

and ensuring these steps are clinically documented). Recommendations for improvement included: (1) adding a full AUDIT screening for those scoring at least 5 in the extended AUDIT-C; (2) upskilling staff in brief intervention advice; (3) developing a regional alcohol services directory for signposting; and (4) providing psychoeducation materials on safe alcohol use. After implementation of recommendations, the audit will be repeated.

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Women and Their Pattern of Use of Novel Psychoactive Substances

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Aims: This study aims to explore the patterns of psychoactive substance use among women attending the Club Drugs Clinic. It also explores associations with demographic factors and mental health comorbidities to identify additional therapeutic needs beyond current clinical treatments. The findings will help contribute to improving service provision for this population.

Methods: This is a quantitative study of 27 female patients who attended the Club Drugs Clinic across three boroughs between May 2021 and June 2024. Data collected includes demographic information, primary, secondary, and tertiary use of Novel Psychoactive Substances (NPS), age of onset of substance misuse, age of onset of treatment, associated mental health comorbidities, and harmful alcohol use.

Results: The majority of female patients attending the Club Drugs Clinic are of White British origin, with 20% identifying as Asian, Brazilian, or African Caribbean.

The average age of onset of psychoactive substance use is 25 years, while most patients begin treatment between 25–35 years old.

The most commonly used primary substances are ketamine, methamphetamine, and GHB/GBL, with fewer patients using nitrous oxide and benzodiazepines.

60% of women are polysubstance users, with methamphetamine + GHB being the most common combination (37%).

All primary methamphetamine users struggle with dependence, with 37% identifying as transgender and 71% engaging in sex work. 37% of those who are dependent on methamphetamines had history of psychosis and been treated with antipsychotics.

66% of Ketamine users present with severe anxiety (GAD-7 score >15), and 56% experience ketamine bladder symptoms, requiring referral to Urology.

44% of women at the clinic have a diagnosis of PTSD, linked to trauma such as domestic violence, sexual abuse/assault, sex trafficking, and war-related trauma. These patients received therapy from the team psychologist or are referred to trauma-focused therapy within secondary mental health services.

Conclusion: This study identified ketamine and methamphetamine as the most commonly used primary psychoactive substances among female patients attending the Club Drugs Clinic. Methamphetamine dependence poses a significant risk for psychosis, while ketamine dependence increases the likelihood of developing ketamine-related bladder dysfunction, highlighting the importance of screening for cystitis symptoms. Additionally, the majority of patients reported a history of trauma and used substances as a coping mechanism. These findings emphasize the need for integrated care approaches, including close collaboration with trauma services, to enhance

treatment outcomes and improve overall service provision for this vulnerable population.

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Delays in the Autism Spectrum Disorder Diagnostic Pathway: An Audit of Wait Times for Initial Assessment and Post-Diagnosis Support in Greater Preston

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Aims: Timely initiation of assessment for Autism Spectrum Disorder (ASD) is crucial as delays can significantly impact development of children and family well-being. This audit aimed to assess the adherence to National Institute for Health and Care Excellence (NICE) guideline recommendations of timely initiation of ASD assessment and follow-up care in the Greater Preston Area.

Methods: A retrospective observational study was conducted, using electronic patient records of patients referred to the ASD diagnostic pathway and listed for further investigation in 2022 in the Greater Preston area. Data on wait times between referral and first appointment and times between diagnosis and follow-up appointment were collected and analysed. Patients eligible for this study were under 18 years of age, living in the Preston area and had been referred to the ASD diagnostic pathway and listed for further investigation in 2022. 37 school-age and 48 preschool-age children were included in this study.

Results: It was found that 18.9% of school-age and 16.7% of preschool-age children were seen within the 13-week window between referral and first appointment recommended by NICE guidelines. This study also showed that 18.9% of school-age children and 20.8% of preschool-age children received a follow-up appointment within the 6-week guideline.

Conclusion: This study found significant delays in accessing the ASD diagnostic pathway and follow-up care which indicates the Greater Preston area is not in adherence with NICE guidelines. Changes are necessary to address these gaps and ensure timely support for children affected by ASD.

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The Monitoring of Physical Health Observations After the Administration of Rapid Tranquillisation

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Aims: Rapid tranquillisation is a restrictive practice used to manage acute behavioural disturbance, where medication is given in the form of an IM injection. The first-line medication used is lorazepam. There is an increased risk of the emergence of serious side effects (sedation, loss of consciousness and respiratory depression/arrest) from giving lorazepam via the IM route. MPFT SOP states that