

Results: The substance use disorder concerns cannabis in 68% of cases, tobacco in 52.1% of cases, alcohol in 40.33% of cases, benzodiazepines in 33.61%, cocaine in 15.96%, opioids (7.5%), and inhalants (1.6%). 73.8% of residents have psychiatric comorbidities, of which 42.9% suffer from depression, 13.40% from bipolar disorder, 10% from generalized anxiety disorder, 4, 20% have panic disorder, 1.7% have social anxiety, 0.8% have post traumatic stress syndrome and 0.8% have bulimia. 58.8% of patients had a personality disorder, 36.1% attempted suicide, 16% suffered physical violence, and 20.20% of patients were victims of rape.

International literature shows the growing interest in gender issues in the field of addictions (whether they involve the consumption of legal or illegal products or behaviors such as gambling, food, purchases, sexuality, etc.), apart from those concerning the prevalence of consumption of general population survey products, shows the growing interest in gender issues in the field of addictions. This problem has been recognized as being of crucial importance and has been posed as a priority objective

Conclusions: Minimum levels of consumption among women tend to obscure the impact of gender relations on female addicts. Through this research, we hope to identify the differences between male and female addictions. The overdetermination of certain forms of psychiatric suffering and/or certain living conditions makes women more vulnerable to the problematic use of psychotropic drugs. On the other hand, women have to gain from being able to benefit from specific responses within the framework of front-line or support and care systems.

Disclosure of Interest: None Declared

EPV0015

Depressive disorder comorbid with problematic alcohol use

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Introduction: Alcohol use disorder is a real public health problem in the world, it consists of a pathological mode of consumption which is characterized by a loss of control and craving. Depressive disorder and alcohol use disorder are among the most frequent mental pathologies and are often associated.

The links between these two disorders can be of several types: Alcohol Induced Depressive Disorders, Primary Depressive Disorders and Secondary Alcohol Dependence. They can also have two-way relationships or be favored by common factors.

Objectives: The objective of our work is to analyze the causal links between alcohol use disorder and depression.

Methods: provide an update via two clinical vignettes and a review of the literature the relationship between alcohol use disorder and depression

Results: The causal relationships between alcohol dependence and psychiatric disorders can be of several types which are not mutually exclusive: primary alcohol dependence, secondary psychiatric disorders, induced by alcohol. This is the case for the majority of depressive disorders encountered in alcohol-dependent patients; primary psychiatric disorders and secondary alcohol dependence;

alcohol dependence and anxiety and/or depressive disorders are favored by common factors, in particular personality disorders, encountered in approximately 40% of alcohol-dependent patients. Whatever the direction of causation, alcohol dependence and psychiatric disorders worsen each other over time. Depression and alcohol use disorder are among the most frequent mental pathologies and are often associated. The optimal management of patients with dual diagnosis is so-called "integrated" management, simultaneously combining alcohol and psychiatric therapeutic approaches.

Conclusions: Alcohol consumption impairs the prognosis of depression, increases the risk of suicide, impairs social functioning and increases recourse to the healthcare system. The optimal management of patients with dual diagnosis is so-called "integrated" management. Psychotherapeutic (individual and systemic), drug and psychosocial approaches would be necessary to maximize therapeutic success.

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EPV0016

Cannabis and society: families' perceptions of cannabis consumption

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Introduction: Cannabis is an illicit substance whose use is very common among the patients we see daily in hospitals. Its use is not simply a "recreational" desire, but above all an attempt at self-medication in order to manage emotions that have become too painful. However, even if cannabis reduces the symptomatology in the moment, it worsens most psychiatric pathologies.

Objectives: The purpose of this study is to assess the experiences of cannabis users' families.

Methods: The survey was carried out among the families of patients hospitalized at the Arrazi Hospital in Salé and those followed in consultation and who use cannabis. The collection of information is done with the help of an exploitation form.

Results: 34.6% of the participating families put bad company as the cause of consumption, followed by family problems, psychiatric problems come in 3rd position with a percentage of 19.2%. Cannabis use is considered as a disease in 52.8% of the families participating in the study. 58.5% of the families distinguish between good and bad cannabis use and define bad use by the use of large quantities of cannabis in 34.2% of the cases. The majority of the participating families (86.8%) saw cannabis as aggravating their loved one's mental illness.

Conclusions: The understanding of the perceptions of the families towards the use of cannabis by their close relatives as well as the correction of the false perceptions will help to establish better prevention programs and better patient care especially with the family therapy which showed its utility in the management of the patients having disorders related to the use of cannabis.

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