

EMCDDA Best practice portal update

Neurostimulation techniques for the treatment of substance use

The continuous research on the treatment of substance use dependence has [identified the potential of some neurostimulation techniques to reduce substance use](#) and cravings. Transcranial magnetic stimulation (TMS), for instance, is a non-invasive and relatively painless procedure that uses magnetic fields to stimulate small regions of the brain to treat or improve a variety of symptoms and conditions. Repetitive transcranial magnetic stimulation (rTMS) is increasingly used in the treatment of substance use dependence, particularly of nicotine, but also of alcohol and illicit substances. Yet its effectiveness remains undetermined.

A recent systematic review of several rTMS protocols has found [no conclusive evidence of effectiveness on reduced substance use or cravings](#), even though some particular protocols showed promising results. Evidence summaries are available at the [Best practice portal](#).

Gabapentin in the treatment of substance use disorders

Gabapentin (GBP) is an anticonvulsant medication used in the treatment of seizures, restless legs syndrome and other conditions. Although an increasing number studies propose the use of GBP for the treatment of substance use disorders, a recent systematic review found [no significant evidence of effect of GBP for substance use dependence](#).

Brief interventions for cannabis use

Brief interventions (BIs) are short interventions consisting of one of several sessions, each taking between 5 to 60 minutes, usually conducted individually and in-person. In the new round of updates to the Best practice portal, we found there were [insufficient data to conclude that brief interventions \(BIs\) for cannabis use in postsecondary settings are either effective or ineffective](#).

Spiritual/religious interventions

Spiritual/religious interventions are interventions that include a key component of spirituality or religiosity. Prayer, Rites of Passage, and 12-step interventions are some examples. In this new round of updates we found [no evidence of effect of spiritual/religious interventions in the treatment of substance use disorders](#).

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