



Canadian Institutes of Health Research Instituts de recherche en santé du Canada

Discoveries for life / Découvertes pour la vie

What Works for Methamphetamine Use Disorder? An Overview of Reviews

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Vancouver Coastal Health



BC Centre for Disease Control
An agency of the Provincial Health Services Authority



Canadian Centre on Substance Use and Addiction



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Land Acknowledgment

I respectfully acknowledge that I am speaking today as uninvited guest on the unceded traditional territory of the Coast Salish peoples, including the territories of the x^wməθkwəyəm (Musqueam), Skwxwú7mesh (Squamish), & Səlilwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

I also acknowledge there are other Indigenous people that live on these lands that originate from their respective territories outside these lands, the Chartered Communities of the Metis Nation BC and Inuit

Background and Research Questions

Background

- Several harm reduction, psychosocial, and pharmacological interventions have been examined to support people living with MA/A use disorder.
- There is a lack of consensus over the most effective and acceptable combination of interventions.

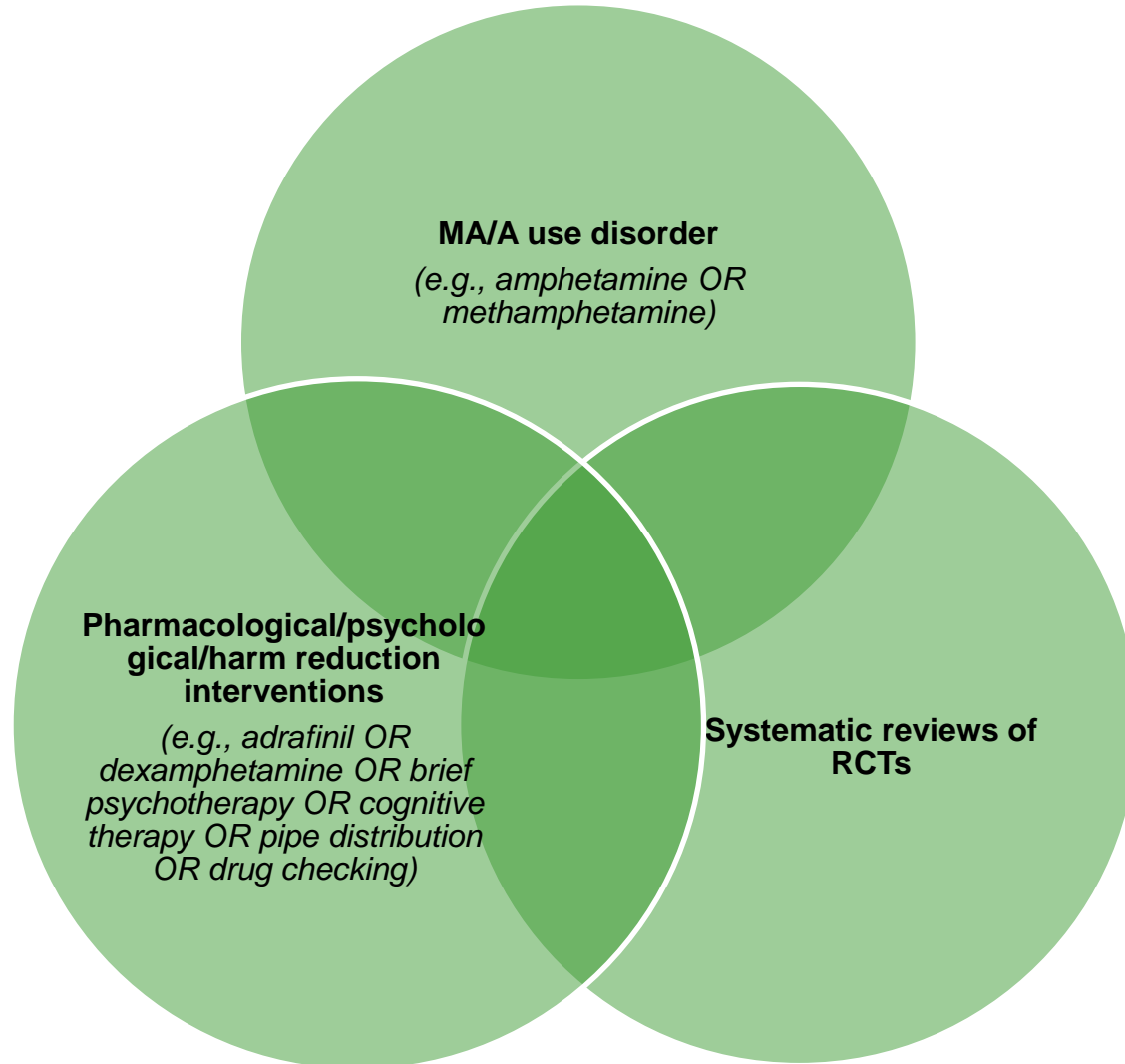
Research Questions

- What are the comparative benefits, harms, and unintended impacts of existing pharmacological, psychosocial, and harm reduction interventions in adults with MA/A use disorder?
- What combinations of interventions are most effective and acceptable in reducing and addressing MA/A use disorder?

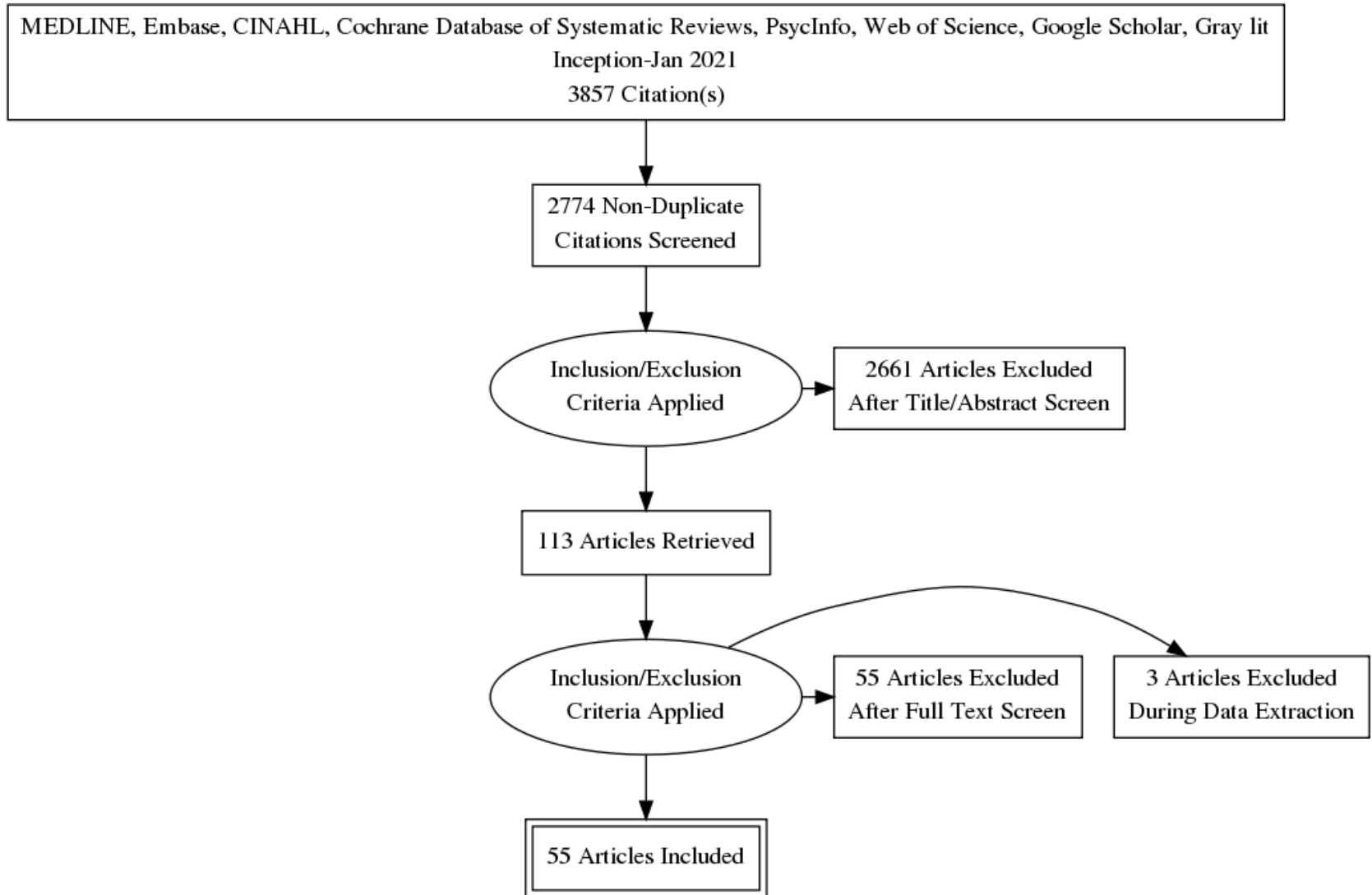
Methods

- Overview of reviews including systematic reviews of randomized controlled trials on pharmacological, psychosocial, and harm reduction interventions for adults with MA/A use disorder

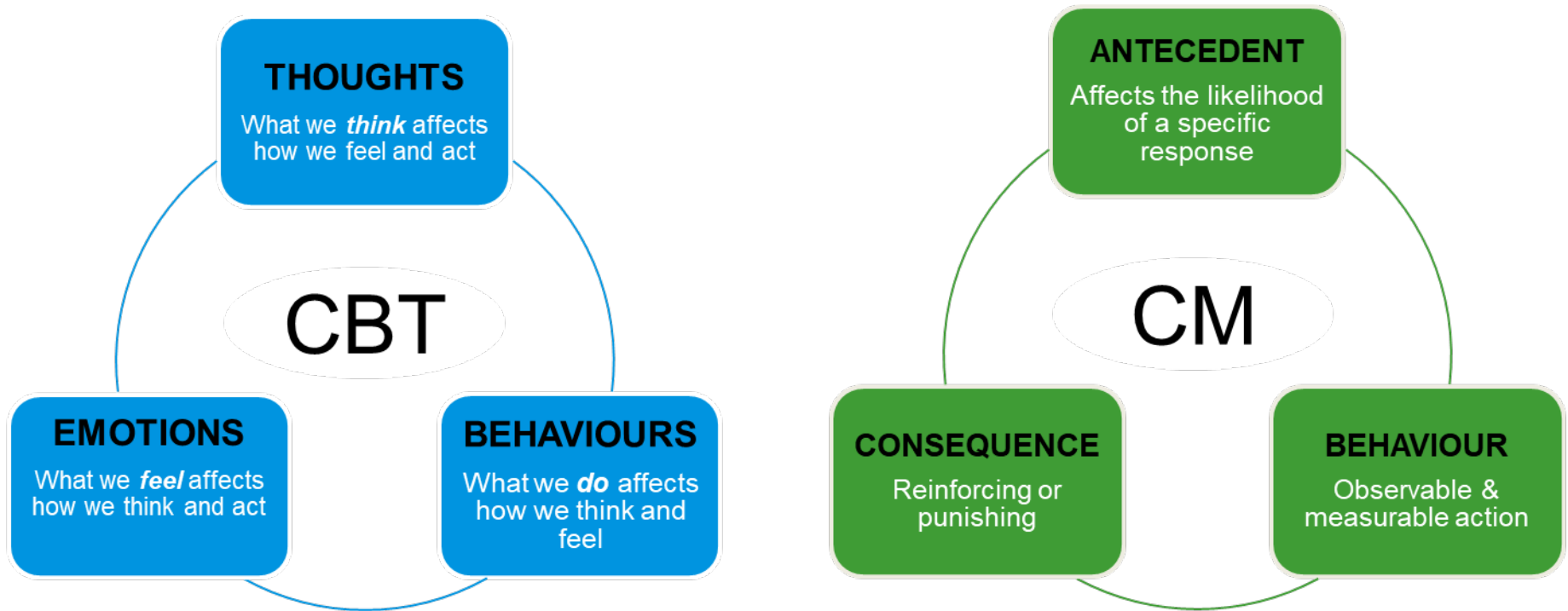
Search Concepts



PRISMA Flowchart

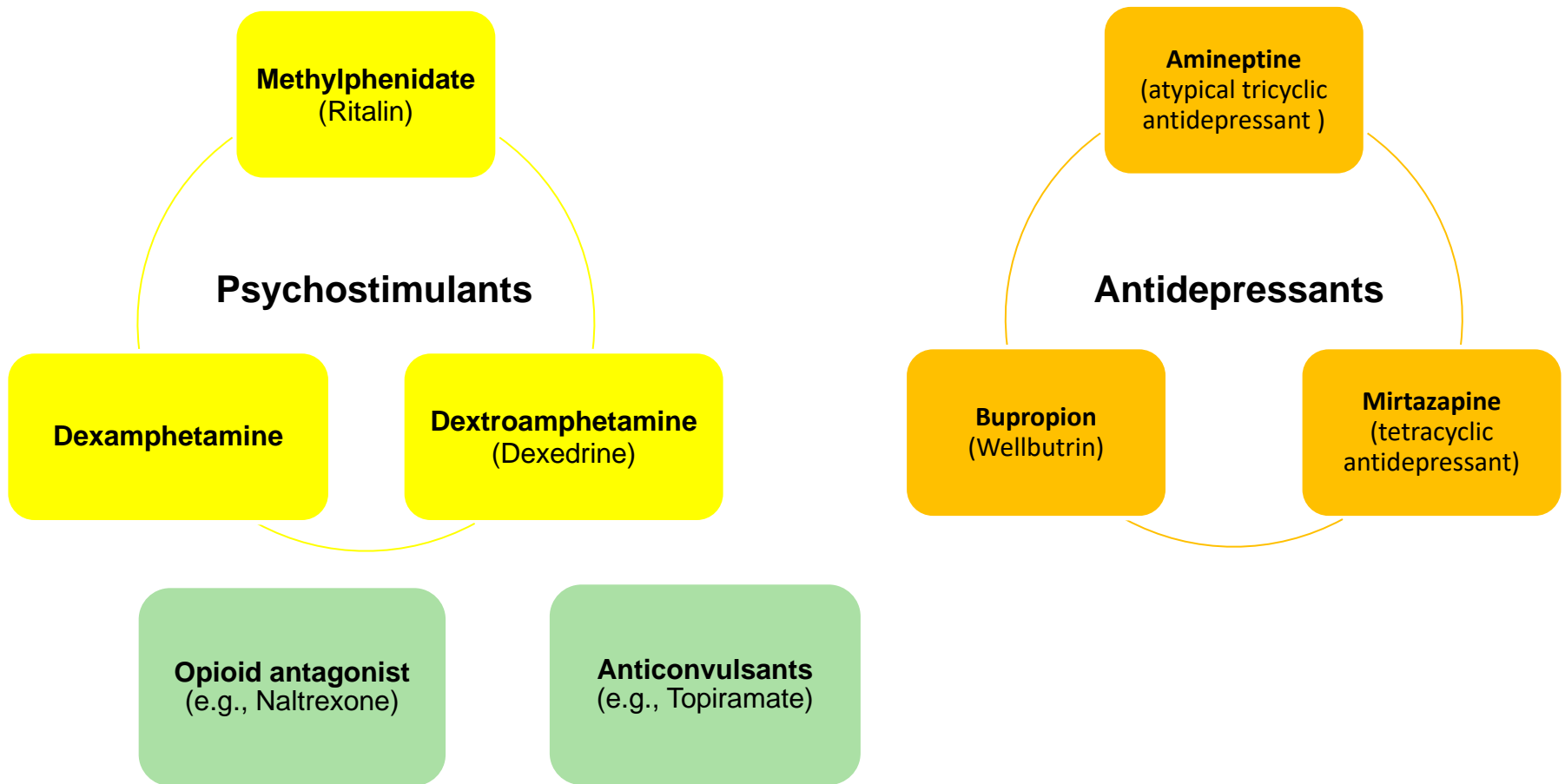


Project Outcomes (Non-pharmacological interventions)



Cognitive behavioral therapy (CBT) & contingency management (CM) have the strongest evidence base

Project Outcomes (Pharmacological interventions)



Little to no effect has been reported for pharmacological interventions, most of which are based on low-quality and small sample size RCTs with high rates of dropouts.

Project Outcomes (Harm reduction interventions)



No randomized intervention on harm reduction interventions were found.

Booty bumping – mixing drug with water and administering rectally using syringe without needle

Challenges & Limitations

- The COVID-19 pandemic shifted the team's priorities
- Most existing evidence focused on stimulant use disorders, primarily cocaine use disorder
- Evidence base is limited to certain subgroups of people with MA/A use disorder
- Length of treatment interventions was often short with small sample sizes

Next steps

- Large and long-term RCTs needed to fill important knowledge gaps
- Polysubstance use populations need to be taken in account in inclusion/exclusion criteria
- Emphasis on client-centered outcomes
- Clinical research needed on harm reduction-based interventions