Appendix 18a: organisation of care GRADE tables

Case management versus treatment as usual (TAU)

Quality assessment							Summary of findings					Importance
							No. of patients		Effect		Quality	
No. of studies	Design	Limitations	Inconsistency	Indirectness	Imprecision	Other considerations	Case management	TAU	Relative (95% CI)	Absolute		
Number of participants non-abstinent - at 6-month follow-up												
1	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	Serious[1]	None	4/18 (22.2%)	15/18 (83.3%) 83.3%	RR 0.27 (0.11 to 0.65)	608 fewer per 1000 (from 292 fewer to 742 fewer) 608 fewer per 1000 (from 292 fewer to 741 fewer)	⊕⊕⊕O MODERATE	CRITICAL
Number of participants non-abstinent - at 12-month follow-up (RCT)												
1	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	Serious[2]	None	11/18 (61.1%)	16/18 (88.9%) 88.9%	RR 0.69 (0.46 to 1.03)	276 fewer per 1000 (from 480 fewer to 27 more) 276 fewer per 1000 (from 480 fewer to 27 more)	⊕⊕⊕O MODERATE	CRITICAL
Number of participants non-abstinent - at 2-year follow-up (non-RCT)												
1	Observational studies	No serious limitations	No serious inconsistency	No serious indirectness	Serious[1]	None	45/70 (64.3%)	49/52 (94.2%) 94.2%	RR 0.68 (0.57 to 0.82)	302 fewer per 1000 (from 170 fewer to 405 fewer) 301 fewer per 1000 (from 170 fewer to 405 fewer)	⊕OOO VERY LOW	CRITICAL
Number of participants non-abstinent - at 3-year follow-up (non-RCT)												
1	Observational studies	No serious limitations	No serious inconsistency	No serious indirectness	Serious[1]	None	40/70 (57.1%)	47/52 (90.4%) 90.4%	RR 0.63 (0.51 to 0.79)	334 fewer per 1000 (from 190 fewer to 443 fewer) 334 fewer per 1000 (from 190 fewer to 443 fewer)	⊕OOO VERY LOW	CRITICAL

Number of participants non-abstinent - at 4-year follow-up (non-RCT)												
1	Observational studies	No serious limitations	No serious inconsistency	No serious indirectness	Serious[1]	None	36/70 (51.4%)	44/52 (84.6%) 84.6%	RR 0.61 (0.47 to 0.78)	330 fewer per 1000 (from 186 fewer to 448 fewer) 330 fewer per 1000 (from 186 fewer to 448 fewer)	⊕OOO VERY LOW	CRITICAL
Number of participants non-abstinent - at 5-year follow-up (non-RCT)												
1	Observational studies	No serious limitations	No serious inconsistency	No serious indirectness	Serious[1]	None	32/70 (45.7%)	38/52 (73.1%) 73.1%	RR 0.63 (0.46 to 0.85)	270 fewer per 1000 (from 110 fewer to 395 fewer) 270 fewer per 1000 (from 110 fewer to 395 fewer)	⊕OOO VERY LOW	CRITICAL
Drinking frequency - mean days of alcohol intoxication (Better indicated by lower values)												
2	Observational studies	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	None	184	353	-	SMD 0.07 lower (0.25 lower to 0.11 higher)	⊕⊕OO LOW	CRITICAL
Drinking frequency - days any alcohol use at 6-month follow-up (Better indicated by lower values)												
2	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	None	286	255	-	SMD 0.1 lower (0.4 lower to 0.2 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Drinking frequency - days using alcohol since last interview at 6-month follow-up (Better indicated by lower values)												
1	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	None	105	83	-	SMD 0.34 lower (0.63 to 0.05 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Drinking frequency - days drinking any alcohol, in last 30 days, at 9-month follow-up (Better indicated by lower values)												
1	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	None	178	170	-	SMD 0.13 lower (0.34 lower to 0.08 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Drinking frequency - days drinking any alcohol, in last 30 days, at 12-month follow-up (Better indicated by lower values)												
1	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	None	108	85	-	SMD 0.21 lower (0.49 lower to 0.08 higher)	⊕⊕⊕⊕ HIGH	CRITICAL
Drinking frequency - days using alcohol since last interview at 12-month follow-up (Better indicated by lower values)												
1	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	None	105	83	-	SMD 0.3 lower (0.59 to 0.01 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

Drinking frequency - days drinking any alcohol, in last 30 days, at 18-month follow-up (Better indicated by lower values)												
1	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	None	108	85	-	SMD 0.33 lower (0.62 to 0.05 lower)	⊕⊕⊕⊕ HIGH	CRITICAL
Drinking frequency - days using alcohol since last interview at 18-month follow-up (Better indicated by lower values)												
1	Randomised trials	No serious limitations	No serious inconsistency	No serious indirectness	No serious imprecision	None	105	83	-	SMD 0.49 lower (0.78 to 0.2 lower)	⊕⊕⊕⊕ HIGH	CRITICAL

[1] RR reduction greater than 25%

[2] 95% CI includes no effect. RR reduction greater than 25%

Economic profiles

Stepped care versus minimal intervention

Study & country	Limitations	Applicability	Other comments	Incremental cost (£)	Incremental effect (QALYs)	ICER (£/QALY)	Uncertainty
Drummond *et al*. 2009, UK	Minor limitations [1]	Directly applicable[2]	-	Unable to calculate[3]	Unable to calculate	Unable to calculate	98% probability of stepped-care intervention being cost effective at UK £20-30,000 threshold - based on 1000 bootstrap samples

[1] Short time horizon; no formal synthesis of incremental costs and effectiveness.
[2] Societal perspective including criminal justice costs.
[3] Not possible to calculate ICER with data available. Authors did not report total costs over 6-month period.