

Challenges in Treating Youth Cannabis Use Disorders with Evidence-Based Practices

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Introduction

- I-502 allocates funds to DBHR for programs and practices aimed at the prevention or reduction of maladaptive substance use among middle school and high school age students
 - At least 85% must be directed to “evidence-based and cost-beneficial programs and practices that produce objectively measurable results”
 - Up to 15% may be directed to research-based and emerging best practices or promising practices.

Introduction

- In deciding which programs to fund, DBHR is to consult at least annually with UW's Social Development Research Group (prevention) and Alcohol and Drug Abuse Institute (treatment)
- TASK to ADAI:

Prepare an inventory of evidence-based, research-based, and promising practices for the treatment of maladaptive substance use in adolescents to help guide DBHR's funding decisions

Definitions

Set forth in RCW 71.24.025

- Evidence-based program or practice
 - tested in heterogeneous or intended populations with multiple randomized or statistically controlled evaluations, or both; or one large multiple site randomized, or statistically controlled evaluation, or both,
 - where the weight of the evidence from a systemic review demonstrates sustained improvements in at least one outcome.
 - that can be implemented with a set of procedures to allow successful replication in Washington and, when possible, is determined to be cost-beneficial.

Definitions

Set forth in RCW 71.24.025

- Research-based program or practice
 - tested with a single randomized, or statistically controlled evaluation, or both, demonstrating sustained desirable outcomes;
 - or where the weight of the evidence from a systemic review supports sustained outcomes...but does not meet the full criteria for evidence-based.

Definitions

Set forth in RCW 71.24.025

- Emerging best practice or promising practice
 - based on statistical analyses or a well established theory of change, shows potential for meeting the evidence-based or research-based criteria, which
 - may include the use of a program that is evidence-based for outcomes other than those listed [under the definition of evidence-based].

Challenge

Vagueness in the Definitions

- Some degree of interpretation required
 - What outcomes?
 - How much improvement is enough?
 - Sustained for how long?
 - What are suitable controls or comparison conditions?

ADAI Interpretation

- Focus on standardized/manualized treatments
- Randomized, controlled trials – single trial with single site vs. multiple trials or multiple sites
- Substance use-oriented outcomes
- Statistical significance
- Post-test only vs. post-test plus follow-up

What have others in WA done?

- Washington State Institute for Public Policy
 - Focus on benefit-cost analysis and heterogeneity
 - 2014 updated review of the evidence
 - Only three treatment programs were examined
 - Only one deemed evidence-based
 - = Teen Marijuana Checkup

What other lists/inventories exist?

- SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP; Ratings from 0.0=worst-4.0=best)
- Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (Effective, Promising, No Effects)
- California Evidence-Based Clearinghouse. (Ratings from 1-5; 1=Well-supported, 2=Supported, 3=Promising)
- Blueprints for Healthy Youth Development. (Ratings = Promising, Model, or Model Plus)

Challenge

Devising ADAI's Strategy

- Examine all treatments found on other lists
- Identify additional treatments through PubMed and Google Scholar literature searches, citation indexes
- Examine original studies - consult but do not rely on literature reviews or meta-analyses
- Exclude phone-, web-, internet-, and smartphone-based treatments and those primarily delivered on college campuses or in correctional settings

Findings

- 24 treatment approaches were rated according to their level of evidence
 - 6 evidence-based
 - 5 research-based
 - 11 promising
 - 1 unsupported

Evidence-based treatments

- Adolescent Community Reinforcement Approach
- Brief Intervention/Motivational Interviewing
- Cognitive Behavioral Therapy
- Functional Family Therapy
- Motivational Enhancement Therapy and Cognitive Behavioral Therapy
- Multidimensional Family Therapy

Research-based treatments

- Assertive Continuing Care
- Contingency Management
- Ecological Based Family Therapy
- Family Behavior Therapy
- Teen Marijuana Checkup

Promising treatments

- Adolescent Cannabis Checkup
- Brief Strategic Family Therapy
- Chestnut-Bloomington Outpatient Program
- Culturally Informed and Flexible Family-Based Treatment (for Hispanics)
- Community Reinforcement and Family Training
- Motivational Enhancement Therapy

Promising treatments

- MET/CBT Aftercare
- Multisystemic Therapy
- Seeking Safety for Adolescents
- Strengths-Oriented Family Therapy
- Structural Ecosystems Therapy
- The 7 Challenges

Explanations

- Full Inventory

<http://adai.uw.edu/pubs/pdf/2015youthsubstuse.pdf>

- Research Brief

<http://adai.uw.edu/pubs/pdf/2016youthsubstusebrief.pdf>

What we know

- There are several evidence-based treatment options for maladaptive substance use by adolescents
- However, many well-respected treatments did not make the list
 - Only a single RCT
 - Mixed findings
 - Lack of effect on substance use outcomes

What we still need to know

- More clarity in the definitions would be helpful
- Additional studies to convert research-based and promising practices into the evidence-based
- Additional studies to inform benefit-cost analysis
- Perhaps most importantly:
 - Are we meeting the needs of WA adolescents?
 - If not, what more can be done to meet their needs?

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Thank you!