treatment option for patients diagnosed with schizophrenia (SCZ) with comorbid SUD.
Objectives: Therefore, the main goal of the present work was to summarize literature data about DRD3 and CAR in SUDs.
Methods: A systematic review was conducted in August 2024. The full-text search was performed without filtering from four databases (PubMed, ScienceDirect, Web of Science, Cochrane Registry). In the first search "dopamine receptor D3" AND "substance use" OR "addiction" OR "dependence" OR "misuse" were used as the key search terms, and in the second search "cariprazine" AND "substance use" OR "addiction" OR "dependence" OR "misuse" were used. Duplicated studies, non-relevant articles, review articles, and animal and cell studies were excluded.
Results: In the first search, 40 articles were identified; however, 15 were excluded. In the second search, 21 articles were identified; however, 12 were excluded. Findings based on the 25 included articles show that DRD3 modulators, which are mostly agonists of the receptors, may have a positive effect on both psychotic symptoms and substance use frequency- and drug-seeking behavioral reduction. Our findings based 9 included articles demonstrate that CAR is a more effective and safe medication for SCZ with comorbid SUD than other atypical antipsychotics. It could also be suggested that in other psychiatric conditions where substance abuse is occurring CAR is also a good treatment option.
Conclusions: Based on past and current research, it's crucial to systematically evaluate the role of DRD3 for developing new therapeutic perspectives in SUDs, though more research is needed to confirm the efficacy and safety of DRD3 modulators and CAR as medications for SUDs. Furthermore, the present review suggests that CAR may be the optimal antipsychotic for treating SCZ with comorbid SUDs.

Disclosure of Interest: None Declared

EPV0069

Peer victimisation and drug use in sexual minorities

R. S. C. Lee[1]* and A. Curley[1]

[1]Melbourne School of Psychological Sciences, The University of Melbourne, Melbourne, Australia
*Corresponding author.
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Introduction: Adversity in adolescence, including peer victimisation, is associated with substance misuse in young adults, particularly in vulnerable individuals like sexual minorities. However, the potential developmental mechanisms underlying this association are yet to be fully understood.
Objectives: This study will empirically investigate the relationship between childhood adversity and addictive behaviours in young adulthood (i.e., drug use). In particular, we will examine the possible moderating role of sexual identity and orientation on drug use problems.
Methods: A total of 329 adults (aged 18 to 35 years old) were recruited into the study and included in the final analysis. Of the 329 participants, 93 identified as being a sexual minority (26.16%). A large majority of participants were women (N = 278 / 78.1%) with a mean age of 20.3 years old (SD = 3.5) and a diverse distribution of ethnicities reflective of metropolitan Australia. All participants completed an online battery of demographic, self-report, and behavioural measures. A multiple regression using Hayes' PROCESS macro for SPSS was conducted.
Results: Overall, both identifying as being a sexual minority (b = .51, p < . 05) and reporting greater peer victimisation during childhood (b = .17, p < . 01) predicted greater levels of drug use in adulthood. Over and above the independent effects of sexual orientation and peer victimisation, being a sexual minority who also experienced a high level of peer victimisation were together predictive of more pronounced drug use in adulthood (b = .25, p < . 05).
Conclusions: Identifying as being a sexual minority as well as reporting greater peer victimisation in childhood were independently predictive of potential risky drug use in adulthood. This is in keeping with theories of the role of chronic stress in the development of potentially harmful behavioural, coping mechanisms. Consistent with our hypothesis, these effects were magnified when they occurred in combination, such that sexual minorities were more susceptible to the effects of peer victimisation on later drug use. Findings from the current study contribute to the identification of a possible modifiable adolescent risk factors – that is, peer victimisation - in driving increased substance misuse in sexual minority groups, which have significant implications for targeted public health strategies for these vulnerable individuals.

Disclosure of Interest: None Declared

EPV0071

Pentazocine dependence in a 57-year-old female patient

G. P. Leonte[1]*, R. M. Rusu-Andron[1], H. G. Coman[1] and M. M. Manea[1]

[1]Psihiatrie, Spitalul Clinic Județean de Urgență, Cluj Napoca, Romania
*Corresponding author.
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Introduction: Pentazocine dependence, although rare, poses serious risks in patients with chronic pain, especially after surgical interventions. Misuse of prescribed opioid analgesics, such as Pentazocine, can lead to a wide range of medical and psychiatric complications. This case study explores the long-term effects of Pentazocine dependence in a patient with coexisting psychiatric conditions and chronic medical illnesses.
Objectives: MAM, a 57-yer-old female patient, was first introduced to Pantozocine following pancreatic surgery in 1999 for Wirsung duct calcifications, a hereditary condition. Initially prescribed for pain relief, the patient increased her dose to 14-20 vials/day over six months. Psychiatric issues, including suicidal ideation and financial distress, emerged shortly after her addiction took hold.
Methods: Between 2002 and 2024, the patient was admitted to psychiatric wards approximately 55 times. In 2003, after an accidental burn injury to her lower limbs, she began injecting Pentazocine directly into the wounds, as intramuscular administration no longer produced the desired effects. Her conditionworsened with multiple suicide attempts, including an overdose of 22 vials of Pentazocine, which she survived. During her hospitalizations, she presented with complications such as insulin dependent diabetes mellitus, mixed tissue disease, cervical spondylosis, and Raynaud's syndrome. Multiple reconstructive surgeries were performed for the wounds caused by repeated injections.