	3.69±1.96	4.003	<0.001
Alcohol use disorder onset (years), mean±SD		21.92±10.37	22.09±10.61	21.75±10.14	0.472	0.637
Cannabis use disorder, %	Yes	62.4	46.5	53.5	4.696	0.030
	No	37.4	53.3	46.7		
Cannabis use disorder onset (years), mean±SD		17.65±6.96	17.72±6.99	17.60±6.95	0.176	0.860
Cocaine use disorder %	Yes	65.9	45.9	54.1	7.867	0.005
	No	35.0	54.9	45.1		
Cocaine use disorder onset (years), mean±SD		23.59±7.88	23.44±7.72	23.70±8.16	0.374	0.708
Opioid use disorder, %	Yes	24.8	42.2	57.8	6.809	0.009
	No	75.2	51.4	48.6		
Opioid use disorder onset (years), mean±SD		25.91±14.18	27.29±15.96	24.87±12.66	1.218	0.224
Benzodiazepine use disorder %	Yes	35.1	38.7	61.3	25.307	<0.001
	No	64.9	54.7	45.3		
Benzodiazepine use disorder onset (years), mean±SD		26.85±18.72	27.31±23.89	24.27±16.78	1.878	0.062
Psychiatric comorbidities						
Any psychiatric diagnosis other than SUD	Yes	69.7	41.5	58.5	56.940	<0.001
	No	30.3	66.5	33.5		
Amount of psychiatric disorders		1.67±1.28	1.32±1.23	2.0±1.23	9.066	<0.001
Depressive spectrum disorders	Yes	40.5	36.5	63.5	46.349	<0.001
	No	59.5	57.6	42.4		
Anxiety spectrum disorders, %	Yes	23.8	41.2	58.8	8.270	0.004
	No	76.2	51.5	48.5		
Bipolar spectrum disorders, %	Yes	2.5	18.5	81.5	10.346	0.001
	No	97.5	49.9	50.1		
Psychotic spectrum disorders, %	Yes	6.8	29.7	70.3	16.852	0.001
	No	93.2	50.5	49.5		
ADHD, %	Yes	16.1	50.7	49.3	6.654	0.010
	No	83.9	39.9	60.1		
Any personality disorders	Yes	32.3	36.9	50.9	30.906	<0.001
	No	67.7	54.9	45.1		
Cluster A personality disorders	Yes	5.1	29.1	70.9	9.260	0.002
	No	94.9	50.1	49.9		
Cluster B personality disorders	Yes	25.0	35.1	64.9	28.439	<0.001
	No	75.0	53.8	46.2		
EuropASI	Medical	0.287±0.364	0.241±0.336	0.331±0.385	4.086	<0.001
	Employment	0.541±0.316	0.514±0.318	0.567±0.311	2.755	0.006
	Alcohol	0.273±0.279	0.252±0.265	0.293±0.290	2.396	0.017
	Drugs	0.148±0.173	0.134±0.164	0.161±0.181	2.538	0.011
	Legal	0.077±0.177	0.072±1.173	0.082±0.181	0.959	0.338
	Familiar	0.346±0.291	0.299±0.279	0.390±0.295	5.189	<0.001
	Psychological	0.362±0.238	0.274±0.208	0.447±0.235	12.737	<0.001

Conclusions: SI among AUD patients is related to several clinical features which indicate a higher addiction severity, more polyconsumption, and a higher prevalence of psychiatric comorbidities. These findings may contribute to the understanding of suicidal behaviors in AUD patients but it is required further investigations, including longitudinal studies.

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EPP0081

Association between Religiosity/Spirituality and Substance Use among Homeless Individuals

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Introduction: Alcohol and illicit drug use are highly prevalent among the homeless population. Religiosity and spirituality (RS) have been widely associated with lower substance use. However, evidence of this relationship among the homeless is still scarce.

Objectives: To assess the association between RS and the use of alcohol and illicit drugs among the homeless population of a large Brazilian urban center.

Methods: This cross-sectional study was conducted in São Paulo, Brazil. Aspects such as spirituality (FACIT-Sp12), religiosity (P-DUREL), religious-spiritual coping (Brief-RCOPE), and self-applied questions about current substance use (alcohol and illicit drugs) were evaluated. Adjusted Logistic Regression models were performed.

Results: A total of 456 homeless individuals were included, with an average age of 44.5 (SD=12.6) years. More than half of the participants used alcohol (55.7%) weekly and 34.2% used illicit drugs weekly. The adjusted Logistic Regression models identified that aspects of RS were associated with a lower propensity for alcohol and illicit drug use, whereas negative religious-spiritual coping strategies were associated with a higher propensity for the use of both.

Conclusions: The prevalence of alcohol and illicit drug use among participants was high. Positive RS and religious-spiritual coping were significant protective factors against the use of these substances. Conversely, negative religious-spiritual coping strategies were associated with risk factors.

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