

# INTEGRATING ADHD TREATMENT INTO STIMULANT USE SERVICES IN UKRAINE: A MULTI-SITE OPERATIONAL MODEL OF CARE

## Authors:

Malakhova M<sup>1</sup>, Orlov O<sup>1,2</sup>

<sup>1</sup> Alliance for Public Health, Kyiv, Ukraine, <sup>2</sup> Institute of Special Pedagogy and Psychology named after M. Yarmachenko, National Academy of Educational Sciences of Ukraine

## Background:

Illicit stimulant use is increasing globally and in Eastern Europe, while pharmacological treatment options remain limited. Attention-deficit/hyperactivity disorder (ADHD) is common among people who use stimulants and may contribute to continued stimulant use and functional instability. In Ukraine, access to ADHD diagnosis and treatment among people engaged in addiction services has historically been limited. To address this gap, a pilot operational study was implemented to integrate ADHD treatment with methylphenidate into routine addiction treatment services.

## Description of model of care/intervention/program:

The intervention was implemented across seven clinical sites in six Ukrainian cities through both public narcology dispensaries and private addiction treatment clinics. Adults with suspected ADHD and illicit stimulant use were assessed by psychiatrists using structured clinical screening tools. Eligible participants initiated methylphenidate treatment following standard adult prescribing protocols. Dosing was individually titrated with daily supervised administration during stabilization, followed by conditional transition to 10-day take-home dosing based on adherence and clinical risk assessment. Participants received regular psychiatric consultations to monitor treatment response, side effects, and substance use patterns.

## Effectiveness:

A total of 105 participants were enrolled, with 31 completing at least six months of treatment at the time of analysis. Weekly or more frequent stimulant use decreased from 59.4% (19/31) at baseline to 9.4% (3/31) at follow-up. Stimulant-related ASSIST severity scores decreased from 10.42 to 2.90 ( $p < 0.01$ ), while alcohol-related severity decreased from 7.87 to 5.37 ( $p < 0.05$ ). Quality of life improved across physical, psychological, and environmental domains of the WHOQOL-BREF. No increase in opioid or other high-risk substance use was observed.

## Conclusion and next steps:

Integrating ADHD pharmacotherapy within addiction treatment services is feasible and associated with reduced stimulant use and improved quality of life. These findings support expansion and controlled evaluation of stimulant treatment models for people with ADHD engaged in substance use services.

## Disclosure of Interest Statement: *See example below:*

*The authors declare no conflicts of interest related to this study.*