

S0043

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

M. Nordentoft

Mental Health Center Copenhagen, Copenhagen University Hospital, Hellerup, Denmark

doi: 10.1192/j.eurpsy.2023.80

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

B. Le Foll^{1,2,3,4,5,6}

¹Translational Addiction Research Laboratory, Centre for Addiction and Mental Health; ²Department of Psychiatry, Faculty of Medicine; ³Department of Pharmacology and Toxicology; ⁴Departments of Family and Community Medicine; ⁵Institute of Medical Science, University of Toronto, Toronto and ⁶Waypoint Research Institute, Waypoint Centre for Mental Health Care, Penetanguishene, Canada
doi: 10.1192/j.eurpsy.2023.81

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.

Disclosure of Interest: B. Le Foll Grant / Research support from: . Dr. Le Foll has in-kind donations of cannabis products from Aurora Cannabis Enterprises Inc. . Dr. Le Foll has obtained industry funding from Canopy Growth Corporation (through research grants handled by the Centre for Addiction and Mental Health and the University of Toronto)

S0045

Actual status of early intervention services in Germany

A. Bechdolf

Department of Psychiatry, Vivantes/Charité Universitätsmedizin Berlin, Berlin, Germany

doi: 10.1192/j.eurpsy.2023.82

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.psychoscheck.com>). However, the overall implementation rate of early detection 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 designed youth mental health service called soul-space (www.soul-space-berlin.de).

Disclosure of Interest: None Declared

S0046

Legalization of cannabis for medical and recreational use

D. Hasin^{1,2,3}

¹New York State Psychiatric Institute; ²Department of Epidemiology, Columbia University Mailman School of Public Health and ³Department of Psychiatry, Columbia University Irving Medical Center, New York, United States

doi: 10.1192/j.eurpsy.2023.83