Cognitive-Behavioural Therapies to Treat Non-Opioid Drug Use in Young People is No Better or Worse than Other Treatments

Cognitive-Behavioural Therapy (CBT) is no better - or worse - in reducing youth's drug use than other interventions when used in outpatient settings.

What did the review study?
Youth's use of non-opioid drugs such as cannabis, amphetamines, ecstasy or cocaine is a severe problem worldwide. Cognitive Behavioural Therapy (CBT) is widely used as a substance abuse treatment with young people. CBT aims to reduce the drug use of adolescents by improving their skills to problem solve, cope with stress and by enhancing their self confidence to resist opportunities to use drugs.

This review looks at whether CBT is better at reducing the use of non-opioid drugs among young people aged 13-21 than other treatments provided to adolescents in outpatient settings.

What studies are included?
Studies included in this review compare the effects of CBT on youth’s abstinence, drug use and other outcomes with a broad range of other, mostly therapy-based, treatments. CBT interventions are included which are delivered by professionals to clients individually or in groups in outpatient settings. They may have additional components, such as motivational interviewing, but CBT was the primary intervention.

Seven unique studies are included, reported in 17 papers. All seven studies are randomised controlled trials, six of which were conducted in the US, and one in the Netherlands. Together, the studies involve 953 study participants.

Is CBT more or less effective than other treatments used in outpatient settings to reduce the use of non-opioid drugs among adolescents aged 13-21?
CBT is no better than other treatments in ensuring total abstinence from non-opioid drugs or in reducing their use among adolescents who are...
substance abuse treatment in an outpatient setting. This overall result is the same no matter if CBT is used with an additional component of motivational interviewing or not. There are also no better effects from CBT on other outcomes such as youth’s social functioning, school problems, criminal activity and treatment retention.

What do the findings in this review mean?
CBT is not any better at reducing the use of non-opioid drugs among adolescents than other treatments when used in outpatient settings.

The review is based on only a small number of studies, several of which show weaknesses and flaws in their methodology. There is a need to fund additional trials of CBT interventions, based on rigorous study designs and with a potential to add to the global CBT evidence base. The majority of included CBT studies were conducted in the U.S. The findings of this review may therefore only have limited applicability in other social and cultural settings. Future trials of CBT interventions should be conducted in a broader range of countries.