

the association between AUD and SI requires a deeper analysis which includes several clinical features observed among AUD patients.

Objectives: To analyze the clinical characteristics and features associated with lifetime SI among patients who had AUD.

Methods: This is a cross-sectional study performed in an outpatient center for addiction treatment in patients seeking for treatment who met the criteria for AUD between 01/01/2010 and 12/31/2021. Patients were evaluated with an ad-hoc questionnaire and the European Addiction Severity Index (EuropASI), SI was evaluated using the item for SI in EuropASI.

Results: From a potential sample of $n=3729$ patients, only $n=1082$ (73.8% males; mean age 42.82 ± 12.51) met inclusion criteria and had data for the current analysis. Lifetime SI was present in 50.9% of the AUD patients. Several clinical features were related to SI, including: sex differences, any type of lifetime abuse, polyconsumption, benzodiazepine use disorder, any psychiatric diagnosis aside from SUD, and higher addiction severity according to the EuropASI.

Image:

Patient characteristic	All sample (n= 1082)	No SI group (n=531; 49.1%)	SI group (n= 551; 50.9%)	χ^2, t	P	
Sociodemographic characteristics						
Age, mean \pm SD	42.82 \pm 12.51	43.62 \pm 13.56	42.06 \pm 11.37	2.025	0.043	
Sex %	Male	73.8	52.9	47.1	17.626	<0.001
	Female	26.2	38.4	61.6		
Education %	<8 years		46.6	53.4	3.144	0.076
	\geq 8 years		53.4	50.6		
Marital status %	Single	37.4	46.8	53.2		
	Married	35.7	55.5	44.5		
	Divorced	23.7	44.1	55.9	9.354	0.025
	Widowed	3.2	48.5	51.5		
Lifetime emotional abuse	Yes	35.9	36.9	63.1	37.337	<0.001
	No	64.1	56.3	43.7		
Lifetime physical abuse	Yes	24.0	36.6	63.4	21.893	<0.001
	No	76.0	53.3	46.7		
Lifetime sexual abuse	Yes	11.0	26.3	73.3	28.247	<0.001
	No	89.0	52.2	47.8		
SUD variables						
Three or more SUD, %	Yes	33.6	40.9	59.1	14.549	<0.001
	No	66.4	53.2	46.8		
Amount of lifetime SUDs	3.46 \pm 1.94	3.22 \pm 1.89	3.69 \pm 1.96	4.003	<0.001	
Alcohol use disorder onset (years), mean \pm SD	21.92 \pm 10.37	22.09 \pm 10.61	21.75 \pm 10.14	0.472	0.637	
Cannabis use disorder, %	Yes	62.4	46.5	53.5	4.696	0.030
	No	37.4	53.3	46.7		
Cannabis use disorder onset (years), mean \pm SD	17.65 \pm 6.96	17.72 \pm 6.99	17.60 \pm 6.95	0.176	0.860	
Cocaine use disorder %	Yes	65.9	45.9	54.1	7.867	0.005
	No	35.0	54.9	45.1		
Cocaine use disorder onset (years), mean \pm SD	23.59 \pm 7.88	23.44 \pm 7.72	23.70 \pm 8.16	0.374	0.708	
Opioid use disorder, %	Yes	24.8	42.2	57.8	6.809	0.009
	No	75.2	51.4	48.6		
Opioid use disorder onset (years), mean \pm SD	25.91 \pm 14.18	27.29 \pm 15.96	24.87 \pm 12.66	1.218	0.224	
Benzodiazepine use disorder %	Yes	35.1	38.7	61.3	25.307	<0.001
	No	64.9	54.7	45.3		
Benzodiazepine use disorder onset (years), mean \pm SD	26.85 \pm 18.72	27.31 \pm 23.89	24.27 \pm 16.78	1.878	0.062	
Psychiatric comorbidities						
Any psychiatric diagnosis other than SUD	Yes	69.7	41.5	58.5	56.940	<0.001
	No	30.3	66.5	33.5		
Amount of psychiatric disorders	1.67 \pm 1.28	1.32 \pm 1.23	2.0 \pm 1.23	9.066	<0.001	
Depressive spectrum disorders	Yes	40.5	36.5	63.5	46.349	<0.001
	No	59.5	57.6	42.4		
Anxiety spectrum disorders, %	Yes	23.8	41.2	58.8	8.270	0.004
	No	76.2	51.5	48.5		
Bipolar spectrum disorders, %	Yes	2.5	18.5	81.5	10.346	0.001
	No	97.5	49.9	50.1		
Psychotic spectrum disorders, %	Yes	6.8	29.7	70.3	16.852	0.001
	No	93.2	50.5	49.5		
ADHD, %	Yes	16.1	50.7	49.3	6.654	0.010
	No	83.9	39.9	60.1		
Any personality disorders	Yes	32.3	36.9	50.9	30.906	<0.001
	No	67.7	54.9	45.1		
Cluster A personality disorders	Yes	5.1	29.1	70.9	9.260	0.002
	No	94.9	50.1	49.9		
Cluster B personality disorders	Yes	25.0	35.1	64.9	28.439	<0.001
	No	75.0	53.8	46.2		
EuropASI	Medical	0.287 \pm 0.364	0.241 \pm 0.336	0.331 \pm 0.385	4.086	<0.001
	Employment	0.541 \pm 0.316	0.514 \pm 0.318	0.567 \pm 0.311	2.755	0.096
	Alcohol	0.273 \pm 0.279	0.252 \pm 0.285	0.293 \pm 0.290	2.396	0.017
	Drugs	0.148 \pm 0.173	0.134 \pm 0.164	0.161 \pm 0.181	2.538	0.011
	Legal	0.077 \pm 0.177	0.072 \pm 0.173	0.082 \pm 0.181	0.959	0.338
Familial	0.346 \pm 0.291	0.299 \pm 0.279	0.390 \pm 0.295	5.189	<0.001	
	Psychological	0.362 \pm 0.238	0.274 \pm 0.268	0.447 \pm 0.235	12.737	<0.001

Conclusions: SI among AUD patients is related to several clinical features which indicate a higher addiction severity, more polyconsumption, and a higher prevalence of psychiatric comorbidities. These findings may contribute to the understanding of suicidal behaviors in AUD patients but it is required further investigations, including longitudinal studies.

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Association between Religiosity/Spirituality and Substance Use among Homeless Individuals

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Introduction: Alcohol and illicit drug use are highly prevalent among the homeless population. Religiosity and spirituality (RS) have been widely associated with lower substance use. However, evidence of this relationship among the homeless is still scarce. **Objectives:** To assess the association between RS and the use of alcohol and illicit drugs among the homeless population of a large Brazilian urban center.

Methods: This cross-sectional study was conducted in São Paulo, Brazil. Aspects such as spirituality (FACIT-Sp12), religiosity (P-DUREL), religious-spiritual coping (Brief-RCOPE), and self-applied questions about current substance use (alcohol and illicit drugs) were evaluated. Adjusted Logistic Regression models were performed.

Results: A total of 456 homeless individuals were included, with an average age of 44.5 (SD=12.6) years. More than half of the participants used alcohol (55.7%) weekly and 34.2% used illicit drugs weekly. The adjusted Logistic Regression models identified that aspects of RS were associated with a lower propensity for alcohol and illicit drug use, whereas negative religious-spiritual coping strategies were associated with a higher propensity for the use of both.

Conclusions: The prevalence of alcohol and illicit drug use among participants was high. Positive RS and religious-spiritual coping were significant protective factors against the use of these substances. Conversely, negative religious-spiritual coping strategies were associated with risk factors.

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