

Effectiveness of interventions to reduce substance abuse

A review of 12 Campbell systematic reviews

What is this review of reviews about?

Close to 300 million people around the world use illegal substances, and over 35 million suffer from drug use disorders (UNODC, [World Drug Report 2019](#)). Substance abuse has dramatic adverse consequences for individuals, their families and society at large. Victims of substance abuse are often unable to maintain employment or stable housing and may engage in crime and prostitution.

Mental and other health issues are closely associated with substance abuse. Almost 11 million people inject drugs, of whom 1.3 million are living with HIV, 5.5 million with Hepatitis C, and 1 million with both HIV and Hepatitis C (WHO, [Substance Abuse Facts and Figures](#)).

What have we learned from Campbell reviews?

Evidence from Campbell reviews shows that there are effective interventions to tackle substance abuse. However, for many interventions the evidence base is weak. And many approaches do not have a sustained effect.

Motivational interviewing (MI) is a psychological treatment in which the drug abuser and counsellor typically meet between one and four times for about one hour each time. The counsellor does not try to convince the client to change anything, but discusses with the client possible consequences of changing or staying the same. Finally, they discuss the clients' goals and where they are today relative to these goals.

There is a good evidence base for MI. There are 59 studies of MI which show that it reduces substance abuse in the short term, but by no more than other treatments to which it was compared, such as being assessed and receiving feedback.

However, the effects are much weaker in the medium term and disappear altogether after around a year.

Similar results are found for a number of family-based therapy programmes:

- Mutli-dimensional family therapy (MDFT) aims to modify multiple domains of functioning by intervening with the young person, family



members, and other members of the young person's support network. Whilst MDFT is slightly more effective in treating young people's drug abuse than other treatments, the difference is small. And the evidence base is restricted to five studies.

- Family behaviour therapy (FBT) is behaviour and skill-oriented. It is concerned with identifying psychological and situational stimuli and triggers presumed to be directly related to the young person's drug use, and skills training to improve self-control. There are only two rigorous studies of FBT, which show no effect from FBT on reduction of drug use frequency compared to individual cognitive problem-solving (ICPS) and supportive counseling (SC).
- Brief strategic family therapy (BSFT) is an approach that seeks to correct the problem behaviour that often accompanies drug use, by addressing the mediating family risk factors. There is no evidence that BSFT has an effect on reducing the frequency of drug use compared to community treatment programmes, group treatment, and minimum contact comparisons. This conclusion is based on just three studies.
- Functional family therapy (FFT) is a short-term, behaviourally-oriented programme delivered in an out-patient setting. It aims to help young people and their families by improving family interactions and relationships by addressing dysfunctional individual behaviour. The results from the one study reporting on the effect of FFT on youth drug use shows a short-term (four month) reduction in the use of cannabis, but that effect disappears by seven months.

There are effective interventions to tackle substance abuse. However, the evidence base is weak for many interventions. And many approaches do not have a sustained effect.

Cognitive behavioural therapy (CBT) is a cornerstone of evidence-based psychiatry with a strong track record in many areas, including substance abuse. A Campbell review – seven studies of CBT used in out-patient settings to reduce drug use among young people aged 13-21 – found that it is not any better at reducing the use of non-opioid drugs among adolescents than other treatments used in out-patient settings.

CBT has also been used to reduce use of amphetamine-type stimulants (ATS) for which there is currently no widely accepted treatment. Whilst CBT is the first-choice treatment, there are only two studies, in which the overall quality of evidence was low and there was insufficient evidence to conclude if CBT is effective or ineffective at treating ATS use.

In prisons, therapy-based programmes were found to be amongst the successful approaches to tackle substance abuse. The Campbell review of 74 evaluations of incarceration-based drug treatment programmes found that such programmes are modestly effective in reducing recidivism.

Overall, the most effective approaches for reducing drug use in prison are therapeutic communities and maintenance programmes. Counselling and boot camps do not reduce drug use.

Non-therapy programmes: the “12-step program” and “Recovery Schools”

The 12-step program is modelled on the approach of Alcoholics Anonymous. Adopted by Narcotics Anonymous and others, it aims for complete abstinence through either self-help groups or professional treatment called Twelve Step Facilitation.

Evidence from 10 studies shows that there is no difference in the effectiveness of 12-step interventions compared to alternative psycho-social interventions in reducing drug use during treatment, post treatment, and at six- and 12-month follow-ups.





Recovery High Schools may work in reducing drug use, but this finding is based on just one study. It is not clear if collegiate recovery communities work – again drawing on an evidence base of just two studies.

Law enforcement approaches

Problem-oriented policing is more effective than community-wide policing in dealing with both drug-related and total calls for service.

A Campbell review of 14 studies of street enforcement shows that problem-oriented and community-wide policing approaches are more effective at reducing drug calls-for-service and drug incidents than law enforcement approaches that target drug hotspots.

Even so, the simple tactic of geographically focusing law enforcement resources on drug hotspots is a marked improvement over the deployment of “standard” law enforcement tactics (such as preventive patrols) that are geographically unfocused.

Drug courts are specialised courts for criminals with substance abuse issues. They work with social services and law enforcement agencies to reduce

dependence on drugs, as a route to reducing criminal behaviour.

A review of 154 studies found that drug courts reduce drug recidivism for adults but have no significant effect on juveniles. This effect is not limited to the short term, but sustained over time.

Implications for policy

In summary, there are a range of effective interventions. Overall, no particular intervention stands out as more effective than others, and many do not have sustained effects. So decisionmakers can decide based on which programmes seem most suitable for their contexts and cost considerations.

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The Campbell reviews providing the evidence for this policy brief

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About Campbell

The Campbell Collaboration is an international social science research network that produces high quality, open and policy-relevant evidence syntheses, plain language summaries and policy briefs. This policy brief was written by Howard White. Financial support from the American Institutes for Research for the production of this summary is gratefully acknowledged.

