Taming the High – Are There Stabilizing Medications for Stimulant Use Disorder?

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Aims: No pharmacological stabilising treatments are currently approved for stimulant use disorder, despite its rapidly increasing global prevalence. Stimulants–including methamphetamine, amphetamine, and cocaine–continue to rise in production and availability worldwide. Methamphetamine remains one of the most misused Class A drugs. In Singapore, Methamphetamine–commonly known as "ICE"–is the leading drug implicated in arrests. In the absence of effective treatments, patients' lived experiences may provide insights into potential therapeutic strategies.
Methods: We describe two cases illustrating non-prescription use of Armodafinil among individuals with methamphetamine use disorder.

Mr M, a 40-year-old Indian man with methamphetamine use disorder with three prior incarcerations for methamphetamine-related offences, presented to the emergency department with methamphetamine withdrawal symptoms and poor sleep. He reported intermittent use of ICE over the preceding three months. He disclosed substituting with armodafinil when unable to obtain ICE from his usual supplier. He described armodafinil as improving focus and mood, enabling him to function in daily activities, including his work as a cleaner, without producing the euphoric "high" associated with methamphetamine.

Mr N, a 54-year-old Malay man with methamphetamine use disorder, sedative–hypnotic use disorder, and prior drug-induced psychotic episodes, was brought to clinic by his cousin. He presented with acute psychotic symptoms, including auditory and visual hallucinations and grandiose delusions, along with insomnia of two days. After stabilisation with antipsychotic treatment, he denied recent ICE use but disclosed regular armodafinil use over several months. He reported ingesting approximately 500 mg of daily dose, purchased illicitly, to maintain alertness and daily functioning. He described armodafinil as more effective and longer-lasting than caffeinated beverages and denied cravings comparable to ICE.
Results: Chronic stimulant exposure dysregulates dopaminergic and noradrenergic neurotransmission, resulting in blunted reward processing, and compulsive drug-seeking. Modafinil and armodafinil, approved for sleep–wake disorders, act via atypical dopamine transporter inhibition. Modafinil has been explored as a substitution agent in stimulant use disorder, though randomised controlled trials have not demonstrated clear relapse-prevention efficacy. There has been no trials of armodafinil yet. Mechanistically, armodafinil is more potent and longer-acting than modafinil. This case study shows its risks, including psychosis and insomnia, particularly at high or unsupervised doses.
Conclusion: These cases highlight an emergent, patient-driven harm-reduction pattern in which Armodafinil is used as a functional substitute for methamphetamine to preserve wakefulness and daily functioning. This behaviour underscores the unmet need for stabilising pharmacological options in stimulant use disorder and warrants further systematic investigations.

Abstracts were reviewed by the RCPsych Academic Faculty rather than by the standard *BJPsych Open* peer review process and should not be quoted as peer-reviewed by *BJPsych Open* in any subsequent publication.

Assessing Criminal Responsibility in a Young Offender With Autism Spectrum Disorder: A Forensic Case Study

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Aims: Autism Spectrum Disorder (ASD) is associated with social communication deficits, atypical social cognition, and behavioural regulation difficulties, which can complicate forensic evaluations of criminal responsibility. This case study aims to illustrate the assessment process and clinical reasoning used to determine criminal responsibility in a young offender with ASD and below-average intellectual functioning.
Methods: A 17-year-old male was referred for forensic psychiatric assessment following an alleged vehicle theft and reckless driving. A multidisciplinary evaluation was undertaken including psychiatric assessment (developmental, behavioural, substance use history and mental state examination) and clinical psychological testing. ASD assessment used ADI-R and ADOS; cognitive functioning was assessed using the Stanford-Binet Intelligence Scales (Fifth Edition).
Results: Assessment findings supported a diagnosis of ASD with moderate symptom severity and significant social communication deficits. Cognitive testing showed below-average intellectual functioning (Full-Scale IQ 82) with relative strengths in visual-spatial processing and weaknesses in quantitative reasoning and knowledge domains. Clinically, the patient demonstrated limited insight into broader social consequences and reduced emotional reciprocity, without evidence of psychosis. Despite neurodevelopmental vulnerabilities and contextual risk factors (including alcohol use), the forensic conclusion was that the capacity to distinguish right from wrong at the time of the alleged offence was preserved, and criminal responsibility was not negated. The case highlights how ASD-related impairments may affect judgement and impulsivity while still allowing intact understanding of wrongfulness, underscoring the need for structured, ASD-informed forensic formulation.
Conclusion: Forensic assessments of adolescents with ASD should integrate developmental history, structured ASD measures, cognitive profiling, and careful analysis of moral/legal understanding at the material time. This case supports a nuanced approach that balances legal accountability with neurodevelopmental formulation and recommends tailored interventions (e.g., behavioural therapy, social skills work and family psychoeducation) to reduce future risk.

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Digit-Induced Globe Rupture in a Patient With Mixed Personality Disorder: A Rare Form of Self-Harm

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