**EMCDDA Best practice portal update**

**Psychosocial interventions to reduce cocaine and amphetamine use**

Prolonged use of stimulants such as amphetamines and cocaine may result in significant mental and physical illness but, to date, there is no widely accepted treatment. Psychosocial interventions are often the first-line of action as there are no pharmacotherapies approved for its treatment. However, little is known about which interventions, if any, are more effective for the treatment of these disorders.

Further to the previous Best practice portal (BPP) newsletter, which addressed recent evidence on treatment options for amphetamine-type stimulant disorders, we found new evidence on psychosocial interventions to reduce cocaine and amphetamine use.

A [recent systematic review](http://www.emcdda.europa.eu/best-practice/evidence-summaries/contingency-management-community-reinforcement-approach-reduce-cocaine-and-amphetamine-use_en) compared the efficacy of different psychosocial interventions, alone or in combination, to reduce cocaine and amphetamine use. It found that contingency management combined with community reinforcement approaches appears to be the most efficient psychosocial intervention for the treatment of these disorders.

Contingency management is a behavioural approach that consists of rewarding individuals for evidence of positive behavioural change. When applied to the treatment of substance use disorders, contingency management provides users with rewards upon drug-free urine samples. A community reinforcement approach is a multi-layered behavioural treatment intervention to help individuals adjust their lifestyles so that healthy living becomes more rewarding and enjoyable than substance use. It involves functional analysis of substance use, coping-skills training, relapse prevention, and social, familial, recreational, and vocational reinforcements.

**Prescription monitoring programmes**

Prescription monitoring programmes (PMPs) seek to prevent the overuse and misuse of prescription drugs by compiling and monitoring data on the prescribing practices of healthcare providers and on the medications that patients receive. A recent systematic review found [no significant evidence of effect of PMPs on opioid prescribing and dispensing](http://www.emcdda.europa.eu/best-practice/evidence-summaries/prescription-monitoring-programmes-pmps-reduce-opioid-prescription-dispension-and-use_en). Further studies are needed to determine its effectiveness.

**Telemedicine-delivered treatment interventions**

In the new round of updates to the Best practice portal, we found [there were insufficient data to conclude that telemedicine-delivered treatment interventions are effective, or ineffective, in treating substance use disorders](http://www.emcdda.europa.eu/best-practice/evidence-summaries/telemedicine-delivered-treatment-interventions-substance-use-disorders_en). However, studies examined in a recent systematic review suggest that this type of intervention may be an effective alternative when face-to-face treatment is less available.

**Other BPP updates**

In this new round of updates we found little or no evidence of effect for:

* [assertive community treatment](http://www.emcdda.europa.eu/best-practice/evidence-summaries/assertive-community-treatment-act-substance-use-disorders_en) (ACT) for substance use disorders, and
* [integrated care of infectious diseases and substance use disorders](http://www.emcdda.europa.eu/best-practice/evidence-summaries/integrated-care-infectious-diseases-and-substance-use-disorders-improve-infectious-disease-treatment-outcomes_en) to improve infectious disease treatment outcomes.

The sets of evidence in these areas remain insufficient. Nevertheless, ‘unknown effectiveness’ and ‘lack of evidence’ are significant findings that communicate a gap in knowledge and a need to stimulate further research in the field