Diazepam showed the highest prevalence of non-medical use in London, England (except London), Scotland, and Wales, while alprazolam showed the highest prevalence in NI.
Conclusion: There is regional variation in the NMU of benzodiazepines within the UK, despite similar regional prescribing policies. Further research is needed to investigate factors responsible for the regional variation observed and understand the motivations of benzodiazepine NMU to inform the design of public health interventions.

25. Differences in the pattern and prevalence of non-medical use of prescription benzodiazepines, gamma-aminobutyric acid (GABA) analogues and stimulants in Europe

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Objective: There is increasing concern across Europe on the non-medical use (NMU) of prescription medicines. The aim of this study was to determine the prevalence of last 12 month NMU of benzodiazepines, GABA analogues, and stimulants through data collected in five European countries via the Survey of Non-Medical Use of Prescription Drugs (NMURx) Program.
Methods: Data from the NMURx Program from the 4th quarter of 2017 from France (n = 10,072), Germany (n = 15,051), Italy, (n = 10,019), Spain (n = 10,062), and the 3rd quarter of 2017 from the UK (n = 10,019) were analysed. Post-stratification weights for gender, region, and age were applied to represent distribution of the general population of adults in each country. For each survey, the estimated prevalence and 95% confidence interval of respondents reporting NMU within the last 12 months were calculated and compared. NMU was defined as "using a medication without a doctor's prescription or for any reason other than what was recommended by their doctor".
Results: Spain, Italy and France had higher prevalence of last 12 month NMU of benzodiazepines than GABA analogues (Table 1). Germany had the highest prevalence of recent NMU of GABA analogues and the lowest prevalence for benzodiazepines; NMU of GABA analogues in Germany was at least double that seen in other countries. The rate of NMU for stimulants were low in all countries compared to the other drug groups.
Conclusion: Differences were observed in last 12 month NMU of different drug classes across five countries in Europe. Further work is required to understand the reasons for these differences in NMU and whether this relates to national prescribing practices, ease of diversion between countries or other reasons. Understanding patterns in NMU can inform strategies and interventions to prevent NMU more appropriately.

Table 1. Prevalence of last 12 month non-medical use of prescription drugs in Europe.

	Last 12 Month Non-Medical Use, Prevalence % (95% CI)		
Country	Benzodiazepines	GABA analogues	Stimulants
France	1.7 (1.5-2.0)	1.4 (1.2-1.6)	0.6 (0.4-0.7)
Germany	1.0 (0.9-1.2)	3.2 (2.9-3.5)	0.7 (0.6-0.9)
Italy	2.5 (2.1-2.8)	1.1 (0.8-1.3)	0.6 (0.4-0.7)
Spain	4.0 (3.6-4.4)	1.5 (1.2-1.7)	1.0 (0.8-1.2)
UK	1.0 (0.8-1.2)	1.3 (1.1-1.6)	0.5 (0.4-0.7)

26. Gender differences in benzodiazepine-addicted patients

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Objective: The aim of this study was to establish different addiction patterns between genders in benzodiazepine (BZD)-addicted patients.
Methods: We retrospectively evaluated patients, who were diagnosed with BZD dependence and had undergone benzodiazepine detoxification treatment at Vilnius University Emergency Hospital 2012 to 2018. Patients admitted for benzodiazepine overdose and those who had been using benzodiazepines for <6 months were excluded from the study. Since patients had used different kinds of benzodiazepines, the doses were converted into diazepam equivalent (DE) [1]. Data was processed by MS Excel and SPSS 22.0 software.
Results: Overall 54 patients were included, 33 females and 21 males. The age median was 48.5 years (27-74 years), female age median was 53 years (34-74 years), male age median was 46 years (27-65 years). Age was not statistically significantly different between genders, p = 0.136. DE dose median was 56 mg (15-450 mg). Men used statistically significantly higher DE doses than women, p = 0.037. The median DE in men was 68 mg (20-450 mg) and in women 38 mg (15-329 mg). The median duration of hospitalization was 9 days (3-44 days). Men spent statistically significantly less time in hospital, p = 0.018. The median hospitalization time in men was 7 days (3-38 days) and in women 10 days (3-44 days). Men were more frequently addicted to smoking than women, 38.1% versus 6.1%, p = 0.003. Men were also more frequently addicted to alcohol than women, 52.4% versus 21.2%, p = 0.018.
Conclusion: Men were more prone to be addicted to alcohol or cigarettes in comparison to women. Men were also using higher doses of benzodiazepines and spent less time in treatment.

Reference

[1] Farinde A. Benzodiazepine Equivalency Table: Benzodiazepine Equivalency. 2017 April 28 [cited 2018 October 5]. Available from: https://emedicine.medscape.com/article/2172250-overview

27. Fatality associated with therapeutic antidepressant and NBOMe recreational drug use

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Objective: Many psychotropic drugs sold for recreational purposes enhance serotonin effects. Serotonin reuptake inhibitors such as fluoxetine have the potential to interact with recreational drugs including the NBOMe serotonergic compounds. Lithium