JS016

Drug use and abuse in Europe: Mental health consequences

A. Schellekens

Psychiatry, Radboudumc, Nijmegen, Netherlands
doi: 10.1192/j.eurpsy.2025.72

Abstract: Substance use is an onging public health burden. As a result all psychiatrists encounter patients with substance use and addictive disorders, either as primary mental health issue, or as co-occurring with other mental health issues. In this presentation, first trends in substance use across Europe will be presented, based on findings from the **European Union Drugs Agency (EUDA). Next, findings on co-occurring other mental health issues will be discussed, with a focus on co-occurring Attention Deficit Hyperactivy Disorder (ADHD). Recent findings from the International Colaboration on ADHD and Substance Abuse (ICASA) will be shared.** ICASA's most recent work was the longitudinal International Naturalistic Cohort Study of ADHD and Substance Use Disorders (SUD). Nearly 600 patients with both ADHD and SUD in treatment were followed for nine months. About two thirds of participants received some kind of ADHD treatment, with half receiving pharmacologic treatment, one third receiving psychological treatment, and only one-fifth receiving combined pharmacologic and psychological treatment. Higher ADHD symptom severity and sobriety at intake were associated with receiving ADHD treatment. These findings suggest that treatment of SUD and ADHD is suboptimal. The implementation of ICASA's consensus statements on diagnosis and treatment of co-occurring ADHD and SUD could help improve quality of care for these individuals.

Disclosure of Interest: None Declared

JS014

Hot topics in psychiatry/psychopharmacology

P. Mohr[1,2]

[1]National Institute of Mental Health - CZ, Klecany and [2]3rd Faculty of Medicine, Charles University, Prague, Czech Republic
doi: 10.1192/j.eurpsy.2025.73

Abstract: Psychiatry faces numerous challenges that significantly affect mental health of people in Europe, from climate change, wars, migration, pandemics, to rapid advance of artificial intelligence. Among the most pressing issues are deteriorating mental health of children and adolescents and the lack of trained professionals. At the same time, progress in neuroscientific research contributes to the development of new effective treatments, e.g., monoclonal antibodies for Alzheimer's disease; repurposing of drugs for psychiatric disorders, such as GLP-1 agonists, showed potential in treatment of alcohol addiction. There is also a renewed interest in psychedelics, recent studies verified their therapeutic efficacy in treatment of several mental disorders. Neurostimulation methods (rTMS, tDSC) are recognized non-pharmacological interventions; utilization of new technologies (AI, virtual reality, mobile apps, etc.) can help us in treatment and prevention of mental disorders.

Disclosure of Interest: None Declared

JS015

The inclusion of Gambling and other behavioral addictions in the addictions chapter of ICD-11

S. Achab

University of Geneva, Geneva, Switzerland
doi: 10.1192/j.eurpsy.2025.74

Abstract: Background and relevance
Addictive behaviours have for the first time been included within the addiction spectrum. The transition to ICD-11 is a critical step in advancing mental health and addiction medicine.
The implementation of ICD-11 is expected to improve Health Records, facilitate Better Treatment, reduce Stigma, and enhance Public Health Surveillance.Testing the practical implications of these changes is key to ensure preparedness and smooth and effective implementation.
Methods: We conducted a comprehensive evaluation to assess the practical implications of these changes in Switzerland, determining the ease of implementation in clinical and public health settings.
Assessment consisted in:
Gathering Feedback through collecting insights from health professionals to identify potential challenges and areas for improvement.
Informing Training Needs by identifying the training requirements for health professionals to effectively use the new system.
The field testing involved multiple components: online survey, focus groups, expert reviews, key informant interviews, and a consensus conference.
Results: The testinginvolved 64 health professionals and covered diverse professional backgrounds and geographical locations). Respondents had a median of 15.25 years of experience in addiction medicine, 75% of them were Clinicians and 25% were Public Health Professionals.
Key findings of the diffrernt survey components included: High approval rates for the utility (89%), feasibility (92%) and ease of use (86%) of the ICD-11.
Strong support (90%) for the inclusion of Addictive behaviors, particularly Gaming disorder and Gambling disorder, In contrast, the broader clinical spectrum of Gaming disorder (hazardous gaming and harmful gaming) received limited support (5%).
The national consensus conference concluded that ICD-11 is mainly perceived to have a positive impact on Swiss health records, to enable better documentation of emerging health conditions, and to reduce stigma. Divergent views were represented and expressed their acceptance or reluctance towards including addictive behaviours.
Careful transition and preparedness at the national level, training health professionals along with effective communication to public audience, were reported to be essential to mitigate risks of stigma and over-pathologizing addictive behaviours.
Conclusion: The implementation of ICD-11 in Switzerland is anticipated to enhance the understanding of the societal and economic impacts of new categories such as Gaming disorder. The field-testing data collected from a wide variety of experts and care professionals underscores the need for investment in training, communication, and preparedness to ensure a smooth transition and maximize the benefits of the new classification system.

Disclosure of Interest: None Declared