

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

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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.).

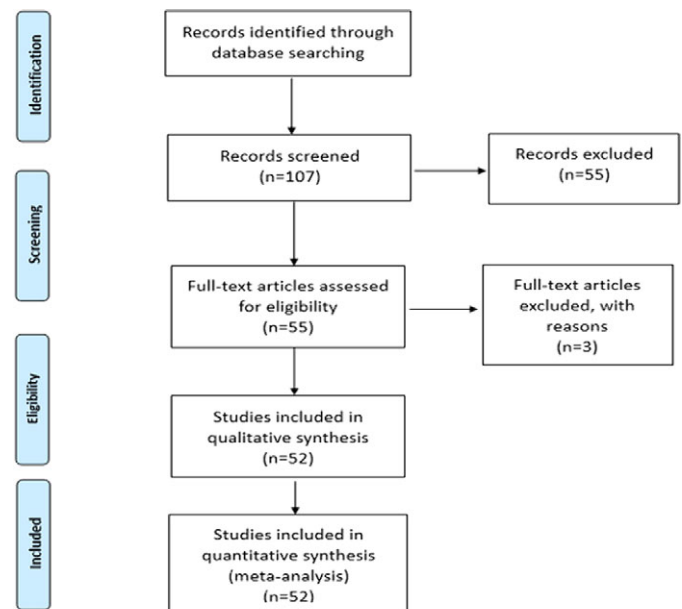


Figure 1. Flow Diagram

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 immunoabsorbent 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.).

Study	Sample	Analysis technique	Cannabis type
<ul style="list-style-type: none"> • 2 Cross-sectional study • 30 Cohort study • 8 Case series • 2 Randomized controlled trial • 9 Not specified 	<ul style="list-style-type: none"> • 15 Self Report • 30 Maternal Urine • 5 Maternal Serum • 8 Maternal hair • 7 Cord tissue • 18 Meconium • 5 Neonatal hair • 5 Other 	<ul style="list-style-type: none"> • 2 Cleanup pretreatment • 13 GC/MS • 10 ELISA • 7 LC-MS/MS • 3 Other • 27 Not specified 	<ul style="list-style-type: none"> • 6 of 11 nor-Δ9-THC-9-carboxylic acid • 3 of 11 hydroxy-9-THC • 11THC • 2 Cannabinol • 2 Cannabidiol • 35 Not specified

Figure 2. Number of studies which collect the available data

*Provisional results