EMCDDA Best practice portal update (3/2020)

Substitution treatment for stimulants users?

Finding a pharmacological treatment for stimulant users has been a research priority for the last decade. Many classes of drugs have been tested: antidepressants, dopamine agonists, antipsychotics, anticonvulsants, disulfiram, opioid agonists, N-Acetylcysteine; without conclusive results.

However in the past couple of years reviews have started to point out the promising effects of psychostimulants. Studies have mainly focused on prescription psychostimulants (PPs) such as modafinil, methylphenidate,or amphetamines (mixed amphetamine salts, lisdexamphetamine, and dextroamphetamine). Psychostimulant treatment has a similar pharmacological rationale as other evidence-based substitution treatments like nicotine replacement and opioid agonist therapies. An “agonist” medication would have a similar pharmacologic and behavioral effect as the drug of abuse, providing relief of craving and other symptoms of acute and protracted withdrawal. Treatment with PPs should be implemented cautiously due to the potential for euphoric effects and the risk of misuse and diversion. However, these medications are widely used for the treatment of attention-deficit hyperactivity disorder (ADHD) and have overall good safety profile when used in healthy children and adults

In our latest Best Practice Portal update we highlight a very recent meta-analysis that systematically reviewed trials testing selected PPs as treatment for patients with cocaine or amphetamine-type substance use disorder (PSUD). The pooled analysis found that prescription psychostimulants, particularly prescription amphetamines given in higher doses, have a clinically significant effect to promote abstinence in the treatment of individuals with PSUD, specifically the population with cocaine use disorder.
The review suggests that a structured model of care using PPs similar to methadone clinics could be an alternative for outpatient medication-based intervention for patients with PSUDs, and calls for feasibility studies of this “agonist-type” pharmacological intervention. In real-world scenarios, one possible strategy is to offer treatment with prescription amphetamines in the setting of an opioid treatment programmes.

Evidence summaries are available at the Best practice portal (BPP).

Mindfulness for substance use disorders

A new BPP update highlights structured mindfulness-based interventions (MBIs) beneficial effects on craving management, as well as promising effects on psychiatric outcomes, including depression and anxiety symptoms. One of the key components of SUD is a desire (i.e. craving) to engage in substance use due to habit or a desire to increase momentary enjoyment or avoid discomfort.

One of the primary aims of the manualised mindfulness-based protocols reviewed in the BPP is bringing focused attention to whatever is arising in the present moment (i.e. craving, sadness, pain, etc.) without judgment, and without a need to engage with, including actively avoiding, those feelings. Mitigating the sustained, motivated focus on substance-related cues, as well as the individual's reaction to these cues, may prove to be one of the most beneficial aspects of MBIs in the treatment of SUD.

mHealth: good news from the future

Mobile health (mHealth) is defined as the use of mobile and wireless devices to deliver healthcare. Reactive or connected mHealth interventions collect data to provide customized responses to user input in real time. A new BPP entry highlights the results of a recent systematic review confirming the mounting evidence that mHealth interventions can be effective in reducing craving and substance use. Connected interventions may serve as an adjunct and/or an extension of traditional clinician delivered interventions. A more cost efficient and flexible alternative to in-person behavioral health services for individuals whose access to these services is impaired due to financial or logistic reasons.

European Drugs Winter and Summer Schools

Following the big success of the online Drugs Summer School 2020, and in order to keep our very popular face-to-face Summer School in Lisbon in 2021, next year we will organize two different Drugs School Events:

- an **online Winter School (1-12th March 2021)** with a special focus on 'Responses and preparedness to health related threads (COVID-19 lessons learnt)
- a **face-to-face Summer School in Lisbon (28th June-2nd July 2021)** with a special focus on 'Responses for Vulnerable groups'.

For the Drugs Spring School, live sessions with experts and practitioners will be held in the early afternoon (Lisbon Time, GMT +1 to GMT +3/4). Virtual tours to field work will be included. Individual exercises sessions will be organised every day which will be corrected within 24 hours

Webinar series

The EMCDDA series of webinars will start again on the 12th of November with the Launch of the ESPAD report. The new series will include three types of webinars always in the form of conversation with key invitees: to launch EMCDDA products, to discuss new topics and with strategic partners. In all of them an EMCDDA chairperson will discuss with invitees who will also answer questions from the public.

ESPAD webinar registration form.
Check the EMCDDA's calendar of events for upcoming webinars.

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