abuse and exposure to community violence. Resilience scores did not differ significantly overall, but lower resilience correlated with greater ACE severity among SUD patients. Higher ACE exposure was associated with socio-educational deprivation and clinical risk factors, including perpetuating influences on substance use. The readiness to change was reflected in higher contemplation and action scores in the SUD group.

Table 1. ACE Binary, ACE Frequency & Resilience (CD-RISC) scores amongst the participants

Score	Mean ± SD Of Cases (N=35)	Mean ± SD Of Controls (N=35)	t-test (df) (p-value)
ACE Binary Score	5.14 ± 2.25	4.17 ± 2.41	1.744 (68) (0.086)
ACE Score Freq	3.31 ± 2.18	1.54 ± 1.63	3.848 (68) (<0.001)***
CD-RISC	73.23 ± 8.69	71.51 ± 13.13	0.644(58.99) (0.522)

*** = p < 0.001 (very highly significant)

Table 2. Severity of ACE Frequency Scores Amongst The Study Participants

Group	Absent (0)	Mild (1–3)	Severe (≥4)	χ^2 value (df) p-value
Controls	13 (37.1%)	16 (45.7%)	6 (17.1%)	10.80; (2); p ≈ 0.0065**
Cases	3 (8.6%)	16 (45.7%)	16 (45.7%)	

** = p < 0.01 (highly significant)

Conclusions: Frequent and severe ACEs are strongly linked to SUDs in this Indian sample, with childhood trauma moderating resilience. These findings highlight the critical need for trauma-informed, resilience-enhancing interventions integrated into substance use treatment programmes. Early identification of childhood adversity and promotion of protective psychosocial resources may improve long-term outcomes.

Disclosure of Interest: None Declared

EPP134

Changes in Self-Reported Hunger Among Patients in Heroin-Assisted Treatment in Norway

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Introduction: Heroin-assisted treatment (HAT) is an evidence-based intervention for opioid use disorder (OUD) offered in select countries for patients unresponsive to standard treatments. It provides supervised medical heroin (diacetylmorphine) as an injection or in a tablet form in clinical settings. In 2022, Norway launched a five-year HAT model project, currently under comprehensive evaluation including medical, psychological, and social outcomes. Food security and hunger are emerging issues in addiction research but have scarcely been examined in the context of HAT.
Objectives: This sub-study investigates changes in the self-reported frequency of hunger among HAT patients in Norway over the first 12 months of treatment, and examines whether food access, demographics, substance use, and clinic site predict variation in how often patients report feeling hungry.
Methods: Self-reported data on hunger frequency and eating patterns were collected at baseline, 3, 6, and 12 months. Breakfast was provided at the Oslo clinic site but not in Bergen. Descriptive statistics characterized the cohort at baseline, and ordinal logistic regression was applied to examine changes in hunger frequency and the effects of predictors.
Results: A total of 126 participants (Bergen n = 40; Oslo n=86) were recruited, predominantly male (80.2%) with a mean age of 45.5 years (SD 9.1). Most had primary or secondary education and stable housing. Baseline site differences were observed (Table 1).

Table 1. Characteristics of participants (N=126) at study sites Bergen and Oslo

Lifetime Characteristic	Bergen (n = 40)	Oslo (n = 86)
Age, mean (SD), y	42.8 (7.8)	46.4 (10.2)
Male, No. (%)	28 (70.0)	73 (84.9)
Stable housing	33 (82.5)	63 (73.3)
Rare food access, No. (%)	8 (20.0)	26 (30.2)
Often food access, No. (%)	12 (30.0)	30 (34.9)
Always food access, No (%)	13 (32.5)	18 (20.9)
1 meal/day, No. (%)	8 (20.0)	20 (23.3)
2 meals/day, No. (%)	6 (15.0)	26 (30.2)
3 meals/day, No. (%)	11 (27.5)	24 (27.9)

Preliminary analyses showed that food access significantly predicted hunger frequency (coefficient = -0.67, p = 0.001), indicating that better food access was associated with reporting less frequent hunger. Analysis suggested further that other substance use than diacetylmorphine (coefficient = 0.75, p = 0.01) predicted lower hunger frequency. Breakfast consumption showed a significant effect (coefficient = 0.54, p = 0.02), implying that regular breakfast intake was linked to reduced hunger. Gender, age and time in treatment were not significant predictors.
Conclusions: Findings suggest that better food access and regular breakfast consumption are associated with reduced frequency of hunger among patients in heroin-assisted treatment. Interventions to improve food security and meal routines may help to alleviate hunger in this population and contribute to improved quality of life during treatment.

Disclosure of Interest: None Declared

EPP135

Screening for Substance Use Disorders in Primary Care Settings: A Systematic Review

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Introduction: Population-based screenings for substance use are highly recommended, but little is known about the screening status for substances in primary care settings (PCSs).
Objectives: This systematic review aims to understand what screening tools are used, barriers that impact screenings, and opportunities to improve screenings.

Methods: Articles focusing on the utilization of screening tools for substance use disorders (SUDs) within PCSs were considered for inclusion. Searches on PubMed and Embase databases were conducted from April 25, 2022 through July 22, 2022, which yielded 487 results; only 32 articles meeting the inclusion and exclusion criteria were included.
Results: Among all substances, alcohol is the most screened for at PCSs, with 20 studies included in this article. This was followed by opioids (n = 11), other illicit drugs (n = 8), cannabis (n = 6), and nicotine (n = 2). The Alcohol Use Disorders Identification Test was the screening tool most used. Most studies utilized different screening tools to screen for the same substances. Identified barriers include no referral to treatment upon positive screenings, lack of training in providing intervention, and no recognition of the effectiveness of intervention services.
Conclusions: Our search resulted in only 32 studies focusing on substance screening at PCSs, indicating that substance screening may not be conducted as recommended or formally. Integrating patient-centered SUDs screening in PCSs is challenging but could be feasible via implementation strategies to address barriers. Future studies focusing on the feasibility, acceptability, and effectiveness of screening tools in PCSs may increase the screening rates for early identification and intervention for SUDs.

Disclosure of Interest: None Declared

EPP136

Prescription stimulants for Medication-assisted treatment of Cocaine Use Disorder: A Case study and review of literature

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Introduction: Cocaine use disorder (CUD) remains a challenging condition to treat, with high rates of relapse despite various interventions and without any FDA-approved treatments. Psychostimulants, such as dextroamphetamine, have emerged as a promising pharmacological treatment to reduce relapse and cravings in CUD.
Objectives: We will investigate potential treatment options for CUD and highlight a patient case study as well as a review of literature.
Methods: The Institutional review board approval was waivered. Electronic Medical Records were reviewed for this case. Our case study focuses on a 43-year-old male who was diagnosed with ADHD in childhood. He had been prescribed dextroamphetamine for most of his adolescent and adult life, until he began using cocaine two years ago. He reported using one to two grams of cocaine daily via insufflation. After this initial use, the patient was unable to remain in remission from cocaine use for more than two weeks at a time. The patient also had a history of occasional cannabis use. His use of cocaine caused significant damage to his social, emotional, and occupational functioning. Given the patient's history of tolerating and responding well to dextroamphetamine-amphetamine salts for ADHD, it was decided that he would restart this medication for both ADHD and as a potential treatment for CUD.
Results: At the initial visit, Dextroamphetamine-amphetamine salts were started at 10 mg twice daily and titrated to 20 mg three times daily (instant release formulation) over the course of 4 months. Following initiation, the patient was required to repeat urine drug screens (UDS) monthly at each clinical visit. UDS was positive for cocaine prior the initiation but remained negative on all subsequent tests. At each visit, the patient completed the Cocaine Craving Scale (CCS), a validated self-report questionnaire used to assess current craving intensity. The initial CCS score was 45, the highest possible score. His CCS scores decreased to 3-21 over the subsequent 6 months, and has since helped the patient maintain sobriety.
Conclusions: Currently there are no FDA approved treatments for CUD. Dextroamphetamine shows promise as a potential pharmacological option for preventing relapses and cravings in certain subsets of individuals with CUD. Clinicians must weigh the risks of stimulant misuse with the potential therapeutic benefits in the context of a comprehensive treatment approach.

Disclosure of Interest: None Declared

EPP137

Longitudinal disturbances of objective sleep architecture in cocaine use disorder: A translational systematic review

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Introduction: Cocaine Use Disorder (CUD) is frequently associated with severe and persistent sleep disturbances, affecting both the initiation and maintenance of abstinence. Despite their clinical relevance, the nature, timeline, and underlying neurobiological mechanisms of these disturbances remain insufficiently understood. In particular, objective sleep measures have not been systematically explored across different stages of cocaine use and withdrawal. Improved knowledge of these disruptions is critical for identifying new therapeutic targets and reducing relapse risk.
Objectives: This systematic review aimed to characterize objective alterations in sleep architecture associated with cocaine use and its withdrawal phases. A secondary aim was to compare findings between human and animal studies to identify converging patterns and highlight potential translational mechanisms.
Methods: A systematic search was conducted across PubMed, PsycInfo, and Google Scholar databases, following PRISMA guidelines. Inclusion criteria covered original studies reporting objective sleep data (PSG, EEG, or actigraphy) in the context of cocaine use or withdrawal, in both humans and animal models. Studies involving significant psychiatric comorbidities or other substance use (excluding nicotine) were excluded. Risk of bias was assessed using NIH and ARRIVE tools.
Results: A total of 19 studies were included (12 human, 7 animal). In both populations, cocaine use was associated with reduced total sleep time (TST), decreased sleep efficiency (SE), prolonged sleep

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