

EPV0037

THERAPEUTIC ALLIANCE AND RELAPSES OF SUBSTANCE USE

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Introduction: Therapeutic alliance is the key to ensure adequate and sustainable care in psychiatry.

The therapeutic alliance has been the subject of a great deal of psychotherapy research, and evidence from numerous empirical studies suggests that a strong patient-therapist relationship predicts favorable treatment outcomes and continues to be regarded as an important aspect of the therapeutic process

Objectives: The purpose of this study is to evaluate how the development of therapeutic alliance dimensions was associated with relapses prevention.

Methods: This is a prospective, observational, cross-sectional study, carried out in the department of addictology at Arrazi hospital in Salé using a therapeutic alliance measurement scale, and evaluating relapses' frequency and duration of abstinence. The therapeutic alliance (TA) score was measured using Working Alliance Inventory.

Results: The results call upon the concepts of anomie and attachment, which seem to play an important role in the follow-up and prevention of relapses, indicating the need for a global approach to care and the involvement of health and social professionals, where empathy must find its place.

Conclusions: Decades of psychotherapy research suggest that the strength of the relationship between patient and therapist is a common factor that is associated with treatment response. In the context of relapses specifically, most of the studies reviewed found evidence for a significant alliance-outcome relationship.

Disclosure of Interest: None Declared

EPV0038

Incorporating Culture into The Treatment of Substance Use Disorder: A Narrative Review

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Introduction: Culture is defined by the shared beliefs, attitudes, values, and practices of a particular group of people which can influence their behaviour and social interactions, including the use of substances.

Objectives: The aim of this review is to identify the evidence of cultural competence in the treatment of people with substance use disorder (SUD) and encourage the professionals and organizations to take cultural context into account.

Methods: Narrative review about the topic, using PubMed/Medline database. MeSH terms: "culture", "cultural competence", "addictions", "substance use disorder".

Results: Studies show that culture can either be a catalyst for SUD or play a protective role. However, other factors may also play a large role in client's response substance use and the development of SUD. Acculturation and generational differences can also impact SUD treatment, especially when intergenerational conflict causes stress that leads individuals to engage in risky behaviours. Thus, treatment for SUD has to be sensitive to cultural differences and professionals should provide culturally based approaches. Culturally targeted practices have been linked to greater outcomes, better therapeutic alliance, less dropouts and consequent increased retention in the treatment. These practices include matching clinicians and clients on linguistic and cultural backgrounds as well as being mindful of the impact of culture on client's experience of SUD. Providing therapy and materials in the client's language, knowledge, understanding and appreciation for cultural perspectives, involving the family and community and training therapists, are some of culturally competent practices used. These strategies involve knowledge, creativity, and experience.

Conclusions: Cultural competence seems to be a valuable tool for healthcare professionals working in a multicultural context, particularly with people with SUD. Unfortunately, the lack of supporting evidence limits the validity of any particular model of cultural competence. Future methodologically research is necessary in order to provide quality cultural competence models for people with SUD.

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EPV0039

Methanol intoxication "Eau de vie" in Morocco from 2013 to 2020

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Introduction: Methanol intoxication is a public health problem in developing countries and can be ingested accidentally or with suicidal intent, leading to intoxication in isolated or collective forms. Methanol is used as a substitute for ethyl alcohol in several adulterated alcoholic beverages such as "eau de vie", which is a drink distilled from dried fruits, such as dates, grapes and figs. Inside the body, it is metabolised into formic acid which, if left untreated, affects brain tissue, leads to blindness and can also cause death.

Objectives: The objective of this retrospective study of a series of cases was to describe the epidemiological characteristics of methanol "eau de vie" poisoning cases collected by the Anti-Poison and Pharmacovigilance Centre of Morocco between 2013 and 2020 and to explain these results.

Methods: This is a descriptive and retrospective cross-sectional study over a period of 7 years from 1 January 2013 to 31 December 2020, which concerned 16 cases of intoxication by methanol "eau de vie" reported to the Anti-Poison and Pharmacovigilance Centre of Morocco, the study population concerned the entire Moroccan population throughout the territory of Morocco. The analysis concerned the frequency, the distribution in time, the distribution