

## **A Heuristic for Evaluating Methamphetamine Withdrawal Treatment Programs**

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**Introduction:** Withdrawal from drugs or alcohol refers to the rapid reversal of neuroadaptation to chronic substance upon cessation. In the case of methamphetamine (MA), withdrawal is accompanied by negative symptoms and cravings, forming a significant barrier to people engaging with care or meeting their goals. To an extent, effective agonist treatments of opioid withdrawal have offered an opportunity to redefine the place of medication in, and goals of, withdrawal treatment overall. The place of MA withdrawal treatment is still unclear in terms of managing risks, ongoing success of treatment and what treatment success means. Nonetheless, there is community demand for MA withdrawal services.

**Approach:** Here we propose a heuristic for evaluating withdrawal treatments and programs against: Accessibility through cost and setting; Acceptability of withdrawal symptom severity, side effects and convenience, and; Effectiveness of the intervention through safety and facilitating linkages with ongoing care. This approach is based on principals from current withdrawal guidelines which focus on symptomatic management and engagement in care without need for long-term abstinence.

**Key Findings:** This heuristic was used to assess lisdexamfetamine as a treatment of acute MA withdrawal. Lisdexamfetamine is an accessible medication as it is already available for other indications. It is however comparatively expensive compared to other dexamphetamine formulations, and currently only studied in inpatient settings which can limit generalisability of findings. Previous studies suggest withdrawal severity may be reduced in people who take lisdexamfetamine with minimal side effects and once-daily dosing. Participants of one pilot study thought that the medication helped them complete day-to-day tasks, including engaging with healthcare workers and follow-up services. The medication has a promising safety profile.

**Discussions and Conclusions:** The heuristic proposed gives a mechanism for ensuring that future interventions meet the needs of people who use drugs. Future implementation processes should be co-designed with people with lived-experience.

**Implications for Practice or Policy:** Despite advances in defining the purpose of withdrawal, the success of treatment programs is still defined by number of treatment episodes. This heuristic gives policy makers, funders and service providers a tool to assess the role of any potential new treatment option in person-centred terms.

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