

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

Megan Wells¹, Peter J Kelly¹, Davina Robson^{1,2}, Chloe Haynes¹, Emma L Hatton¹, Briony Larence^{1,3}

¹*School of Psychology, University of Wollongong*

²*School of Education, Faculty of Arts, Design, and Architecture, University of New South Wales*

³*National Drug and Alcohol Research Centre, University of New South Wales*

Presenter's email: mw578@uowmail.edu.au

Introduction: Individual studies have indicated that dropout rates among young people accessing alcohol and other drug (AOD) treatment are high, and this likely contributes to poorer treatment outcomes. Identifying the rates and correlates of treatment completion may facilitate the identification of groups at high risk of dropout and the treatment-related factors that may promote treatment retention.

Methods: A systematic review was conducted to synthesise research on the rates of treatment completion among adolescents and young adults in AOD treatment and the factors associated with treatment completion. Study quality was assessed using the EPHP quality assessment tool.

Results: 98 studies were included in the review, with a majority rated as low-moderate in study quality. An estimated 57-61% of participants completed their episode of care. A majority of studies identified no significant associations between treatment completion and client-related variables such as gender, age, level of education, living arrangements, and substance use characteristics. Family-based interventions and interventions involving contingency management were identified as having higher completion rates than comparison interventions across multiple randomised controlled trials.

Discussions and Conclusions: The importance of family involvement in AOD treatment for young people is highlighted, but there are significant barriers to involving family members in treatment, including stigma and limited service resourcing. Although contingency management practices offer another potential avenue for promoting treatment retention, uptake is limited by service-provider beliefs and limited funding. Few studies examined the influence of process-based factors such as therapeutic alliance, treatment goals, and progress monitoring.

Implications for Practice or Policy: The results highlight the need for family-involvement to be prioritised in youth AOD treatment, and for additional supports to be provided to young people where family involvement is not feasible to reduce risk of treatment disengagement. Given the limited evidence for the influence of client-related factors on treatment completion, it may be important to focus future research on treatment and service-provider characteristics, including process-based predictors of treatment completion.

Disclosure of Interest Statement: This work was supported by the National Health and Medical Research Council (NHMRC) Meaningful Outcomes in Substance Use Treatment Centre of Research Excellence. MW was supported by an Australian Government Research Training Program (AGRTP) scholarship while conducting this research.