

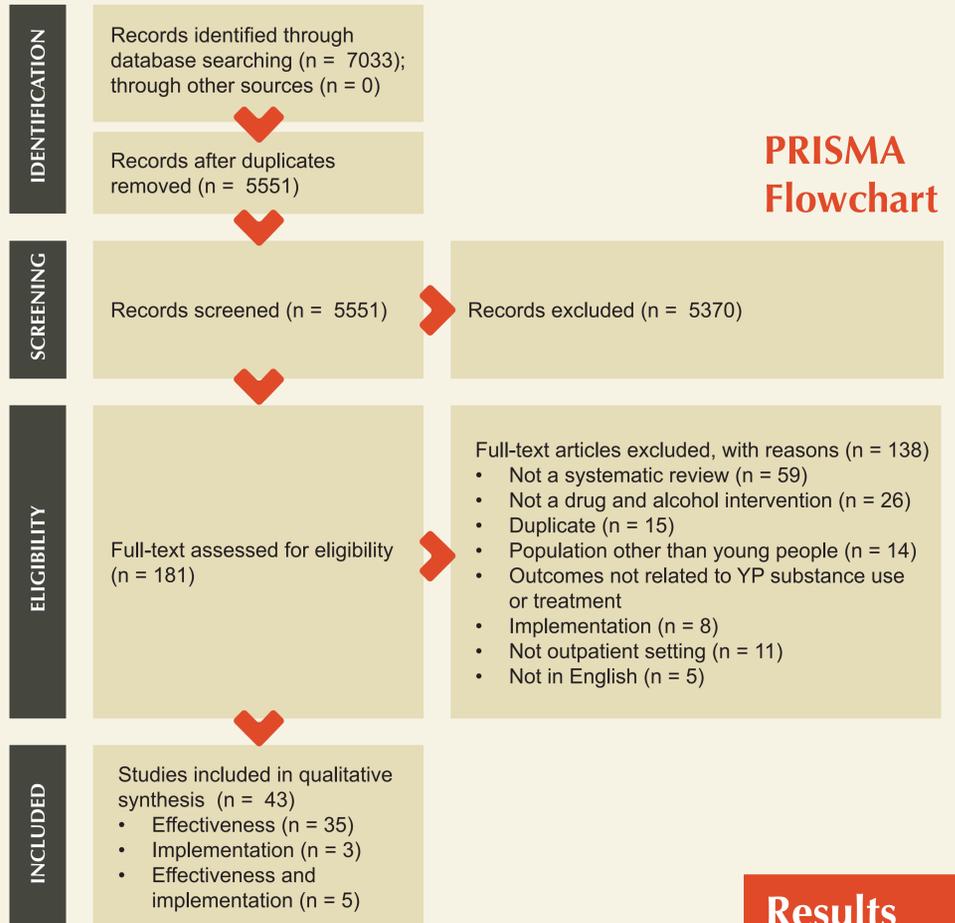
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The Difference is Research

Background

Systematic reviews	Systematic reviews summarise the findings of existing clinical research and critically appraise methodologies to provide a stronger level of evidence. ¹ To conduct a meta-analysis, review authors pool and analyse outcome data. ²
Young people (YP)	YP aged 15 to 29 years, are the second largest group to die from substance-related disorders, with 23% of all worldwide substance use deaths in 2015 occurring in this age group. ³
Conflicting evidence	Systematic reviews and meta-analyses (reviews) widely conflict regarding the efficacy and feasibility of substance disorder psychosocial interventions for YP in the outpatient setting. ⁴⁻¹¹
Overview of reviews	Overviews of reviews critically summarise the available evidence of more than one review, providing a higher degree of evidence. ¹⁻²
Aim	No overviews have been conducted on this topic. This overview of reviews, synthesizes, and methodologically assesses reviews that examined substance disorder interventions for YP in outpatient settings.

PRISMA Flowchart



Results

34 reviews	32 reviews were rated as critically low quality, 1 as low quality and 1 as moderate. The findings of reviews rated as critically low and low quality cannot be considered reliable
3 reviews	3 reviews were qualitatively assessed and found to be methodologically flawed
6 reviews	All high quality methodological reviews (n = 6) focused on intervention efficacy and none on treatment feasibility. 5 of these reviews found that the primary studies (commonly RCT's and NRCT's) were generally of poor methodological quality and thus their findings unreliable
1 review	One (n = 1) high quality review reported evidence for an intervention; Multidimensional Family Therapy (MDFT)
MDFT	MDFT has possible efficacy in reducing YP substance use when compared to treatment as usual, Cognitive Behavior Therapy, Adolescent Community Reinforcement Approach and Multifamily Educational Therapy

Methods

Inclusion criteria	<ul style="list-style-type: none"> → YP with problematic substance use → Outpatient psychosocial intervention → Quantitative or qualitative review design → Efficacy or feasibility outcome measures (e.g; substance use behaviours; acceptability; cost effectiveness) → Published in a peer-reviewed journal between 1990 and March 2018
Databases searched	→ EBM Reviews, PsycINFO, Embase, Ovid Medline, and Campbell Collaboration
Methodological assessment tool	→ A Measurement Tool to Assess Systematic Reviews 2 (AMSTAR2) tool assesses the development of an a priori review, the search methods, the method of assessing Risk of Bias, the justification for excluding studies and the appropriateness of the statistical analysis ¹²
Methodological assessment	→ 40 reviews were assessed using AMSTAR2 and 3 were narratively assessed. One reviewer (NS) extracted study data and evaluated all 43 reviews. For inter-rater reliability, 13 (30%) reviews were extracted and appraised in duplicate by a second reviewer (JA, RC or ES). Agreement on AMSTAR2 ratings reached 100%. Overall extraction agreement was moderate; Kappa = .52 (p <.05), 95% CI (.20, .84)

Review quality and intervention examined

Number of articles reviewing an intervention (& substance under investigation)	Methodological quality (AMSTAR2 rating) of reviews					
	Critically low quality	Low quality	Moderate quality	High quality	AMSTAR2 N/A	Total
* Intervention model not defined further						
Brief interventions (alcohol, tobacco and general substance use)	4				1	5
Brief strategic family therapy (general substance use)				1		1
Cognitive Behavioural Therapy (non-opioid substance use)				1		1
Culturally sensitive intervention (general substance use)	2					2
Family therapy* (general substance use)	3					3
Family Behavioural Therapy (non-opioid)				1		1
Functional Family Therapy (non-opioid substance use and general substance use)	1			1		2
Group work* (general substance use)	1					1
Multidimensional Family Therapy (non-opioid substance use)				1		1
Motivational Interviewing (alcohol and general substance use)	4			1		5
Parent training* (general substance use)			1			1
Psychosocial* & pharmacological intervention (tobacco and general substance use)	4	1				5
Psychosocial intervention* (alcohol, cannabis and general substance use)	13				1	14
Youth engagement* (general substance use)					1	1
Total	32	1	1	6	3	43

Conclusion

- Methodological and reporting quality of reviews require improvement
- High quality reviews focused on intervention efficacy and found that treatments commonly lacked evidence
- One high quality review found MDFT demonstrated promising outcomes
- Reviews examining feasibility of interventions were of low methodological quality
- Protocol registration: PROSPERO; CRD42017078464

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