

State-of-the-Art Lecture: Opioid and Stimulant Substitution Treatment

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Opioid use disorder is associated with excess mortality and morbidities, as well as other adverse events. The mortality rate of individuals with opioid use disorder is about 6 to 20 times greater than that of the general population, with overdose as the most common cause. The evidence strongly supports the use of opioid substitution therapies to reduce illicit opioid use and to retain patients in treatment, with methadone maintenance remaining the gold standard of care. Combined buprenorphine/naloxone also demonstrates significant efficacy and favorable safety as does buprenorphine monotherapy in pregnant women. The evidence for antagonist therapies is less strong. Oral naltrexone demonstrates poor adherence, although there is positive early evidence for extended-release naltrexone, which is not subject to misuse or diversion and does not present a risk of overdose on its own. Recently, supervised injectable heroin treatment has emerged as a potential treatment option for heroin users who have not responded to standard treatments such as oral methadone maintenance treatment. Existing treatment options for opioid use disorder need to be implemented more widely with focus on lowering thresholds and increasing availability to treatment, while maintaining programme quality. Worldwide, the use of amphetamine-type stimulants (ATS) is greater than the use of opiates and cocaine, combined. In spite of the magnitude of the problem, there are few evidence-based treatment options for ATS addiction. Clinical trials of stimulant substitution for ATS dependence have provided inconsistent findings. However, negative findings may be explained by dosing, duration of treatment, or sample size, and future research should explore these variables. Finally, all substitution pharmacotherapies need to be delivered in the context of appropriate behavioural and cognitive psychotherapies which are rapidly evolving.