

Results: Participants identified three key themes influencing the development of OUD: (1) experiences driving initiation, (2) experiences driving continuation, and (3) experiences with prescription OUD. Beyond pain management, factors such as patient-provider communication, care coordination, provider vigilance, and environmental support significantly shaped opioid use patterns. Participants cited a lack of guidance during both initial and long-term opioid use, easy access to prescriptions, and insufficient monitoring as major contributors to OUD. Poorly controlled pain and high levels of stress were also highlighted as critical drivers of continued opioid use.

Conclusions: Patients described a distinctive pathway to prescription OUD, contrasting with other substance use disorders, with negative reinforcement playing a particularly prominent role in the early stages of opioid use. Their perspectives reveal critical gaps in guidance and monitoring during opioid therapy, highlighting opportunities for intervention and improvement.

This talk will explore how these insights can inform prevention strategies, improve care coordination, and support better outcomes for patients at risk of OUD.

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SP012

Prevention of prescription opioid use disorder

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Abstract: It is important to address the prevention and early detection of opioid addiction with a comprehensive approach. The collaboration and early attention are essential to mitigate the risks associated with opioid misuse. In this session we will review the myths associated with high risk of opioid addiction and how to address when it has been developed.

Some key strategies could be: Provide accurate and understandable information about the risks associated with opioid use, as well as the early signs of addiction. Consider alternative options for pain management, such as physical therapies, exercise, and medications non-opioids, before prescribing opioids. It is important balance pain relief with control of possible addiction risks. The appropriate and controlled indication of opioids is of vital importance to prevent and detect inappropriate use. Prescribe the lowest dose and duration shortest possible. It is important to visit frequent monitoring to detect signs of misuse and/or addiction.

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SP014

Tapering in patients with chronic pain and prescription opioid use

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Abstract: Opioid use disorder in patients with chronic pain poses a specific clinical challenge. Tapering opioids can initially increase pain, while continuing opioids is associated with tolerance and opioid induced hyperalgesia, resulting in inadequate analgesia. In the long run tapering of opioids or rotation to long-acting alternatives, such as buprenorphine or methadone, have been associated with less pain and better quality of life. In this presentation, evidence for various tapering and rotation strategies will be presented, as well as the possibilities for integrated pain management and addiction care. After this session you will know how to prepare your patient with prescription opioid use disorder and chronic pain for tapering of opioids, how to support your patient with tapering, including the pace of tapering and the use of supporting pharmacological and non-pharmacological interventions. Finally, it will be discussed who is more likely to benefit from rotation to long-acting opioids, and why some patients might be better off without opioid tapering.

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SP015

Determinants of Mental Health in Europe

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Abstract: Introduction This presentation will provide an up-to-date cross-national comparison of the individual, environmental and socioeconomic determinants of the European population mental health (MH). Methods The European House & Ambrosetti-funded 2023 Headway Mental Health Index 3.0 initiative collected data on 19 Key Performance Indicators (KPIs) in individual (e.g., smoking), environmental (e.g., air pollution) and socioeconomic (e.g., poor housing conditions) determinants of MH for the European Union 27 countries and the UK. KPIs scores were standardised in a 1-10 Likert Scale (1: worst performance; 10: best performance), thus allowing between-country comparisons of the relative performance. Unadjusted bivariate correlations between KPIs scores were run. Results Finland (8.0), Sweden and Estonia (7.5) had the lowest MH risk, while France (3.1) and Romania (2.8) had the highest MH risk. Smoking ($r=-0.43$, $p=.021$), alcohol use ($r=0.57$, $p=.002$), daylight hours ($r=0.74$, $p<.001$), ecoanxiety ($r=-0.51$, $p=.005$), air pollution ($r=-0.46$, $p=.015$), commuting time ($r=0.42$, $p=.026$) and Fragile State Index ($r=-0.44$, $p=.018$) correlated with overall MH status, thus emerging as common determinants of MH across the board. Conclusions The determinants of MH varied across European countries, although the correlation between determinants-based MH risk and MH status was relatively weak, including 'low-risk, poor MH status' and 'high-risk, good MH status' countries. Further non-tested determinants of MH and/or between-country differences in their responsiveness to the population MH needs may explain this discrepancy. These results may inform future evidence-based public MH policymaking and universal preventive strategies in Europe.