**EMCDDA Best practice portal update**

This content was published in the [Best pratice portal update briefing](https://mailchi.mp/emcdda/emcdda-updates-on-best-practice-march2019) on 18.03.2019

**Treatment for amphetamine-type stimulants use disorders**

The use of amphetamines, methamphetamines and other amphetamine-type stimulants (like MDMA) is widespread globally. Their prolonged use may result in severe mental and physical symptoms but, to date, [there is no widely accepted treatment](http://www.emcdda.europa.eu/best-practice/evidence-summaries_en?evidence_terms=&evidence_rating=All&outcome=All&evidence_summary_area=1022&substance=1028&target=All&sort_by=field_pub_date_value&sort_order=DESC).

Cognitive behavioural therapy (CBT) is often the preferred choice because its effectiveness in the treatment of other substance use disorders has been established, and there are no associated adverse effects. However, little is known about CBT in the treatment of amphetamine-type stimulants use disorders. A recent review has sought to address this gap; it found there were [insufficient data to conclude that CBT is effective, or ineffective, in treating amphetamine-type stimulants use disorders](http://www.emcdda.europa.eu/best-practice/evidence-summaries/cognitive-behavioural-treatment-amphetamine-type-stimulants-use_en).

Several pharmacotherapies have also been tested, though none is presently approved for the treatment of these disorders. A recent systematic review addressing pharmacotherapy for amphetamine and methamphetamine use disorders found [no evidence of effectiveness of any class of drug in increasing abstinence, reducing use, or improving treatment outcomes](http://www.emcdda.europa.eu/best-practice/evidence-summaries/pharmacotherapy-amphetamine-andor-methamphetamine-use_en). There was, however, some indication that methylphenidate and topiramate may be useful in reducing methamphetamine use, but more research is needed.

These reviews are important, as *unknown effectiveness* and *lack of evidence* are significant findings that may stimulate further research by communicating a gap in knowledge and detailing the importance of addressing it.

**Scare tactics**

Scare tactics and fear-based messages were widely used in substance use prevention until evidence found them to be ineffective or harmful. However, a recent review, found that [current fear-based messages may be useful in preventing substance use](http://www.emcdda.europa.eu/best-practice/evidence-summaries/scare-tactics-and-fear-based-messages-inform-choices-substance-use_en). The fear-based messages it analysed differed significantly in tone and content from similar ones from the past: they focused on specific substances, avoided moralising, and did not communicate a direct command telling individuals what to do. More evidence is needed to assess their effectiveness accurately.

**Effects of OST in prison on post-release behaviours**

In the new round of updates to the Best practice portal, we found that [opioid substitution treatment with methadone provided during incarceration](http://www.emcdda.europa.eu/best-practice/evidence-summaries_en?evidence_terms=methadone&evidence_rating=All&outcome=All&evidence_summary_area=1022&substance=1032&target=1063&sort_by=field_pub_date_value&sort_order=DESC) is effective in increasing community treatment engagement and in reducing post-release illicit opioid use and injection drug use. No effects were found in reducing relapse into criminal behaviour.

**Other BPP updates**

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

* [neurostimulation techniques to prevent surgery-induced opioid dependence;](http://www.emcdda.europa.eu/best-practice/evidence-summaries/neurostimulation-techniques-prevent-surgery-induced-opioid-dependence_en)
* [substance use treatment interventions in group settings](http://www.emcdda.europa.eu/best-practice/evidence-summaries/group-treatment-substance-use-adults_en); and
* [psychosocial interventions to reduce alcohol among people who use illicit drugs](http://www.emcdda.europa.eu/evidence-summaries/psychosocial-interventions-reduce-alcohol-use-among-people-who-use-illicit-drugs_en).

The sets of evidence in these areas remain insufficient and, here also, more research is needed.