

Letters

Evidence base to support using prescribed psychostimulants to treat psychostimulant use disorder is limited

In their *CMAJ* article, Drs. Palis and MacDonald¹ advocate for expanded utilization of prescribed psychostimulants as a treatment option within the care continuum for people with stimulant use disorders. Although addressing the drug overdose crisis is imperative, the evidence supporting the authors' proposal is limited, and their argument does not adequately address the potential risks.

Unlike substitution therapies for opioid use disorders, the effectiveness of prescribed psychostimulants for stimulant use disorders is uncertain. Most reviews and meta-analyses, including Tardelli and colleagues' study, concluded that evidence supporting pharmacologic interventions for these disorders is lacking and the benefits of prescribed stimulants in treating stimulant use disorders are not well established.^{2,3}

Prescribed stimulants carry substantial risks, particularly for people using methamphetamines, where the risk of psychosis is high.⁴ Evidence of their potential to reduce cravings for illicit stimulants remains inconclusive.⁵

Prescribed stimulants might have a role for some select individuals with opioid and stimulant use disorders (without a history of psychosis), but broader integration is not supported by evidence.⁶ Rigorous clinical trials assessing factors such as adherence, substance use patterns, retention, cravings and overdoses are essential before widespread implementation. Comprehensive services should accompany prescribing, including housing, medical care and psychiatric support, alongside evidence-

based strategies like contingency management.

Although exploring the role of prescription stimulants is promising, careful consideration is vital to avoid unintended harm. Well-designed clinical trials will yield insights into benefits and risks, guiding treatment decisions and ensuring patient safety in managing stimulant use disorders.

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