An overview of reviews of the evidence for substance use interventions.

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Introduction: Evidence to support interventions for illicit substance use is often found in systematic reviews of randomised controlled trials (RCTs). However, they require extensive reviewing of the literature and compilation of data to synthesis evidence from often disparate sources. The aim was to conduct an overview of systematic reviews on the evidence to support interventions for cannabis, opioid and stimulant use disorders, compile evidence statements, and document the quality of the evidence available.

Method: Pubmed for indexed systematic reviews and meta-analyses was searched from 2010 to March 2021 for evidence relating to interventions for illicit substance use. Data were extracted on the evidence for interventions from these reviews (referred to as "evidence statements") and each was provided with a quality rating using GRADE.

Results: We extracted 47 evidence statements pertaining to 3 topics: interventions for cannabis use disorder (n= 8), opioid use disorder (n= 27), and stimulant use disorder (n= 12). Moderate to high quality evidence (n= 13) was largely constrained to interventions for opioid use disorder (specifically opioid agonist therapy and withdrawal management for opioid use) and stimulant use disorder (psychosocial interventions). Within this, there was good evidence of benefits for opioid agonist treatment, medically supported opioid withdrawal, and psychosocial interventions for stimulant use disorders.

Conclusions: There is good evidence to support several currently used approaches for substance use disorders. However, much of the evidence for other interventions is low quality, including interventions to address cannabis use disorder, pharmacotherapies for stimulant use disorder, and alternatives to opioid agonist treatment.

Implications for Practice or Policy: To facilitate dissemination of this evidence we have developed a website which summarises the evidence statements and accompanying quality ratings for policymakers and practitioners to access. This provides policymakers and practitioners with a timely, convenient, and accessible synthesis of the best available evidence in the field.