4.10 Brief 12-step therapy can work for children too

Findings Limitations of the US health insurance system permitted a rare quasi-random test of whether 12-step based treatment is effective for adolescents and whether residential care improves outcomes.

179 12–18-year-olds referred to an adolescent substance abuse treatment centre were allocated to a four-week residential (101) or to a six-week non-residential regime (78), based largely on what their health insurers would pay for. Both were 12-step, Minnesota Model programmes offering individual, group and family therapy plus six months' aftercare and family support. 66 similar adolescents referred for treatment did not have insurance coverage. They were placed on a waiting list for publicly funded treatment but received none during the 12-month follow-up. Most youngsters were dependent on cannabis or alcohol, usually both. Troubled childhoods and psychiatric and conduct problems were typical, though 86% were still in school.

Drug use 12 months after treatment (for waiting list controls, 12 months after baseline interview) was compared with pre-treatment measures. Treatment clients had cut their substance use by a quarter; at follow up 44% had barely touched alcohol or drugs in the past year. Those on the waiting list continued to use drugs at the same rate and just 27% maintained near abstinence. The benefits of treatment were concentrated among the majority (140) who completed it. Early (most very early) leavers did no better than waiting list controls. Residential clients spent a third more time with their therapists yet did no better than the non-residential clients.

In context Evidence for the effectiveness of treating young substance users is strongest for family-centred approaches and for those which comprehensively address the social barriers to engaging in treatment, but such approaches are resource intensive and not readily available. 12-step treatment has yet to be tested against these and other approaches more thoroughly tailored to young people. In the featured study, abstinence rates were typical of those after a variety of treatments in the same and other regions.

Post-treatment relapse associated with re-entry into deviant peer groups is very common among children. Mutual aid groups provide a countervailing social environment strongly associated with maintenance of treatment gains. In the featured study, drug use significantly worsened when aftercare ended.

Though longer treatment is often linked to better outcomes, more important is the comprehensiveness of the services and the post-treatment environment. Early drop/throw out is more common among youngsters at odds with the adult world, perhaps partly accounting for the link between retention and outcomes.

Given their plight, practically any intervention might have elevated the controls' outcomes nearer to that of the treated group. Just three 'waiting' list families obtained treatment in the year of the study, 66 did not. Drug use outcomes (the only ones reported) are not enough to prove that the treatments were in the *overall* interests of the child.

Practice implications Many very disturbed children can be retained in and benefit from intensive short-term therapy which does not drastically interrupt schooling or family life. Whilst it may be needed for other reasons, residential care is not essential to retention or to the therapeutic process. To maintain treatment gains services may need to construct an alternative post-treatment social support structure for the child. US approaches are unlikely to be widely implemented in Britain where specialist services for drug abusing children with multiple disorders are rare. Such children tend to get referred to adult services which find it hard to meet the key relevant quality standard, a 'child-centred' approach. The same applies to the treatment in the study. Though adapted for adolescents, it was developed for adults and its insistence that drugtaking is the root of the child's problems is alien to the British approach to this age group.

Featured studies Winters K.C., *et al*. "The effectiveness of the Minnesota Model approach in the treatment of adolescent drug abusers." *Addiction*: 2000, 95(4), p. 601–612. Copies: apply DrugScope.

Additional reading Gilvarry E. "Substance abuse in young people." *Journal of Child Psychology and Psychiatry*: 2000, 41(1), p. 55–80. Copies: apply DrugScope.

Contacts Ken Winters, Univ. of Minnesota Medical School, F282/2A West, 2450 Riverside Avenue, Minneapolis, MN 55454, USA, e-mail winte001@tc.umn.edu.

Thanks to Dr Eilish Gilvarry of the Newcastle and North Tyneside Alcohol and Drug Service for her comments.