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Evidence-based treatments for adolescents with cannabis use disorders in the Spanish Public Health System

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Abstract The goal of the present study is to describe the implementation of two Evidence-based treatments (EBT) for adolescent Cannabis Use Disorders (CUD) in the Spanish Public Health System, and its main clinical outcomes. Adolescent Community Reinforcement Approach (A-CRA) and Contingency Management (CM) were chosen as the most efficacious treatment programs for this population. A total of 26 adolescent cannabis users entered the study (91.7% male; age = 16.50) at two outpatient clinical facilities in Spain. A quasi-experimental design was utilized, with one group receiving A-CRA only and the other A-CRA + CM. Implementation of both EBTs resulted feasible, with positive clinical outcomes. Results indicated that A-CRA has positive retention (81.3%) and abstinence rates (68.8%). Results for the group receiving A-CRA + CM were not significantly better than A-CRA in retention (100%) or abstinence (75.5%), although sample is too small to establish firm conclusions. Cannabis-related problems and depressive symptomatology also decreased during treatment. Several limitations prevent us from determining the clinical efficacy of A-CRA in this study. The process of translating EBT's to clinical contexts presented with many difficulties that need to be overcome. Recommendations are made for further attempts to implement EBTs in these contexts.

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PALABRAS CLAVE
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Estudio cuasi-experimental

Tratamientos basados en la evidencia para adolescentes con trastornos por consumo de cannabis en el Sistema Público de Salud

Resumen El objetivo de este estudio era describir la implementación en el Sistema Público de Salud de dos programas basados en la evidencia (PBE) para adolescentes con trastornos por consumo de cannabis, y sus principales resultados. La Aproximación de Reforzamiento Comunitario para Adolescentes (A-CRA) y el Control de Contingencias (MC) fueron elegidos como los programas de intervención más eficaces para esta población. Un total de 26 adolescentes participaron en el estudio (91.7% chicos; edad media = 16.50 años) en dos centros de carácter ambulatorio en España. Se utilizó un diseño cuasi-experimental, donde un grupo recibió A-CRA y el otro A-CRA + MC. La implementación de ambos programas resultó factible, con resultados clínicos positivos. El A-CRA ofreció buenas tasas de retención (81.3%) y abstinencia (68.6%). Los resultados del grupo A-CRA + MC no fueron significativamente mejores que los del A-CRA en retención (100%) o abstinencia (75.5%), aunque el limitado tamaño muestral no permite establecer conclusiones firmes. Los problemas asociados al cannabis y la sintomatología depresiva se redujeron durante el tratamiento. Varias limitaciones nos impiden determinar la eficacia clínica del A-CRA en este estudio. El proceso de traslación de los PBE al contexto clínico presentó múltiples dificultades que deben ser abordadas. Se discuten recomendaciones para futuros intentos de implementación de PBE en estos contextos.

In Spain, 92% of adolescents in treatment under 15 years of age and 79% of those aged 15-19 report cannabis as their primary drug of abuse (European Monitoring Centre for Drugs and Drug Addiction, 2012). However, a review of the literature shows that no evidence-based treatment (EBT) aimed at this population has been implemented in our country. The need for such treatment programs for adolescent Cannabis Use Disorders (CUD) in Spain is very urgent. In the past years, several controlled studies have focused on treatment for CUD for adolescents (Dennis et al., 2004; Hendriks, van der Schee, & Blanken 2011; Martin & Copeland, 2005; Rigter et al., 2013; Walker et al., 2011). Among these, the Cannabis Youth Treatment study (CYT) is the largest published clinical trial (Dennis et al., 2004). Results indicated that Adolescent Community Reinforcement Approach (A-CRA) was the most cost-effective intervention, and it showed a non-significant trend for higher rates of recovery one year after treatment, when compared to MET/CBT5 (Motivational Enhancement Therapy/Cognitive Behavioral Therapy) and MDFT (Multidimensional Family Therapy). Despite the general effectiveness, however, the most powerful interventions tested so far with adolescent cannabis users achieved only modest abstinence rates and substance use reductions (Stanger & Budney, 2010). In this context, the integration of abstinence-based contingency management (CM) is a promising approach (Nordstrom & Levin, 2007; Stanger & Budney, 2010) that has proved to be an efficacious model for adolescent marijuana abuse (Kamon, Budney, & Stanger 2005; Stanger, Budney, Kamon, & Thostensen, 2009).

The goal of the present study was to describe a pilot implementation of two EBTs for adolescent CUDs in the Spanish Public Health System. A-CRA was chosen given its positive implementation rates and effectiveness (Godley, Garner, Smith, Meyers, & Godley, 2011), as well as its flexibility to address clients' individual needs (Godley, White, Diamond, Passetti, & Titus, 2001). A-CRA was then partially combined with an abstinence-based CM program using a quasi-experimental design, given its demonstrated efficacy with adolescents (Stanger & Budney, 2010).We aimed to assess the clinical outcomes, determine the feasibility and limitations of the therapeutic approaches and their integration, and to discuss the barriers encountered in this specific context.

Method

Participants

Participants were recruited from those requesting treatment in clinical settings and through advertisements in pamphlets, on radio and in local newspapers. Any demand of treatment from an adolescent or their families related to drug use problems was considered for inclusion in the study. Inclusion criteria for individuals to participate were: (1) Being aged 12-18, (2) Individual or family report of cannabis use in the previous 30 days or delivering a positive urinalysis at intake, and (3) Living with a responsible adult who agreed to participate. Exclusion criteria included (1) Presenting a mental or physical disorder requiring more specific treatment, (2) Having a substance-use disorder requiring more intense or inpatient treatment, (3) Not living within 30 minutes of the treatment facility, and (4) Not being fluent in Spanish. All participants and their families provided informed consent.

In the Principality of Asturias, 70 participants requested treatment and 19 (27.1%) met the inclusion criteria. In Madrid, 63 requested treatment and 7 (11.1%) met the inclusion criteria. All adolescents and their families meeting inclusion criteria agreed to participate. A total of 26 participants (19.55%) were allocated to one of the two treatment conditions. Two adolescents abandoned the study after