

Treatment completion among adolescents and young adults with substance use disorders: A systematic review and meta-analysis

Megan Wells, Peter J. Kelly, Davina Robson, Chloe Haynes, Emma L Hatton, & Briony Larance

1. School of Psychology, University of Wollongong, Wollongong, Australia, 2. School of Education, Faculty of Arts, Design, and Architecture, UNSW Sydney, Sydney, Australia, 3. National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, Australia

Introduction

- Adolescence and emerging adulthood are key periods for SUD onset.
- Evidence suggests that those who complete AOD treatment have better outcomes than those who disengage.
- Dropout from AOD treatment is common for young people.
- Identification of risk factors for treatment dropout can inform treatment delivery.

Aims

Complete a systematic review and meta-analysis of studies reporting on psychosocial AOD treatment completion among adolescents and emerging adults, including:

- 1) Rates of treatment completion
- 2) Client and treatment-related correlates of treatment completion

Methods

Search Strategy

Search conducted in December 2021. Search terms related to AOD use, psychosocial treatment, treatment completion/non-completion, and youth.

Inclusion Criteria

- Participants: young people (aged <26 years) accessing psychosocial AOD treatment
- Designs: RCT, quasi-RCT, cohort studies, retrospective file reviews
- Outcomes: Study reports on treatment completion and/or early disengagement rates.

Meta-analytic Strategy

Overall treatment completion rate estimated using inverse-variance weighted random effects meta-analysis.

Moderation analysis completed to identify study-level correlates of treatment completion. Moderators included sample age (mean and range), study design, treatment setting, gender, and world region.

Narrative Review

Narrative review methods were used to synthesise findings on the client- and treatment-related predictors of psychosocial AOD treatment across studies.

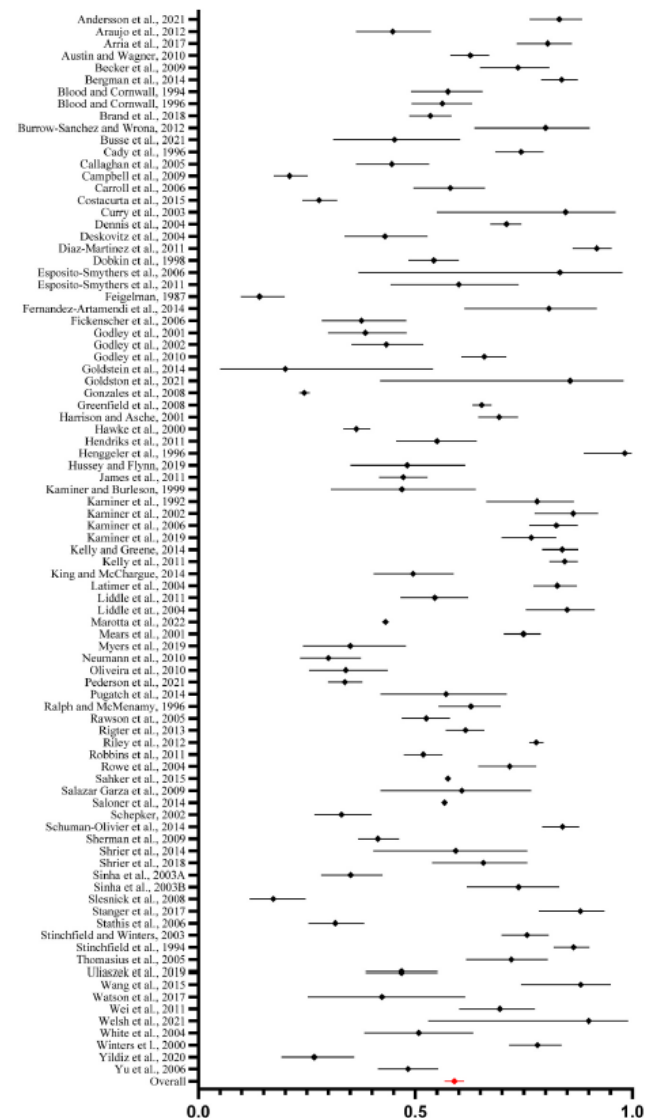
Results

Study Quality

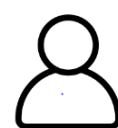


Treatment completion

- 59% (95% CI 57-61%) of young people completed treatment.
- RCTs had higher completion rates compared to observational studies (68% vs 57%, $p = .033$)



Correlates of treatment completion



Limited/mixed evidence for associations between client characteristics (e.g. age, gender, education, co-occurring disorders) and treatment completion.



White young people generally had higher completion rates than non-white and culturally diverse young people.



Family-based interventions had consistently higher treatment completion rates than comparison interventions.



Contingency management was associated with higher treatment completion rates.

Conclusions

- Family based interventions and contingency management showed promise for improving treatment retention among young people.
- Further research is needed to explore the relationships between process-based factors (e.g. treatment goals, therapeutic alliance, client experiences of care) and treatment completion.



Scan the QR code to access the published systematic review.