

those that extend the dopamine hypothesis through three distinct mechanisms: (1) downstream dopamine neuromodulation through antagonism of the cannabinoid-1 receptor or the dopamine-3 receptor, expressed behaviourally as blockade of cue-elicited craving; (2) reduction of stress-induced drug reinstatement through inhibition of corticotropin release; or (3) promotion of dopamine stabilisation with partial or mixed-action agonism at dopamine receptors (eg, aripiprazole).¹⁵

The conferment of passive immunity to cocaine through high-affinity monoclonal antibodies, thereby preventing cocaine's entry into the CNS, might offer new vistas for the management of cocaine overdoses. This strategy, in combination with appropriate behavioural treatments or adjunctive drugs, could be used to prevent relapse.²⁰

In view of the pace of recent developments, there is every reason to hope that new drugs for speedballing and cocaine dependence, perhaps combined with specific behavioural treatments, are on the horizon.

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I thank the National Institute on Drug Abuse for its support through grants 2 R01 DA12191-05 and 1 R01 DA017296-01A1. I declare that I have no conflict of interest.

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Indigenous health

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Today's *Lancet* sees the start of a series of four reviews on indigenous health. Ian Anderson and colleagues begin with the issues for Indigenous people in Australia and the Pacific; their review will be followed by reports from Latin America, the Caribbean, and Africa, concluding with a general overview. Carolyn Stephens, Clive Nettleton, John Porter, and Ruth Willis have been our guides in the series, and have written the overview. We are indebted to them for their hard work and the support they gave to some of the Indigenous people contributing to the series.

We are also publishing research papers covering some of the issues in indigenous health. One such paper will appear with each review, and two will be published online before printing. Extra material on our website, such as testimonies by Indigenous people, photographs, and video streams, will also be available over the 4 weeks. The whole collection will be made freely available in a special collection on the website.

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