Image 3:

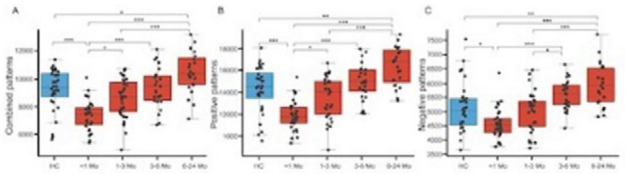


Figure 3. Connectivity strength of combined, positive, and negative patterns of individuals with MUD and HCs. A. Significant intergroup differences were observed in combined connectivity strength ($H_{4,141}$ =46.203, FDR-corrected P < .001). B. Significant intergroup differences were observed in connectivity strength of positive patterns ($H_{4,141}$ = 54.263, FDR-corrected P < .001); C. Significant intergroup differences were observed in connectivity strength of negative patterns ($H_{4,141}$ = 45.190, FDR-corrected P < .001). ***Note***: The Kruskal-Wallis test (two-sided) with false discovery rate (FDR; Benjamini-Hochberg method) was used, and FDR-corrected P values were reported. Boxplot definitions: Centre line = median; box bounds = 25th/75th percentiles; whiskers = 1.5×IQR; points beyond whiskers = outliers. *, **, *** indicate P < .05, P < .01, P < .001. HC, healthy comparison subjects; MUD, methamphetamine use disorder; < 1 Mo, abstinent duration < 1 month; 1-3 Mo, abstinent period longer than 1 month and < 3 months; 3-6 Mo, abstinent period longer than 3 months and < 6 months; 6-24 Mo, abstinent period longer than 6 months and < 24 months.

Conclusions: In summary, this cross-sectional study identified abstinence-duration-associated connectivity patterns that covary with time abstinent from methamphetamine. Connectivity strength within these patterns demonstrated a significant association with abstinence duration across cohorts, revealing systematic variation along the abstinence continuum. These findings suggest dynamic neurofunctional reorganization during sustained abstinence from methamphetamine use.

Disclosure of Interest: None Declared

O064

Lived Experiences of Women with Substance Use Disorders Regarding Their Motivations and Barriers to Seeking Treatment

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Introduction: Women with substance use disorders (SUD) face distinct gender-based challenges in accessing and engaging with treatment, including stigma, caregiving responsibilities, and inadequate institutional support. Despite increasing rates of substance use among women, their treatment needs remain under-addressed in both clinical practice and research.

Objectives: This study explored the lived experiences of women with SUD regarding their motivations and barriers to seeking and maintaining treatment in a psychiatric inpatient setting in Türkiye.
Methods: A descriptive phenomenological approach was used. In-depth, semi-structured interviews were conducted with 27 women diagnosed with SUD who had completed detoxification and were receiving inpatient care. Data were analyzed using Colaizzi's method, supported by MAXQDA 24.0.
Results: Four core themes emerged: (1) Motivation to initiate treatment—awareness of harm, maternal responsibilities, exposure to recovery models, and emotional support; (2) Motivation to maintain treatment—positive clinical relationships, reduced craving, regained self-confidence, structured routines, and hope for the future; (3) Barriers to initiating treatment—fear of stigma, low self-efficacy, social isolation, and substance-using peers; (4) Barriers to maintaining treatment—withdrawal symptoms, emotional distress, and disruptive behaviors within the treatment environment.
Conclusions: Motivations and barriers to treatment among women with SUD reflect an interplay of psychological, social, and structural factors. Addressing these multidimensional needs is essential for sustained recovery. Gender-responsive, trauma-informed treatment environments that enhance therapeutic alliance, peer cohesion, and systemic accessibility are vital to improving treatment outcomes for women with SUD.

Disclosure of Interest: None Declared

O065

Evidence for reduced frontal cortical thickness in long-term heavy cannabis users

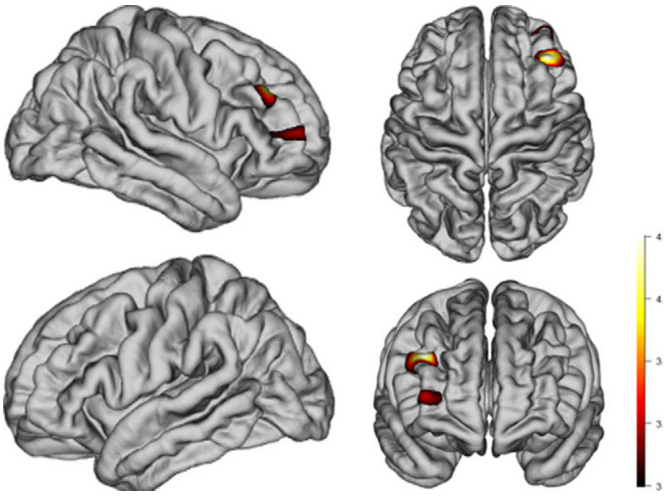
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Introduction: Although cannabis use is often regarded as relatively harmless, structural imaging studies have found variable evidence for volume reductions in the hippocampus and orbitofrontal cortex (OFC) among other regions (Lorenzetti et al. Eur Arch Psychiatry Clin Neurosci; 269 59-71; Soleimani et al. Sci Rep 2023; 13 5847; Mashhoon et al. Drug Alcohol Depend. 2015; 155 275-83; Wittemann et al. Eur. Addict. Res. 2021; 27 115-22). These studies have mostly focused on adolescents and young adult users, and studies in long-term, heavy cannabis users, who would be arguably most likely to show structural alterations, are few.
Objectives: The aim of this study is to examine different morphological metrics at the whole-brain level, including volume, surface area and cortical thickness in long-term, heavy cannabis users.

Methods: We carried out 3T structural imaging in 41 cannabis users with ≥10 years of use and ≥5 years of daily consumption (mean age 31.3 ± 6.97 years), and 40 age, sex, and IQ (measured using the Test de Acentuación de Palabras (Del Ser et al 1999 Brain Cogn; 33 343-56), and non-using controls (<10 lifetime uses). Structural MRI data were processed in FreeSurfer (v7.1.1), to provide measures of surface area, and cortical thickness. Whole-brain, non-parametric permutation testing was conducted with cluster-wise correction ($p < .001$, two-tailed; 5,000 Monte Carlo iterations), and clusters were considered significant at a corrected p of < .05.
Results: The cannabis users showed two clusters of cortical thickness reduction in the right rostral middle frontal cortex (See Fig1) (max=3.37, cluster=657.94 vertices, p=0.01; max=4.46, cluster=531.57 vertices, p=0.02). No differences were observed in cortical volume or surface area.

Image 1:



Conclusions: From this study, chronic cannabis use is associated with cortical thinning in the right rostral middle frontal cortex. Further studies could examine whether these changes relate to the executive and other neuropsychological impairments reported in users.

Disclosure of Interest: None Declared

O066

Shifting Substance Use Landscapes: Changing Treatment Admission Trends in New York State, 2019–2023

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Introduction: Substance use treatment admissions provide key insight into evolving public health needs. In New York State, pandemic-era disruptions and longer-term demographic patterns have shaped treatment utilization. A multi-dimensional analysis of admissions by year, sex, age, and substance type can inform planning and resource allocation.
Objectives: To examine trends in substance use treatment admissions in New York State from 2019 to 2023, with a focus on changes by year, sex, age group, and primary substance type, in order to identify persistent disparities and emerging patterns that can inform future public health planning and resource allocation.
Methods: We analyzed SAMHSA's CBHSQ Quick Statistics data for New York (2019–2023). Annual totals and proportional distributions were extracted across sex (male, female, unknown), age (12–17, 18–25, 26–34, 35–44, 45–54, 55–64, ≥65), and primary substance categories (alcohol, heroin, marijuana/hashish, cocaine, methamphetamine, other opiates). Trends were summarized descriptively and evaluated with linear regression to estimate direction and magnitude of change.
Results: Total treatment admissions declined from 271,148 in 2019 to 183,659 in 2022 (–32.3%), stabilizing in 2023 at 184,552. Year-over-year changes were –25.4%, –6.2%, –3.2%, and +0.5% respectively. A linear trend indicated an average decline of ~19,000 admissions per year, projecting ~176,000 admissions in 2024. Sex composition was stable, with male patients comprising 72–73% of admissions annually. Age composition showed consistent concentration in 18–34 and 35–54 year-olds, with the lowest share among adolescents (12–17). Substance-specific analysis revealed that alcohol remained the single largest category, while heroin admissions declined steadily, and marijuana-related admissions were disproportionately concentrated among younger adults (18–25). Methamphetamine admissions, though a smaller proportion overall, showed relative growth, particularly among younger and mid-age groups.
Conclusions: Between 2019 and 2023, New York state saw a marked decline in substance use treatment admissions followed by stabilization, yet demographic and substance-specific patterns remained relatively consistent. Men and adults aged 18–54 accounted for the majority of admissions. Alcohol and heroin dominated overall treatment demand, but shifting age and sex patterns for marijuana and methamphetamine signal areas requiring close monitoring. These findings underscore the need for sustained, targeted interventions that consider both persistent demographic disparities and emerging substance-specific trends

Disclosure of Interest: None Declared

Others

O067

Sensory Processing and Emotion Regulation in Adults with ADHD and Their Siblings: Preliminary Evidence for a Potential Endophenotype

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Introduction: Sensory and emotional dimensions appear to play a central role in ADHD, beyond core symptoms. While evidence in