Table 1. Sociodemographic and clinical characteristics of the patients.

Age (Mean±SD) (Min-Max)		32.96±6.02 (24-51)	
		n (30)	**%**
Sex	Male	25	83.3
	Female	5	16.7
Marital status	Single	14	46.7
	Married	9	30
	Divorced	7	23.3
Child	Yes	10	33.3
	No	20	66.7
Working	Yes	25	83.3
	No	5	16.7
Forensic case	Yes	13	43.3
	No	17	56.7
Infectious disease	Yes	8	26.7
	No	22	73.3
Heroin use route	Foil	22	73.3
	Intravenous	8	26.7
Marijuana use	Yes	6	20
	No	24	80
Cocaine use	Yes	3	10
	No	27	90
Methamphetamine use	Yes	1	3.3
	No	29	96.7
Buprenorphine dosage (mg) (Mean±SD)		5.00±2.91	
Naloxone dosage (mg) (Mean±SD)		1.25±0.72	
Abstinence time (Day) (Mean±SD) (Min-Max)		695.50±393.80 (210-1600)	
Hemoglobin (g/dL) (Mean±SD) (Min-Max)		14.49±0.83 (12.90-16.30)	
Leukocyte ($x10^3/mm^3$) (Mean±SD) (Min-Max)		8.06±1.84 (5.57-12.63)	
Alanine Transaminase (U/L) (Mean±SD) (Min-Max)		26.03±21.77 (8-118)	
Aspartat transaminaz (U/L) (Mean±SD) (Min-Max)		26.96±17.28 (13-95)	
Blood Urea Nitrogen (mg/dL) (Mean±SD) (Min-Max)		11.93±13.45 (7-19)	
Creatinine (mg/dL) (Mean±SD) (Min-Max)		0.84±0.15 (0.60-1.34)	
Vitamin B12 (pg/ml) (Mean±SD)		356.25±166.40	
Sedimentation (mm/hour) (Mean±SD)		6.75±6.39 (2-16)	

current cannabis use. Continued use of cannabis by patients may be related to this condition. However, cannabis use increases many mental illnesses, especially psychosis (4). In patients in remission with BP/NLX, studies should also be carried out to avoid other substances than opiates. In our study, in accordance with the literature (5), no negative effects on kidney and liver functions were observed with long-term BP/NLX treatment. BP/NLX appears to be safe in prolonged use.

Disclosure: No significant relationships.
Keywords: opiate; remission; naloxone; buprenorphine

EPV0682

In-treatment behaviors in a multicomponent intervention to promote smoking cessation and prevent weight gain among smokers with obesity: A pilot study

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Introduction: Smoking rates are quite high among overweight and obese individuals. Many smokers with excess weight are at increased risk for health complications and report that concern about post-cessation weight gain is a barrier to quitting. It is necessary to perform studies to assess the efficacy of interventions for smoking cessation among individuals with excess weight.
Objectives: To describe in-treatment behaviors, in terms of smoking and weight, in an integrated intervention for smoking cessation and weight gain management.
Methods: A total of 16 smokers (37.5% females, M_{age}=52.31, SD=9.58) were randomly assigned to one of the two following 8-week smoking cessation conditions: 1) Cognitive-Behavioral Treatment (CBT) for gradual smoking cessation + a Weight Gain Prevention (WGP) module for weight stability (n=7); 2) the same treatment alongside Contingency Management (CM) for smoking abstinence (n=9). Smoking behavior (cigarettes per day, carbon monoxide (CO) in expired air and urine cotinine) and weight were tracked at every visit from baseline through the end of treatment.
Results: Cigarettes per day significantly decreased in both conditions ($p \leq .028$), as well as CO ($p \leq .018$) and cotinine ($p \leq .043$). Regarding body weight gain, participants maintained their body weight (Kg) from baseline to the end of treatment (CBT+WGP: Δ_{kg}= .671, CBT+WGP+CM: Δ_{kg}= .667, $p \geq .058$) and their BMI (CBT +WGP: 30.56 vs. 30.85, CBT+WGP+CM: 29.74 vs. 29.85, $p \geq .139$).
Conclusions: Preliminary data indicated that a multicomponent intervention to promote gradual smoking cessation and prevent weight gain facilitates in-treatment tobacco reduction and weight stability. CM procedures improved in-treatment smoking behaviors.

Disclosure: No significant relationships.
Keywords: obesity; contingency management; weight gain prevention; smoking cessation

EPV0683

Gaming addiction among Tunisian adolescent

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Introduction: Gaming is a source of addiction for adolescents. It is recognized as a behavioral and mental health condition, both by the American Psychiatric Association and by the World Health Organization.
Objectives: To determine the prevalence of gaming addiction among secondary school students.
Methods: This cross-sectional study was conducted between September and October of 2020 among students enrolled in secondary school. The participants had filled the Game addiction scale and a data file regarding the socio-demographic information, physical and information about the internet access and use.
Results: The initial sample was composed of 180 secondary school students. Among them 28 were excluded because they did not play video games. Final sample consisted of 152 students (90 males, 62 females) with a mean age of 13.14 ± 1.2 years. The average duration of connection among participants was 5.3 hours per day. Nearly one quarter of the participants (24,3%) played videogames more than 20 h per week. The prevalence of gaming addiction was 21,7%. The participants with gaming addiction were, on average, younger than those who were not addicted to gaming Game-addicted individuals were more likely to be male than female (13,8% vs 7,9%; p=0,036). There was, also, a significant relation between IA and having academic difficulties (p=0.042).
Conclusions: Based on our study findings, that gaming addiction is a challenging problem among Tunisian adolescents. We recommend authorities consider gaming addiction a serious problem for the young population and make this growing phenomenon an adolescent health priority.

Disclosure: No significant relationships.
Keywords: gaming; Addiction; adolescent

EPV0684

Risk and protective factors for opioid overdose during the COVID-19 pandemic

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Introduction: People who use drugs (PWUD) are now at the intersection of two public health emergencies – the Covid-19 pandemic and the overdose crisis. They may be at heightened risk of overdose due to increased isolation, worsened mental health, and changes to the illicit drug supply. The province of British Columbia (BC) in Canada is anticipated to experience a record-breaking year of overdose deaths as over 1,500 people (32.9 deaths per 100,000) have died from overdose in 2020. In response, BC released new clinical guidelines in March to allow the prescribing of pharmaceutical alternatives aiming to reduce PWUD's risk of overdose and contracting Covid-19.
Objectives: We examined the risk and protective factors for overdose during these dual crises. We explored how the Covid-19 pandemic has impacted the mental health and substance use of PWUD and their access to treatment and harm reduction services.
Methods: We are conducting a survey among patients with opioid use disorder at a major hospital in Vancouver, BC. It includes the following domains: sociodemographic characteristics; mental and physical health; substance use patterns; opioid overdose history; access to treatment, harm reduction services; impacts of Covid-19.
Results: We anticipate collecting data from 200 participants. Descriptive statistics and regression analysis will be conducted to describe the sample and determine the risk, protective factors for overdose.
Conclusions: We will gain a better understanding of overdose risk in PWUD who are now navigating the complex challenges created by the dual crises. This will in turn inform the establishment of evidence-based strategies to reduce their overdose risk.

Disclosure: No significant relationships.
Keywords: opioid overdose; COVID-19; safe supply; opioid overdose crisis

EPV0685

Systematic review about the screening of cannabis use during pregnancy and neonates

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Introduction: Cannabis use in pregnancy is related to developmental and mental disorders. The acknowledgement of prenatal exposure frequently depends on the mother's report, which can often be omitted. There exists little bibliography of the different methods to detect the use of cannabis during pregnancy, with no standardized screening available.
Objectives: The objective of this study is to review the available bibliography about screening of cannabis use during pregnancy and neonates and to analyze the different methods of prenatal screening being used in clinical practice.
Methods: A systematic review of the methods of screening of cannabis use during pregnancy and neonates was carried out in PubMed (July 2020) in English, French and Spanish(10 years) with the keywords: screening, test, detection, analysis, urine, blood, hair, meconium.107 studies were analyzed: 52 included and 55 excluded (Figure 1.).

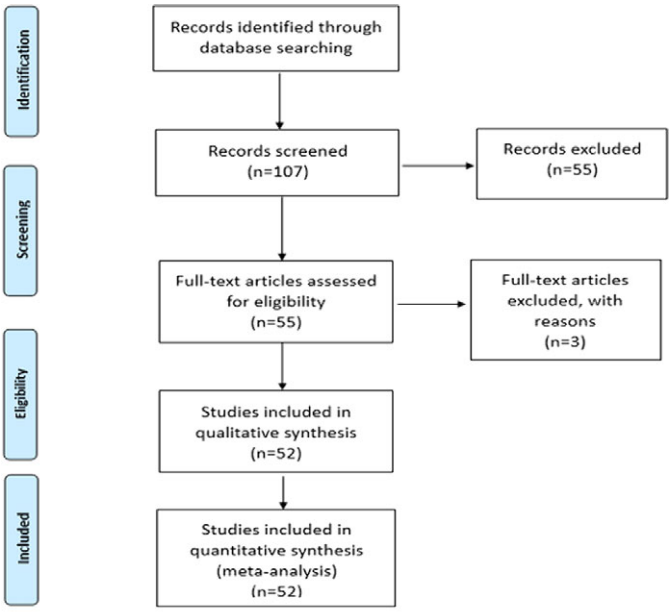

Figure 1. Flow Diagram

Results: The studies analyzed stand out for its large heterogeneity. Self-report of pregnant women, meconium and maternal urine analysis are used the most. The type of analysis technique is not reported or chromatography mass spectrometry (GC/MS) and enzyme-linked inmunoabsorbent assay (ELISA) is used(Figure 2.). Urine seems to be the most accurate method for maternal testing. Neonatal meconium and umbilical cord tissue indicates fetal exposure during second and third trimester, neonatal hair third trimester exposure and maternal serum and hair can also be used (Figure 3.).

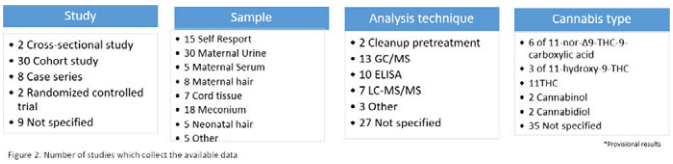

Figure 2. Number of studies which collect the available data