

# Characteristics Table for The Clinical Question: Brief Interventions

## Comparisons Included in this Clinical Question

<b>CBT:6 sessions vs TAU</b> ONEILL1996	<b>CM vs Outreach</b> MALOTTE1998 MALOTTE1999 MALOTTE2001 SEAL2003 SORENSEN2006	<b>HIV Education vs Psychoeducation</b>	<b>HIV: computer education vs HIV:standard education</b>
<b>HIV:MI vs TAU</b> BAKER1993 GIBSON1999B TUCKER2004A	<b>HIV:Psychoeducation vs HIV:Psychoeducation (women focused)</b> WECHSBERG2004	<b>HIV:Psychoeducation vs HIV:standard education</b> AVANTS2004 COLON1993 ELDRIDGE1997 EPSTEIN2003 HARRIS1998A KOTRANSKI1998 MALOW1994 MARGOLIN2003A SCHILLING1991A SIEGAL1995 SORENSEN1994A STERK2003B	<b>HIV:Psychoeducation vs Waitlist</b> BAKER1994A WECHSBERG2004
<b>MET vs HIV risk reduction</b>	<b>MET vs TAU</b>	<b>MI vs TAU</b> BAKER2005 BERNSTEIN2005 CARROLL2006A COPELAND2001 DONOVAN2001 KIDORF2005 MARSDEN2006 MCCAMBRIDGE2004 MILLER2003 MITCHESON2007 STEPHENS2000 STEPHENS2002 STOTTS2001	

## Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
<b>AVANTS2004</b> Study Type: RCT (randomised controlled trial) Type of Analysis: ITT (analysed if attended >=1 session)	n= 220 Age: Mean 37 Sex: 151 males 69 females Diagnosis: 100% Opiate dependence by DSM-IV	<b>Data Used</b> Reduced risk behaviours	<b>Group 1 N= 108</b> Psychoeducation with Outpatient - 90min harm reduction group weekly sessions for 12 weeks. Focused on information, motivation and skills. Sessions included reducing harm of injection drug use,	Study quality: 1++

<p>Blindness: Open Duration (days):</p> <p>Setting: US MMTPs Notes: RANDOMISATION: by computer</p> <p>Info on Screening Process: 251 approached &gt; 224 gave consent - 4 dropped out during intake phase &gt; 220 randomised</p>	<p>46% Cocaine dependence by DSM-IV</p> <p>Exclusions: - &lt;18 years - injection drug user - actively suicidal, homicidal, psychotic</p> <p>Notes: PRIMARY DIAGNOSIS: MMT participants. 75% has cocaine misuse (by urine or DSM-IV abuse/dependence) ETHNICITY: 66% white, 15% African American, 17% Hispanic</p> <p>Baseline: (Control / Psychoeducation) Years opiate use: 12.3 / 12.8 Years cocaine use: 11.5 / 12.1</p>		<p>reducing sexual harm, negotiating harm reduction with partners, preventing relapse to drugs,</p> <p><b>Group 2 N= 112</b></p> <p>Control: standard care with Outpatient - 2h counselling and case management per month and a single session on HIV risk reduction. This session included a motivational enhancement therapy style, 30 min video on HIV education, harm reduction kit</p>	
<p><b>BAKER1993</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: Single blind</p> <p>Duration (days): Mean 42</p> <p>Followup: 6 months</p> <p>Setting: Australia, MMT programme</p> <p>Notes: RANDOMISATION: Stratified on sex and HIV status. Within each couple, both partners allocated to same group to avoid confounding treatment effects</p>	<p>n= 95</p> <p>Age: Mean 31</p> <p>Sex: 44 males 51 females</p> <p>Diagnosis: 100% Opiate dependence by Eligible for/receiving MMT</p> <p>100% IDU (injection drug use) by Self-report</p> <p>Exclusions: - not injected drugs in last 6 months - not agreed to HIV testing - diagnosis of schizophrenia, bipolar disorder, psychosis, organic brain damage</p> <p>Baseline: HIV status: 6 were HIV-positive</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p>	<p><b>Group 1 N= 31</b></p> <p>CBT: RP (relapse prevention) with Outpatient - 6 sessions each 60-90 mins conducted individually. First session motivational interview. 2nd-6th sessions focused on specific techniques to reduce injecting and sexual risk behaviour</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient</p> <p><b>Group 2 N= 31</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - Single sessin lasting 60-90 mins. Aimed to raise motivation to change needle use and unsafe sexual behaviour. Major aim to have participant express concerns about high risk behaviours and express desire to change</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient</p> <p><b>Group 3 N= 33</b></p> <p>Control: TAU (treatment as usual) with Outpatient - Advice about HIV risk behaviours normally available from staff at methadone programmes and an education leaflet.</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient</p>	<p>Study quality: 1+</p>
<p><b>BAKER1994A</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Follow-ups conducted by RA blind to study conditions</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: Single blind</p> <p>Duration (days): Mean 1</p> <p>Followup: 3 and 6 months</p> <p>Setting: Australia: general medical clinic for homeless people, pharmacy</p> <p>Notes: Stratified randomisation</p>	<p>n= 200</p> <p>Age: Mean 29</p> <p>Sex: 159 males 41 females</p> <p>Diagnosis: 100% IDU (injection drug use) by Self-report</p> <p>Exclusions: - had not injected drugs in past 6 months - lack of literacy in English - did not agree to HIV testing</p> <p>Baseline: Drug use in past month: Injected drug use = 92.5% Injected heroin = 80.5% Borrowed injection equipment = 19% Re-used injection equipment without bleach = 80.2%</p> <p>Sexual risk behaviour: unprotected sex with regular partner = 72/82 (87.8%), casual partner = 31/67 (46.3%), customer</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p> <p>Notes: DROPOUTS at 3 months: MI = 42/100 (42%) Control = 37/100 (37%) 6 months: MI = 58/100 (58%) Control = 54/100 (54%)</p>	<p><b>Group 1 N= 100</b></p> <p>Control: TAU (treatment as usual) with Outpatient</p> <p><b>Group 2 N= 100</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - 1 session for 30 mins. Interactive and objective feedback on health, and other risks related to their behaviour. Various MI strategies used including: advantages and disadvantages of sharing injection equipment and sexual risk taking, life goals,</p>	<p>Study quality: 1+</p>

	= 3/13 (23.1%)			
<b>BAKER2005</b>				
Study Type: RCT (randomised controlled trial)	n= 214	<b>Data Used</b> Abstinence at 6 months	<b>Group 1 N= 74</b> Control: TAU (treatment as usual) with Outpatient - received the same self help booklet as in the intervention groups	Study quality: 1+
Type of Analysis: Intention to treat	Age: Mean 30	Notes: DROPOUTS: 2 session CBT = 18/74, 4 session CBT = 25/66	<b>Group 2 N= 66</b> CBT (cognitive behavioural therapy) with Outpatient - 4 sessions: 1st session motivational interview, following sessions focused on coping and relapse preventior skills. Second session involved relaxation and coping self talk, third session controlling thoughts about amphetamines, fourth session on lapses.	
Blindness: Single blind	Sex: 134 males 80 females	Dropouts from 6 month follow up: 2 session CBT = 20/74, 4 session CBT = 15/66, Control = 26/74	<b>Group 3 N= 74</b> CBT (cognitive behavioural therapy) with Outpatient - 2 sessions: sessions lasted 45-60mins included role plays and take home exercises for practising skills. First session motivational interview, second session learning coping and relapse preventions skills	
Duration (days): Mean 1	Diagnosis: 100% Other stimulant misuse			
Followup: 6 months	Exclusions: - suicidality - acute psychosis - current treatment for amphetamine use - acquired cognitive impairment - irregular amphetamine use (<once a week)			
Setting: Australia	Notes: PRIMARY DIAGNOSIS: Regular amphetamine use 1/3 in treatment for other drugs, rest recruited through: word of mouth, needle exchange service, GPs, othe community agencies			
Notes: RANDOMISATION: independent clinical trials researcher	Baseline: Duration of regular use = 8.98 (6.99) Mean daily level of amphetamine use (OTI) = 1.50 (1.65)			
Info on Screening Process: 282 screened, 68 excluded				
<b>BERNSTEIN2005</b>				
Study Type: RCT (randomised controlled trial)	n= 1175	<b>Data Used</b> Abstinence at 6 months	<b>Group 1 N= 590</b> AMI: MI (motivational interviewing) with Outpatient - 1 session for average 20 mins (range 10-45mins). Involves establishing rapport, exploring pros and cons of drug use, readiness to change. Finally provided a leaflet same as in control group. Ten days later booster phone call (5-10mins).	Study quality: 1++
Blindness: Single blind	Age: Mean 38	Hair analysis	<b>Group 2 N= 585</b> Control: TAU (treatment as usual) with Outpatient - Received a leaflet saying "based on you screening responses you would benefit from help with your drug use and given a list of treatment options: detox, AA/NA, acupuncture, residential treatment, harm reduction information etc	
Duration (days): Mean 1	Sex: 829 males 346 females			
Followup: 3 and 6 months	Diagnosis: 100% Drug misuse (non-alcohol) by Self-report			
Setting: US inner city walk in clinic	Exclusions: - did not use cocaine and/or heroin in last 30 days - <3 on the DAST - <18 years of age - in drug misuse treatment - unable to speak English, Spanish, Haitian Creole, or Portuguese Creole			
Notes: RANDOMISATION: cards generated by computerised randomisation program and sealed in opaque envelopes	Notes: PRIMARY DIAGNOSIS: Self-reported cocaine and/or heroin use Ethnicity: MI - Black = 61.5% White = 13.8% Hispanic = 24.1% Other = 0.7% Control - Black = 62.5% White = 14.6% Hispanic = 22.3% Other = 0.5%			
Info on Screening Process: 23669 screened, 1232 eligible, 1175 enrolled	Baseline: GROUPS: MI / CONTROL DAST scores: 8.0 (1.7) / 7.9 (2.6) ASI: Drug: 0.26 (0.13) / 0.24 (0.14)			
<b>CARROLL2006A</b>				
Study Type: RCT (randomised controlled trial)	n= 423	<b>Data Used</b> Retention: weeks remained in treatment	<b>Group 1 N= 202</b> Control: TAU (treatment as usual) with Outpatient. Mean dose 2h - 2h assessment collected standard information according to agency guidelines e.g. participants history, current level of substance use - then referred to standard group treatment	Study quality: 1+
Blindness: Open	Age: Mean 33	Drug use: days per month		
Duration (days): Mean 1	Sex: 240 males 183 females	Notes: DROPOUTS: 24% dropped out before 1 month follow up, 27% dropped out before 3 month follow up		
Followup: 28 days and 84 days	Diagnosis:			
Setting: 5 community based settings in US	Exclusions: - do not speak English - did not seek outpatient treatment for substance use problemsat least once in last 28 days - <18 years - not sufficiently medically or psychiatrically stable			
Notes: RANDOMISATION: Urn randomisation program				
Info on Screening Process: 640 screened, 217				

<p>excluded: no substance use in last 28 days (n=95), seeking detox, MMT or inpatient treatment (n=34), lack of sufficient housing (n=15), moving or going to jail (n=12), psychiatrically unstable (n=12), not willing to be randomized (n=5),</p>	<p>- seeking detox only, MMT, or residential inpatient treatment</p> <p>Baseline: Primary substance: alcohol = 50.3% - exclude?, Cocaine = 5.9%, Marijuana = 20.2%, Opiates = 4.8%, MA = 18.1%</p>		<p><b>Group 2 N= 198</b></p> <p>AMI: MI (motivational interviewing) with Outpatient. Mean dose 2h - 2h assessment incorporating MI strategies (empathy, providing choice, removing barriers, providing feedback, clarifying goals)</p>	
<p><b>COLON1993</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: per protocol</p> <p>Blindness: Open</p> <p>Duration (days):</p> <p>Followup: 7 months</p> <p>Setting: Four communities in Puerto Rico, USA</p> <p>Notes: RANDOMISATION: poor - based on day of admission</p> <p>Info on Screening Process: 2144 enrolled &gt; 1866 available to followup at 7 months</p>	<p>n= 1866</p> <p>Age: Mean 33</p> <p>Sex: 1487 males 378 females</p> <p>Diagnosis:</p> <p>100% IDU (injection drug use) by Self-report</p> <p>Exclusions: - not injected in the previous 6 months - not registered in a drug treatment program in last 30 days</p> <p>Baseline: GROUPS: Psychoeducation / Standard Education</p> <p>Injected for &gt;=10 years: 56% / 54%</p> <p>Frequency of injection: 81.3% / 83.1%</p> <p>Use of shooting galleries: 79.5% / 78.1%</p> <p>Borrowing of needles: 40.5% / 41.8%</p> <p>Sharing cookers: 75.7% / 77.7%</p> <p>Bleaching needles not always: 91.3% / 93%</p> <p>Use of condoms not always: 87.8% / 87.8%</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p> <p>Condom use</p> <p>Notes: DROPOUTS: Standard = 11.5% Standard + Enhanced = 56.4%</p>	<p><b>Group 1 N= 880</b></p> <p>Psychoeducation with Outpatient - Standard street outreach and referral program and 3 session educational component. Educational component delivered by trained ex-addict included: basic information about HIV, taught needle bleaching, obstacles to risk reduction, meaning of HIV test results</p> <p><b>Group 2 N= 986</b></p> <p>Outreach with Outpatient - Outreach workers identified networks of IDUs and introduced program. Provided instrumental and emotional support with risk reduction and help-seeking efforts.</p>	<p>Study quality: 1+</p>
<p><b>COPELAND2001</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Single blind</p> <p>Duration (days):</p> <p>Followup: 24 weeks</p> <p>Setting: Australia</p> <p>Info on Screening Process: 1075 screened, 565 excluded; 510 eligible, 225 did not make appointments to attend, 47 didn't turn up for assessment, prior to randomization 9 exceeded criteria for alcohol misuse</p>	<p>n= 229</p> <p>Age: Mean 32</p> <p>Sex: 159 males 70 females</p> <p>Diagnosis:</p> <p>96% Cannabis dependence by DSM-IV</p> <p>Exclusions: - no desire to cease cannabis use - &gt; weekly use of drugs other than cannabis, nicotine, or alcohol in past 6 months (AUDIT scores &gt;15) - received formal treatment for cannabis dependence in that past 3 months</p> <p>Baseline: Mean years of weekly cannabis use = 13.9 years</p>	<p><b>Data Used</b></p> <p>Abstinence at 6 months</p> <p>Abstinence: days drug-free</p> <p>Drug use: days per month</p> <p>Notes: DROPOUTS at 6month follow up: 6CBT : 20%, 1MI =25%,</p>	<p><b>Group 1 N= 82</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - 1 session for 90 mins. Combined principles of MI and CBT</p> <p><b>Group 2 N= 78</b></p> <p>CBT (cognitive behavioural therapy) with Outpatient - 6 sessions for 1h each. First session based on MI principles, 2nd session discussed urge management strategies, 3rd session on withdrawal management, 4th session on cognitive strategies and skill enhancement, 5th strategy review, 6th based on RP.</p>	<p>Study quality: 1+</p>
<p><b>DONOVAN2001</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days):</p> <p>Setting: US</p> <p>Info on Screening Process: 3396 screened, 1978 excluded: financial (n=59%), alcohol dependent only (23%). Of those eligible 54% (n= 765) did not participate.</p>	<p>n= 654</p> <p>Age: Mean 35</p> <p>Sex: 451 males 203 females</p> <p>Diagnosis:</p> <p>100% Substance misuse (drug or alcohol) by Self-report</p> <p>Exclusions: - not financially eligible for receipt of public assistance - severe disability - did not use substances within 90 days prior to screening - not amenable to available treatments - did not complete clinical evaluation - spoke no English - dependent solely on alcohol - pregnant women</p>	<p><b>Data Used</b></p> <p>Drug and alcohol use: days in past 3 months</p>	<p><b>Group 1 N= 326</b></p> <p>Control: waitlist with Outpatient - Waitlist for residential treatment -regular telephone contact with placement office, referral for crises etc. Waitlist for outpatient treatment- present for treatment admission or removed from waitlist. Received booklet that included info on local agency</p>	<p>Study quality: 1+</p>

	Baseline: 71% had engaged in heavy drinking and illicit drug use within 90 days of assessment		<b>Group 2 N= 328</b> AMI: MET (motivational enhancement therapy) with Outpatient - 1) MI session - 60 to 90 mins involved rapport building, exploration of client concerns, personalized feedback. 2) Routine clinical follow up - in person/telephone follow up to encourage treatment entry, day to day problems 3) Unscheduled support services	
<b>ELDRIDGE1997</b> Study Type: RCT (randomised controlled trial) Study Description: Cluster randomized by 3 week admission blocks Blindness: Duration (days): Followup: 2 months Setting: Inpatient - criminal justice US Info on Screening Process: 117 screened, 13 discharged early or irregularly	n= 104 Age: Mean 34 Sex: all females Diagnosis: Exclusions: - men - HIV seropositive Notes: Ethnicity: white = 54.8% african american = 43.4% native american = 1.9% Baseline: Self reported STI: past 12 months = 18.6%, life time = 52.9% Self report drug use: injected drug past 2 months = 13.6%, crack cocaine = 61.2%	<b>Data Used</b> Condom use Notes: 99/117 (85%) completed, 57 (57%) completed 2 month follow up	<b>Group 1 N= 48</b> HIV education with Inpatient - x2 90 min sessions of HIV education standard part of drug treatment program <b>Group 2 N= 51</b> Psychoeducation with Inpatient - Received standard intervention and 4 additional behavioural skills sessions. This included modelling, rehearsal, feedback on correct use of condom, communication and assertiveness training, correct needle cleaning	Study quality: 1+
<b>EPSTEIN2003</b> Study Type: RCT (randomised controlled trial) Blindness: No mention Duration (days): Mean 84 Followup: 12 months Setting: US Info on Screening Process: 286 screened	n= 193 Age: Mean 39 Sex: 110 males 83 females Diagnosis: 41% Cocaine dependence by DSM-III-R Exclusions: - <18 years >65 years - not intravenous opiate users - not cocaine user - current psychotic, bipolar, or major depressive disorders - current physical dependence on alcohol or sedatives - unstable medical illness - pregnancy and breast feeding Baseline: Mean years of cocaine use = 11 (7.5) years Mean cocaine use = 18.3 (10.1) of last 30 days	<b>Data Used</b> Cocaine use: days Notes: DROPOUTS: Control = 12/49 CM = 9/47 CBT = 10/48 CBT+CM = 15/49	<b>Group 1 N= 49</b> CM: vouchers with Outpatient - Earned vouchers for each urine specimen that was negative for cocaine. Vouchers began at \$2.50, increased by \$1.50 for each consecutive voucher earned. For 3 consecutive negative urines earned a \$1C bonus. CBT: RP (relapse prevention) with Outpatient - Combined elements of relapse prevention, coping methods, behavioural reinforcement methods and methods of generalising to the environment IDC (individual drug counselling) with Outpatient Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 70mg - Within first week participants stabilised on 70mg/day could request increase of up to 80mg/day	Study quality: 1+

			<p><b>Group 2 N= 47</b></p> <p>CM: vouchers with Outpatient - Earned vouchers for each urine specimen that was negative for cocaine. Vouchers began at \$2.50, increased by \$1.50 for each consecutive voucher earned. For 3 consecutive negative urines earned a \$1C bonus.</p> <p>IDC (individual drug counselling) with Outpatient</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 70mg - Within first week participants stabilised on 70mg/day could request increase of up to 80mg/day</p> <p>Control: social support group with Outpatient</p> <p><b>Group 3 N= 48</b></p> <p>CBT: RP (relapse prevention) with Outpatient - Combined elements of relapse prevention, coping methods, behavioural reinforcement methods and methods of generalising to the environment</p> <p>IDC (individual drug counselling) with Outpatient</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 70mg - Within first week participants stabilised on 70mg/day could request increase of up to 80mg/day</p> <p>NCM (noncontingent management) with Outpatient</p> <p><b>Group 4 N= 49</b></p> <p>IDC (individual drug counselling) with Outpatient</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 70mg - Within first week participants stabilised on 70mg/day could request increase of up to 80mg/day</p> <p>NCM (noncontingent management) with Outpatient</p> <p>Control: social support group with Outpatient</p>	
<p><b>GIBSON1999B</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days): Mean 1</p> <p>Followup: 3 and 12 months</p> <p>Setting: US entering detox treatment</p>	<p>n= 295</p> <p>Age: Range 20-49</p> <p>Sex: 204 males 91 females</p> <p>Diagnosis: 100% Opiate dependence by Previous participation in treatment</p> <p>Exclusions: None reported</p> <p>Notes: PRIMARY DIAGNOSIS: Just completed opiate detoxification</p> <p>Baseline: (Study 1 / Study 2) History of MMT: 34% / 40% Traded sex in past month: 13% / 25%</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p>	<p><b>Group 1 N= 105</b></p> <p>HIV education - 50 min session of problem solving. Reviewed situations where either engaged or tempted to engage in high risk practices and explored strategies to reduce injection risk (e.g. disinfecting syringes, reducing sharing) and sexual risk (e.g. safer sex)</p> <p><b>Group 2 N= 115</b></p> <p>Control: TAU (treatment as usual) - provide with a brochure on HIV</p>	<p>Study quality: 1+</p>

<p><b>HARRIS1998A</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: Open</p> <p>Duration (days): Mean 120</p> <p>Followup: 3 months</p> <p>Setting: 4 US methadone maintenance clinics</p> <p>Info on Screening Process: 204 screened, 130 included</p>	<p>n= 204</p> <p>Age: Mean 36</p> <p>Sex: all females</p> <p>Diagnosis: 100% Opiate dependence by Eligible for/receiving MMT</p> <p>Baseline: Age first had sex: 15.0 (12.7) Two or more current sex partners: 11.5%</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p> <p>Notes: DROPOUTS: Treatment group = 9/107 Control = 13/97</p>	<p><b>Group 1 N= 97</b></p> <p>Control: standard care with Outpatient - Standard services within MMT</p> <p><b>Group 2 N= 107</b></p> <p>HIV education with Outpatient - 16 week intervention (first 8 weeks 2h/day last 8 weeks 1h/day) developed especially for use with women drug misusers. Designed to empower participants by increasing sense of inner control, improving self esteem, improving relationships with others.</p>	<p>Study quality: 1+</p>												
<p><b>KIDORF2005</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 1</p> <p>Followup: 1 year</p> <p>Setting: US - mobile needle exchange program</p> <p>Info on Screening Process: 532 screened, 193 excluded: not opioid dependent (n=12), arranged other drug treatment (n=32), current mental disorder (n=3), too old or too young (n=2), failed to complete study assessments (n=144); 339 randomized, 37 did not return for study</p>	<p>n= 302</p> <p>Age: Mean 39</p> <p>Sex: 205 males 97 females</p> <p>Diagnosis: 100% Opiate dependence by DSM-IV</p> <p>79% Cocaine dependence by DSM-IV</p> <p>69% Alcohol dependence by DSM-IV</p> <p>Exclusions: - arranged for drug abuse treatment before study - current organic mental disorder - too old or too young</p> <p>Baseline: (MI / Job readiness / Standard care) Previous methadone treatment: 32% / 32% / 27% Any opiate treatment: 72% / 74% / 70% Lifetime comorbid Axis I disorder: 32% / 31% / 38%</p>	<p><b>Data Used</b></p> <p>Engagement in Treatment</p> <p>Notes: No data provided - write to authors</p>	<p><b>Group 1 N= 96</b></p> <p>Control: enhanced TAU with Outpatient - 1 session for 50 mins to address job-seeking readiness. Participants reviewed their work history and discussed jobs they were interested in pursuing. Interventionist and participant worked together to develop a list of jobs.</p> <p><b>Group 2 N= 98</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - 1 session for 50 mins. Explored the positive and negative aspects of drug use, shared feedback from study assessments and elicited participant response, discussed discrepancy between current level of functioning and future goals</p> <p><b>Group 3 N= 108</b></p> <p>Control: TAU (treatment as usual) with Outpatient - Participants asked to contact the Needle exchange program if they were interested in pursuing substance abuse treatment. Designed as a usual treatment for participants in needle exchange programs.</p>	<p>Study quality: 1+</p>												
<p><b>KOTRANSKI1998</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 21</p> <p>Followup: 6 months</p> <p>Setting: US</p> <p>Notes: RANDOMISATION: poor - time or arrival (every other person went into enhanced condition)</p> <p>Info on Screening Process: 684 enrolled &gt; 417 completed study</p>	<p>n= 417</p> <p>Age: Mean 39</p> <p>Sex: 265 males 152 females</p> <p>Diagnosis: IDU (injection drug use)</p> <p>Drug misuse (non-alcohol)</p> <p>Exclusions: - &lt;18 years of age - not used injected drugs and/or crack (self-report, urinalysis, fresh injection marks) - participated in drug treatment</p> <p>Notes: ethnicity: african american = 85%</p> <p>Baseline: GROUPS: Standard</p> <table border="0"> <tr> <td>/ Psychoeducation</td> <td></td> <td></td> </tr> <tr> <td>Years of cocaine, heroin, or speedball:</td> <td>16.3</td> <td>/ 17.3</td> </tr> <tr> <td>Years of crack use:</td> <td>6.5</td> <td>/ 5.5</td> </tr> <tr> <td>Ever had STI:</td> <td>57%</td> <td>/ 55%</td> </tr> </table>	/ Psychoeducation			Years of cocaine, heroin, or speedball:	16.3	/ 17.3	Years of crack use:	6.5	/ 5.5	Ever had STI:	57%	/ 55%	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p> <p>Condom use</p> <p>Notes: DROPOUTS at follow up: enhanced intervention = 233/327 (71%) standard = 184/266 (69%)</p>	<p><b>Group 1 N= 184</b></p> <p>HIV education with Outpatient - 2 sessions included HIV pretest counselling, voluntary HIV test, information on HIV, drug and sexual risk reduction, discussion and rehearsal of condom use</p> <p><b>Group 2 N= 233</b></p> <p>Psychoeducation with Outpatient - Received standard intervention and 1 additional session on the same day as last standard session. Provided info on STI symptoms, prevention, made STI risk more personal using self-assessment of behaviours and risks, barriers to risk reduction.</p>	<p>Study quality: 1+</p>
/ Psychoeducation																
Years of cocaine, heroin, or speedball:	16.3	/ 17.3														
Years of crack use:	6.5	/ 5.5														
Ever had STI:	57%	/ 55%														

<p><b>MALOTTE1998</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days):</p> <p>Setting: Long Beach, CA, USA</p> <p>Notes: Randomisation stratified by recruitment source</p> <p>Info on Screening Process: 1004 enrolled</p>	<p>n= 1009</p> <p>Age: Range 18-69</p> <p>Sex: 684 males 325 females</p> <p>Diagnosis: Drug misuse (non-alcohol) by Urinalysis</p> <p>Exclusions: - Clear history of positive TB skin test</p> <p>Baseline: HIV+: 4%</p> <p>No prior TB exposure: 90%</p> <p>Unemployed: 78%</p> <p>Ever been in drug treatment: 56%</p> <p>Drug use in past 30 days: Injection only 24%, crack only 41%, crack and injection 23%</p>	<p><b>Data Used</b></p> <p>Completion rate</p>	<p><b>Group 1 N= 203</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - 5-10 minute motivational educational session based on theory of reasoned action</p> <p>CM (contingency management) with Outpatient - \$10 cash reward contingent on participant returning for skin test reading</p> <p><b>Group 2 N= 198</b></p> <p>AMI: MI (motivational interviewing) - As per group 1</p> <p>CM (contingency management) - \$5 cash reward contingent on return to skin test reading</p> <p><b>Group 3 N= 99</b></p> <p>AMI: MI (motivational interviewing) - Motivational session only, no incentives</p> <p><b>Group 4 N= 100</b></p> <p>Control: TAU (treatment as usual) - The importance of returning for skin test reading was stressed, but no motivational session</p> <p><b>Group 5 N= 204</b></p> <p>CM (contingency management) - As per control group, but with \$5 cash reward for returning</p> <p><b>Group 6 N= 200</b></p> <p>CM (contingency management) - As per control group, with \$10 cash incentive for return</p>	<p>Study quality: 1++</p>
<p><b>MALOTTE1999</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days): Mean 1</p> <p>Setting: US</p> <p>Notes: RANDOMISATION: method not reported</p> <p>Info on Screening Process: 1078 recruited</p>	<p>n= 1078</p> <p>Age:</p> <p>Sex: 837 males 241 females</p> <p>Diagnosis: 100% Drug misuse (non-alcohol) by Self-report</p> <p>Exclusions: - not users of injecting drugs, crack cocaine or both</p> <p>Notes: ETHNICITY: 2% Native American, 64% African American, 8% Latino, 21% Caucasian, 5% other</p> <p>Baseline: Prior TB exposure: 10%</p> <p>Ever injected: 42%</p> <p>Ever used crack: 97%</p> <p>Ever been in drug treatment: 50%</p> <p>Current drug use (past 90 days): Injection 10.9, crack 77.0, crack &amp; injection 12.1</p>	<p><b>Data Used</b></p> <p>Engagement in Treatment</p>	<p><b>Group 1 N= 217</b></p> <p>CM (contingency management) with Outpatient - \$10 cash for returning TB skin test reading</p> <p><b>Group 2 N= 217</b></p> <p>CM (contingency management) with Outpatient - \$10 of grocery store coupons for returning TB skin test readings</p> <p><b>Group 3 N= 218</b></p> <p>CM (contingency management) with Outpatient - Chose either bus passes or fast-food chain vouchers worth \$10 for returning TB skin test reading</p> <p><b>Group 4 N= 211</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - 5-10 minute session based on theory of planned behaviour focused on behavioural beliefs and subjective norms that were most related to their behavioural intention to return for TB testing</p> <p><b>Group 5 N= 215</b></p> <p>Control: TAU (treatment as usual) with Outpatient - Just warned of importance of having TB skin tests read</p>	<p>Study quality: 1+</p>
<p><b>MALOTTE2001</b> Drug misuse – psychosocial (full guideline) Appendix 14a</p>				

<p><b>MALOTTE2001</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Allocation concealed by opaque sealed envelopes</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: Open</p> <p>Duration (days): Range 180-365</p> <p>Setting: Storefront facility in California, USA</p> <p>Notes: Randomisation in blocks of 18</p> <p>Info on Screening Process: 325 +ve tuberculin test &gt; 224 completed further assessment &gt; 202 offered isoniazid &gt; 169 gave consent to take part in study - 6 excluded from analysis (2 previous history of INH therapy, 3 prolonged elevated LFT readings, 1 +ve septum test)</p>	<p>n= 163</p> <p>Age: Mean 42 Range 23-69</p> <p>Sex: 134 males 29 females</p> <p>Diagnosis: 27% IDU (injection drug use) by Self-report</p> <p>82% Other stimulant misuse by Self-report</p> <p>Exclusions: - Evidence of potential active disease or medical contraindications to isoniazid</p> <p>Notes: PRIMARY DIAGNOSIS: Injection or crack cocaine use ETHNICITY: 71% African American, 9% Hispanic, 14% White, 7% other</p> <p>Baseline: Unemployed: 88% Unstable living status: 29% Prior TB exposure: 12% Some binge drinking in past month: 58% Previous drug/alcohol treatment: 55%</p>	<p><b>Data Used</b></p> <p>Completion rate</p>	<p><b>Group 1 N= 55</b></p> <p>Outreach with Outpatient - Twice weekly directly observed therapy (DOT) for TB drug, supplied by outreach worker at location chosen by participant</p> <p>CM (contingency management) - \$5 cash incentive at each visit</p> <p><b>Group 2 N= 55</b></p> <p>Outreach - As per Group 1, but with no incentives</p> <p><b>Group 3 N= 53</b></p> <p>CM (contingency management) - DOT provided at community site with no active outreach. \$5 cash incentive for each visit.</p>	<p>All participants prescribed isoniazid, 15mg/kg (max 900mg) twice weekly for 6 or 12 months (depending on HIV status)</p> <p>Study quality: 1++</p>
<p><b>MALOW1994</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness:</p> <p>Duration (days): Mean 3</p> <p>Followup: 3 months</p> <p>Setting: US Veterans Affairs Treatment Program</p> <p>Info on Screening Process: 235 screened, 83 excluded</p>	<p>n= 152</p> <p>Age: Mean 35</p> <p>Sex: all males</p> <p>Diagnosis: 100% Cocaine dependence by DSM-III-R</p> <p>Exclusions: - not African American Male - &lt;20 years &gt;50years of age - IQ &lt;80 - visual or hearing deficit - HIV seropositivity - plans to move 60 miles from New Orleans</p> <p>Baseline: None reported</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours Condom use</p> <p>Notes: DROPOUTS: Psychoeducation = 30.3% Information group = 29%</p>	<p><b>Group 1 N= 76</b></p> <p>Psychoeducation with Inpatient - 2h x3 sessions in consecutive days designed to</p> <p>a) foster acceptance of HIV risk reduction b) stress risk reduction can be achieved c) develop communication and behavioral skills for safe sex and syringe use d) address barriers to changing behaviour</p> <p><b>Group 2 N= 76</b></p> <p>Control: enhanced TAU with Inpatient - Similar content and time frame as psychoeducation condition - contained pre-recorded audio-visual and printed material but minimal patient-therapist interaction</p>	<p>Study quality: 1+</p>
<p><b>MARGOLIN2003A</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT: missing data imputed: expectation maximisation</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 180</p> <p>Followup: 9 months</p> <p>Setting: US, MMT programme</p> <p>Notes: Randomisation procedures not reported</p>	<p>n= 90</p> <p>Age: Mean 41</p> <p>Sex: 63 males 27 females</p> <p>Diagnosis: 100% Opiate dependence by Eligible for/receiving MMT</p> <p>100% Cocaine misuse</p> <p>100% IDU (injection drug use) by Self-report</p> <p>Exclusions: - not confirmed HIV-seropositive status - not IDU</p> <p>Notes: ETHNICITY: 49% African American, 36% white, 16% Hispanic</p> <p>Baseline: 94% unemployed</p>		<p><b>Group 1 N= 45</b></p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 80mg/day - Included counselling and case management</p> <p>HIV education with Outpatient - 6 session HIV risk reduction intervention: motivational interview, video demonstration of cleaning needles, practice cleaning a needle, harm reduction negotiation role play, harm reduction kit</p> <p><b>Group 2 N= 45</b></p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 80mg/day - Included counselling and case management</p> <p>Control: TAU (treatment as usual) with Outpatient - group counselling included: relapse prevention, improving emotional, social and spiritual health.</p>	<p>Study quality: 1+</p>

<p><b>MARSDEN2006</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days): Mean 1</p> <p>Followup: 6 months</p> <p>Setting: UK community agencies in Newham, Thamesmead and Sutton</p> <p>Notes: RANDOMISATION: by trial statistician</p> <p>Info on Screening Process: 369 screened, 342 randomised,</p>	<p>n= 342</p> <p>Age: Mean 18</p> <p>Sex: 227 males 115 females</p> <p>Diagnosis: Cocaine misuse by Self-report</p> <p>Other stimulant misuse by Self-report</p> <p>Exclusions: - &lt;16 years&gt;22years - primary substance not ecstasy, cocaine powder, or crack cocaine - use of either of above substances &lt;4 times in last month - not able to provide 2 personal contacts - life-time treatment for non-medical opioid drug use - current dependence - &gt;1injection of illicit drugs in last year</p> <p>Notes: PRIMARY DIAGNOSIS: Self-reported cocaine, crack cocaine and/or ecstasy use</p> <p>Baseline: GROUP: MI / CONTROL Cocaine use(90 days): 101/111 Crack use (90 days): 53/61 Cannabis use (90 days):150/157</p>	<p><b>Data Used</b></p> <p>Drug use</p> <p>Abstinence: no use for 3 months</p> <p>Notes: Lost to follow up: MI = 21/166 Control=22/176</p>	<p><b>Group 1 N= 166</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - 45-60 min discussion: 1) framing and initiating conversation 2)general lifestyle 3)stimulant and alcohol use 4)perception of good and bad aspects of stimulant use 5)problems with stimulant use 6)plans for behaviour change 8)local health and social support</p> <p><b>Group 2 N= 176</b></p> <p>Control: TAU (treatment as usual) with Outpatient - Given same written health risk information as intervention group</p>	<p>Study quality: 1++</p>
<p><b>MCCAMBRIDGE2004</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Colleague not involved in study performed non-computerised randomisation of clusters, stratified by college Interviewer blind to study conditions</p> <p>Type of Analysis: Cluster randomised</p> <p>Blindness: Single blind</p> <p>Duration (days): Mean 1</p> <p>Followup: 3 months, 12 months</p> <p>Setting: 10 further education colleges in London</p> <p>Notes: Participants recruited by any given individual recruiter were all assigned to the same group</p>	<p>n= 200</p> <p>Age: Range 16-20</p> <p>Sex: 118 males 82 females</p> <p>Diagnosis: Cannabis misuse by Self-report</p> <p>Cocaine misuse by Self-report</p> <p>Exclusions: - &lt;weekly use of cannabis or stimulants within previous 3 months - opiate and injecting drug use</p> <p>Notes: Ethnicity: Intervention group - white = 32% Black = 61% Asian/Other = 8% Control - white = 46% Black = 37% Asian/Other = 20%</p> <p>Baseline: GROUPS: MI / TAU Cannabis use weekly: 35% / 28% Cannabis use daily: 49% / 48% Simulant use irregularly: 19% / 18% Stimulant use monthly: 8% / 23%</p>	<p><b>Data Used</b></p> <p>Cannabis use: days in past 3 months</p> <p>Notes: DROPOUTS: 7.5% MI, 13.7% control</p>	<p><b>Group 1 N= 95</b></p> <p>Control: TAU (treatment as usual) with Outpatient - Education as usual. Completed baseline and follow up assessments only.</p> <p><b>Group 2 N= 105</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - 1 session lasting up to 60 mins. Intervention adapted from work by Miller on MI including reflective listening, affirmation, open questions, eliciting 'change talk'.</p>	<p>Study quality: 1+</p>
<p><b>MILLER2003</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 1</p> <p>Followup: 12 months</p> <p>Setting: US: 56 inpatients, 152 outpatients</p> <p>Info on Screening Process: 294 screened, 129 declined to participate,</p>	<p>n= 208</p> <p>Age: Mean 33</p> <p>Sex: 118 males 90 females</p> <p>Diagnosis:</p> <p>Baseline: most common drug problem: cocaine (53%), heroin (29%)</p>	<p><b>Data Used</b></p> <p>Drug use: days per month</p> <p>Notes: No outcomes extractable</p>	<p><b>Group 1 N= 104</b></p> <p>AMI: MI (motivational interviewing) with Inpatient and Outpatient - A single session lasting up to 2 hours, standard brief motivational intervention format offering feedback in an empathic way etc.</p>	<p>Study quality: +1</p>

			<p>Control: standard care with Inpatient and Outpatient - standard care in the treatment services: Outpatient - 23% MMT, 76% RP, 88% coping skill training. Inpatient - 60% medical detoxification, most received RP, AIDS counselling, 12 step facilitation</p> <p><b>Group 2 N= 104</b></p> <p>Control: standard care with Inpatient and Outpatient - standard care in the treatment services: Outpatient - 23% MMT, 76% RP, 88% coping skill training. Inpatient - 60% medical detoxification, most received RP, AIDS counselling, 12 step facilitation</p>	
<p><b>MITCHESON2007</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days):</p> <p>Notes: Cluster-randomised: Clinic staff were randomised to MI training or delayed training; clients of those trained were assigned to MI group</p>	<p>n= 29</p> <p>Age: Mean 39</p> <p>Sex: 19 males 10 females</p> <p>Diagnosis:</p> <p>100% Opiate dependence by Eligible for/receiving MMT</p> <p>100% Cocaine misuse by Urinalysis</p> <p>Exclusions: - No cocaine use in past 30 days (by urinalysis)</p> <p>Notes: PRIMARY DIAGNOSIS: Crack cocaine</p> <p>Baseline: (Control / MI)</p> <p>Time in treatment (years): 2.9 / 4.9</p> <p>Unemployed: 83% / 94%</p>	<p><b>Data Used</b></p> <p>Cocaine use: times in past month</p> <p>Cocaine use: max consecutive days</p> <p>Cocaine use: grams, self-report</p> <p>Cocaine use: days</p> <p>Notes: Outcomes are for crack cocaine use</p> <p>DROPOUTS: None reported</p>	<p><b>Group 1 N= 12</b></p> <p>Control: TAU (treatment as usual) with Outpatient - Exposing clients to the crack awareness initiative (leaflets about consequences of crack cocaine use, poster display in clinic reception)</p> <p><b>Group 2 N= 17</b></p> <p>AMI: MI (motivational interviewing) with Outpatient. Mean dose 1 session - Engaging discussion with client about their crack cocaine use: eliciting concerns, exploring and amplifying ambivalence about use. If appropriate: at end of session, prompting client to consider whether to change behaviour and options for doing so.</p>	<p>Study quality: 1+</p>
<p><b>ONEILL1996</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Completers</p> <p>Blindness: Single blind</p> <p>Duration (days): Mean 42</p> <p>Setting: "Centres" in Australia. No further details</p> <p>Notes: RANDOMISATION: Adaptive sampling for settling temporary imbalances in group sizes due to practical constraints</p> <p>Info on Screening Process: 92 enrolled</p>	<p>n= 92</p> <p>Age: Mean 26</p> <p>Sex: all females</p> <p>Diagnosis:</p> <p>100% IDU (injection drug use) by Eligible for/receiving MMT</p> <p>Exclusions: - Not pregnant women</p> <p>Notes: PRIMARY DIAGNOSIS: Only included in IDU in past 6 months</p> <p>Baseline: Age first injected: 17.3</p> <p>Self reported drug use in past month: heroin 85%, other illicit opiates 16%, alcohol 32%, cannabis 59%, cocaine 15%, amphetamine 10%</p> <p>HIV+: 0%</p> <p>Sex work: 53% (lifetime), 21% (past 6 months)</p> <p>IDU partner: 76%</p> <p>Pregnancy weeks: 22</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p> <p>Notes: DROPOUTS: Treatment group = 7/47 Control = 5/45</p> <p>at follow up: Treatment group = 10/47 Control = 9/45</p>	<p><b>Group 1 N= 40</b></p> <p>CBT: RP (relapse prevention) with Outpatient - 6 sessions lasting for 60-90 mins. First session motivational interview, 2-6 identifying high risk situations, problem solving strategies, coping with craving, relaxation techniques, coping with lapses.</p> <p><b>Group 2 N= 40</b></p> <p>Control: TAU (treatment as usual) with Outpatient</p>	<p>Study quality: 1+</p>
<p><b>SCHILLING1991A</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness:</p> <p>Duration (days):</p> <p>Setting: US Methadone Maintenance clinics</p>	<p>n= 91</p> <p>Age: Range 21-42</p> <p>Sex: all females</p> <p>Diagnosis:</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p>	<p><b>Group 1 N= 48</b></p> <p>Psychoeducation with Outpatient - 2h x5 sessions by women drug counsellors. First 2 sessions on providing info on AIDS transmission and prevention enables participants to identify high risk</p>	<p>Study quality: 1+</p>

<p>Info on Screening Process: 115 eligible, 24 did not wish to participate</p>	<p>- &lt; 3 months of MMT Notes: Ethnicity: Hispanic = 64.3% Black = 35.7% Baseline: GROUPS: Intervention / Control Heroin use: 15.2% / 15.8% Cocaine use: 43.5% / 42.1% Injection use: 71.3% / 76.3%  Unemployed: 91.3% / 89.5%</p>	<p>Notes: DROPOUTS: Intervention = 2/48 (4.2%) Control = 5/43 (12%)</p>	<p>behaviours. Sessions 3-5 condom use, communication and assertiveness training, problem solving <b>Group 2 N= 43</b> HIV education with Outpatient - AIDS information routinely provided in the clinic</p>	
<p><b>SEAL2003</b> Study Type: RCT (randomised controlled trial)  Blindness: Open Duration (days): Mean 180  Setting: Two inner-city neighbourhoods, San Francisco, USA  Notes: Block randomisation  Info on Screening Process: 366 screened &gt; 149 eligible &gt; 96 returned for enrollement</p>	<p>n= 96 Age: Mean 43 Sex: 69 males 27 females  Diagnosis: 100% IDU (injection drug use)  Exclusions: - Not -ve for all three HBV seromarkers - No isolated anti-HBc  Notes: Injected in past 30 days: heroin 74%, speedball 51%, speed 16% ETHNICITY: 46% African American, 31% white, 15% Latino, 8% other  Baseline: Homeless: 47% Years IDU: 21 Heavy alcohol use (&gt;=5 drinks/day): 15% Had drug treatment in past year: 49%</p>	<p><b>Data Used</b> Completion rate</p>	<p><b>Group 1 N= 48</b> CM (contingency management) with Outpatient - Once per month for 6 months: \$20 incentive for returning to community site. 2nd and 3rd doses of HBV vaccine given at months 1 and 6. <b>Group 2 N= 48</b> Outreach with Outpatient - Outreach worker attempted weekly contact to provide safe injection information and appointment reminders; duration of each contact not reported. 2nd and 3rd doses of HBV vaccine given at months 1 and 6.</p>	<p>Study quality: 1+</p>
<p><b>SIEGAL1995</b> Study Type: RCT (randomised controlled trial)  Blindness: Duration (days): Mean 30  Followup: 6 months  Setting: Needle exchange programs in US Notes: RANDOMISATION: poorly addressed - by alternation Info on Screening Process: 907 screened, 214 excluded</p>	<p>n= 381 Age: Mean 37 Sex: 282 males 99 females  Diagnosis:  Exclusions: - had not injected drugs in previous 6 months - &lt;18 years of age - attended a drug treatment program in last 30 days  Notes: Ethnicity: African-American (n= 184), White (n=42), Other (n=6)  Baseline: 61% heroin injection, 77% cocaine injection, 43% speedball (heroin and cocaine mixture), 68% crack users HIV+: 1.5%</p>	<p><b>Data Used</b> Reduced risk behaviours Notes: DROPOUTS during treatment: Enhanced education =51%, at follow up: Standard = 113/345 (33%) Enhanced = 22/171 (13%)</p>	<p><b>Group 1 N= 232</b> Control: enhanced TAU with Outpatient - 1h standard intervention: 1) indepth details on HIV and how it is transmitted 2) behavioural strategies to reduce HIV risk e.g. proper condom use, needle cleaning with bleach. Received HIV tests results and risk reduction kit and pamphlets <b>Group 2 N= 149</b> Psychoeducation with Outpatient - 3 additional education sessions for 1-2h: 1) Pathology of HIV and AIDS 2) Drug addiction 3) safer sex and relationships - men's version and women's version.</p>	<p>Study quality: 1+</p>
<p><b>SORENSEN1994A</b> Study Type: RCT (randomised controlled trial)  Blindness: Duration (days): Mean 7  Followup: 3 months Setting: US Notes: CONCEALMENT OF ALLOCATION: sealed envelopes</p>	<p>n= 148 Age: Mean 39 Sex: 89 males 59 females  Diagnosis:  Exclusions: - &lt;20 years of age - HIV antibody positive  Notes: Ethnicity: MMT - White = 54%, Black = 18% Hispanic = 20% Other = 8% Detox - White = 44%, Black = 20% Hispanic = 26% Other = 10%  Baseline: SAMPLES: MMT / DETOX 0 Years of Amphetamine use: 62% / 56% 3+ years of Amphetamine use: 22% / 26%</p>	<p><b>Data Used</b> Unsterile needle use Condom use Notes: DROPOUTS MMT: education = 5/25 DETOX: education = 17/32</p>	<p><b>Group 1 N= 25</b> Psychoeducation with Outpatient - MMT Group: 3 sessions for 2h within a week. Involved didactic presentations on AIDS transmission, group discussions designed to personalise the threat of AIDS, social interaction among members and leaders <b>Group 2 N= 28</b> HIV education with Outpatient - Control for detox group: information only <b>Group 3 N= 22</b> HIV education with Outpatient - Control for MMT group: information only</p>	<p>Study quality: 1++</p>

	0 Years of Cocaine use: 44% / 38% 3+ years of Cocaine use: 36% / 45%		<b>Group 4 N= 32</b> Psychoeducation with Outpatient - Detox group: 2 sessions - first session for 2h and second session for 1h. Involved didactic presentations on AIDS transmission, group discussions designed to personalise the threat of AIDS, social interaction among members and leaders		
<b>SORENSEN2006</b>	<p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Randomisation by statistician and placed in sealed envelopes</p> <p>Type of Analysis: ITT - maximum likelihood estimation</p> <p>Blindness: Open</p> <p>Duration (days): Mean 84</p> <p>Followup: 4 weeks</p> <p>Setting: Two MMT clinics in San Francisco</p> <p>Notes: Computerised stratified randomisation</p> <p>Info on Screening Process: 181 screened - 78 ineligible (primarily: not being prescribed ARV for &gt;1mth) &gt; 86 gave consent &gt; 66 still interested and eligible, and randomised</p>	<p>n= 66</p> <p>Age: Mean 43</p> <p>Sex: 35 males 31 females</p> <p>Diagnosis: 100% HIV positive by Current participation in treatment</p> <p>100% Opiate dependence by Eligible for/receiving MMT</p> <p>Exclusions: - Not receiving MMT - Not HIV+ - Not been prescribed HIV antiretroviral medication for at least one month - Participating in other adherence improvement - &gt;=80% medication adherence during 4-week baseline phase</p> <p>Notes: ETHNICITY: 36% Caucasian, 32% African-American, 12% Latino, 20% other/mixed 4 "female" participants were male-female transsexual</p> <p>Baseline: (CM / Control) Employed full/part time: 9% / 0% Homeless/no stable residence: 35% / 41% Opiate +ve urine: 35% / 41% Cocaine +ve urine: 53% / 50% Methadone dose (mg): 85.4 / 73.3</p>	<p><b>Data Used</b> Compliance with medication</p> <p>Notes: Monitoring of adherence twice daily (i.e. via electronic bottle cap at each of two daily ARV doses)</p> <p>DROPOUTS: 12.5% vouchers, 6% control</p>	<p><b>Group 1 N= 34</b> CM: vouchers - Voucher earn each time medication cap opened +-2 hours of scheduled. \$1 per day in first 5 days, \$1.40 bonus with each successive day complied. Day 6 onwards: increase of \$0.20 per day for each day complied. On any day, reset to \$1 if not complying.</p> <p>Control: standard care with Outpatient - Medication coaching: meeting with nurse/RA once every 2 weeks, who provides copy of electronic bottle cap adherence data; assessment and personalisation of current ARV schedule, providing support to improve adherence. ARV taken twice daily.</p> <p><b>Group 2 N= 32</b> Control: standard care with Outpatient - Medication coaching and twice daily ARV as per CM group.</p>	Study quality: 1++
<b>STEPHENS2000</b>	<p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: No mention</p> <p>Duration (days):</p> <p>Followup: 1, 4, 7,13 months</p> <p>Setting: US</p> <p>Info on Screening Process: 601 screened, 183 excluded: &lt;50 times cannabis used in 90 days (n=24), alcohol or other drug abuse in last 90 days (n=149), severe psychological distress (n=8), other formal treatment (n=2). Of eligible sample, 127 didn't complete pretreatment session</p>	<p>n= 291</p> <p>Age: Mean 34</p> <p>Sex: 224 males 67 females</p> <p>Diagnosis:</p> <p>Exclusions: - &lt;50 times cannabis used in last 90 days - alcohol or other drug abuse in last 90 days - severe psychological distress - receiving other formal treatment</p> <p>Baseline: Years of use = 17.35 (5.21), Days of use past 90 days = 74.64 (18.54)</p>	<p><b>Data Used</b> Cannabis use: days in past 3 months</p> <p>Notes: DROPOUTS: CBT = 19% MI = 8% Waitlist = 8%</p>	<p><b>Group 1 N= 117</b> CBT: group RP (relapse prevention) with Outpatient - 2-hour CBT:RP group sessions x14 over an 18 week period. Sessions 1-10 weekly, 11-14 every other week. Weeks 1-4 involved building motivation for change and high risk situations identified, 5-10 building coping skills, 11-14 coping with rationalisations</p> <p><b>Group 2 N= 88</b> AMI: MI (motivational interviewing) with Outpatient - x2 90 mins individual sessions. Involved motivational interviewing (e.g. reflective listening, affirmation, reframing) and CBT techniques (identifying high risk situations). Second session (1 month after) reviewed previous session and feedback received.</p> <p><b>Group 3 N= 86</b> Control: waitlist with Outpatient - Waitlist of 4 months until treatment</p>	Study quality: 1+
<b>STEPHENS2002</b>					

<p><b>STEPHENS2002</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness:</p> <p>Duration (days):</p> <p>Followup: 4, 9 months</p> <p>Setting: 3 US Urban areas</p> <p>Notes: RANDOMISATION: conducted centrally at the the Centre for Substance Abuse Treatment using urn randomization program</p> <p>Info on Screening Process: 1211 screened, 398 excluded: dependence on other drugs (31%), unwilling to accept random assignment (21%), currently receiving therapy (20%), did not provide contact person(20%), legal status (16%); 363 eligible but did not complete assessment</p>	<p>n= 450</p> <p>Age: Mean 36</p> <p>Sex: 306 males 144 females</p> <p>Diagnosis: 100% Cannabis dependence by DSM-IV</p> <p>Exclusions: - &lt;18 years - dependence on other drugs or alcohol - inability to provide a person who could assist in contact at follow up - legal status that would disrupt treatment - currently receiving therapy</p> <p>Notes: Ethnicity: White = 69.3%, Hispanic = 17.3%, African American = 12.2%, Other = 1.1%</p> <p>Baseline: Proportion of days used in last 90 days = 0.88, Hours high per day = 6.62 Ounces of cannabis per week = 0.40, Number of joints per day = 2.89</p>	<p><b>Data Used</b></p> <p>Cannabis use: days in past 3 months</p> <p>Abstinence: no use for 3 months</p> <p>Notes: DROPOUTS: MI = 18/146 (12.3%), CBT 23/156 (15%), Wait list =11/148 (7.5%)</p>	<p><b>Group 1 N= 148</b></p> <p>Control: waitlist with Outpatient</p> <p><b>Group 2 N= 146</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - x2 1h sessions 1 week and 5 weeks after randomization. Discussed a personal feedback report to motivate participant to make changes - attitudes favouring and opposing change, treatment goals etc; 2nd session efforts to reduce cannabis use reviewed</p> <p><b>Group 3 N= 156</b></p> <p>CBT: coping skills training with Outpatient - 9 sessions over a 12 week period. First 8 sessions weekly, 9th session 4 weeks after 8th session to review changes. Combined motivational aspects with CBT and case management.</p>	<p>Study quality: 1+</p>
<p><b>STERK2003B</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol - only those avail to followup</p> <p>Blindness: Open</p> <p>Duration (days): Mean 30</p> <p>Setting: US inner city neighbourhood outreach</p>	<p>n= 68</p> <p>Age: Mean 41 Range 20-54</p> <p>Sex: all females</p> <p>Diagnosis: 100% IDU (injection drug use) by Self-report</p> <p>Exclusions: - &lt;18 years - in drug treatment - not proficient in English - HIV positive - not had sex with a man in last month - intoxicated or high at time of interview</p> <p>Baseline: GROUPS: Standard Interventions / Motivation intervention / Negotiation intervention Mean days crack use: 14.0 (13.3) / 10.0(12.1) / 10.2(12.5) Mean days cocaine powder:8.3(11.9) / 10.4(12.3) / 5.4 (8.1) Mean days heroin use: 16.6 (12.9) / 14.1(13.1) / 12.2(10.7) Mean days speedball: 12.2(14.3) / 6.4(9.7) / 6.7(10.5)</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p>	<p><b>Group 1 N= 27</b></p> <p>HIV education with Outpatient - Standard 2 session: first session emphasised HIV epidemic and the importance of reducing injection and sexual risk. Second session focused on further development of HIV knowledge and risk and protective behaviour.</p> <p><b>Group 2 N= 20</b></p> <p>HIV education with Outpatient - 4 session motivational: first session HIV education and tailored to race and gender issues, second session short and long term goals discussed, third session short term behaviour change reviewed along with ambivalence, fourth risk reduction discussed</p> <p><b>Group 3 N= 21</b></p> <p>HIV education with Outpatient - 4session negotiation: 1st session HIV education and skills training, 2nd session possible behaviour changes reviewed and general communication, assertiveness discussed, 3rd short term goals discussed, 4th session develop negotiation and conflict resolution</p>	<p>Study quality: 1+</p>
<p><b>STOTTS2001</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT</p> <p>Blindness: Open</p> <p>Duration (days): Mean 10</p> <p>Setting: University medical centre based research unit, Texas, US</p> <p>Notes: RANDOMISATION: Stratified by MI condition</p>	<p>n= 105</p> <p>Age: Mean 35</p> <p>Sex: 84 males 21 females</p> <p>Diagnosis: 100% Cocaine dependence by DSM-IV</p> <p>Exclusions: - Age outside range 18-50 years - Not in good physical and psychiatric health - Not free of legal problems</p> <p>Notes: - Recruited through radio, television, newspaper advertising</p>	<p><b>Data Used</b></p> <p>Completion rate</p> <p>Cocaine use: no use vs some use</p> <p>Notes: Completion of treatment: MI = 50% No MI = 49%</p>	<p><b>Group 1 N= 53</b></p> <p>AMI: MI (motivational interviewing) with Outpatient - x2 1h interventions on day1 and day 4 of cocaine detoxification. Session 1 focussed on building motivation for change, exploring ambivalence about change. Session 2 consisted of personal feedback, reassessing commitment to change</p> <p><b>Group 2 N= 52</b></p> <p>Control: standard care with Outpatient</p>	<p>Study quality: 1+</p>

	<p>- Received 12 weeks of relapse prevention after cocaine detoxification</p> <p>Baseline: Mean duration of cocaine use: 10 years Mean frequency of cocaine use in last 30 days: 12.8</p>			
<p><b>TUCKER2004A</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Intention to treat</p> <p>Blindness: Single blind</p> <p>Duration (days): Mean 1</p> <p>Followup: 1 month</p> <p>Setting: Australia</p> <p>Notes: RANDOMISATION: by an independent researcher. Randomisation outcome was concealed in a sealed envelope</p> <p>Info on Screening Process: 239 screened, 23 excluded, 70 did not attend interview, 24 excluded after interview,</p>	<p>n= 145</p> <p>Age: Mean 31</p> <p>Sex: 107 males 38 females</p> <p>Diagnosis: 100% IDU (injection drug use) by Self-report</p> <p>75% Opiate misuse by Self-report</p> <p>Exclusions: - &lt;18 years - injecting &lt; once per week for last 6 months - not willing to be contacted for follow up interview</p> <p>Notes: PRIMARY DIAGNOSIS: heroin was primary drug for 75%</p> <p>Baseline: 64% HCV+</p>	<p><b>Data Used</b></p> <p>Reduced risk behaviours</p>	<p><b>Group 1 N= 73</b></p> <p>Psychoeducation with Outpatient - 30 min individually tailored intervention. Aimed to increase awareness of risk practices in relation to HCV, to enhance motivation to change high risk practices. Non-confronting and supportive style used</p> <p><b>Group 2 N= 72</b></p> <p>Control: TAU (treatment as usual) with Outpatient - Providing the participant with written literature on HCV and briefly highlighting various sections of the booklet</p>	<p>Study quality: 1++</p>
<p><b>WECHSBERG2004</b></p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 42</p> <p>Followup: 3 and 6 months</p> <p>Setting: US</p> <p>Info on Screening Process: 938 screened, 176 did not return for 2nd assessment, 762 randomized</p>	<p>n= 620</p> <p>Age: Mean 37</p> <p>Sex: all females</p> <p>Diagnosis: 100% Other stimulant misuse by Self-report</p> <p>Exclusions: - not African American women - &lt;18 years - did not engage in unprotective sex during last 90 days - crack use &lt;13 times in last 90 days - enrolled in substance abuse treatment within past 30 days</p> <p>Notes: PRIMARY DIAGNOSIS: Crack misuse</p> <p>Baseline: Drug Use Behaviours: no. days smoked crack in past 30 days = 17.1, ever injected = 10.7%</p> <p>Sexual risk behaviours: Engaged in unprotected sex in past 30 days = 88.5% Ever traded sex for money or drugs = 66.7% Traded sex for money or drugs = 42.8%</p>	<p><b>Data Used</b></p> <p>Condom use</p> <p>Notes: DROPOUTS: Woman focused group = 33% Standard group = 35%</p>	<p><b>Group 1 N= 207</b></p> <p>Control: waitlist with Outpatient</p> <p><b>Group 2 N= 213</b></p> <p>Psychoeducation with Outpatient - Women focused: 2 individual and 2 group sessions including HIV education, behavioural skills training, printed materials. Intervention was delivered within a gender and cultural specific focus</p> <p><b>Group 3 N= 199</b></p> <p>Psychoeducation with Outpatient - Standard: contained most of the components of the other intervention such as HIV education, behavioural skills training, printed materials but did not have the gender-specific and culture specific focus.</p>	<p>Study quality: 1++</p>

### Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
<b>BAKER2001</b>	small sample size
<b>BOATLER1994A</b>	not RCT
<b>BOOTH1996</b>	Cluster-randomised; no extractable data (regression analysis)
<b>BOOTH2004</b>	Outcomes not reported by treatment condition
<b>BRAINE2004A</b>	
<b>CHOOPANYA2003</b>	Cohort study
<b>COMPTON1998A</b>	Cohort study
<b>COMPTON2000A</b>	Cohort study
<b>CONROD2000A</b>	Primarily alcohol misusers

<b>DAVIS2003</b>	primary focus on alcohol
<b>ELBASSEL2005</b>	Cohort study
<b>FISHER2003</b>	not psychosocial intervention
<b>HEIL2005A</b>	No relevant outcomes (study reported HIV knowledge)
<b>HERSHBERGER2003</b>	Not RCT
<b>KWIATKOWSKI1999</b>	Subgroup analysis only
<b>LASH2005</b>	No extractable outcomes
<b>LINDENBERG2002A</b>	small proportion of sample were drug users
<b>MALOW1992</b>	did not directly assess harm reduction outcomes
<b>MARSCH2004A</b>	Not relevant comparison
<b>MARTIN2001A</b>	Did not assess required outcomes
<b>MCCUSKER1992A</b>	Data not broken down by groups
<b>ONDERSMA2005</b>	no drug use outcomes assessed
<b>RILEY2000A</b>	not intervention
<b>ROHSENOW2004</b>	Outcomes not reported by assigned groups
<b>SAUNDERS1995</b>	No extractable outcomes
<b>SCOTT2001</b>	MI greater than 2 sessions
<b>SHERMAN2006</b>	no control group
<b>STARK2005</b>	not psychosocial intervention
<b>STEIN2002B</b>	primary focus on alcohol misuse
<b>STEPHENS2004</b>	Did not assess required outcomes
<b>STERK2003C</b>	Subgroup analysis only

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