Appendix 16c: rehabilitation study characteristics table

Residential units (randomised controlled trials)

Residential units versus outpatient treatment

Study	Comparisons	Outcomes	Baseline drinking information	Population characteristics and inclusion/exclusion criteria	Treatment characteristics and assessment points
CHAPMAN1988 (New Zealand)	Inpatient Outpatient Confrontational interview	Abstinence Lapse % of subjects drinking < 60 g absolute alcohol on drinking day Average daily absolute alcohol (g) Average daily absolute alcohol on drinking days (g)	Average daily absolute alcohol (g): **Inpatient:** 256.3 **Outpatient:** 202.2 **Confrontational interview:** 226.2	N = 113 Participants presented to inpatient alcohol unit; all severe alcoholics, mostly treatment seeking. All suffered significant social, law or physical disturbances due to drinking. 30% had comorbid medical problems. Of these, 30% had peripheral neuropathy, 21% showed ECG abnormalities, 18% hypertensive, 18% acute liver disease, 12% major traumatic injuries, 13% bronchitis, 9% alcoholic gastritis **Inclusion criteria**: All who presented to an inpatient alcoholic unit over a 6 month period in 1980 **Exclusion criteria:** If lived further than 50 miles from hospital; if alcoholism not primary diagnosis; if brief assisted withdrawal only was initially specified by referral agencies; if subjects had already undergone at least two previous inpatient treatments for alcoholism in the unit	**Assessed at 6 and 18 months** **Inpatient programme (N = 32):** 6 weeks. Carried out by multidisciplinary team (medical and paramedical staff). Eclectic approach to treatment: individual counselling, medical care, psychotherapy groups, social skills groups, educational lectures/films, recreational programme, AA groups. Families were included where possible. **Outpatient programme (N = 23):** 6 weeks, conducted at community-based clinic. Asked to attend with a spouse/friend, a twice-weekly outpatient evening programme run by multidisciplinary staff **Confrontational interview (N = 29):** Structured interview at the clinic by a psychologist/social worker. 1 to 2 hours and based on guideline by Edwards *et al.* and O'Neill. Non-hospital support and seeking support were encouraged

RYCHTARIK2000A (USA)	Inpatient Intensive outpatient Standard outpatient	PDA DDD	DDD (mean [SD]): **Inpatient:** 10.95 (8.14) **Intensive outpatient:** 10.24 (6.62) **Standard outpatient:** 10.66 (6.77)	N = 192 Treatment-seeking at an abstinence-oriented residential alcohol treatment facility (clinical research centre of the research institute on addictions) but who did not need assisted withdrawal (if assisted withdrawal needed, referred onwards) **Inclusion criteria**: A score of 9 or more on AUDIT, living within commuting distance of the treatment site, no treatment for substance abuse (other than assisted withdrawal) in past 30 days, active drinking in the past 3 months, no need for assisted withdrawal, no current legal problems, no serious current psychiatric symptoms (that is, psychotic episode), able to provide a collateral **Exclusion criteria**: homeless, required assisted withdrawal upon entry to the study	**Assessed at 6, 9, 12, 15 and 18 months post-treatment** **Inpatient (N = 62)**: Scheduled for 41 separate manual-guided active treatment sessions (excluding AA) over 28-day period. Sessions were in addition to activity therapy, interactions with nurses and night staff, and the milieu of residential care. Allowed weekend day passes after their first week. Primary treatment components were: 17 90-minute group therapy sessions; eight individual counselling sessions (two per week) with a 90-minute MI followed by 1-hour sessions involving significant other, 13 1-hour group lectures with handbook (RP, AA), three 90-minute family group sessions, contracting, attend minimum of four AA meetings during each week of program **Intensive outpatient (N = 69):** Manual-guided active treatment components of the intensive outpatient condition were identical in content/frequency/intensity to those in inpatient condition except for activity therapy, additional interactions with nurses/night staff and milieu of residential treatment. Group therapy sessions held 5 days a week of 28-day period, lectures before each group session per week, individual sessions scheduled **Standard outpatient (N = 61)**: Schedule for eight manual-guided active treatment components over 28 days (four individual sessions, four group therapy sessions). Contracted to attend a minimum of two AA/NA meetings each week. Lower intensity than other two conditions. Group therapy focused on problem solving skills and assertiveness training. Bibliotherapy instead of educational lectures
WALSH1991 (USA)	Compulsory inpatient treatment Compulsory attendance at AA meetings (outpatient) 'Choice' of option (control)	Number of participants with continuous abstinence	Averaged: - 6.3 drinks a day - 19.8 drinking days in the month preceding the interview - 21% had been drinking daily - 45% weekly in previous month; - 24% at least one	N = 227 96% male, 90% Caucasian. All patients part of an employee assistance program with an alcohol problem interfering with their work. Blue-collar workers in skilled and semi-skilled jobs **Inclusion criteria**: Required to be new to the employee assistance program (even if they had previously been treated elsewhere), alcohol abuse as primary problem, had to be uncertain	**Assessed at 1, 3,6, 12 18 and 24 months post-treatment** **Compulsory hospitalisation (N = 73):** required to undergo inpatient treatment of 3 weeks duration. Abstinence as goal of treatment. Hospital stay was followed by a year of job probation during which attendance at AA meetings on a regular basis (at least three times per week) sobriety at work, and weekly checks with the employee assistance program staff were required **Compulsory AA only (N = 83):** Referred and offered an escort to a local meeting of AA, which they were advised to continue

			binge in prev. 6 months - 25% 3 or more blackouts.	if hospitalisation was required (in 'gray zone'). **Exclusion criteria**: If required medically supervised assisted withdrawal, recent history of DTs or grand mal seizures during alcohol withdrawal, clear signs and symptoms suggesting imminent onset of DTs, if required medical attention for a serious illness; if posed an immediate danger to themselves/others; if needed psychiatric care for delusions or other gross impairments of mood, language, memory, or perception of reality, or difficult to follow up because about to be jailed or fired	attending daily if possible, but not less than 3 times a week, for at least a year. Treated the same as subjects in hospital group for the year after discharge **Choice (N = 71):** Not required to join AA or enter a hospital, although encouraged by hospital staff

Residential units versus day hospital

Study	Comparisons	Outcomes	Baseline drinking information	Population characteristics and inclusion/exclusion criteria	Treatment characteristics and assessment points
BELL1994 (USA)	Residential unit Day hospital	Attrition (number not retained in treatment)	42% in residential unit had alcohol problem; 58% in day treatment had alcohol problem	N = 646 Site was a research-focused multiple-provider drug treatment facility for the indigent in Texas. 42 to 58% alcohol problem, 46 to 54% cocaine problem, 44 to 56% crack problem. 51% were homeless **Inclusion criteria:** Financial indigence, drug problem, psychological stability **Exclusion criteria:** Dual diagnosis patients	**No follow-up** **Residential program (N = 291):** 28-day program. 8 hours a day of activities (mostly therapeutic and educational). Multi modal approach (different therapies and education). 7 day per week program **Outpatient day treatment program (N = 355):** 28-day program. 8 hours per day of activities (mostly therapeutic and educational). Multi-modal approach (different therapies and education). 5 days per week
MCKAY1995 (USA) Two arms of trial: self-selecting and randomly assigned	Residential unit Day hospital	Mean number of drinking days Number any days intoxicated (>3 drinks) in last 30 days	Days of alcohol intoxication (in previous 30 days) (mean [SD]): Random assignment **Day hospital:**	N = 144 males Alcoholic veterans, all treatment seeking at the Addiction Recovery Unit of the Philadelphia VA Medical Center. Day hospital patients were older, had higher psychiatric severity and better employment status. Inpatients were more likely	**Assessed at 3, 6 and 12 months** **Day hospital (N = 24 randomised, N = 65 non-randomised)**: 5 days per week (27 hours) for 28 days. Therapy: milieu, daily group, family, individual counselling. Drug and alcohol testing, recreation weekly (group), self-help group sessions, sponsor available, educational sessions three times per week

			16.79 (7.29) **Inpatient :** 12.96 (7.64) Non-random assignment **Day hospital:** 14.52 (8.21) **Inpatient:** 14.84 (11.78)	to be African–American, receive welfare and report more cocaine use **Exclusion criteria:** Female, >60 years old, abstinent 21 days or more in the 30 days before intake, severe medical problems, dementia, recent psychosis, history of schizophrenia, unstable residence, refused participation in research, referrals to treatment programs other than day hospital or inpatient care, unable to participate in research because of work, in another rehab or assisted withdrawal program before intake, or participating in another research study, pending incarceration	**Inpatient facility (N = 24 randomised, N = 31 non-randomised)**: Group/individual therapy, stress management, exercise and leisure groups, educational assessment, film discussion groups, spiritual counselling (48 hours per week). Random drug and alcohol testing, must attend five AA meetings per week. 28 day program
MCLACHLAN1982 (CANADA)	Residential unit Day hospital	Number abstinent Relapse	Patients had been drinking regularly for an average of 23 years and excessively for average of 14 years Patients had consumed alcohol on an average of 295 days in the previous 365 days and consumed an average of 18 1.5-ounce drinks (17 ml) of 40% ethanol per day	**N =** 100 All severely dependent, treatment-seeking alcoholics; nearly all employed; seeking treatment at a public hospital specialising in treating alcohol and drug misusers. 20% of study population previously treated for alcoholism **Inclusion criteria:** Diagnosed as alcoholic, primary addiction alcohol rather than drugs, did not require a hospital bed for management of physical illness or withdrawal, could commute daily and agreed to accept either inpatient or day clinic treatment	**Assessed at 1-year follow-up** **Inpatient (N = 50):** 7-day assisted withdrawal, orientation and exams. Remaining 21 days: group psychotherapy, education, physiotherapy and physical education, relaxation training, nutritional counselling, medication consultation, lifestyle planning, disulfiram or calcium carbimide. Encouraged to attend weekly after meeting for 1 year. Weekly contact by a volunteer in follow-up. 28 day treatment **Day hospital (N = 50):** Same as IP but in a day hospital setting. 28 day treatment
FINK1985 and LONGABAUGH1983 (USA)	Residential unit Day hospital	Number of patients abstinent Number of patients drinking daily	Days abstinent,past 180 days (mean [SD]): 44.7 (50.12) Days with 6 drinks or more, past 180 days (mean [SD]): 83.23 (61.54)	N = 200 All severe alcoholics. Patients required detoxification at a hospital. 78% married, 98.3% Caucasian. 92% diagnosis of alcoholism. **Inclusion criteria**: Diagnosis of alcohol abuse or alcohol dependence or a problem list entry of alcohol abuse in the problem-oriented medical record, a score of 5 or greater on the MAST	**Assessed at 6, 12, 18, 24 months.** **Inpatient (N = 60):** Subjects received 1 week of detoxification and medical/psychiatric assessment and inpatient treatment, followed by a behaviourally-oriented problem-drinkers program (provided in a psychiatric ward). 16.5 days of IP, 10.6 6.5-hour sessions (68.3 hours together) **Outpatient (N = 114):** After inpatient detoxification, same behaviourally oriented problem drinker program as inpatient. Behavioural analysis and teaching of behaviour change skills, goal setting, education of patients and families, modelling of abstinence

				Exclusion criteria: Acutely suicidal or significantly disorganised by psychosis, irreversible brain syndrome	by volunteers, and social skills training. 14.7 days of program (14.6 6.5-hour sessions (94.9 hours all together) of programme	
RYCHTARIK2000A (USA)	Residential unit Intensive outpatient Standard outpatient	PDA DDD	DDD (mean [SD]) **Inpatient (N = 62) (mean [SD]):** 10.95 (8.14) **Intensive outpatient (N = 69) (mean [SD]):** 10.24 (6.62) **Standard outpatient (N = 61) (mean [SD]):** 10.66 (6.77)	N = 192 Treatment-seeking at an abstinence-oriented residential alcohol treatment facility (clinical research centre of the research institute on addictions) but who did not need assisted withdrawal (if needed assisted withdrawal, referred onwards) **Inclusion criteria**: A score of 9 or more on AUDIT, living within commuting distance of the treatment site, no treatment for substance abuse (other than assisted withdrawal) in past 30 days, active drinking in the past 3 months, no need for assisted withdrawal, no current legal problems, no serious current psychiatric symptoms (that is, psychotic episode), able to provide a collateral **Exclusion criteria**: Homeless, required assisted withdrawal upon entry to the study	**Assessed at 6, 9, 12, 15 and 18 months post-treatment** **Inpatient (N = 62)**: Scheduled for 41 separate manual-guided active treatment sessions (excluding AA) over a 28 day period. Sessions were in addition to activity therapy, interactions with nurses and night staff, and the milieu of residential care. Allowed weekend day passes after their first week. Primary treatment components were: a) 17 90-minute group therapy session; 8 individual counselling sessions (twice a week) with a 90-minute MI followed by 1-hour sessions involving significant other, 13 1-hour group lectures with handbook (RP, AA), 3 90-minute family group sessions, contracting, attend minimum of 4 AA meetings during each week of program **Intensive outpatient (N = 69):** Manual guided active treatment components of the intensive outpatient condition were identical in content/frequency/intensity to those in inpatient condition except for activity therapy, additional interactions with nurses/night staff and milieu of residential treatment. Group therapy sessions held 5 days a week of 28 day period, lectures before each group session per week, individual sessions scheduled **Standard outpatient (N = 61)**: Schedule for 8 manual guided active treatment components over 28 days (four individual sessions, four group therapy sessions). Contracted to attend a minimum of two AA/NA meetings each week. Lower intensity than other two conditions. Group therapy focused on problem solving skills, assertiveness training. Bibliotherapy instead of educational lectures	
WEITHMANN2005 (GERMANY)	Residential unit Day hospital	PDA DDD Relapse Premature termination	DDD (mean [SD]): **Inpatient:** 12.3 (6.9) **Day hospital:** 26.6 (32.2) PDA (mean [SD]): **Inpatient:** 26.6 (32.) **Day hospital:** 28.6 (28.9)	N = 109 All treatment seeking; those with an additional psychiatric disorder were excluded; treated at a psychiatric hospital in Germany. **Inclusion criteria**: Patients with severe alcohol dependence, treatment-seeking.	**Assessed at 3, 6, 9 and 12 months after discharge** **Inpatient (N = 54):** Somatic treatment of withdrawal symptoms and broad-spectrum psychosocial therapeutic elements. Integrated group and individual therapy sessions, MET elements, theme-centred groups, family counselling as well as occupational/creative art therapy, multimodal and abstinence oriented treatment approach. Advised to attend AA after treatment. Pharmacological treatment of withdrawal symptoms.	

		Continuous abstinence	Drinking day = 30 days before admission	**Exclusion criteria**: 7.7% of patients were excluded because of an additional psychiatric disorder, serious somatic consequences of consumption or other medical problems requiring prolonged inpatient treatment, impending or manifest DTs or complicated withdrawal requiring >7 days of inpatient medical treatment, acute suicidal ideation or intent, not living close to hospital, homeless, living in a social care facility	4-week duration **Day hospital (N = 55):** Same treatment, however patients could leave the ward in the afternoons and stayed home on weekends, while IPs could engage in structured activities
WITBRODT2007 (USA)	Rehabilitation unit Day hospital	Number abstinent at 6- and 12-month follow-up	ASI score (mean [SD]): 0.44 (0.33)	N = 733 All treatment seeking from metropolitan area chemical dependence programs. Majority had drug dependence but 66% alcohol dependent. 21% crack and 21% stimulant dependence. 40% polysubstance dependence. **Inclusion criteria:** had to meet ASAM level III patient placement criteria (American Society of Addiction Medicine) **Exclusion criteria**: Inability to speak English departure from the assisted withdrawal unit against medical advice, pending legal issues, treatment in the prior 30 days, participation in another community day program study, involvement in methadone maintenance. Some participants excluded because mandated to day hospital by an employer or judge.	Assessed at 6 and 12 month follow-up. **Day hospital (N = 154 randomised, N = 321 self-selected day treatment)**: 5 day hospital programs representative of mainstream private community day programs developed as an alternative to Minnesota model inpatient treatment. Treatment consisted of didactic and counselling groups. Clients spent 3 to 4 hours a day in groups at the 2-week community day program and 5.5 hour per day at 3 week community day program. Clients expected to attend 12-step meetings during treatment. **Community residential (N = 139 randomised, N = 82 directed to community residential):** Seven programs. Clinical staff monitored a client's need to stay in residential program on a weekly basis by making calls to the program to assess progress and need for continued stay. Like day hospital, residential clients were also encouraged to step down to progressively lower levels of care (day treatment and/or outpatient groups) at a community day program in the weeks following their stay in a community residential program. Didactic and process groups and attended 12-step groups or meetings daily (in house/community). Didactic sessions focused on working a 12-step program.

Day hospital versus outpatient treatment

Study	Comparisons	Outcomes	Baseline drinking information	Population characteristics and inclusion/exclusion criteria	Treatment characteristics and assessment points
MORGENSTERN2003 (USA)	Day hospital (partial hospitalisation) Outpatient	PDA	PDA mean: **Inpatient:** 48.1 **Intensive outpatient:** 54.4 **Outpatient:** 61.8	N = 252 Individuals seeking treatment in a 12-step oriented community-based substance abuse treatment program; over 50% were an ethnic minority **Inclusion criteria:** Must meet American Society of Addiction Medicine (ASAM) patient placement criteria for low intensity outpatient treatment or level 1. Had to meet current DSM–IV substance use disorder criteria. **Exclusion criteria**: no substance use in prior 60 days, intensive treatment in the past month, less than sixth grade reading level, no stable residence, taking methadone, difuslfiram or naltrexone, intravenous drug use in past 6 months, gross cognitive impairment, psychiatric, medical or legal problems interfering with study participation, no collateral, required a higher level of care	**Assessed at 3, 6 and 9 months** **Standard outpatient: (N = 103):** no group treatment, 12 weekly sessions of individual counselling **Intensive outpatient (N = 55):** received 9 hours per week of group treatment in addition to the study counselling. Attended an average of 22.77 days of group treatment **Partial hospital (N = 94):** Received 20 to 30 hours a week of group treatment plus the study counselling. Attended an average of 31.3 days of group treatment
RYCHTARIK2000 (USA)	Day hospital Standard outpatient	PDA DDD	DDD (mean [SD]): **Inpatient (N = 62):** 10.95 (8.14) **Intensive outpatient (N = 69):** 10.24 (6.62) **Standard outpatient (N = 61):** 10.66 (6.77)	N = 192 Treatment-seeking at an abstinence-oriented residential alcohol treatment facility (clinical research centre of the research institute on addictions) but who did not need assisted withdrawal (if assisted withdrawal needed, referred onwards) **Inclusion criteria**: A score of 9 or more on AUDIT, living within commuting distance of the treatment site, no treatment for substance	**Assessed at 6, 9, 12, 15 and 18 months post-treatment** **Inpatient (N = 62)**: Scheduled for 41 separate manual-guided active treatment sessions (excluding AA) over 28-day period. Sessions were in addition to activity therapy, interactions with nurses and night staff, and the milieu of residential care. Allowed weekend day passes after their first week. Primary treatment components were: 17 90-minute group therapy sessions; eight individual counselling sessions (two per week) with a 90-minute MI followed by 1-hour sessions involving significant other, 13 1-hour group lectures with handbook (RP, AA), 3 90-minute family group sessions, contracting, attend minimum of four AA meetings

				abuse (other than assisted withdrawal) in past 30 days, active drinking in the past 3 months, no need for assisted withdrawal, no current legal problems, no serious current psychiatric symptoms (that is, psychotic episode), able to provide a collateral **Exclusion criteria**: homeless, required assisted withdrawal upon entry to the study.	during each week of program. **Intensive outpatient (N = 69):** Manual-guided active treatment components of the intensive outpatient condition were identical in content/frequency/intensity to those in inpatient condition except for activity therapy, additional interactions with nurses/night staff and milieu of residential treatment. Group therapy sessions held 5 days a week of 28-day period, lectures before each group session per week, individual sessions scheduled **Standard outpatient (N = 61)**: Schedule for eight manual guided active treatment components over 28 days (four individual sessions, four group therapy sessions). Contracted to attend minimum two AA/NA meetings each week. Lower intensity than other two conditions. Group therapy focused on problem solving skills, assertiveness training. Bibliotherapy instead of educational lectures

Residential unit versus residential unit (two different therapeutic approaches)

Study	Comparisons	Outcomes	Baseline drinking information	Population characteristics and inclusion/exclusion criteria	Treatment characteristics and assessment points
KESO1990 (FINLAND)	Minnesota model residential rehabilitation unit (Kalliola) Traditional residential rehabilitation unit (Jarvenpaa)	Number abstinent Controlled drinking, excluding those who are abstinent Relapse	Consumption of alcohol, 2-month average in grams per day (mean [SD]): **Kalliola:** 112.2 (80.3) **Jarvenpaa:** 98.3 (72.8)	N = 35 Employed severely dependent alcoholics; 65% had previous outpatient treatment **Inclusion criteria:** DSM–III criteria for alcohol dependence, no polysubstance abuse **Exclusion criteria:** Patients who did not have serious problems with alcohol (did not meet DSM–III criteria), refused either inpatient treatment or follow-up, had preference for specific institution, were a drug addict, were expected to be imprisoned during follow-up, whose state of health precluded normal life (serious brain damage, severe psychiatric illness)	**Assessed bi-monthly for 1 year** **Minnesota Hazelden based treatment (Kalliola) (N = 74):** Only treated employed alcoholics. Aim of treatment is enduring abstinence. Highly structured treatment scheme (education, therapy, AA-program, once weekly group therapy sessions). Expected participation in AA meetings. 28 days treatment **Traditional treatment (Jarvenpaa) (N = 67)**: Treatment to all alcoholics (not only employed) and to families when necessary. Abstinence recommended, but treatment aims worked on. Incorporates personal therapy, group therapy, family and work therapy. 8 hours of psychotherapy each week. Option to go home occasionally during treatment. Treatment not highly structured and varies from one ward to another. Patient expected to stay at least 6 weeks and AA-attendance post-treatment is recommended but no arrangements made

Short versus long-duration inpatient treatment

Study	Comparisons	Outcomes	Baseline drinking information	Population characteristics and inclusion/exclusion criteria	Treatment characteristics and assessment points
MOSHER1975 (USA)	9-day inpatient stay 30-day inpatient stay	Abstinence (complete) Abstinence 60 to 90% of the time Abstinent less than 60% of the time	All diagnosed alcoholics	N = 200 All patients eligible except those with psychosis, chronic brain syndrome or severe physical disease. Patients were admitted for the management of alcohol withdrawal, health problems associated with excessive drinking and intervention in behavioural patterns related to alcohol consumption. 12% of patients came from skid row **Inclusion criteria**: All patients were eligible unless they met exclusion criteria **Exclusion criteria**: Psychosis diagnosis, chronic brain syndrome or severe physical disease (this excluded 8% of the population)	**Assessed at 3, 6 months** Medical assisted withdrawal took place first 3 to 5 days and remaining time allotted to individual counselling, group discussions and AA meetings. All patients attended a 9-day program **Long inpatient (N = 95):** Assisted withdrawal followed by individual counselling, group discussions, AA meetings, recreational therapy and educational films. 21 days of additional stay **Short inpatient (N = 105):** 3 to 5 days of assisted withdrawal first, then individual counselling, group discussion and AA meetings. 9-day stay
PITTMAN1972 (USA)	Inpatient care with outpatient elements Inpatient care only	Abstinence (number of participants abstinent)	92.3% intoxicated upon admission to treatment, all alcoholism diagnosis	N = 255 Moderate to severely dependent alcoholics, admitted to the Alcoholism Treatment and Research Center of the Malcolm Bliss Mental Health Centre, an acute admitting/short-term public psychiatric treatment facility. Centre did not require patients to be abstinent from alcoholic beverages upon admission **Inclusion criteria**: Steady socioeconomic status (married, living with spouse or family members or friends, steady job for 2 or more years in last 10 years, referral by self or by family or agency) **Exclusion criteria:** Participants with progressive or debilitating medical disease, (cirrhosis, cancer), psychiatric disease (OCD,	**Assessed at 3 and 12 months** **Inpatient and outpatient: (N = 177):** Extensive treatment regimen consisting of: medical psychiatric social casework treatment, group therapy, didactic lectures, OT, in addition to assisted withdrawal. After 3 to 6 weeks of inpatient care, encouraged to have outpatient contact with treatment staff, return to participant in AA group and referred to social agencies in the community. More broad coverage of illness over longer period of time devoted to both in and outpatient activities **Inpatient only (N = 78):** Given standard assisted withdrawal (7 to 10 days of inpatient care). Encouraged to participate in therapy, lectures, designed for the experimental group. Offered no outpatient aftercare.

				schizophrenia, chronic brain syndrome)	
STEIN1975 (USA)	In an inpatient alcohol treatment centre: Assisted withdrawal and aftercare services Assisted withdrawal and aftercare services + intensive psychosocial in-hospital treatment	Abstinence (number of participants abstinent)	All had primary diagnosis of alcoholism Mean (SD) of previous alcohol admissions: 1.93 (2.02) for D group, 2.93 (2.62) for TR group	N = 58 All males, 33% married and living with family, many had regular jobs, seeking treatment at an Alcoholic Treatment Center of Mendota State Hospital in US **Inclusion criteria:** Patients who had fewer than five previous admissions to the centre; had to be local residents **Exclusion criteria:** Those with severe psychiatric or physical disease. Excluded if required more than 10 days of assisted withdrawal	**Assessed at 2, 4, 7, 10, and 13 months after admission into the study** **Assisted withdrawal and after care services (N = 29):** mean length of stay was 9 days. Assisted withdrawal and any medical problem needing attention were addressed. Social worker assessed needs for aftercare services with patients. Arrangements were made with agencies to provide services in the community prior to discharge. Mean (SD) number of days spent in hospital was 9.31 (1.85) **Assisted withdrawal, aftercare + psychosocial inhospital treatment (N = 29):** Mean length of stay was 30 days. 25 days in eclectic milieu program that included small group psychotherapy, ward meetings, AA, recreational and occupational therapy, and didactic lectures on the medical and psychological aspects of alcohol and alcoholism. Religious counselling and volunteer support available upon request. Mean (SD) number of days spent in hospital 30.45 (2.86)

Studies not included in meta-analyses but described in evidence summary

Study characteristics and reason for exclusion	Treatment characteristics
CHICK1988 (UK) 1. Simple advice 2. Amplified advice 3. Extended inpatient or outpatient treatment **Reasons for exclusion from meta-analysis:** Did not meet definition of residential rehabilitation unit	**Baseline characteristics:** Consumption in past week or typical week: **<1000 g (%):** Simple advice: 39; Amplified advice: 48; Extended treatment: 34 **1000 to 1600 g (%):** Simple advice: 22; Amplified advice: 28; Extended treatment: 26 **1600 g (%):** Simple advice: 39; Amplified advice: 24; Extended treatment: 40 **Treatment characteristics:** **Simple advice (N = 41):** no longer than 5 minutes, patient told they had drinking problem and should address the issue **Amplified advice (N = 55):** Same as simple advice but psychiatrist allowed 30 to 60 minutes during which he/she attempted to enhance motivation of patients. Similar to motivational interviewing, but not the same method **Extended treatment (N = 58):** Offer of further help post-advice, including assisted withdrawal, further appointments or inpatient or day patient attendance at 2 to 4 week milieu and group therapy based treatment programme. Counselling offered as either non-directive or cognitive in style, programme oriented towards abstinence

	Assessment points: 2 years
EDWARDS1967 (UK) 1. Inpatient programme 2. Outpatient programme **Reasons for exclusion from meta-analysis:** No usable outcome data to put into meta-analyses	**Baseline characteristics:** Average stated daily alcohol consumption was equivalent to 500 ml per day and 480 ml per day absolute alcohol for inpatients and outpatients **Treatment characteristics:** **Inpatient (N = 20):** patients admitted to 30 bed general psychiatric ward on which there were 4 to 5 alcoholics. Eclectic treatment regimen. Patients encouraged to attend meetings (AA) and sponsor accompanied patients to meetings. Calcium carbimide given each day. Social worker and family case-work. Approx stay 8 weeks. **Outpatient group (N = 20):** Similar treatment except emphasis was placed on the need to regard alcoholism as an illness. Length of treatment was 8 weeks **Assessment points:** 12 months
ERIKSEN1986 (NORWAY) 1.Inpatient treatment 2.Wait list control **Reasons for exclusion from meta-analysis:** No usable outcome data to put into meta-analyses; sample size was too small	**Baseline characteristics:** None mentioned **Treatment characteristics:** **Waiting list group (N = 8):** Patients told to wait before admission to inpatient treatment unit due to lack of capacity. Short report questionnaire concerning four behaviours. Given an appointment 2 weeks later – self reports reviewed, proceed waiting time. Second appointment, after 4 weeks, patients told they could join. **Inpatient treatment group (N = 9):** Traditional short-term abstinence-oriented inpatient treatment: individual counselling, discussion groups, occupational training, recreational activities, physical training, educational sessions. Average inpatient stay was 47 days **Assessment points**: 2, 3 months
FOSTER2000 (UK) 1. 7-day stay in assisted withdrawal 2. 28-day stay (assisted withdrawal + residential treatment) **Reasons for exclusion from meta-analysis:** Allocation was not random	**Baseline characteristics:** All DSM–IV alcohol dependent subjects requiring assisted withdrawal 53% of clients had a score on the SADQ within the severe range, >30 (short-stay mean: 30.1; long-stay mean: 32.1) **Treatment characteristics:** **Short-stay group (N = 32)**: Admitted for assisted withdrawal only, which could last up to 7 days (medical intervention). Alcohol withdrawal treated with diazepam. Discussion of plans for discharge **Long-stay (N = 32**: Further residential period which could be up to an additional 21 days. Opportunity to set up further community or residential support. Assigned a key worker, nurse or social worker. Attendance at a daily group programme expected, focusing on relapse prevention, assertiveness training and social skills **Assessment points**: 3 months
LONG1998 (UK) 1. 2-week inpatient (day) programme (assisted withdrawal) 2. 5-week residential programme **Reasons for exclusion from meta-analysis:** Allocation was not random	**Baseline characteristics** % days abstinent (mean [SD]): 4.73 (17.87) Units per day (mean [SD]): 18.77 (11.72) **Treatment characteristics:** N = 212. Both treatments were identical in approach (both services targeted addiction-related problems and attended same types of sessions), with the exception that: inpatients received more hours of care per day; the 2-week programme involved both inpatient (assisted

	withdrawal) and day-patient elements **Assessment Points**: 6, 12 months
TRENT1998 (USA) 1. 6-week inpatient stay 2. 6-week inpatient stay **Reason for exclusion from meta-analysis:** No usable outcome data; Allocation was not random	**Baseline characteristics:** None available **Treatment characteristics:** Both inpatient settings (4 weeks, N = 1380; 6 weeks, N = 1443) followed an open-format, milieu-based treatment protocol centred around AA principles. Failure to comply with the treatment regimen can lead to expulsion from treatment and potential discharge from naval service. Counsellors determine a patient's actual length of stay in treatment based on the individual's responsiveness and needs; however, most enrolment terms coincide with the intended length of stay. An individualised aftercare program is mandated for one year, and patients in recovery are monitored by their command Drug and Alcohol Program Advisor. **Assessment points:** 12 months

Residential unit studies excluded from this guideline

Reference ID	Reason for exclusion
ARAUJO1996	Primary focus is drugs, not alcohol (8.1% abusing alcohol, 8.8% other, 45.9% heroin, 37.2% cocaine)
BLONDELL2006	Primary focus is drugs, not alcohol
CHAN1997	Primary focus is drugs, not alcohol (5 to 16% drug of choice for alcohol, majority had crack/cocaine as drug of choice)
FRANKEN1999	Not an RCT; only 10% alcohol users combined with other substances
GOSSOP1998	Heroin dependence most frequently reported problem (only 28% alcohol as drug)
GUYDISH1998, GUYDISH1999	Primary focus is drugs, not alcohol
MELNICK2001	Primary drug crack, heroin, and non-crack cocaine; only 17.6 to 20.6% of two cohorts had alcohol as primary drug
MELNICK2001b	10 to 12% of sample meet criteria for alcohol misuse/dependence; not enough of the sample is drinking
NUTTBROCK1997	No specification of alcohol misuse/dependence
OTOOLE2005	Drugs, not alcohol (96.4% heroin, alcohol 44.6%) chart review; not useful for analysis
PETTINATI1993	Research protocol; cannot meta-analyse
POWELL1985	More about medically managing disulfiram, not about different treatment settings
WESTREICH1997	Crack cocaine study not alcohol

References of excluded studies

ANTON2006
Araujo, L., Goldberg, P., Eyma, J., *et al.* (1996) The effect of anxiety and depression on completion/withdrawal status in patients admitted to substance abuse detoxification program. *Journal of Substance Abuse Treatment*, *13*, 61–66.

BLONDELL2006
Blondell, R., Amadasu, A., Servoss, T., *et al.* (2006) Differences among those who complete and fail to complete inpatient detoxification. *Journal of Addictive Diseases, 25*, 95–104.

CHAN1997
Chan, M., Sorensen, J., Guydish, J., *et al.* (1997) Client satisfaction with drug abuse day treatment versus residential care. *Journal of Drug Issues*, *27*, 367–377.

FRANKEN1999
Franken, I. & Hendriks, V. (1999) Predicting outcome of inpatient detoxification of substance abusers. *Psychiatric Services*, *50,* 99–817.

GOSSOP1999
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