S0046

Implementation of Early Intervention Services (OPUS) in Denmark and results of 20 year follow-up of the OPUS trial

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Abstract: Background: The OPUS trial is the largest randomized controlled trial (RCT) testing early intervention services with 20-years of follow-up among individuals with a first episode of psychosis in the schizophrenia spectrum.
Methods: A total of 547 individuals with first episode psychosis in the schizophrenia spectrum were included into the OPUS I trial between January 1998 - December 2000 and allocated to either two years of early intervention services or treatment as usual. Clinical and trained staff, blinded to the original treatment allocation, performed the five, ten and 20-year follow-up assessments.
The early intervention service consisted of two years of assertive community treatment including social skill training, psychoeducation and family involvement delivered by a multi-disciplinary team (staff patient ratio 1:10). The standard treatment was based on the available community mental health treatment (1:20 –1:30).
Results: A total of 164 participants (30%) of 547 were interviewed at the 20-year follow-up. No significant differences were found between the early intervention group (OPUS-group) compared to the Treatment As Usual group (TAU-group) on global functional levels, psychotic and negative symptom scores after 20 years. Likewise, no differences was found ten to 20-years after randomization between the OPUS-group and TAU-group on days of psychiatric hospitalizations (Incidence Rate Ratio (IRR), 1.202, 95% CI 0.733 - 1.997, P=0.46), or number of outpatient contacts (IRR: 1.197, 95% CI 0.889 - 1.612, P=0.24). Of the entire cohort, 40% were in symptom remission and 18% were in clinical recovery at the 20-year follow-up. The mortality rate 20 years after randomization was 13.1% in the OPUS-group and 15.1% in the TAU group, P=.47.
Conclusions and Relevance: New initiatives are needed to maintain the positive outcomes achieved after two years of early intervention services

Disclosure of Interest: None Declared

S0044

The impact of cannabis legalization for recreational purposes: The Canadian experience

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Abstract: Cannabis Legalization for Recreational Purposes took place in Canada in October 2018. One of the federal government's stated goals with this legalization was to protect Canadian youth from cannabis-related harms. The Canadian model differs from other jurisdictions that legalized recreational cannabis use, especially with regard to a higher degree of government regulation of the cannabis market. Another difference is the development and endorsement of lower-risk cannabis use guidelines to educate the public and health professionals. Here, we will present the changes in the regulation of the Canadian cannabis market. We will also present some changes in the epidemiology and parameters of cannabis use (modes of use, potency of cannabis) among adults and youths. Although it is clear that prevalence of use has increased in some groups (notably older adults), results for youth are mixed, with the majority of studies showing no pronounced increase. A trend of a decrease in youth cannabis use seen pre-legalization may have reversed. Data about changes in the age of initiation, the influence of legalization on sex and gender, and race/ ethnicity are limited, with evidence suggesting that the age of initiation slightly increased and the prevalence of use has become more similar between females and males. The development and utility of the lower-risk cannabis use guidelines will be also presented.

S0045

Actual status of early intervention services in Germany

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Abstract: We will give an overview of the status of early intervention services for psychosis in Germany. We recently established a website which provides people in Germany with the nearest early detection an intervention service available (https://www.psycho-check.com). However, the overall implementation rate of early detction in Germany is quite heterogenous. We will also present recent research and ongoing projects from Germany including the first evaluation of specialized inpatient services for early psychosis, first evaluations of Individual placement and support and a mindfulness based group intervention in people with early psychosis as well as a newly desigend youth mental health service called soulspace (www.soulspace-berlin.de).

Disclosure of Interest: None Declared

S0046

Legalization of cannabis for medical and recreational use

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Abstract: Since 1996, 39 of the 50 US states have enacted medical cannabis laws (MCL) and since 2012, 21 states and Washington D.C. (DC) enacted recreational cannabis laws (RCL). Many individuals can use cannabis without harm, and legalization helps achieve social justice and financial aims. However, 20%-33% of cannabis users develop cannabis use disorder (CUD), which is associated with impaired functioning, psychosocial, physical and psychiatric problems. Despite these risks, Americans increasingly see cannabis use as harmless or even beneficial in treating or preventing health problems. The prevalence of frequent cannabis use and CUD has increased in US adults in recent years. Studying the role of MCL and RCL in these nationally increasing prevalences is challenging due to staggered-adoption dates of state legalizations, few years of data available to study RCL, and other potential influences on cannabis use and CUD. Using self-report data from US national surveys, MCL have been shown to have little influence on adolescent cannabis use, but increase adult illicit cannabis use and CUD. Fewer studies have examined RCL; in these, RCL increases adult use and CUD. However, studies are needed in national patient populations with multiple risk factors for CUD, including painful medical conditions and a high prevalence of psychiatric disorders. We used data from the electronic health records (EHR) database of the US Veterans Health Administration (VHA), the largest integrated healthcare system in the US, to examine trends in provider-diagnosed ICD-9-CM and ICD-10-CM CUD over time, differences in these trends by patient characteristics, and the role of MCL and RCL in the trends. CUD diagnoses more than doubled overall in the VHA, from 0.85% in 2005 to 1.92% in 2019. Increases were found across age, sex, and racial/ethnic subgroups of patients, with greater rates and increases among patients with chronic pain and with psychiatric disorders. Among patients living in MCL and RCL states, increases in CUD were larger than among patients in other states, although the size of legalization effects suggested that other factors are important in driving up prevalence, e.g., online commercialized information and other forms of advertising. The tensions between public health aims, social justice and financial gain will be discussed.

Disclosure of Interest: None Declared

S0047

Patterns of Cannabis Use Among US Middle-Aged and Older Adult Cannabis Users

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Abstract: Cannabis use is sharply increasing among middle-aged and older US adults, two populations that are particularly vulnerable to the detrimental effects of cannabis use. In recent decades patterns of cannabis use (e.g., method of consumption, product type, and potency) have become increasingly heterogeneous. However, little is known about the differences in such patterns between younger adult, middle-aged, and older adult users.
In this presentation, we will provide clinicians and researchers with important information on a wide array of patterns of cannabis use among adults ages ≥50 years, and highlight potential risks and harm reduction strategies. Findings from a recent study will be presented. Respondents were 4,151 US adult past 7-day cannabis users who participated in an online survey administered via social media platforms. Using logistic and linear regression models, we examined whether middle-aged (50-64 years; n=1,080), and older adult (≥65 years; n=295) respondents differed from younger (18-49 years; n=2,776) respondents, and from each other across several patterns of cannabis use. Results show that in comparison with younger adults, middle-aged and older adults were more likely to consume cannabis products earlier during the day, by fewer methods of consumption, exclusively by smoking, and in smaller amounts, but were less likely to consume cannabis products that are highly potent, and by methods of consumption other than smoking. Significant differences were also observed in several patterns of cannabis use between older and middle-aged adults, including time of day of use, methods of consumption, potency and amounts of use. In a changing cannabis use landscape, our findings indicate that middle-aged and older adults may be less affected by the recently increasing heterogeneity in patterns of cannabis use, but also inform on the need for targeted harm reduction approaches. Findings also highlight existing gaps in the literature and future research directions.

Disclosure of Interest: None Declared

S0048

Measurement of Cannabis Consumption to Determine Risk and Promote Public Health

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Abstract: With the escalation of cannabis legalization and commercialization, the need to differentiate low- vs. high-risk patterns of cannabis use, especially among frequent consumers, becomes essential for development of prevention and intervention strategies and public health messaging. The diversity of cannabis products and methods of intake make this task complex. In particular, the lack of valid methods for quantifying use of the intoxicating component of cannabis, i.e., THC, poses a difficult challenge. This presentation will describe a series of internet-based, personalized survey studies of adults who consume cannabis frequently. The aims of the studies are to develop methods for quantifying THC from self-reports of use, identify patterns of use, and determine associations between use and risk. In the first study of adult daily cannabis consumers (n>4000), rates of CUD were 35% no disorder, 39% mild, 18% moderate, 8% severe disorder. Higher severity was significantly related to younger age, unemployment, and specific reasons for use. Latent class analyses identified four distinct subgroups and preliminary analyses showed that those more likely to report oral use were less likely to meet CUD criteria, and those more likely to report use of high potency products were more likely to meet moderate/severe criteria. Two studies (n's >2000) compared different quantitative formulas for estimating daily THC consumption from vaping or smoking cannabis products. Findings demonstrated how quantity (mgTHC) relates to socio-demographics, use patterns, and CUD severity. However, substantial variability in the estimates obtained across quantitation methods indicates the need for additional studies to determine optimal approaches. Overall, findings show that specific characteristics of use can discriminate