## Characteristics of reviewed studies: Structured psychosocial interventions

### Comparisons Included in this Clinical Question

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<td><strong>BROWN2002</strong></td>
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<td>Duration (days): Mean 70</td>
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<td>Setting: Three treatment centres in Canada</td>
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<td>Notes on Screening Process: 383 approached: 47 refused consent, 266 randomised, 70 refused randomisation but consented to subsequent assessment (= usual treatment group).</td>
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**CM versus control**

- BUDNEY2006
- CARROLL2006
- CRITSCHRISTOPH1999
- HIGGINS1993
- HIGGINS1994
- JONES2004
- KADDEN2006
- PETRY2004
- PETRY2005A
- PETRY2005B
- PETRY2006
- RAWSON2006
- ROLL2006
- SHOPTAW2005
- SHOPTAW2006

**CM: high frequency versus low frequency**

- CHUTU2001

**CM: high reward versus low reward**

- PETRY2004

**CM: qualitative contingency versus quantitative contingency**

- PETRY2002

**Diagnosis:**

- Age: Mean 38
- Sex: 90 males 41 females

**Outcomes**

- Data Used
- B-PRPI Brown-Peterson Recovery Progress Inventory
- ASI : drug use
- ADUSE (Alcohol and Drug Use Self-Efficacy Scale)
- ASI: alcohol use

**Interventions**

- Group 1: N= 61
- Group 2: N= 70

**Notes**

- Study quality: 1+
- Study quality: 1++
- Study quality: 1++

**Type of Analysis:**

- ITT (mixed models analysis)

**Type of Analysis:**

- No mention

**Blindness:**

- No mention
Appendix 14 (b)

**DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS**

**CARROLL1991**

**Study Type:** RCT (randomised controlled trial)

**Type of Analysis:** LOCF

**Blindness:** No mention

**Duration (days):** Mean 84

**Followup:** 0

**Setting:** US

**Notes:** RANDOMISATION: No details given.

**Info on Screening Process:** 42 enrolled.

n = 42

**Age:** Mean 27

**Sex:** 31 males  11 females

**Diagnosis:**

100% cocaine misuse by DSM-III

**Exclusions:**

- cocaine not primary drug of misuse, dependence on another drug or use of any other psychotropic medication
- current or lifetime diagnosis of schizophrenia or mania
- suicidal ideation to the extent that hospitalisation is required
- pending drug-related legal proceedings or treatment stipulated as condition of probation

**Notes:** REFERRALS: People who applied for treatment at the SATU cocaine clinic

Baseline: (GROUP: IPT / RP)

Years of education: 12.8 / 12.6

Weekly cocaine use (g): 4.3 / 3.6

Months of regular cocaine use: 45.4 / 34.2

Any depressive disorder: 4% / 4%

Generalised anxiety disorder: 0 / 1%

Antisocial Personality Disorder: 5% / 7%

Alcoholism: 7% / 6%

**CARROLL1994**

**Study Type:** RCT (randomised controlled trial)

**Study Description:** Raters blind to treatment assignment. Double blinding for medication

**Type of Analysis:** Intention to treat (all randomised)

**Blindness:** Single blind

**Duration (days):** Mean 84

**n = 110**

**Age:** Mean 29

**Sex:** 80 males  30 females

**Diagnosis:**

100% cocaine dependence by DSM-III-R

**Data Used**

**ASI (Addiction Severity Index)**

**Abstinence:** longest consecutive period

Cocaine use: percentage of days

BDI (Beck Depression Inventory)

HRSD (Hamilton Rating Scale for Depression)

**Group 1 N= 29**

Control: clinical management with outpatient - Nonspecific elements of a psychotherapeutic relationship, medication management.

Demographic data available only for those who completed >=1 session

Study quality: 1+

**Notes:** FOLLOW-UPS: study weeks 1, 2, 4, 6, 8 and 12

DROPOUTS: 19/42 did not complete >=9 sessions. One subject (among completers?) removed from study because of "no substantial reduction in cocaine use"
Notes: FOLLOWUP: DROPOUTS: desipramine + RP 51%, desipramine + control 63%, placebo + RP 64%, placebo + control 61%

Desipramine with outpatient - Initiated on 50mg at night, increasing to max. 300mg, adjusted on an individual basis as appropriate.
- DSM-III-R

Group 2 N = 27
CBT: RP (relapse prevention) with outpatient - 12 weeks, individual format identifying and coping with high risk situations.
Placebo - Yoked to dose changes for subjects receiving desipramine to maintain double blinding.

Group 3 N = 29
Control: clinical management with outpatient - Nonspecific elements of a psychotherapeutic relationship, medication management.
Placebo with outpatient - Yoked to dose changes for subjects receiving desipramine to maintain double blinding.

Group 4 N = 25
Desipramine with outpatient - Initiated on 50mg at night, increasing to max. 300mg, adjusted on an individual basis as appropriate.
CBT: RP (relapse prevention) with outpatient - 12 weeks, individual format identifying and coping with high-risk situations.

Notes: PRIMARY DIAGNOSIS: At least 12g cocaine used in past 3 months
ETHNICITY: Not given

References: Carroll, 1998
Study quality 1+

Notes: RANDOMISATION: No further details.
Setting: US

Info on Screening Process: 187 screened, 55 excluded (failed to complete baseline evaluation, did not meet diagnostic criteria, contraindication for disulfiram, etc.), 122 randomised.

Diagnosis:
- Alcohol use: drinking days per week
- Alcohol use: drinks per week
- Cocaine use: grams per week
- Cocaine use: days per week
- Abstinence: days drug free

Notes: PRIMARY DIAGNOSIS: Cocaine with alcohol. 85% met criteria for alcohol dependence
- 100% alcohol misuse by DSM-III-R
- 100% cocaine dependence by DSM-III-R

Notes: FOLLOWUP: Baseline, post-treatment DROPOUTS: 68% overall

Data Used
- Alcohol use: drinking days per week
- Alcohol use: drinks per week
- Cocaine use: grams per week
- Cocaine use: days per week
- Abstinence: days drug free

Study Type: RCT (randomised controlled trial)
Study Description: Raters blind to treatment assignment
Type of Analysis: ITT (intention to treat)
Blindness: Single blind
Duration (days): Mean 96

Notes: RANDOMISATION: No further details.
Setting: US

Info on Screening Process: 191 screened, 139 eligible and randomised.

Exclusions:
- Physical dependence on opioids, barbiturates or alcohol
- Primary drug of dependence not cocaine
- Lifetime DSM-III-R Axis I disorder other than depressive or anxiety disorders
- Lifetime schizophrenia or mania
- Significant suicidal or homicidal ideation
- Contraindication to tricyclic antidepressants
- Treated for drug misuse in past 2 months or currently treated for any other psychiatric disorder
- Conditions of probation or parole

Notes: PRIMARY DIAGNOSIS: At least 12g cocaine used in past 3 months
ETHNICITY: Not given

EXCLUSIONS:
- Physical dependence on opioids, barbiturates or alcohol
- Primary drug of dependence not cocaine
- Lifetime DSM-III-R psychotic or bipolar disorder
- Significant suicidal or homicidal ideation
- Contraindication to disulfiram
- Treated for substance use in past 2 months or current treatment for any other psychiatric disorder
- Conditions of probation or parole requiring drug reports to court

Notes: PRIMARY DIAGNOSIS: Cocaine with alcohol. 85% met criteria for alcohol dependence
ETHNICITY: White 39%

REFERRALS: Seeking treatment, newspaper ads, public service announcements

Baseline: Employed: 43%
Cocaine: 4.0g per week, 14.1 days in past 30 days, 7.5 years’ cocaine dependence
Alcohol: 11.6 drinks per drinking occasion, 17.2 drinking days in past 30 days, 7.3 years alcohol misuse
Previous treatment: 53%
CARROLL2006B

Study Type: RCT (randomised controlled trial)
Type of Analysis: ITT (all randomised included in analyses)
Blindness: Open
Duration (days): Mean 56
Followup: 6 months
Setting: Connecticut, US
Notes: Randomisation procedure not reported.
Info on Screening Process: 208 screened; 174 eligible. 36 dropped out prior to randomisation, so 136 randomised.

Data Used

| Diagnosis: | 100% cannabis dependence by DSM-IV |
| Exclusions: | - age outside range 18-25 |
| - opioid or alcohol dependence |
| - severe substance dependence requiring inpatient treatment or detoxification |
| - current psychiatric disorder |
| - previous treatment for cannabis use in past 60 days |
| - current homicidal risk |
| - MMSE <2 |
| - not referred by criminal justice system |
| - severe medical problems |

Notes: ETHNICITY: 60% African American, 13% Latin American, 23% European American

Baseline:
- CM / motivational enhancement therapy + CBT / standard counselling
- Lifetime arrests: 5.9 / 5.0 / 5.2
- Age first alcohol use: 14.3 / 17.5 / 14.9
- Age first cannabis use: 14.4 / 14.9 / 14.7
- Days’ cannabis use in past month: 13.7 / 12.4 / 12.5

CHUTUAPE2001

Study Type: RCT (randomised controlled trial)
Blindness: No mention
Duration (days): Mean 238
Setting: US
Info on Screening Process: 231 screened, 15 did not complete baseline phase, 9 were opioid and cocaine free, 144 submitted greater than 80% drug positive urines.

Data Used

| Diagnosis: | 100% opioid dependence by eligibility for/receipt of MMT |
| Exclusions: | - opioid-negative samples at intake |
| - no signs of intravenous use |
| - self-reported opioid use (<21 of 30 days) for 6 or more months of previous year |
| - history of addiction <1 year |
| - serious medical or psychiatric illness |
| - pregnancy |

Baseline: GROUPS: CM weekly / CM monthly / non-contingent management (NCM)
COVIELLO2006

Study Type: RCT (randomised controlled trial)
Blindness: Open
Duration (days): Mean 42
Followup: 20 weeks after end of programme
Setting: Three MMT programmes in Philadelphia, US
Notes: Randomisation method not reported

Data Used
Condom use
Urinalysis: positive for opioids
Urinalysis: positive for cocaine
Urinalysis: positive for benzodiazepines
Urinalysis: positive for cannabis
Drug use: days per month

Notes: 6-week endpoint, 20-week post-intervention follow-up

CRITSCHRISTOPH1999

Study Type: RCT (randomised controlled trial)
Study Description: ASI interviewers blind to treatment condition
Type of Analysis: ITT for months' cocaine use
Blindness: Single blind
Duration (days): Mean 270
Followup: 9 months
Setting: Five hospitals in US
Notes: Computerised ur randomisation at coordinating centre.
Info on Screening Process: 2197 screened by telephone, 1777 eligible. Of these, 937 attended intake visit (13 ineligible, 54 didn’t return). 870 attended orientation phase; 487 completed attendance and assessment requirements and randomised.

Data Used
ASI (Addiction Severity Index): drug use
Completion rate
Cannabis use: times in past month
Retention: sessions attended
Abstinence: no use for 3 months

Notes: DROPOUTS: High (77% individual drug counselling, 66% CBT, 67% supportive-expressive psychotherapy, 77% group drug counselling)

Group 1 N= 124
IDC (individual drug counselling) with outpatient - 50-min sessions twice weekly for first 12 weeks, weekly during weeks 10-24 and monthly during last 3 months. Manual with specific stages, tasks and goals based on 12-step philosophy.

Group 2 N= 121
CBT: CT (cognitive therapy) with outpatient - 50-min sessions twice weekly for first 12 weeks, weekly during weeks 10-24 and monthly during last 3 months. Followed McLellan’s manual for CT for substance misuse.

Group 3 N= 123
Group therapy with outpatient - 90-min sessions weekly for first 6 months, 30 mins monthly during last 3 months. Group drug counselling following a manual designed to educate patients about stages of recovery and encourage 12-step participation.

Group 1 N= 76
Case management with outpatient. Mean dose 6 weeks - 45-minute initial session: assessment of needs and motivation, brief counselling and development of an action plan for treatment. Subsequent telephone contact, focused on actions and problem solving, over 6 weeks (and personal contact as necessary).

Group 2 N= 52
Control: standard care with outpatient - Passive referral: 10 minutes' advice and referral to re-enrolment; participants given an updated list of available treatment resources, with no further assistance or contact.

Notes: Computerised urn randomisation at coordinating centre.

Followup: 9 months
Setting: Five hospitals in US
Duration (days): Mean 270
Blindness: Single blind
Study Type: RCT (randomised controlled trial)
Study Description: ASI interviewers blind to treatment condition
Type of Analysis: ITT for months' cocaine use

Diagnosis:
100% cocaine dependence by DSM-IV

Exclusions: - age outside range 18-60
- no cocaine use in past 30 days

Notes: ETHNICITY: 58% White


Notes: 56% African American, 41% Caucasian

POPULATION: Patients discharged from MMT
Baseline: (Case management / passive referral)
Years' heroin use: 17.4 / 18.0
Days' heroin use in past month: 17.9 / 16.2
Previous treatment episodes: 5.6 / 7.6
IDU (injection drug use): 68% / 65%

Notes: Randomisation method not reported

Lifetime heroin use (months)     89     82     113
Lifetime cocaine use (months)  23     23     28
Group 4 N=119
SE (supportive-expressive psychotherapy) with outpatient - 50-min sessions twice weekly for first 12 weeks, weekly during weeks 10-24 and monthly during last 3 months. Psychodynamic therapy following manual by Luborsky, adapted for cocaine treatment.
Group therapy - 90 minutes weekly for first 6 months of group drug counselling.

Group 1 N=100
CBT: coping skills training - MET + 5 group sessions of CBT.
AMI: MET (motivational enhancement therapy) with outpatient.

Group 2 N=96
CBT: coping skills training - 12 group sessions. Contents as per CBT5, with additional sessions addressing interpersonal problems, negative affect, problem solving, anger management, resisting craving, managing depression and thoughts about cannabis.
AMI: MET (motivational enhancement therapy) with outpatient.

Group 3 N=100
Case management - Limited case management over a period of 12-14 weeks.
FI: MDFT (multidimensional family therapy) with outpatient - 12-15 sessions. Three phases: engagement, working the themes and sealing the changes. Integrates drug use treatment into FT through improving communication, shifting from high conflict to affective issues, and developing positive experiences.

Group 4 N=100
FI (family intervention) with outpatient - ten individual sessions with the adolescent, four sessions with caregivers (two of which the whole family). Core procedures are identification of antecedents and consequences, goals of treatment and further goal planning, communication and problem solving.
Case management - Limited case management over a period of 12-14 weeks.
**DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS**

**FALSSTEWART1996**

| Study Type: | RCT (randomised controlled trial) |
| Study Description: | Husbands recruited alongside partners. Data given here for husbands only |
| Setting: | US |
| Notes: | RANDOMISATION: No details. |

**Study Quality: 1+**

| Data Used | ASI (Addiction Severity Index) |
| Abstinence: percentage of days |
| Abstinence: days drug free |
| Urinalysis: positive for any drug |
| Notes: FOLLOW-UPS: Weekly random urine screening |
| DROPOUTS: 3/43 couples from CBT group and 3/43 from BCT group failed to complete |

**Group 1 N=40**

- CBT: coping skills training with outpatient - 60-minute individual sessions once weekly. Goals: cognitive-behavioural restructuring, problem-solving for alternatives to drug use, relaxation training, anger management, refusal skills, assertiveness training and enhancing social support networks.
- F1: BCT (behavioural couples therapy) with outpatient - Couples met therapist for 60 minutes once a week for 12 weeks. Goal: rewarding abstinence, constructive communication for conflict resolution, coping with cravings, crisis intervention and positive behavioural exchanges.
- CBT: group with outpatient - Groups of 6-8 patients meeting for 90 minutes once weekly. Goals as above.

**Group 2 N=40**

- CBT: coping skills training with outpatient - 60-minute individual sessions once weekly.
- F1: BCT (behavioural couples therapy) with outpatient - Couples met therapist for 60 minutes once a week for 12 weeks. Goal: rewarding abstinence, constructive communication for conflict resolution, coping with cravings, crisis intervention and positive behavioural exchanges.
- CBT: group with outpatient - Groups of 6-8 patients meeting for 90 minutes once weekly. Goals as above.

**Group 3 N=40**

- AMI: MET (motivational enhancement therapy) with outpatient - 2 individual sessions, aims to reduce adolescents’ ambivalence about their drug use, and to motivate them to stop using cannabis.
- CBT: coping skills training - CBT12. Case management - Facilitate treatment attendance, assess family needs and referrals to other community services.
- F1: FSN (family support network) - Family support groups.

**Group 4 N=40**

- CBT: coping skills training with outpatient - 60-minute individual sessions twice weekly. Goals: cognitive-behavioural restructuring, problem-solving for alternatives to drug use, relaxation training, anger management, refusal skills, assertiveness training and enhancing social support networks.
- F1: BCT (behavioural couples therapy) with outpatient - Couples met therapist for 60 minutes once a week for 12 weeks. Goal: rewarding abstinence, constructive communication for conflict resolution, coping with cravings, crisis intervention and positive behavioural exchanges.
- CBT: group with outpatient - Groups of 6-8 patients meeting for 90 minutes once weekly. Goals as above.

**Group 5 N=102**

- CBT: coping skills training - 5 group sessions (CBT5). Teaches basic skills for cannabis refusal, establishing a social network, replacing cannabis use with pleasant nondrug related activities, coping with high-risk situations, recovering from relapse.
- AMI: MET (motivational enhancement therapy) with outpatient - 2 individual sessions, aims to reduce adolescents’ ambivalence about their drug use, and to motivate them to stop using cannabis.

**Group 6 N=102**

- Psychoeducation - Provided information on adolescent development and parents’ role, substance abuse and dependence, recovery process and relapse signs, family development and organisation.
- CBT: coping skills training - CBT12. AMI: MET (motivational enhancement therapy) with outpatient.
- Case management - Facilitate treatment attendance, assess family needs and referrals to other community services.
- F1: FSN (family support network) - Family support groups.
FINNEY1998
Study Type: Cohort
Blindness: Open
Duration (days): Range 21-28
Setting: 15 inpatient substance misuse programmes from 13 Veteran Affairs (VA) treatment centres in US
Info on Screening Process: 4659 screened, 4193 eligible, 494 refused consent; of 3699 intake sample 3278 completed intake evaluation.

Group 1 N = 970
12-step with inpatient.

Group 2 N = 106
12-step with inpatient.
CBT with inpatient.

Group 3 N = 119
CBT with inpatient.

Content of interventions not reported - in secondary study?
Study quality: 2+

HALL1977
Study Type: RCT (randomised controlled trial)
Type of Analysis: Completers
Blindness: Single blind
Duration (days): Mean 14
Followup: 3 months
Setting: US
Outpatient (community)
Info on Screening Process: 49 MMT participants referred by vocational rehabilitation service, none excluded

Group 1 N = 23
Vocational training - two week workshop consisted 3-6 participants who met on 2 days for approximately 5 hours, and 1 day for 3 hours. Sessions videotaped. 10-15 minute relaxation technique training. Role play in interview situation. Exploration of difficulties with application forms. Simulation of real interview.

Group 2 N = 26
Control: TAU (treatment as usual) - Participants given appointment for assessment interview (chance to practice interviews and complete application forms). Written note sent day prior to day of interview to remind participants of appointment. No other intervention.

Notes: RANDOMISATION: No details.

Setting: US
Duration (days): No mention
Blindness: No mention

Data Used
Rating of written application
Rating of employability
Employment at follow-up

Notes: DROP OUT: 4/23 experimental group 3/26 control group 3 month follow-up - participants contacted and asked if they had found a job or been placed in a training programme.

HENNIGER1999
Study Type: RCT (randomised controlled trial)
Study Description: Families received intervention alongside youths
Type of Analysis: Per protocol
Blindness: No mention
Duration (days): No mention
Setting: US

Notes: RANDOMISATION: No details.

Info on Screening Process: 423 screened > 140 met inclusion criteria > 118 gave consent.

Group 1 N = 58
FI: MST (multisystemic therapy) with outpatient - Targets problem behaviour at the individual, family, school and community levels; treatment intensity titrated by clinical need. Home-based delivery with 24-7 availability. Integrated with pharmacological monitoring as necessary.

Group 2 N = 60
Day treatment: intensive (>60hr/wk) with outpatient - TAU condition: youths referred by probation officer to local substance abuse treatment services, typically weekly attendance of 12-step programme. Families received few substance abuse or mental health services.

Notes: RANDOMISATION: No details.

Setting: US
Duration (days): No mention
Blindness: No mention

Data Used
Crime: engaging in criminal activities
Drug use: PEI-Personal Experience Inventory
Urinalysis: matching self-report

Notes: PRIMARY DIAGNOSIS: 44% substance dependent; 60% polysubstance misuse; 87% alcohol misuse; 72% dual or multiple diagnoses
REFERRALS: Juvenile offenders
ETHNICITY: 50% African American, 47% Caucasian, 3% Other
Baseline: Lived with two parents (of which >=1 biological parent): 50%
Lived with one parent: 40%
**HIGGINS1993**

- **Study Type:** RCT (randomised controlled trial)
- **Blindness:** No mention
- **Duration (days):** Mean 168
- **Setting:** US
- **Notes:** RANDOMISATION: Balanced for gender, route of administration, residence with significant other, legal matters pending, employment status etc.

Info on Screening Process: 13 did not meet inclusion criteria.

- **n:** 38
- **Age:** Mean 29
- **Sex:** Not given
- **Diagnosis:**
  - 100% cocaine dependence by DSM-III-R
  - 55% alcohol dependence by DSM-III-R
  - 42% cannabis dependence by DSM-III-R
- **Exclusions:**
  - <18 years
  - opioid or sedative dependence
  - psychosis
  - dementia
  - medical condition precluding employment
  - plans to leave area within 6 months

**Baseline:**

GROUPS: Behavioural / 12-steps

Weekly cocaine use: 4.0g / 4.7g

ASI (drug): 0.22 / 0.27

**Data Used**

Abstinence: percentage of days

**Group 1**

Day treatment: intensive (>60hr/wk) with outpatient - $5 for each urine sample provided. Counselling: one 2.5-hour group session and one 1-hour individual session/week for first 12 weeks. Then one group or individual therapy session per week for weeks 13-24. Based on a 12-step model.

**Group 2**

CM: CRA (community reinforcement approach) with outpatient - CM: First 12 wks: $2.50 first -ve, increase of $1.25 for consecutive -ve, $10 bonus for 3 consecutive. Second 12 wks: $1 lottery tickets, CRA: 1hr x 2/wk for 12 wks, then 1hr/wk. CRA: skills training, relationship and employment counselling, recreation.

**Notes:** RANDOMISATION: Balanced for gender, route of administration, residence with significant other, legal matters pending, employment status etc.

**Setting:** US

**Duration (days):** Mean 168

**Blindness:** No mention

**Study Type:** RCT (randomised controlled trial)

**Information on Screening Process:** 13 did not meet inclusion criteria.

**Diagnosis:**

- Age: Mean 29
- Sex: Not given

**Exclusions:**

- opioid or sedative dependence
- psychosis
- dementia
- medical condition precluding employment
- plans to leave area within 6 months

**Baseline:**

GROUPS: Behavioural / 12-steps

Weekly cocaine use: 4.0g / 4.7g

ASI (drug): 0.22 / 0.27

**Data Used**

Abstinence: percentage of days

**Group 1**

Day treatment: intensive (>60hr/wk) with outpatient - $5 for each urine sample provided. Counselling: one 2.5-hour group session and one 1-hour individual session/week for first 12 weeks. Then one group or individual therapy session per week for weeks 13-24. Based on a 12-step model.

**Group 2**

CM: CRA (community reinforcement approach) with outpatient - CM: First 12 wks: $2.50 first -ve, increase of $1.25 for consecutive -ve, $10 bonus for 3 consecutive. Second 12 wks: $1 lottery tickets, CRA: 1hr x 2/wk for 12 wks, then 1hr/wk. CRA: skills training, relationship and employment counselling, recreation.

**Notes:** RANDOMISATION: Balanced for gender, route of administration, residence with significant other, legal matters pending, employment status etc.

**Setting:** US

**Duration (days):** Mean 168

**Blindness:** No mention

**Study Type:** RCT (randomised controlled trial)

**Information on Screening Process:** 13 did not meet inclusion criteria.

**Diagnosis:**

- Age: Mean 31
- Sex: 27 males / 13 females

**Exclusions:**

- <18 years of age
- no use of cocaine within previous 30 days
- opioid dependence
- sedative dependence
- psychosis
- pregnancy
- dementia
- recent inpatient treatment for cocaine
- medical condition precluding employment

**Baseline:**

GROUPS: CRA + CM / CRA

ASI (drug): 0.25 / 0.23

BDI (Beck Depression Inventory): 21.1/19.4

**JONES2004**

**DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS**
Placebo + CM versus placebo + non-contingent management only analysed

Data Used
Abstinence: negative urinalysis
Cocaine use: self-report

Notes: SELF-REPORT MEASURES: Non-intravenous and intravenous questionnaires, safety data from Weekly Symptom Checklist
DROPOUTS: Tryptophan + CM (31/42 = 68.9%), tryptophan + no CM (42/49 = 75%), placebo + CM (41/55 = 70.7%), placebo + no CM (29/37 = 72.5%)

Setting: US
Notes: RANDOMISATION: Modified dynamic balanced randomisation by computer; seven participants who were assigned to control were forced into voucher condition.
Info on Screening Process: 1174 screened, 200 signed consent, 199 randomised.
Study Type: RCT (randomised controlled trial)

KADDEN2006
Study Type: RCT (randomised controlled trial)
Type of Analysis: Completers
n = 183
Age: Mean 36
Sex: 102 males 81 females
Diagnosis: 100% cocaine dependence by DSM-IV
Exclusions: - no pre-admission cocaine-positive urine sample
- no self-reported cocaine use
- diagnosis of a medical or severe psychiatric illness requiring chronic medication
- breath test positive for alcohol
- urine sample positive for opioids or sedatives/hypnotics

Group 1 N = 49
Tryptophan with outpatient. Mean dose 8 g / day - 4-9 days in residential setting where stabilised on medication and achieved cocaine abstinence, then 16 weeks in outpatient setting. Participants received tryptophan plus 2 teaspoons of confederator's sugar plus 4 grams of powdered cocoa mix.
NCM (non-contingent management) with outpatient. Received voucher schedule generated by a participant in the contingent condition -- to control for the amount and pattern of payments received.

Group 2 N = 37
Placebo with outpatient. Lactose monohydrate plus 0.14 mg of denatonium benzoate to mimic bitter taste of tryptophan, 4 grams of cocoa mix also added to produce equivalent taste, 5 mg diphenhydramine hydrochloride.
NCM (non-contingent management) with outpatient. Received voucher schedule generated by a participant in the contingent condition -- to control for the amount and pattern of payments received.

Group 3 N = 42
CM: vouchers with outpatient. Received $2.50 voucher for first cocaine-negative sample, vouchers for subsequent negative samples increased by $1.50, $10 bonus for three consecutive negative samples. A cocaine-positive sample reset payment schedule to initial value ($2.50). Maximum $1155.
Tryptophan with outpatient. Mean dose 8 g / day - 4-9 days in residential setting where stabilised on medication and achieved cocaine abstinence, then 16 weeks in outpatient setting. Participants received tryptophan plus 2 teaspoons of confederator's sugar plus 4 grams of powdered cocoa mix.

Group 4 N = 55
CM: vouchers with outpatient. Received $2.50 voucher for first cocaine-negative sample, vouchers for subsequent negative samples increased by $1.50, $10 bonus for three consecutive negative samples. A cocaine-positive sample reset payment schedule to initial value ($2.50). Maximum $1155.
Placebo with outpatient. Lactose monohydrate + 0.14 mg of denatonium benzoate to mimic bitter taste of tryptophan, 4 grams of cocoa mix also added to produce equivalent taste, 5 mg diphenhydramine hydrochloride.

Study Type: RCT (randomised controlled trial)
Type of Analysis: Completers
n = 240
Age: Mean 32
Sex: 170 males 70 females

Data Used
ASI (Addiction Severity Index)
Abstinence: longest consecutive period
Cannabis use: times per day

Group 1 N = 62
Control: standard care with outpatient. Mean dose nine sessions - Case management (i.e. standard counselling):
Abstinence: percentage of days
Notes: All groups had weekly urine tests and were informed of results, but only CM conditions provided rewards, and motivational enhancement therapy plus CBT conditions provided suggestions to improve drug-use behaviour.

Data Used
Abstinence: percentage of days
Notes: FOLLOW-UPS: Baseline, end of treatment and every 3 months thereafter for 1 year
DROPOUTS: Not reported

**KELLEY2002**

Study Type: RCT (randomised controlled trial)

Study Description: For missing data, last most distressed datapoint carried forward

Type of Analysis: Per protocol

Blindness: No mention

Duration (days): Mean 140

Followup: 12 months

Setting: Two clinics in US

Notes: RANDOMISATION: No details.

Info on Screening Process: 329 men approached: 64 refused consent, 31 couples met exclusion criteria, 99 had no children.

Abstinence: percentage of days
Notes: All groups had weekly urine tests and were informed of results, but only CM conditions provided rewards, and motivational enhancement therapy plus CBT conditions provided suggestions to improve drug-use behaviour.

**LATIMER2003**

DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS

**Group 1 N=21**
Psychoeducation with outpatient - Both partners attended 12 lectures about the epidemiology, aetiology and effects of substance misuse.

CBT (cognitive behavioural therapy) with outpatient - 20 weekly individual-based sessions, drawn from Project MATCH protocol.

**Group 2 N=22**
CBT (cognitive behavioural therapy) with outpatient - 20 weekly individual-based sessions, drawn from Project MATCH protocol.

FI: BCT (behavioural couples therapy) with outpatient - Both partners attended 12 weekly sessions: reinforcing abstinence through verbal contract, teaching more effective communication skills, increasing positive behavioural exchange and reducing aggression between partners.

**Group 3 N=21**
CBT: coping skills training with outpatient - 12 weekly individual-based sessions, modified from Monti et al (1989) for alcohol.

CBT (cognitive behavioural therapy) with outpatient - 20 weekly individual-based sessions, drawn from Project MATCH protocol.
**Appendix 14 (b)**

**DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS**

**Study Type:** RCT (randomised controlled trial)

**Type of Analysis:** ITT

**Blindness:** No mention

**Duration (days):** Mean 102

**Followup:** 6 months

**Setting:** Drug dependence assessment clinic in US

**Info on Screening Process:** 159 screened - 24 met exclusion criteria > 104 referred to outpatient treatment and offered study participation > 58 consented and randomised - 1 cohort used for training purposes > 43 included in study.

**Data Used**

- **n = 43**
  - Age: Mean 16
  - Sex: 33 males 10 females
  - Diagnosis: 100% substance misuse (drug or alcohol) by DSM-IV
  - Exclusions: - age outside range 12-18 - required less or more intensive treatment than provided in this study - acute psychosis - acute suicidal or homicidal behaviour - refused medication despite bipolar disorder
  - Notes: PRIMARY DIAGNOSIS: alcohol abuse/dependence 86%, cannabis abuse/dependence 98%, other drug abuse/dependence 21%
  - ETHNICITY: 86% White, 7% Native American, 5% Hispanic, 2% Asian
  
- **n = 182**
  - Age: Mean 16
  - Sex: 146 males 36 females
  - Diagnosis: 100% drug misuse (non-alcohol) by self-report
  - Exclusions: - age outside range 13-18 - history of mental retardation or organic dysfunction - requires inpatient detox - involved in another form of psychotherapy oriented treatment, or 12-step groups
  - Notes: PRIMARY DIAGNOSIS: Any illegal drug >= three times per week
  - ETHNICITY: 51% White non-Hispanic, 18% African American, 15% Hispanic, 6% Asian, 10% Other
  - REFFERALS: CJS, clinical (schools, health and mental health agencies)
  - Baseline: Polydrug: 51%
  - Alcohol and cannabis only: 49%
  - Years of drug use: 2.5
  
**Data Used**

- **Group 1 N= 21**
  - FI (family intervention) - 16 weekly 60-minute sessions. Aims to promote youth abstinence by fostering family communication, age-appropriate familial roles and effective parenting skills. Behavioural contracts among family members.
  - CBT (cognitive behavioural therapy) - 32 weekly 90-min group sessions. Rational-emotive and behaviour change principles, which aim to promote rational beliefs that are associated with psychiatric wellbeing and drug abstinence.

- **Group 2 N= 22**
  - Psychoeducation - 16 weekly, 90 minute sessions delivered to groups of adolescents. Focus on physiological and negative consequences of drug use, incorporating info disseminated by NIDA.

- **Group 1 N= 52**
  - Psychoeducation with outpatient - 90 minute sessions: multifamily groups (3+4 families) with focused discussions, didactic presentations, skills-building, family problem solving and homework assignments.
  - Up to two crisis sessions available to families on request or in emergencies.

- **Group 2 N= 53**
  - Group therapy with outpatient - 90 minute weekly sessions with groups of 6-8 adapted from Beck’s group therapy model. Staged with two family sessions to enlist cooperation. Developing social skills, self-control and acceptance, problem solving skills and building social support.

- **Group 3 N= 47**
  - FI: MDFT (multidimensional family therapy) with outpatient - 16 weekly sessions over 5 months. Individual and family family sessions used throughout Focus on adolescent, parent, and parent-adolescent interaction.
  - Three phases: engagement, promoting change and transitioning changes into real world environments.

**Study Type:** RCT (randomised controlled trial)

**Type of Analysis:** Per protocol

**Blindness:** No mention

**Duration (days):** Mean 150

**Followup:** 12 months

**Setting:** US

**Notes:** RANDOMISATION: No details.

**Data Used**

- ** Completion rate**
  - Drug use: clinically significant reduction
  - Notes: FOLLOWUPS: Pre/post, 6 months, 12 months
  - DROPOUTS: MDFT 30%, education 35%

**Study Type:** RCT (randomised controlled trial)

**Type of Analysis:** Per protocol

**Blindness:** No mention

**Duration (days):** Mean 150

**Followup:** 12 months

**Setting:** US

**Notes:** RANDOMISATION: No details.

**Data Used**

- **n = 263**
  - Age: Mean 29
  - Sex: 191 males 72 females
  - Diagnosis: 100% drug misuse (non-alcohol)
  - Exclusions: - not an inmate released on parole - no history of drug use associated with an HIV risk factor
  - Notes: Details of randomisation procedure not reported
  - Info on Screening Process: 400 randomised; 282 accepted; 88 excluded; 100 randomised; 171 included.
Appendix 14 (b)

Notes: ETHNICITY: 68% Black, 32% "non-Black"
All were ex-inmates on parole
Baseline: ACT ([assertive community treatment] / control)
Health: excellent 33% / 41%, good 41% / 38%, fair or poor 26% / 21%
Delinquent activity: low 36% / 46%, medium 39% / 25%, high 25% / 29%
Time in prison: 77% / 75%
Drug use in 6 months prior to incarceration: low 28% / 30%, medium 36% / 35%, high 36% / 35%

Notes: Urinalysis: proportion of parolees will have been reincarcerated by endpoint thus would have been expected to be likely to give a negative sample.

Group 2 N = 133
Control: standard care with outpatient - Standard parole: in practice, unless parolee actively seeks attention, there is little help offered or sanctions on the parolee. Referrals to treatment programmes may be voluntary or mandated, and may be more or less intensive than ACT.

Group 1 N = 130
CBT: group with outpatient - 3 group sessions and 1 individual session per week over 12 weeks; manual-guided: identifying and dealing with craving, irrational thoughts and negative moods, and preventing relapse.

Group 2 N = 69
TSF (12-step facilitation) with outpatient - 3 group sessions and 1 individual session per week over 12 weeks; manual-guided, encouraging working the first four steps.

Notes: PRIMARY DIAGNOSIS: 100% smoked crack cocaine as primary route of administration
REFERRALS: Recruited from 3 veterans programmes
Baseline: Age not reported (but all veterans)
82% had major depressive disorder, post-traumatic stress disorder or antisocial personality disorder
History of regular cocaine use: 19 months
Bingeing on cocaine: 64%
Alcohol use in past 30 days: 10 days (of which 6 to the point of intoxication)

Notes: DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS

Study Type: RCT (randomised controlled trial)
Study Description: Missing or discrepant urine samples coded as positive
Type of Analysis: ITT
Blindness: No mention
Duration (days): Mean 84
Followup: 6 months from baseline
Setting: Three centres in US
Notes: RANDOMISATION: No further details.
Info on Screening Process: 159 screened, 31 excluded (6 refused consent, 25 ineligible).

Study Type: RCT (randomised controlled trial)
Study Description: Rolling admissions policy
Blindness: No mention
Duration (days): Mean 90
Followup: 12 months
Setting: two sites: clinical research programme modelled on community substance abuse clinics and Veterans' Affairs programme
Notes: RANDOMISATION: Urn randomisation balanced on six factors
Info on Screening Process: 602 screened, 243 excluded (refused consent, failed to meet inclusion criteria or failed to complete baseline assessment).

Notes: PRIMARY DIAGNOSIS: Cocaine or alcohol only
Baseline: Days cocaine abstinent in past 4 months: 39%

Notes: PRIMARY DIAGNOSIS: Cocaine or alcohol only
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Baseline: Days cocaine abstinent in past 4 months: 39%
MONTI1997

Study Type: RCT (randomised controlled trial)

Type of Analysis: ITT

Blindness: No mention

Duration (days): Mean 14

Followup: 3 months

Setting: US, one urban and one rural hospital

Notes: RANDOMISATION: random number selection.

Diagnosis:
- 100% opioid dependence by current participation in treatment

Exclusions: None reported

Notes: PRIMARY DIAGNOSIS: Chronic intravenous opioid users

ETHNICITY: 91% minority

POPULATION: IDU not in treatment and seeking treatment

Baseline: >=1 previous treatment episode: 75%

>=3 previous treatment episodes: 38%

MORGENSTERN2006

Study Type: RCT (randomised controlled trial)

Study Description: Allocation sealed in envelope

Blindness: Not given

Duration (days): Mean 245

Followup: N/A

Setting: Welfare offices in New Jersey, US

Notes: Randomisation by random number generator.

Info on Screening Process: 595 screened, 293 excluded (13 refused consent, 56 no DSM-IV diagnosis, 135 on MMT, 89 other): 302 randomised.

Diagnosis:
- 100% substance dependence (drug or alcohol) by DSM-IV

Exclusions: - not eligible for TANF (Temporary Assistance for Needy Families)
- not in New Jersey’s welfare-to-work programme
- psychotic
- receiving or seeking MMT
- stably engaged in substance misuse treatment

Notes: ETHNICITY: 96% Black, 3% Hispanic

PRIMARY DIAGNOSIS: 35% cocaine, 36% heroin, 6% cannabis (remainder alcohol)

POPULATION: Drug-dependent women, not in drug treatment and receiving welfare benefits

Baseline: (Intensive case management / standard care)

Years on welfare since age of 18: 12.90 / 11.28

Number of children: 3.25 / 3.18

NEEDELS2005

Study Type: RCT (randomised controlled trial)

Study Description: Allocation sealed in envelope

Blindness: Not given

Duration (days): Mean 245

Followup: N/A

Setting: Welfare offices in New Jersey, US

Notes: Randomisation by random number generator.

Info on Screening Process: 595 screened, 293 excluded (13 refused consent, 56 no DSM-IV diagnosis, 135 on MMT, 89 other): 302 randomised.

Diagnosis:
- 100% substance dependence (drug or alcohol) by DSM-IV

Exclusions: - not eligible for TANF (Temporary Assistance for Needy Families)
- not in New Jersey’s welfare-to-work programme
- psychotic
- receiving or seeking MMT
- stably engaged in substance misuse treatment

Notes: ETHNICITY: 96% Black, 3% Hispanic

PRIMARY DIAGNOSIS: 35% cocaine, 36% heroin, 6% cannabis (remainder alcohol)

POPULATION: Drug-dependent women, not in drug treatment and receiving welfare benefits

Baseline: (Intensive case management / standard care)

Years on welfare since age of 18: 12.90 / 11.28

Number of children: 3.25 / 3.18

Notes: Monthly follow-up for 3 years their own appointments.

Group 2 N=160

Case management with outpatient - Case manager performed initial assessment, identified treatment needs, located treatment provider and facilitated admission. Remained engaged with client throughout referral and admission process. Frequency of contact not reported.

Data Used

Abstinence: no use for 3 months

Notes: DROPOUTS: post treatment = 21/128, follow-up = 36/128

Self-report data on abstinence confirmed by urinalysis

Group 1 N=68

Control: enhanced TAU (treatment as usual) with inpatient - 8 x 1 hour sessions with 3-5 sessions per week based on length of stay. Manualised meditation and relaxation training. Participants assigned to this condition practiced full body relaxation using directed focus procedures and pleasant visual imagery.

Group 2 N=60

CBT: RP (relapse prevention) with inpatient - 8 x 1 hour sessions with 3-5 sessions per week based on length of stay. Approach involved analysing the antecedent and consequent events surrounding use and developing a repertoire of alternative cognitive and behavioural skills to reduce risk of cocaine use.

Group 1 N=161

Case management: intensive with outpatient. Mean dose 15 months - Assessment of treatment plus other needs; motivational counselling; extensive outreach with regular weekly contact (up to daily during crisis periods). Vouchers for toys, cosmetics etc. for attending treatment.

Group 2 N=141

Control: standard care with outpatient. Mean dose 15 months - Clinical coordinator reviewed substance misuse treatment needs, and initial appointments scheduled. Counsellors in contact with treatment staff but minimal case management of client. Outreach was limited to several calls/letters for missed appointments.
**PETRY2002**

Study Type: RCT (randomised controlled trial)

**Type of Analysis:** ITT

**Blindness:** No mention

**Duration (days):** Mean 84

**Followup:** 6 months

**Setting:** US

**Notes:** RANDOMISATION: Probabilistic balancing techniques to control for gender, race, age etc.

**Info on Screening Process:** 135 screened, 9 refused, 5 failed to return to clinic, 1 non-stabilised bipolar disorder.

n=42

**Age:** Mean 39

**Sex:** 12 males 30 females

**Diagnosis:** cocaine dependence by DSM-IV

**Exclusions:** - not receiving a stable dose of methadone in past 3 months
  - not English speaking
  - MMSE <21
  - active, uncontrolled psychosis or bipolar disorder

**Notes:** Standard treatment = 91.3%, CM = 100% cocaine dependence

**Baseline:** GROUPS: TAU / CM
  - Years of heroin use: 13.8 (1.9) / 14.9 (1.6)
  - Years of cocaine use: 12.0 (1.6) / 15.0 (1.7)

**Data Used**

**Abstinence:** longest consecutive period

**Retention:** days remained in treatment

**Abstinence:** days drug free

**Notes:** DROPOUTS: CM = 1/19, TAU (treatment as usual) = 2/23

**Group 1 N=23**

Control: TAU (treatment as usual) with outpatient

**Group 2 N=19**

CM: prizes with outpatient - Negative sample for opioids or cocaine earned a draw from the bowl, negative for opioids and cocaine earned four draws. Negative samples on consecutive days earned bonus draws. Bowl had 250 slips of paper, 1/2 non-winning, 109 small prizes, 15 large prizes.

**PETRY2004**

Study Type: RCT (randomised controlled trial)

**Type of Analysis:** ITT

**Blindness:** Open

**Duration (days):** Mean 84

**Setting:** US, two outpatient centres

**Info on Screening Process:** 135 screened, 9 refused, 5 failed to return to clinic, 1 non-stabilised bipolar disorder.

n=120

**Age:** Mean 35

**Sex:** 53 males 67 females

**Diagnosis:**
  - 85% cocaine dependence by DSM-IV
  - 60% alcohol dependence by DSM-IV
  - 100% cocaine misuse by DSM-IV

**Exclusions:** - 18 years of age
  - no cocaine use (self-report/urinalysis)
  - not English speaking
  - dementia (MMSE <21)

**Data Used**

**ASI (Addiction Severity Index)**

**Retention:** days remained in treatment

**Abstinence:** weeks drug free

**Notes:** DROPOUTS: Group therapy = 13.5%, CM. $80 = 20%, CM. $240 = 31.6%

**Group 1 N=45**

CM: prizes with outpatient. Mean dose $80 - Drew slips from a bowl, 50% of slips said ‘good job’ but provided no prize, 50% of slips provided prizes: 43.6% mini prizes ($0.33), 6% medium prizes ($5), 0.4% jumbo prize ($100).

**Group 2 N=37**

Group therapy with outpatient - 3-5 days/week for 3-4 weeks, then 2-3 days/week for weeks 4-6, 1 day/week for last 6 weeks. Sessions included 12-step oriented treatment, CBT, health education, AIDS prevention and life skills training.
DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS

### PETRY2005A

**Study Type:** RCT (randomised controlled trial)  
**Blindness:** Open  
**Duration (days):** Mean 84  
**Setting:** US, eight different clinics  
**Info on Screening Process:** 30 excluded before data analysis because didn't meet inclusion criteria.

#### Notes:
- Ethnicity: African American = 64%, White = 23%, Hispanic = 10%, Other = 3%  
- Baseline: GROUP: Group therapy / $80 CM / $240 CM  
  Years of regular cocaine use: 11.0 / 9.8 / 11.9  
- Diagnosis: - opioid dependent  
  - active uncontrolled bipolar disorder  
  - pathological gambling

#### Data Used
- **Retention:** days remained in treatment  
- **Abstinence:** negative urinalysis

#### Notes:
- DROPOUTS: CM = 51%, TAU = 65%

### PETRY2005B

**Study Type:** RCT (randomised controlled trial)  
**Type of Analysis:** ITT  
**Blindness:** Open  
**Duration (days):** Mean 84  
**Followup:** 3- and 6-month follow-up  
**Setting:** Three community-based treatment centres in US  
**Info on Screening Process:** 161 screened, 38 excluded (19 ineligible, 14 refused consent, 5 did not complete evaluation); 142 randomised.

#### Notes:
- Urn randomisation  
- Stats: Unr randomisation

#### Data Used
- **Drug use**  
  - ASI (Addiction Severity Index)  
  - Abstinence: longest consecutive period  
  - Retention: weeks remained in treatment

#### Notes:
- All participants submitted breath and urine samples 3 days/week weeks 1-3 and 2 days/week weeks 4-6  
- Any missing/+ve sample reset reward to $1.

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**Group 1**  
**N= 209**  
CM: prizes with outpatient - Chances to win prizes for negative sample for cocaine, (meth)amphetamine and alcohol. Drew from container of 500 chips: 50% stated 'good job', 8% small ($1) prizes, 8% large ($20) prizes, 0.2% jumbo ($80-100) prizes. Draws increased by 1 each consecutive week.

**Group 2**  
**N= 206**  
Control: enhanced TAU (treatment as usual) with outpatient - Primarily group counselling but in some clinics also individual and family counselling. Also received immediate feedback on urinalysis results.

**Group 3**  
**N= 38**  
CM: prizes with outpatient. Mean dose $240 - Drew slips from a bowl, 50% of slips said 'good job' but provided no prize, 50% of slips provided prizes: 43.6% mini prizes ($1), 6% medium prizes ($20), 0.4% jumbo prize ($100).

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**Appendix 14 (b)**
PETRY2006

Study Type: RCT (randomised controlled trial)

Blindness: No mention
Duration (days): Mean 84
Setting: US
Notes: RANDOMISATION: Computerised urn randomisation.
Info on Screening Process: 186 screened, 27 excluded.

Control: standard care - As per control group
CM (contingency management) with outpatient - one draw from prize draw for each set of -ve specimens. Increased by one draw for each successive -ve, with a bonus of five for samples -ve over entire week. Draws also awarded for completing treatment activities. 37% chance of winning prize in any one draw.

Data Used
Abstinence: longest consecutive period

Notes: RANDOMISATION: Computerised urn randomisation
Study quality: +1

RAWSON2006

Study Type: RCT (randomised controlled trial)

Blindness: Open
Duration (days): Mean 112
Followup: 26 weeks and 52 weeks
Setting: US
Info on Screening Process: 420 screened.

CM: vouchers with outpatient - Voucher value started at $2.50, $1.25 increase for consecutive negative samples, $10 for three consecutive negative samples.

ASI (Addiction Severity Index): drug use Retention: weeks remained in treatment Abstinence: negative urinalysis
Notes: DROPOUTS: CM = 15/60, CBT = 11/58, CM + CBT = 13/59

Notes: Other stimulant is methamphetamine
Study quality: 1+

Diagnosis: - no positive urine for cocaine or methamphetamine during 2-week screening period - dependent on alcohol or benzodiazepines - court-mandated to treatment

Diagnosis: 10% other stimulant dependence by DSM-IV
90% cocaine dependence by DSM-IV

Exclusions: - unable to comprehend study details - active psychotic disorder - currently suicidal - recovery from pathological gambling

Baseline: Cocaine use = 11.3 years Heroin use = 2.57 years

n = 177
Age: Mean 36
Sex: 135 males 42 females

n = 113
Age: Mean 30
Sex: 56 males 57 females

n = 131
Age: Mean 37
Sex: 79 males 52 females

Diagnosis: 1% cocaine dependence by DSM-IV
22% opioid dependence by DSM-IV

Exclusions: - unable to comprehend study details - active psychotic disorder - currently suicidal - recovery from pathological gambling

Baseline: Cocaine use = 11.3 years Heroin use = 2.57 years

ROL2006

Study Type: RCT (randomised controlled trial)

Study Description: Sub-sample of Clinical Trials Network study
Blindness: Open
Duration (days): Mean 84
Followup: 3 and 6 months

CM (contingency management) with outpatient - At each urine test -ve for all 4 target drugs (cocaine, methamphetamine & alcohol) allowed chance to draw chips denoting prizes of various values. Each -ve sample gained 1 extra chip, reset to 1 for any +ve. Large prize for first 2 consec

Abstinence: longest consecutive period Retention rate

Diagnosis: 100% other stimulant dependence by DSM-IV

Exclusions: None reported

n = 113
Age: Mean 30
Sex: 56 males 57 females

n = 51
Age: Mean 37
Sex: 51 males 40 females

Diagnosis: 1% cocaine dependence by DSM-IV
22% opioid dependence by DSM-IV

Exclusions: - unable to comprehend study details - active psychotic disorder - currently suicidal - recovery from pathological gambling

Baseline: Cocaine use = 11.3 years Heroin use = 2.57 years

Followup: 26 weeks and 52 weeks

Diagnosis: - no positive urine for cocaine or methamphetamine during 2-week screening period - dependent on alcohol or benzodiazepines - court-mandated to treatment

Diagnosis: 10% other stimulant dependence by DSM-IV
90% cocaine dependence by DSM-IV

Exclusions: - unable to comprehend study details - active psychotic disorder - currently suicidal - recovery from pathological gambling

Baseline: Cocaine use = 11.3 years Heroin use = 2.57 years

n = 131
Age: Mean 37
Sex: 79 males 52 females

n = 177
Age: Mean 36
Sex: 135 males 42 females

Notes: Other stimulant is methamphetamine

Notes: Other stimulant is methamphetamine

Study quality: 1+

Study quality: +1

Study quality: +1

Study quality: 1+
DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS

SALEH2002
Study Type: RCT (randomised controlled trial)

Setting: Four sites in western US
Notes: Stratified randomisation.
Info on Screening Process: Not reported.

Baseline: (CM / TAU)
Unemployed: 53% / 47%
Probation/parole: 47% / 37%
DSM-IV misuse/dependence: alcohol 24% / 21%, cannabis 29% / 23%, opioid 8% / 7%

Notes: PRIMARY DIAGNOSIS: Methamphetamine dependence
ETHNICITY: 59% White, 20% Hispanic, 21% other
Baseline: (CM / TAU)
Unemployed: 53% / 47%
Probation/parole: 47% / 37%
DSM-IV misuse/dependence: alcohol 24% / 21%, cannabis 29% / 23%, opioid 8% / 7%

 Setting: Four sites in western US
 Notes: Stratified randomisation.
 Info on Screening Process: Not reported.

n = 662
Age: Mean 33
Sex: 391 males 271 females
Diagnosis: Not given.
Exclusions: - not meeting any of following criteria: more than one drug/alcohol-related offence
- breathalyser test with blood alcohol content >0.2
- involved in drug or alcohol-related accident
- under 21 years of age
Notes: ETHNICITY: 83% White, 13% Black, 1% Hispanic, 2% Indian, 1% other
POPULATION: Individuals with substance problems, entering residential treatment

Study quality: 1+
Study Type: RCT (randomised controlled trial)

Blindness: Open
Duration (days): Mean 365
Followup: N/A
Setting: Residential treatment centre providing treatment for two urban and one rural Iowa counties, US
Info on Screening Process: 1109 invited, 662 consented, 278 followed up at 3 months.

SHOPTAW2005
Study Type: RCT (randomised controlled trial)

Type of Analysis: ITT (those who have completed 2 weeks' baseline)
Blindness: No mention
Duration (days): Mean 102
Followup: 6 months postbaseline
Setting: US
Notes: RANDOMISATION: Urn randomisation based on level of drug use and ethnicity.
Info on Screening Process: 263 screened, 101 excluded (90% didn't complete 2-week baseline period and 10% required more intensive treatment); 162 randomised.

n = 162
Age: Mean 37
Sex: all males
Diagnosis: 100% other stimulant dependence by current participation in treatment
Exclusions: - age outside 18-65 range
- medical or psychiatric condition precluding safe participation
- methamphetamine dependence requiring more intensive intervention than outpatient treatment
Notes: PRIMARY DIAGNOSIS: Methamphetamine-dependent users seeking treatment
ETHNICITY: Caucasian 80%, Hispanic 13%, African American 5%, other 2%
REFERRALS: Community recruitment from gay-bisexual venues (bathhouses, sex clubs, dance clubs), media outlets
Baseline: (GROUPS: CBT / CM / CBT + CM / culture-specific CBT)
Years' methamphetamine use: 4.9 / 4.2 / 5.5 / 5.6
Days' methamphetamine use in past 30 days: 8.9 / 9.2 / 9.9 / 10.4
Days using >1 drug in past 30 days: 2.7 / 5.0 / 5.0 / 4.0
Intravenous methamphetamine use: 50% / 36% / 30% / 40%

Notes: Twice weekly observed urine samples. Breath test (for alcohol) at each visit.

Data Used
Unprotected anal intercourse: number of occasions
Urinalysis: positive for cocaine
Notes: FOLLOW-UP: baseline, 6 months, 12 months
DROPOUTS: Data for sessions attended only:
CBT = 41%, CBT + CM = 74%, culture-specific CBT = 56%

Study quality: 1+
Study Type: RCT (randomised controlled trial)

CM: vouchers with outpatient - Contingencies placed on 3 weekly methamphetamine-negative sample yielding $2.50, with three consecutive negative samples yielding a $10 bonus. Vouchers exchanged for goods or services promoting a pro-social, non-dependent lifestyle.

Group 1 N = 40
CM: vouchers with outpatient - As per CBT group.

Group 2 N = 42
CM: vouchers with outpatient - As per CBT group.

Group 3 N = 40
CM: vouchers with outpatient - Contingencies placed on 3 weekly methamphetamine-negative sample yielding $2.50, with three consecutive negative samples yielding a $10 bonus. Vouchers exchanged for goods or services promoting a pro-social, non-dependent lifestyle.

Group 4 N = 188
Control: standard care with residential rehabilitation - No case management.

Group 1 N = 167
Case management with residential rehabilitation - On-site strengths-based case management with social worker who met patients at the primary treatment facility.

Group 2 N = 160
Case management with residential rehabilitation - Off-site strengths-based case management with social worker who met patients at an off-site social services agency.

Group 3 N = 147
Case management with residential rehabilitation - Case management with one session of contact and rest of case management delivered over telecommunications system.

Group 4 N = 188
Control: standard care with residential rehabilitation - No case management.
SHOPTAW2006

Study Type: RCT (randomised controlled trial)
Blindness: No mention
Duration (days): No mention
Setting: Clinical research unit, Los Angeles, US
Info on Screening Process: 414 screened: 185 excluded (169 lost to follow-up, 15 medical reasons, 1 referred to inpatient), 229 randomised.

n=229
Age: No mention
Sex: No mention
Diagnosis:
- 100% other stimulant misuse by DSM-IV
Exclusions:
- pregnant or lactating
- age outside range 18-65
- primary medical condition that might interfere with safe study participation
- contraindications to SSRI treatment
- SCID-diagnosed psychiatric condition that required pharmacological/behavioural treatment
- SCID-diagnosed dependence on other substances
Notes: PRIMARY DIAGNOSIS: Methamphetamine

Data Used
- Reduced risk behaviours
- Urinalysis: positive for heroin
- Heroin use: times in past month
- Engagement in treatment
Notes: Follow-ups at 3 months (during treatment) and 6 months (end of treatment)
Planned frequency of contact not reported

Group 1 n=40
Integrated core concepts from standard CBT with culture-specific elements, addressing HIV sexual risk behaviours and gay referents associated with methamphetamine use (e.g. sex parties).

Group 2 n=55
Placebo with outpatient.

SORENSEN2005

Study Type: RCT (randomised controlled trial)
Blindness: Open
Duration (days): Mean 180
Followup: N/A
Setting: San Francisco General Hospital, US
Notes: Randomisation by computer-generated list
Info on Screening Process: 314 screened, 218 eligible, of whom 82 did not attend baseline interview and 10 were unwilling to participate for other reasons; 126 enrolled.

n=126
Age: Mean 43
Sex: 97 males 29 females
Diagnosis:
- 100% opioid dependence by eligibility for/receipt of MMT
Exclusions:
- outside age range 18-65
- not currently receiving medical treatment at study sites
- unwilling to enrol in case management or MMT
- less than 2 years' heroin dependence
- fewer than two prior treatment attempts that ended >7 days prior to screening date
- not currently injecting heroin (with confirmatory urinalysis), or used heroin <15 days out of past 30
- unable to provide consent due to psychosis, intoxication, sedation or medical complications
- in police custody or expecting incarceration
- scheduled for or currently engaging in case management or substance misuse treatment
Notes: ETHNICITY: 48% Caucasian, 29% African American, 10% Latino, 2% Asian, 13% other
POPULATION: Dependent opioid users not in treatment
Baseline: (Case management / usual care)
Age first heroin use: 28.7 / 25.0
Years' heroin use: 14.0 / 17.9
Previous treatment episodes: 10.4 / 9.0

Data Used
- Reduced risk behaviours
- Urinalysis: positive for heroin
- Heroin use: times in past month
- Engagement in treatment
Notes: Follow-ups at 3 months (during treatment) and 6 months (end of treatment)
Planned frequency of contact not reported

Group 1 n=32
Case management - Linkage model encouraging client's use of a network of social, medical and drug misuse treatment services: needs assessment, monitoring, planning, accessing resources and advocacy. Variety of settings. Caseload of 15 patients per worker.

Group 2 n=30
Opioid agonist: MMT (methadone maintenance) - Vouchers redeemable for free MMT for 6 months. Methadone dose titrated to individual needs; monthly drug testing and minimum of 50 minutes counselling per month.

Group 3 n=32
Case management - As per case management group.
Opioid agonist: MMT (methadone maintenance) - As per voucher group.

Group 4 n=32
Control: standard care - Interviewer offered to arrange for a consultant to meet participant for a counselling and referral session. Appointment slip for next research interview (3 months).

Two treatment groups received sertraline - only placebo groups (with/without CM) reported in this analysis “Treatment as usual” fairly intensive.

Study quality: 1+
**APPENDIX 14 (b)**

**DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS**

**STEPHENS1994**

**Study Type:** RCT (randomised controlled trial)

**Study Description:** Therapists blind to contents of alternate treatment and study hypotheses

**Type of Analysis:** Follow-up completers

**Blindness:** No mention

**Duration (days):** Mean 84

**Followup:** 6 months

**Setting:** US

**Notes:** RANDOMISATION: Blocked on sex

Info on Screening Process: 382 screened, 85 excluded (73 recently misused alcohol or other drugs, 9 used cannabis fewer than 50 times in past 90 days, 2 currently in other treatment, 1 psychotic). Of 297 eligible, 85 failed to complete baseline assessment.

**Data Used**

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Study quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>106</td>
<td>1+</td>
</tr>
</tbody>
</table>

**Notes:** FOLLOW-UP: Baseline, completion, 3 months, 6 months afterwards. Groups of 12-15 participants, manual-guided, problem-focused psychoeducational style.

**STEPHENS2000**

**Study Type:** RCT (randomised controlled trial)

**Blindness:** No mention

**Duration (days):** No mention

**Followup:** 1, 4, 7 and 13 months

**Setting:** US

**Info on Screening Process:** 601 screened, 183 excluded (cannabis used <50 times in last 90 days (n=24), alcohol or other drug misuse in last 90 days (n=149), severe psychological distress (n=8), other formal treatment (n=2)). Of eligible sample, 127 didn't complete pre-treatment session.

**Data Used**

<table>
<thead>
<tr>
<th>Group</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>117</td>
<td>1+</td>
</tr>
</tbody>
</table>

**Notes:** DROPOUTS: CBT = 19%, MI (motivational interviewing) = 8%, waitlist = 8%.

**STEPHENS2002**

**Study Type:** RCT (randomised controlled trial)

**Blindness:** Not given

**Duration (days):** Not given

**Followup:** 4 and 9 months

**Setting:** Three US urban areas

**Notes:** RANDOMISATION: Conducted centrally at the the Center for Substance Abuse Treatment using urn randomisation programme.

Info on Screening Process: 1211 screened, 363 eligible but did not complete assessment.

**Data Used**

<table>
<thead>
<tr>
<th>Group</th>
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</thead>
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<tr>
<td>1</td>
<td>148</td>
<td>1+</td>
</tr>
</tbody>
</table>

**Notes:** Ethnicity: White = 69.3%, Hispanic = 17.3%, African American = 12.2%, Other = 1.1%

**STEPHENS**

**Study Type:** RCT (randomised controlled trial)

**Study Description:** Therapists blind to contents of alternate treatment and study hypotheses

**Type of Analysis:** Follow-up completers

**Blindness:** No mention

**Duration (days):** Mean 84

**Followup:** 6 months

**Setting:** US

**Notes:** RANDOMISATION: Blocked on sex

Info on Screening Process: 382 screened, 85 excluded (73 recently misused alcohol or other drugs, 9 used cannabis fewer than 50 times in past 90 days, 2 currently in other treatment, 1 psychotic). Of 297 eligible, 85 failed to complete baseline assessment.

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**Notes:** FOLLOW-UP: Baseline, completion, 3 months, 6 months afterwards. Groups of 12-15 participants, manual-guided, problem-focused psychoeducational style.

**STEPHENS2000**

**Study Type:** RCT (randomised controlled trial)

**Blindness:** No mention

**Duration (days):** No mention

**Followup:** 1, 4, 7 and 13 months

**Setting:** US

**Info on Screening Process:** 601 screened, 183 excluded (cannabis used <50 times in last 90 days (n=24), alcohol or other drug misuse in last 90 days (n=149), severe psychological distress (n=8), other formal treatment (n=2)). Of eligible sample, 127 didn't complete pre-treatment session.

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**Notes:** DROPOUTS: CBT = 19%, MI (motivational interviewing) = 8%, waitlist = 8%.

**STEPHENS2002**

**Study Type:** RCT (randomised controlled trial)

**Blindness:** Not given

**Duration (days):** Not given

**Followup:** 4 and 9 months

**Setting:** Three US urban areas

**Notes:** RANDOMISATION: Conducted centrally at the the Center for Substance Abuse Treatment using urn randomisation programme.

Info on Screening Process: 1211 screened, 363 eligible but did not complete assessment.

**Data Used**

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<th>Study quality</th>
</tr>
</thead>
<tbody>
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<td>148</td>
<td>1+</td>
</tr>
</tbody>
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**Notes:** Ethnicity: White = 69.3%, Hispanic = 17.3%, African American = 12.2%, Other = 1.1%

Appendix 14 (b)
STRATHDEE2006

Study Type: RCT (randomised controlled trial)
Type of Analysis: ITT
Blindness: Open
Duration (days): Not given
Followup: 7 days
Setting: 10 needle exchange programme (NEP) sites in Baltimore, US
Notes: Randomisation is by site but counterbalanced acrossed two recruitment phases.
Info on Screening Process: 247 invited; 245 consented, completed baseline interview and randomised.

Data Used
Engagement in treatment
Notes: Followed up 7 days after referral session

WALDRON2001

Study Type: RCT (randomised controlled trial)
Type of Analysis: ITT, missing values estimated via regression
Blindness: No mention
Duration (days): Mean 120
Followup: 3 months
Setting: US
Notes: Urn randomisation balanced on sex, age, level of drug use, ethnicity, psychiatric severity and family constitution
Info on Screening Process: 235 screened > 115 excluded > 120 randomised and completed >=1 session

Data Used
Completion rate
Drug use: clinically significant reduction
Abstinence: percentage of days
Abstinence: used on <10% of days
Notes: FOLLOWUPS: Pre/post, 3 months

CBT: coping skills training with outpatient - nine sessions over a 12-week period. First 8 sessions weekly, 9th session four weeks after 8th session to review changes. Combined motivational aspects with CBT and case management.

Group 1 N= 117
Control: standard care with outpatient - Received only a voucher printed with date/time of intake appointment in accordance with standard operating procedures at Baltimore NEP.

Group 2 N= 128
Case management with outpatient - Brief case management: developing collaborative relationship, assessment of client strengths and building upon them; identifying goals and linkage to services to address those goals. Duration/frequency of contact driven by client needs.

Group 3 N= 156
CBT: coping skills training with outpatient - nine sessions over a 12-week period. First 8 sessions weekly, 9th session four weeks after 8th session to review changes. Combined motivational aspects with CBT and case management.

Group 1 N= 30
FI: FFT (functional family therapy) - 12 sessions. Aims to alter dysfunctional family patterns contributing to adolescent drug use. Phase 1: engaging, motivating change Phase 2: behavioural changes in the family.

Group 2 N= 29
FI: FFT (functional family therapy) - 12 sessions. Aims to alter dysfunctional family patterns contributing to adolescent drug use. Phase 1: engaging, motivating change Phase 2: behavioural changes in the family.

Group 3 N= 30
Psychoeducation - Information about drugs and alcohol, expectancies and consequences of substance use, alternatives. Some skills training; but more structured and focused on group participation and sharing of experiences, less on individual skill building in CBT.

DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS
CBT: coping skills training - 10 sessions modelled on Project MATCH, designed to teach self-control and coping skills useful in avoiding drug use. Includes communication, problem solving, peer refusal, mood management, social support and relapse prevention.

AMI: MET (motivational enhancement therapy) - two sessions at start. Nonconfrontational strategies to maximise motivation for change, prioritise and plan treatment goals, and enhance self-efficacy.

**Data Used**
- Abstinence: % with negative urine sample per day
- Urinalysis: positive for any drug

**Notes:** FOLLOW-UPS: 3, 6, 9 and 12 months

**Dropouts:** 3% BCT, 5% CBT

**ZANIS1996**

**Study Type:** RCT (randomised controlled trial)
**Blindness:** Open
**Duration (days):** Not given
**Followup:** 2 weeks

Info on Screening Process: 85 interviewed, 37 already re-enrolled onto MMT, 7 reported no drug use in past month, 41 randomised

**n = 41**
- Age: Mean 41 Range 26-67
- Sex: all males
- Diagnosis: 100% opioid dependence by eligibility for/receipt of MMT

**Exclusions:**
- Did not previously drop out of MMT
- Currently in MMT

**Notes:**
- ETHNICITY: 51% African American, 44% Caucasian, 5% Latino
- POPULATION: Patients discharged from MMT programme, relapsed into drug use and not currently in treatment
- Baseline: 83% used opioids at least 25 days in previous month

**Group 1 N=37**
CBT: coping skills training with outpatient. Mean dose 24 weeks - Weekly 60-minute individual and 90-minute group counselling sessions which did not include partners, based on Carroll model: avoiding exposure, understanding consequences, identifying high-risk situations, coping with craving, refusal skills etc.

**FI: BCT (behavioural couples therapy) with outpatient. Mean dose 24 weeks - Couples met conjointly with therapist for 60-minute sessions, focusing on the woman's drug use: sobriety contract, effective communication skills, increasing positive behavioural exchanges. O'Farrell & Fals-Stewart model.**

**Group 2 N=38**
CBT: coping skills training with outpatient. Mean dose 24 weeks - 24 weekly 60-minute individual and 90-minute group counselling sessions which did not include partners, based on Carroll model: avoiding exposure, understanding consequences, identifying high-risk situations, coping with craving, refusal skills etc.

**WINTERS2002**

**Study Type:** RCT (randomised controlled trial)
**Type of Analysis:** ITT (missing data imputed)
**Blindness:** Open
**Duration (days):** Mean 168
**Followup:** Every 3 months for 12 months

**Setting:** Two outpatient clinics in northeastern US
**Notes:** Randomisation method not reported; women were randomised alongside their male partners.

Info on Screening Process: 277 couples screened; 246 agreed to be interviewed; 171 excluded (male partner also misused drugs); 75 couples randomised.

**n = 75**
- Age: Mean 33
- Sex: all females
- Diagnosis: 100% drug misuse (non-alcohol) by DSM-IV

**Exclusions:**
- Age outside range 20-60
- Not married >=1 year or stable cohabiting >=2 years
- Primary substance was alcohol
- Undergoing MMT and/or seeking treatment for adjunctive outpatient support
- Male partner met DSM-IV criteria for psychoactive substance use disorder in past 6 months
- Either partner met DSM-IV criteria for an organic mental disorder, schizophrenia and other psychotic disorders

**Notes:**
- PRIMARY DRUG: 8% cannabis, 52% cocaine, 28% opioids, 12% other
- ETHNICITY: 69% White, 24% African American, 7% Hispanic

**Group 1 N=31**
CBT: coping skills training - 10 sessions modelled on Project MATCH, designed to teach self-control and coping skills useful in avoiding drug use. Includes communication, problem solving, peer refusal, mood management, social support and relapse prevention.

**AMI: MET (motivational enhancement therapy) - two sessions at start. Nonconfrontational strategies to maximise motivation for change, prioritise and plan treatment goals, and enhance self-efficacy.**

**Group 2 N=38**
CBT: coping skills training with outpatient. Mean dose 24 weeks - Weekly 60-minute individual and 90-minute group counselling sessions which did not include partners, based on Carroll model: avoiding exposure, understanding consequences, identifying high-risk situations, coping with craving, refusal skills etc.

**FI: BCT (behavioural couples therapy) with outpatient. Mean dose 24 weeks - Couples met conjointly with therapist for 60-minute sessions, focusing on the woman's drug use: sobriety contract, effective communication skills, increasing positive behavioural exchanges. O'Farrell & Fals-Stewart model.**
ZANIS2001

Study Type: RCT (randomised controlled trial)
Study Description: Randomisation: 3:2 ratio experimental to control
Type of Analysis: completers
Blindness: No mention
Duration (days): Not given
Followup: 6 month
Setting: US
Outpatient

Info on Screening Process: 109 voluntarily recruited from two MMT programs recruited

n = 109
Age: Mean 43 Range 24-67
Sex: 66 males 43 females

Diagnosis: Not given

Exclusions: - Currently employed/working more than 10 hours per week
- Not stabilised on methadone
- Currently enrolled on MMT programme less than 3 months
- no interest or capacity to work at least 20 hours per week
- not actively seeking treatment as defined by Bureau of Labour Statistics

Notes: ETHNICITY: White 37.5%; Black 61.5%; Hispanic 2%

Baseline:

<table>
<thead>
<tr>
<th></th>
<th>Experimental</th>
<th>Control</th>
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</thead>
<tbody>
<tr>
<td>High School diploma</td>
<td>66%</td>
<td>53%</td>
</tr>
<tr>
<td>Employed</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>Married</td>
<td>20%</td>
<td>13%</td>
</tr>
<tr>
<td>Divorced</td>
<td>36%</td>
<td>38%</td>
</tr>
<tr>
<td>Single</td>
<td>34%</td>
<td>43%</td>
</tr>
<tr>
<td>Widowed</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Previous hospitalisation</td>
<td>37%</td>
<td>47%</td>
</tr>
<tr>
<td>Incarcerated&gt;30 days</td>
<td>50%</td>
<td>49%</td>
</tr>
<tr>
<td>Currently on probation</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Illegal activity in past 30 days</td>
<td>23%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Data Used
Employment at follow-up
ASI (Addiction Severity Index)

Data Not Used
TSR (Treatment services review)
VEA (Vocational/Educational assessment)

Notes: All participants rec’d 30-min counseling session each week as part of standard treatment services, focused on generic drug counselling issues.
Outcomes taken at baseline, biweekly for 12 weeks and at 6 months post baseline plus independent urine samples

Group 1  N = 62
Vocational problem solving - Ten 30-60 minute session over 12 weeks. Aims 1) help participants understand why they want to work 2) how to overcome barriers 3) set realistic vocational goals 4) help locate job opportunities 5) take appropriate actions to obtain work

Group 2  N = 47
IPT: interpersonal problem solving - Ten 30-60 minute session over 12 weeks. Aim: 1) reduce/eliminate illicit drug use/maintain abstinence plan 2) understand utility of social supports in recovery 3) examine un/successful attempts at recovery 4) get realistic recovery plans 5) do activities.

Characteristics of Excluded Studies

Reference ID | Reason for Exclusion
--- | ---
AZRIN1994 | Did not meet criteria for adequate study quality
BARROWCLough2001A | No indication that drug misuse is primary focus
BOWMAN1996 | No drug-use outcomes
BUDNEY2000 | n<10 per group
CHUTUAPE1999 | n<10 per group
CONRAD1998 | No extractable data
COVI2002 | Not required comparison
COVIELLO2004 | No drug-use outcomes
CZUCHRY1995 | Not required outcomes
DANSEREAU1995 | No relevant outcomes
EISEN2000 | Not an RCT
ELK1998 | n <10 per arm
FISHER1996A | Sample sizes not reported (appears to be <10 in each group)
FRIEDMAN1989 | No extractable outcome data
GAINEY1995 | Sample size not reported
GOTTHEIL2002 | Not required comparison
HALL1999 | No extractable outcomes
HENGGERLER1991 | Unclear what proportion of sample were misusing drugs
Intervention not specifically targeted at drug misuse
HENGGERLER2006 | Mean age < 15.5
HINZ2004A | Comorbid PTSD

Study quality 1+
<table>
<thead>
<tr>
<th>Author</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGGINS1991</td>
<td>Not relevant intervention; poor-quality study</td>
</tr>
<tr>
<td>HIGGINS2000</td>
<td>No extractable outcomes</td>
</tr>
<tr>
<td>HOFFMAN1996</td>
<td>No details of how many participants assigned to each group</td>
</tr>
<tr>
<td>HUBER2003</td>
<td>No relevant drug-use outcomes</td>
</tr>
<tr>
<td>JANSSON2005</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>JOE1994</td>
<td>Analysis performed on subgroup only</td>
</tr>
<tr>
<td>JOE1997</td>
<td>sub-group analysis only</td>
</tr>
<tr>
<td>KAMINER2002</td>
<td>Mean age = 15</td>
</tr>
<tr>
<td>KANG1991</td>
<td>Data not broken down by group</td>
</tr>
<tr>
<td>KASHNER2002</td>
<td>No work outcomes reported</td>
</tr>
<tr>
<td>KATZ2002</td>
<td>Not required comparison</td>
</tr>
<tr>
<td>KIDORF1994</td>
<td>Small sample size</td>
</tr>
<tr>
<td>KIRBY1998</td>
<td>Not required comparison</td>
</tr>
<tr>
<td>LEWIS1990</td>
<td>Unlikely that majority of sample were drug users</td>
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<tr>
<td>LIDDLE2004</td>
<td>Mean age &lt;= 15</td>
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<tr>
<td>LINEHAN1999A</td>
<td>Primary focus not drug misuse (borderline personality disorder)</td>
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<tr>
<td>MCCOLLUM2003</td>
<td>No extractable outcome data</td>
</tr>
<tr>
<td>MCKAY1997</td>
<td>Alcohol misuse primary problem</td>
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<tr>
<td>MEYERS2002</td>
<td>Intervention not for service users</td>
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<tr>
<td>MILBY1979</td>
<td>Pre-1980</td>
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<tr>
<td>MILBY1980A</td>
<td>Not applicable to current treatment</td>
</tr>
<tr>
<td>NURCO1995</td>
<td>Not required outcomes</td>
</tr>
<tr>
<td>ONEILL1996</td>
<td>No drug use outcomes</td>
</tr>
<tr>
<td>PETRY1998</td>
<td>No relevant outcomes</td>
</tr>
<tr>
<td>POLLACK2002</td>
<td>Women and men analysed separately - not extractable</td>
</tr>
<tr>
<td>PRESTON2001B</td>
<td>Not relevant comparison</td>
</tr>
<tr>
<td>ROHSENOW2004</td>
<td>Outcomes not reported by assigned groups</td>
</tr>
<tr>
<td>ROOZEN2003</td>
<td>Not an RCT</td>
</tr>
<tr>
<td>ROSENBLOM2005A</td>
<td>Not required comparison</td>
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<tr>
<td>ROSENBLOM2005B</td>
<td>Not required comparison</td>
</tr>
<tr>
<td>ROWANZAL1994</td>
<td>No extractable outcomes</td>
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<tr>
<td>SANTISTEBAN2003</td>
<td>Drug misuse not a specific inclusion criterion - only 52% of sample used</td>
</tr>
<tr>
<td>SCHMITZ2005A</td>
<td>drugs or alcohol, only only 30% used cannabis in past month</td>
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<tr>
<td>SIEGAL1996</td>
<td>No drug-use outcomes</td>
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<tr>
<td>SIEGAL1997</td>
<td>Only case management outcomes reported (cluster analysis)</td>
</tr>
<tr>
<td>SIGMON2004</td>
<td>Control group data not extractable</td>
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<tr>
<td>SILVERMAN1999</td>
<td>Comparing different schedules of CM</td>
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<tr>
<td>SLESNICK2005</td>
<td>Young age group 12-17 years old, no extractable outcome data</td>
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<tr>
<td>SOSIN1995</td>
<td>Regression analysis - not extractable</td>
</tr>
<tr>
<td>STAINES2004</td>
<td>No drug-use outcomes</td>
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<tr>
<td>STEPHENS2000</td>
<td>Brief versus standard comparison</td>
</tr>
<tr>
<td>SZAPOCZNIK1983</td>
<td>No extractable outcome data</td>
</tr>
<tr>
<td>THORNTON1987</td>
<td>Not relevant intervention</td>
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</table>
References of Included Studies

BROWN2002 (Published Data Only)

BUDNEY2006 (Published Data Only)

CARROLL1991 (Published Data Only)

CARROLL1994 (Published Data Only)

CARROLL1998 (Published Data Only)

CARROLL2000B (Published Data Only)

CHUTUAPE2001 (Published Data Only)

COVIELLO2006 (Published Data Only)

CUTSCHRISTOPH1999 (Published Data Only)
DENNIS2004  


FALSSTEWART1996  

FINNEY1998  

HALL1977  

HENGGELER1999  


HIGGINS1993  


HIGGINS1994  


JONES2004  

KADDEN2006  

KELLEY2002  

LATIMER2003  

LIDDLE2001  

MARTIN1993  

MAUDEGRIFFIN1998  
MCKAY2004 (Published Data Only)

MEJTA1997 (Published Data Only)

MONTI1997 (Published Data Only)

MORGENSTERN2006 (Published Data Only)

NEEDELS2005 (Published Data Only)

PETRY2002 (Published Data Only)

PETRY2004 (Published Data Only)

PETRY2005A (Published Data Only)

PETRY2005B (Published Data Only)

PETRY2006 (Published Data Only)

RAWSON2006 (Published Data Only)

ROLL2006 (Published Data Only)

SALEH2002 (Published Data Only)

SHOPTAW2005 (Published Data Only)
References of Excluded Studies

SHOPTAW2006 (Published Data Only)

SORENSEN2005 (Published Data Only)

STEPHENS1994 (Published Data Only)

STEPHENS2000 (Published Data Only)

STEPHENS2002 (Published Data Only)

STRATHDEE2006 (Published Data Only)

WALDRON2001 (Published Data Only)

WINTERS2002 (Published Data Only)

ZANIS1996 (Published Data Only)

ZANIS2001 (Published Data Only)

DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS
CHUTUAPE1999

CONRAD1998

COVI2002

COVELLO2004

CZUCHRY1995

DANSEREAU1995

EISEN2000

ELK1998

FISHER1996A

FRIEDMAN1989

GAINEY1995

GOTTHEIL2002

HALL1999

HENGGELED1991

HENGGELED2006

HIEN2004A

HIGGINS1991

HIGGINS2000
HOFFMAN1996

HUBER2003

JANSSON2005

JOE1994

JOE1997

KAMINER2002

KANG1991

KASHNER2002

KATZ2002

KIDORF1994

KIRBY1998

KIRBY1999

LEWIS1990

LIDDLE2004

LINEHAN1999A

DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS


SANTISTEBAN2003

SCHMITZ2003A
(Neutral Data Only)

SIEGAL1996

SIEGAL1997

SIGMON2004
(Segmented Data Only)

SILVERMAN1999
(Neutral Data Only)

SLESNICK2005
(Neutral Data Only)

SOSIN1995
(Neutral Data Only)

STAINES2004
(Neutral Data Only)

STEPHENS2000
(Neutral Data Only)

SZAPOCZN1K1983
(Neutral Data Only)


THORNTON1987
(Neutral Data Only)

THORNTON1998
(Neutral Data Only)

THORNTON2003
(Neutral Data Only)

TRIFFLEMAN2000
(Neutral Data Only)

VAUGHAN1992
(Neutral Data Only)

DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS
VAUGHANSARRAZIN2004

WASHINGTON1999  (Published Data Only)

WASHINGTON2001

WONG2003  (Published Data Only)

ZIEGLERDRISCOLL1977

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## Characteristics of reviewed studies: Structured psychosocial plus pharmacological interventions

### Comparisons Included in this Clinical Question

<table>
<thead>
<tr>
<th>(MMT + CM) versus control</th>
<th>(MMT + family therapy) versus control</th>
<th>(Buprenorphine + CM) versus control</th>
<th>(MMT + CBT) versus control</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHUTIAFE2001</td>
<td>FALSTEWART2001</td>
<td>GROSS2006</td>
<td>RAWSON2002</td>
</tr>
<tr>
<td>EPSTEIN2003</td>
<td></td>
<td>KOSTEN2003</td>
<td>UKCBTMM2004</td>
</tr>
<tr>
<td>MCLELLAN1993</td>
<td></td>
<td>SCHOTTENFELD2005</td>
<td>WOODY1983</td>
</tr>
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<td>PEIRCE2006</td>
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<td>PETRY2002</td>
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<td>PETRY2005C</td>
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<td>PRESTON1999</td>
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<tr>
<td>PRESTON2000</td>
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<tr>
<td>RAWSON2002</td>
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<tr>
<td>SCHOTTENFELD2005</td>
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<tr>
<td>SILVERMAN1998</td>
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<td>SILVERMAN2004</td>
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<tr>
<td>STITZER1992</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(MMT + intensive treatment) versus control</td>
<td>AVANTS1999</td>
<td></td>
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<tr>
<td></td>
<td>MCLLELLAN1993</td>
<td></td>
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<tr>
<td>(MMT + supportive-expressive psychotherapy) versus control</td>
<td>WOODY1983</td>
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<tr>
<td></td>
<td>WOODY1995</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Naltrexone + CBT) versus control</td>
<td>RAWSON2001</td>
<td>TUCKER2004B</td>
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<tr>
<td>(Naltrexone + family therapy) versus control</td>
<td>FALSTEWART2003</td>
<td></td>
<td></td>
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<tr>
<td>(Naltrexone + CM) versus control</td>
<td>CARROLL2001B</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Characteristics of Included Studies

#### AVANTS1999

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Type: RCT (randomised controlled trial)</td>
<td>n= 291</td>
<td>Data Used</td>
<td>Group 1 N= 145</td>
<td>Study quality: 1+</td>
</tr>
<tr>
<td>Type of Analysis: Per protocol</td>
<td>Age: Mean 36</td>
<td>Abstinence: % with negative urine sample per day</td>
<td>Structured day treatment with outpatient. Mean dose 81.7 mg/day methadone - 5 hours per day, 5 days per week; manual guided programme in 5 general areas: 1) substance abuse treatment 2) physical and emotional health 3) community development 4) development of alternative reinforcers 5) basic daily living skills.</td>
<td></td>
</tr>
<tr>
<td>Blindness: Open</td>
<td>Sex: 205 males 86 females</td>
<td>Notes: DROPOUTS: CBT = 28/146, day treatment = 26/145</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 84</td>
<td>Diagnosis: 46% cocaine dependence by DSM-III-R</td>
<td></td>
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<td></td>
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<tr>
<td>Followup: 6 months</td>
<td>5% cocaine misuse by DSM-III-R</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting: US</td>
<td>Exclusions: Not reported</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Info on Screening Process: 308 eligible, 291 enrolled</td>
<td>Baseline: Years of opioid use = 12.7 (8.3); injection use =</td>
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</tbody>
</table>

#### Characteristics of Included Studies

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<tr>
<td>Study Type: RCT (randomised controlled trial)</td>
<td>n= 291</td>
<td>Data Used</td>
<td>Group 1 N= 145</td>
<td>Study quality: 1+</td>
<td></td>
</tr>
<tr>
<td>Type of Analysis: Per protocol</td>
<td>Age: Mean 36</td>
<td>Abstinence: % with negative urine sample per day</td>
<td>Structured day treatment with outpatient. Mean dose 81.7 mg/day methadone - 5 hours per day, 5 days per week; manual guided programme in 5 general areas: 1) substance abuse treatment 2) physical and emotional health 3) community development 4) development of alternative reinforcers 5) basic daily living skills.</td>
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<td></td>
</tr>
</tbody>
</table>
### CARROLL2001B

**Study Type:** RCT (randomised controlled trial)  
**Quality:** 1++  
**Data Used**  
| Abstinence: negative urinalysis |

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 146</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT: group with outpatient. Mean dose 78.1 mg/day methadone - 2 hours per week; manual-guided group CBT intervention. Used 9 sessions from Monti's manual and 3 additional sessions on physical health, vocational skills and community resources.</td>
<td></td>
</tr>
</tbody>
</table>

#### CARROLL2002

**Study Type:** RCT (randomised controlled trial)  
**Quality:** 1+  
**Notes:** Urn randomisation programme  
**Data Used**  
| Abstinence: longest consecutive period |

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 20</th>
</tr>
</thead>
</table>
| Naltrexone maintenance with outpatient. Mean dose 100 mg - Received naltrexone 3 times/week (Monday, 100 mg; Wednesday, 100 mg; Friday, 150 mg), urine samples collected 3 times/week, and weekly group therapy sessions  
CM: vouchers with outpatient - High-value CM: received vouchers contingent on compliance with naltrexone maintenance and urine samples negative for opioids, cocaine and BZDs. Maximum earning of $1,152 (increase in value for each negative sample but reset to minimum if positive sample). |

**Group 1 N= 17**  
Naltrexone maintenance with outpatient. Mean dose 100 mg - Received naltrexone 3 times/week (Monday, 100 mg; Wednesday, 100 mg; Friday, 150 mg), urine samples collected 3 times/week, and weekly group therapy sessions  
CM: vouchers with outpatient - Low-value CM: received vouchers contingent on compliance with naltrexone maintenance and urine samples negative for opioids, cocaine and BZDs. Maximum earning of $561.60 (increase in value for each negative sample but reset to minimum if positive sample).  
**Group 3 N= 18**  
Naltrexone maintenance with outpatient. Mean dose 100 mg - Received naltrexone 3 times/week (Monday, 100 mg; Wednesday, 100 mg; Friday, 150 mg), urine samples collected 3 times/week, and weekly group therapy sessions  
Notes: 3 times weekly urine sample, coinciding with medication visits DROPOUTS: 32/55
<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Intervention</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1N</td>
<td>74</td>
<td>Naltrexone maintenance - As per control group&lt;br&gt;Group therapy - As per control group&lt;br&gt;CM: vouchers with outpatient - Two-track contingency: first -ve urine or naltrexone ingestion earned $0.80, increased by $0.40 for each successive reward. Any +ve/missing urine or missed naltrexone visit reset reward to $0.80. Earnings exchanged for goods supporting drug-free lifestyle.</td>
<td>Study quality: 1+</td>
</tr>
<tr>
<td>2N</td>
<td>18</td>
<td>Naltrexone maintenance with outpatient - As per control group&lt;br&gt;Group therapy - As per control group&lt;br&gt;CM: vouchers with outpatient - As per low CM group but with $2.00 initial voucher value and $0.80 addition for each negative urine/naltrexone dose ingested.</td>
<td>Study quality: 1+</td>
</tr>
<tr>
<td>3N</td>
<td>20</td>
<td>Naltrexone maintenance with outpatient - As per control group&lt;br&gt;Group therapy - As per control group&lt;br&gt;CM: vouchers with outpatient - As per low CM group but with $2.00 initial voucher value and $0.80 addition for each negative urine/naltrexone dose ingested.</td>
<td>Study quality: 1+</td>
</tr>
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</table>

**Data Used**

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Cocaine use: times in past month&lt;br&gt;Cannabis use: times in past month&lt;br&gt;Heroin use: times in past month</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1N</td>
<td>74</td>
<td>Data Used</td>
<td></td>
</tr>
<tr>
<td>2N</td>
<td>18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3N</td>
<td>20</td>
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<td></td>
</tr>
</tbody>
</table>

**Notes**

- **Randomisation**: Blocked on race, parents' age at first drug use, parents' partnership status and ages of children
- **Setting**: Two methadone clinics in US
- **Info on Screening Process**: 78% of those eligible participated
- **Baseline**: (Control / Low CM / High CM) Days' opioid use in past 28: 8.3 / 11.1 / 12.8<br>Years' regular opioid use: 4.9 / 7.5 / 4.9<br>Previous detox attempts: 2.7 / 3.2 / 1.5<br>Unemployed: 61.1% / 70.6% / 55.0%<br>Receiving public assistance: 16.7% / 11.8% / 5.0%<br>On probation/parole: 27.8% / 41.2% / 15.0%<br>Previous MMT: 5.6% / 29.4% / 15.0%<br>Previous naltrexone: 22.2% / 23.5% / 20.0%<br>Lifetime DSM-IV cocaine dependence: 66.7% / 58.8% / 65.0%<br>Lifetime DSM-IV alcohol dependence: 50.0% / 64.7% / 40.0%

**Study Type**: RCT (randomised controlled trial)

**Type of Analysis**: ITT

**Blindness**: No mention

**Duration (days)**: Mean 365

**Notes**: RANDOMISATION: Blocked on race, parents' age at first drug use, parents' partnership status and ages of children

**Info on Screening Process**: 78% of those eligible participated

**Baseline**: Age at first opioid use: 19.1<br>Previous months in MMT: 15.0

**Notes**: ETHNICITY: 105/132 White, 25/132 African American, 7/132 other

**Study type**: RCT (randomised controlled trial)

**Blindness**: No mention

**Duration (days)**: Mean 238

**Setting**: US

**Info on Screening Process**: 231 screened, 15 did not complete baseline phase, 9 were opioid and cocaine free, 144 submitted greater than 80% drug positive urines

**Baseline**: Age: Mean 35<br>Sex: 42 males 102 females

**Exclusions**: - had not been in MMT for >=90 days<br>- did not have >=1 child aged 3-14 who lived with them<br>- >=50% of the time

**Notes**: ETHNICITY: 105/132 White, 25/132 African American, 7/132 other

**Baseline**: Age at first opioid use: 19.1<br>Previous months in MMT: 15.0

**Exclusions**: - opioid-negative samples at intake<br>- no signs of intravenous use<br>- self-reported opioid use (<= 21 of 30 days) for 6 or more months of previous year<br>- history of addiction <1 year<br>- serious medical or psychiatric illness

**Notes**: DROPOUTS: Weekly CM = 6/16, monthly CM = 3/18, NCM (non-contingent management) = 1/19

**Study quality**: 1+
### DOWNEY2000

**Study Type:** RCT (randomised controlled trial)

- **Blindness:** No mention
- **Duration (days):** Mean 84
- **Setting:** US

**Notes:** RANDOMISATION: problematic first 4 participants to reach week 6 entered treatment group thereafter participants randomly assigned

**Info on Screening Process:** 120 screened, 24 did not meet inclusion criteria, 29 dropped out before starting medication, 22 dropped out before CM, 3 excluded because they were random halves of couples

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 41</th>
<th>Group</th>
<th>N= 20</th>
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</thead>
<tbody>
<tr>
<td>CM: vouchers with outpatient -</td>
<td></td>
<td>CM (contingency management) with outpatient -</td>
<td></td>
</tr>
<tr>
<td>Earned vouchers for each urine specimen that was negative for cocaine</td>
<td></td>
<td>At week 6 intervention commenced. Received voucher worth $2.50 for first negative urine (for all drugs) and breathalyzer samples. Each negative sample resulted in increase of $1.25, and $10 bonus for 3 consecutive negative.</td>
<td></td>
</tr>
<tr>
<td>Opioid agonist: buprenorphine-naloxone with outpatient - Used the combined Buprenorphine-Naloxone tablet (4:1 ratio). Participants were maintained on doses up to 32mg sublingually visits spaced 48hrs apart and 48mg visits 72hrs apart. Initially maintained on 16-16-24 mg M-W-F schedule and increased before CM.</td>
<td></td>
<td>Opioid agonist: buprenorphine-naloxone - Used the combined Buprenorphine-Naloxone tablet (4:1 ratio). Participants were maintained on doses up to 32mg sublingually visits spaced 48hrs apart and 48mg visits 72hrs apart. Initially maintained on 16-16-24 mg M-W-F schedule and increased before CM.</td>
<td></td>
</tr>
</tbody>
</table>

### EPSTEIN2003

**Study Type:** RCT (randomised controlled trial)

- **Blindness:** No mention
- **Duration (days):** Mean 84
- **Follow up:** 12 months
- **Setting:** US

**Info on Screening Process:** 286 screened

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 193</th>
<th>Group</th>
<th>N= 49</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM: vouchers with outpatient - Earned vouchers for each urine specimen that was negative for cocaine. Vouchers began at $2.50, increasing by $1.50 for each consecutive voucher earned. For three consecutive negative urines a $10 bonus was earned.</td>
<td></td>
<td>CM: methadone with outpatient - Urinalysis results randomly selected weekly – a negative sample resulted in 3 take-home doses till the next test. A positive sample resulted in cancellation of take-home doses.</td>
<td></td>
</tr>
<tr>
<td>Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 70 mg - Within first week participants stabilised on 70 mg/day could request increase of up to 80 mg/day</td>
<td></td>
<td>Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 70 mg - Within first week participants stabilised on 70 mg/day could request increase of up to 80 mg/day</td>
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**Data Used**

<table>
<thead>
<tr>
<th>Group</th>
<th>Data Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>CM</td>
<td>ASI (Addiction Severity Index)</td>
</tr>
<tr>
<td>N= 41</td>
<td>Abstinence: negative urinalysis</td>
</tr>
<tr>
<td>Notes: DROPOUTS: Control = 12/49, CM = 9/47, CBT = 10/48, CBT + CM = 15/49</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:** DROPOUTS: Control = 12/49, CM = 9/47, CBT = 10/48, CBT + CM = 15/49

**Study quality:** 1+
<table>
<thead>
<tr>
<th>Group</th>
<th>N= 47</th>
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<tbody>
<tr>
<td>CM: vouchers with outpatient</td>
<td>Earned vouchers for each urine specimen that was negative for cocaine. Vouchers began at $2.50, increasing by $1.50 for each consecutive voucher earned. For three consecutive negative urines a $10 bonus was earned.</td>
</tr>
<tr>
<td>IDC (individual drug counselling) with outpatient</td>
<td>Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 70 mg - Within first week participants stabilised on 70 mg/day could request increase of up to 80 mg/day</td>
</tr>
<tr>
<td>Control: social support group with outpatient</td>
<td>NCM (non-contingent management) with outpatient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 48</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBT: RP (relapse prevention) with outpatient</td>
<td>Combined elements of relapse prevention, coping methods, behavioural reinforcement methods and methods of generalising to the environment</td>
</tr>
<tr>
<td>IDC (individual drug counselling) with outpatient</td>
<td>Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 70 mg - Within first week participants stabilised on 70 mg/day could request increase of up to 80 mg/day</td>
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<td>Control: social support group with outpatient</td>
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<td>NCM (non-contingent management) with outpatient</td>
<td>Control: social support group with outpatient</td>
</tr>
</tbody>
</table>

**Study Type:** RCT (randomised controlled trial)

**Study Description:** Male patients participated with female significant others

**Type of Analysis:** Per protocol

**Blindness:** No mention

**Duration (days):** Mean 105

**Setting:** Two MMT clinics in US

**Notes:** RANDOMISATION: No details

**Info on Screening Process:** 371 applicants (89 married or cohabiting) interviewed, 19 refused consent and 27 met exclusion criteria. 43 enrolled and were randomised.

**n= 42**

**Age:** Mean 38

**Sex:** all males

**Diagnosis:** 100% opioid dependence by eligibility for/receipt of MMT

**Diagnosis:** opioid misuse

**Exclusions:** - Male partner's age outside 21-60 range - Not married for >=1 year or living with a female significant other in a stable common-law relationship for >= 2 years - Ineligible for MMT - Seeking additional substance misuse treatment other than

**Data Used**

**ASI (Addiction Severity Index)**

**Urinalysis: positive for opioids**

**Urinalysis: positive for cocaine**

**Notes:** DROPOUTS: CBT = 5/22, BCT = 2/21

**Group 1 N= 21**

**CBT:** coping skills training - Once weekly 60-min individual sessions for males

**FI:** BCT (behavioural couples therapy) with outpatient - One 60-min wkly session for 12 wks: male and female partners met jointly with therapist. Involved crisis intervention, sobriety trust discussion, reinforcing compliance, coping strategies for craving, communication skills, positive behavioural exchanges.

**Study quality:** 1+
### Study Type: RCT (randomised controlled trial)

- **Type of Analysis:** Missing data addressed: Unclear if ITT
- **Blindness:** No mention
- **Duration (days):** Mean 168
- **Followup:** 12 months
- **Setting:** Two outpatient clinics in US
- **Notes:** RANDOMISATION: No details

#### Info on Screening Process: 459 screened, 17 met exclusion criteria and 318 refused to take naltrexone. 124 were enrolled and randomised.

#### Primary Diagnosis: Intravenous opioid users
- **Ethnicity:** 18/36 White, 15/36 African American, 3/36 Hispanic

#### Baseline: (GROUPS: BCT [behavioural couples therapy] versus CBT)
- Problematic alcohol use (years): 8.2 / 7.8
- Problematic opioid use (years): 10.0 / 10.6
- Problematic cocaine use (years): 5.8 / 5.6

### Data Used
- **TLFB (Timeline follow-back)**
- **ASI (Addiction Severity Index)**
- **Urinalysis:** positive for any drug

### Notes: PRIMARY DIAGNOSIS: Intravenous opioid users
- **ETHNICITY:** 18/36 White, 15/36 African American, 3/36 Hispanic

#### Notes: PRIMARY DIAGNOSIS: Intravenous opioid users

### Opioid agonist: MMT (methadone maintenance) - 60 mg/day standard dose, increased at patient's request or opioid-positive urine sample. After 6 weeks of treatment, up to 2 take-home doses per week allowed if patient employed >=20 hours per week.

### Group 1 N= 62
- Naltrexone maintenance with outpatient. Mean dose 50 mg/day - For first 2 weeks, 2 brief weekly visits with physician (also for first 3 weeks, 3 visits to agency nurse); biweekly thereafter. Nurse and physician encouraged compliance and asked about side effects. No family involvement or compliance contract.
- CBT: coping skills training with outpatient - Twice weekly 60-min individual sessions for males with the aim of developing skills that would assist in drug-use reduction efforts through cognitive restructuring, problem-solving, alternatives to drug use, anger management, assertiveness training etc.
- Opioid agonist: MMT (methadone maintenance) with outpatient - 60 mg/day standard dose, increased at patient's request or opioid positive urine sample. After 6 weeks of treatment, up to 2 take-home doses per week allowed if patient employed >= 20 hours per week.

### Group 2 N= 22
- CBT: coping skills training with outpatient - Twice weekly 60-min individual sessions for males with the aim of developing skills that would assist in drug-use reduction efforts through cognitive restructuring, problem-solving, alternatives to drug use, anger management, assertiveness training etc.
- Opioid agonist: MMT (methadone maintenance) with outpatient - 60 mg/day standard dose, increased at patient's request or opioid positive urine sample. After 6 weeks of treatment, up to 2 take-home doses per week allowed if patient employed >= 20 hours per week.

### Notes: PRIMARY DIAGNOSIS: Intravenous opioid users
- **Ethnicity:** 66% White, 25% African American, 4% Hispanic, 6% other

#### Notes: PRIMARY DIAGNOSIS: Intravenous opioid users

### Study quality: 1+

#### Baseline: (GROUPS: family / individual)
- Opioid use (years): 6.6 / 5.9
- Problematic substance use: 12.7 / 11.3
- Cocaine dependence: 61% / 56%
- Alcohol dependence: 65% / 60%

---

**Self-help meetings, unless recommended by primary therapist**
- Female partner meeting DSM-III-R criteria for substance use in past 6 months
- Either partner meeting DSM-III-R criteria for an organic, schizophrenic, delusional or other psychotic disorder

### Notes: PRIMARY DIAGNOSIS: Intravenous opioid users
- **ETHNICITY:** 18/36 White, 15/36 African American, 3/36 Hispanic

#### Baseline: (GROUPS: BCT [behavioural couples therapy] versus CBT)
- Problematic alcohol use (years): 8.2 / 7.8
- Problematic opioid use (years): 10.0 / 10.6
- Problematic cocaine use (years): 5.8 / 5.6

### Data Used
- **TLFB (Timeline follow-back)**
- **ASI (Addiction Severity Index)**
- **Urinalysis:** positive for any drug

### Retention rate

---

**Study quality: 1+**

#### Baseline: (GROUPS: family / individual)
- Opioid use (years): 6.6 / 5.9
- Problematic substance use: 12.7 / 11.3
- Cocaine dependence: 61% / 56%
- Alcohol dependence: 65% / 60%
**GROSS2006**

<table>
<thead>
<tr>
<th>Study Type:</th>
<th>RCT (randomised controlled trial)</th>
</tr>
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<tbody>
<tr>
<td>Type of Analysis:</td>
<td>ITT (missing urines as positive)</td>
</tr>
<tr>
<td>Blindness:</td>
<td>Open</td>
</tr>
<tr>
<td>Duration (days):</td>
<td>Mean 84</td>
</tr>
</tbody>
</table>

**Setting:**

- Notes: Randomisation by minimum likelihood allocation stratified on 5 variables
- Info on Screening Process: 95 enrolled, 35 failed to complete 8-week baseline phase; 60 randomised.

**Data Used**

- ASI (Addiction Severity Index)
- Abstinence: longest consecutive period
- Abstinence: weeks drug free
- Notes: 3 times weekly buprenorphine dose and observed urine sample

**Group 1 N=20**

- Opioid agonist: buprenorphine maintenance - Standard care as per control group
- CM: negative reinforcement with outpatient - Participants received 2 half-doses of buprenorphine each day (3 half-doses on Fridays). Whenever urine was cocaine/opioid positive, only received 1 half-dose that day (or 2 half-doses on Fridays).

**Group 2 N=20**

- CM: vouchers with outpatient - Participants received vouchers for each negative urine sample. The first voucher was worth $3.63 and increased in value for each consecutive negative urine.
- Opioid agonist: buprenorphine maintenance with outpatient

**Group 3 N=20**

- Control: standard care with outpatient - Behavioural counselling 1 hour/week. Discussion of personal relationships, causes and effects of opioid use, developing recreational activities & HIV education. Counsellors also provided assistance in job-finding, stable housing and other treatment needs.
- Opioid agonist: buprenorphine maintenance with outpatient

**Group 2 N=60**

- Naltrexone maintenance. Mean dose 50 mg/day - For first 2 weeks, 2 brief weekly visits with physician (also for first 3 weeks, 3 visits to agency nurse); biweekly thereafter. Nurse and physician encouraged compliance and asked about side effects. Naltrexone taken under supervision of family member.
- CBT: coping skills training with outpatient - Twice weekly 60-min individual sessions for first 16 weeks, weekly for last 8 weeks. Cognitive behavioural restructuring, problem solving, anger management, refusal skills, enhancing social support networks etc. Adapted from CBT programmes for alcoholism.
- Group therapy - 90 mins per week for first 16 weeks. No other details.
- FBT (family behavioural therapy) - Behavioural family counselling. Patient and family member met jointly with counsellor for 16 weekly sessions of 60 mins. Established behavioural contract, instructions and behavioural rehearsal to reduce conflict and improve communication.

**KOSTEN2003**

- Setting: US
- Duration (days): Mean 84
- Blindness: Open

**Notes:**

- Ethnicity: 91% White
- Full-time employed: 65% / 60% / 35%
- Years' regular opioid use: 9.34 / 7.16 / 12.39
- Age at first opioid use: 21.4 / 19.32 / 20.25
- Years' cocaine use: 7.15 / 3.81 / 5.55

**Study Quality:** 1+

**Notes:**

- Randomisation by minimum likelihood allocation stratified on 5 variables.
- Info on Screening Process: 95 enrolled, 35 failed to complete 8-week baseline phase; 60 randomised.

**Type of Analysis:** ITT (missing urines as positive)

**Setting:**

- Notes: Randomisation by minimum likelihood allocation stratified on 5 variables.
- Info on Screening Process: 95 enrolled, 35 failed to complete 8-week baseline phase; 60 randomised.

**Data Used**

- ASI (Addiction Severity Index)
- Abstinence: longest consecutive period
- Abstinence: weeks drug free
- Notes: 3 times weekly buprenorphine dose and observed urine sample

**Group 1 N=20**

- Opioid agonist: buprenorphine maintenance - Standard care as per control group
- CM: negative reinforcement with outpatient - Participants received 2 half-doses of buprenorphine each day (3 half-doses on Fridays). Whenever urine was cocaine/opioid positive, only received 1 half-dose that day (or 2 half-doses on Fridays).

**Group 2 N=20**

- CM: vouchers with outpatient - Participants received vouchers for each negative urine sample. The first voucher was worth $3.63 and increased in value for each consecutive negative urine.
- Opioid agonist: buprenorphine maintenance with outpatient

**Group 3 N=20**

- Control: standard care with outpatient - Behavioural counselling 1 hour/week. Discussion of personal relationships, causes and effects of opioid use, developing recreational activities & HIV education. Counsellors also provided assistance in job-finding, stable housing and other treatment needs.
- Opioid agonist: buprenorphine maintenance with outpatient

**Notes:**

- Randomisation by minimum likelihood allocation stratified on 5 variables.
- Info on Screening Process: 95 enrolled, 35 failed to complete 8-week baseline phase; 60 randomised.
All participants received weekly individual and group CBT (RP)

Data Used
Urinalysis: positive for heroin
Urinalysis: positive for cocaine
Notes: DROPOUTS = 85/160 (53%) after 12 weeks

Group 1 N= 40
Desipramine with outpatient - Started in week 2 at 50 mg daily and increased by 50 mg every 2 days up to 150 mg total dosage
NCM (non-contingent management) with outpatient - Received vouchers not contingent on illicit cocaine and opioid use. Vouchers were worth the average value of the contingency subjects for the previous week.
Opioid agonist: buprenorphine maintenance with outpatient - All participants stabilised on a median dose of 16 mg before randomisation.
Sublingual buprenorphine started at 4 mg daily, shifting to 8 mg then 12 mg by week 1, and to 16 mg by week 2.

Group 2 N= 40
CM: vouchers with outpatient - 1-12 wks: received $3 for first cocaine- and opioid-negative urine, increased by $1 with every consecutive negative urine, but reset after a positive sample. 13-16 wks: each negative sample $3. 17-20 wks: $6 for 2 negative samples. 21-24 wks: $9 for 3
Placebo with outpatient
Opioid agonist: buprenorphine maintenance with outpatient - All participants stabilised on a median dose of 16 mg before randomisation.
Sublingual buprenorphine started at 4 mg daily, shifting to 8 mg then 12 mg by week 1, and to 16 mg by week 2.

Group 3 N= 40
Placebo with outpatient
NCM (non-contingent management) with outpatient - Received vouchers not contingent on illicit cocaine and opioid use. Vouchers were worth the average value of the contingency subjects for the previous week.
Opioid agonist: buprenorphine maintenance with outpatient - All participants stabilised on a median dose of 16 mg before randomisation.
Sublingual buprenorphine started at 4 mg daily, shifting to 8 mg then 12 mg by week 1, and to 16 mg by week 2.

Notes: Ethnicity: White = 84, African American = 58, Hispanic = 11, Native American = 2
Baseline: GROUP: desipramine + CM / desipramine + NCM / placebo + CM / placebo + NCM
Heroin use (no. days/month): 29.3 / 27.2 / 29.1 / 27.0
Cocaine use(no. days/month): 13.8 / 13.4 / 16.5 / 14.0
**MCLELLAN1993**

**Study Type:** RCT (randomised controlled trial)

**Type of Analysis:** Per protocol

**Blindness:** Open

**Duration (days):** Mean 180

**Setting:** US veterans

**Info on Screening Process:** 144 screened; 13 excluded (medical or psychiatric conditions \((n=6)\), did not follow through initial study procedures \((n=7)\)); 29 refused to participate; 2 dropped out after <2 weeks’ treatment; 5 could not be contacted for follow-up.

<table>
<thead>
<tr>
<th>Group</th>
<th>N=</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>29</td>
<td>CM: methadone with outpatient - Combination of take-home methadone doses contingent on negative urines and CBT. First month weekly counselling, then over 2-6 months could reduce number of sessions (biweekly) if client showed signs of positive change. Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 60-90 mg</td>
</tr>
<tr>
<td>2</td>
<td>31</td>
<td>Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 60-90 mg Structured day treatment with outpatient - Consisted of contingent take-home doses, CBT counselling and access to extra professional resources: family therapy, employment counselling, psychiatrist.</td>
</tr>
<tr>
<td>3</td>
<td>32</td>
<td>Control: TAU (treatment as usual) with outpatient - Minimal treatment – 15-min session/month Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 60-90 mg</td>
</tr>
</tbody>
</table>

**Data Used**

- ASI (Addiction Severity Index)

**Notes:** Computerised stratified randomisation

**Type of Analysis:** Per protocol

**Study Quality:** 1+

---

**PEIRCE2006**

**Study Type:** RCT (randomised controlled trial)

**Study Description:** Research staff ‘unaware’ of allocation assignment

**Type of Analysis:** Research staff ‘unaware’ of allocation assignment

**Blindness:** Open

**Duration (days):** Mean 54

**Followup:** 1, 3 and 6 months

**Setting:** 6 MMT programmes across US

**Notes:** Computerised stratified randomisation

<table>
<thead>
<tr>
<th>Group</th>
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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>198</td>
<td>CM: Vouchers with outpatient - 1-12 wks: received $3 for first cocaine- and opioid-negative urine, increased by $1 with every consecutive negative urine, but reset after a positive sample. 13-16 wks: $3 each negative sample. 17-20 wks: $8 for 2 negative samples. 21-24 wks: $9 for 3. Desipramine with outpatient - Started in week 2 at 50 mg daily and increased 50 mg every 2 days up to 150 mg total dosage Opioid agonist: buprenorphine maintenance with outpatient - All participants stabilised on a median dose of 16 mg before randomisation. Sublingual buprenorphine started at 4 mg daily, shifting to 8 mg then 12 mg by week 1, and to 16mg by week 2.</td>
</tr>
</tbody>
</table>

**Data Used**

- Abstinence: longest consecutive period
- Retention rate
- Notes: Twice weekly urine and breath samples on non-consecutive days

**Notes:** Twice weekly urine and breath samples on non-consecutive days

**Type of Analysis:** Per protocol

**Study Quality:** 1+

---

**DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS**
### PETRY2002

**Study Type:** RCT (randomised controlled trial)

**Type of Analysis:** ITT

**Blindness:** No mention

**Duration (days):** Mean 84

**Followup:** 6 months

**Setting:** US

**Notes:** RANDOMISATION: Probabilistic balancing techniques to control for gender, race, age etc

**Info on Screening Process:** 5 excluded: 1 withdrew consent, 4 uncontrolled psychosis

**Participants:**
- n = 42
- Age: Mean 39
- Sex: 12 males, 30 females

**Diagnosis:**
- cocaine dependence by DSM-IV

**Exclusions:**
- not receiving a stable dose of methadone in past 3 months
- not English speaking
- MMSE <21
- active, uncontrolled psychosis or bipolar disorder

**Notes:** Standard treatment = 91.3%, CM = 100% cocaine dependence

**Baseline:**
- GROUPS: TAU / CM
  - Years of heroin use: 13.8 (1.9) / 14.9 (1.6)
  - Years of cocaine use: 12.0 (1.6) / 15.0 (1.7)

**Data Used**
- Abstinence: longest consecutive period
- Abstinence: days drug free

**Notes:** DROOUTS: CM = 1/19, TAU (treatment as usual) = 2/23

**Group 1 N = 23**
- Control: TAU (treatment as usual) with outpatient

**Group 2 N = 19**
- CM: prizes with outpatient - Negative sample for opioids or cocaine earned a draw from the bowl, negative for opioids and cocaine earned 4 draws. Negative samples on consecutive days earned bonus draws. Bowl had 250 slips of paper, 1/2 non-winning, 109 small prizes, 15 large prizes.

**Study quality:** 1+

### PETRY2005C

**Study Type:** RCT (randomised controlled trial)

**Blindness:** No mention

**Duration (days):** Mean 84

**Followup:** 6 months

**Setting:** US

**Notes:** RANDOMISATION: Minimum likelihood allocation balanced by age, gender etc

**Info on Screening Process:** 5 excluded

**Participants:**
- n = 77
- Age: Mean 40
- Sex: 21 males, 56 females

**Diagnosis:**
- cocaine dependence by DSM-IV

**Exclusions:**
- unstable methadone dose: changes in dose in last 3 months
- not English speaking
- MMSE <21
- in recovery from pathological gambling
- inability to attend groups

**Notes:** 100% opioid dependence by DSM-III-R

**Baseline:**
- GROUPS: CM / TAU
  - Years of heroin use: 15.9 (1.2) / 17.7 (1.2)
  - Years of cocaine use: 13.2 (1.5) / 12.7 (1.3)

**Data Used**
- Abstinence: longest consecutive period

**Notes:** DROOUTS: CM = 5/40, TAU (treatment as usual) = 6/37

**Group 1 N = 40**
- Control: TAU (treatment as usual) with outpatient - 1 hour/week, rotating schedule of 12 topics: facts about cocaine, HIV education, stress management etc.
- CM: prizes with outpatient - Draw earned for each group therapy session attended and for cocaine-negative samples. Prize bowl contained 500 slips of paper, half of slips non-winning, 219 slips small prizes (e.g. $1 coupon), 30 large prizes (e.g. walkmans, watches), 1 jumbo prize (TV)

**Group 2 N = 37**
- Control: TAU (treatment as usual) with outpatient - 1 hour/week, rotating schedule of 12 topics: facts about cocaine, HIV education, stress management etc.

**Study quality:** 1+

### PRESTON1999

**Study Type:** RCT (randomised controlled trial)

**Blindness:** No mention

**Duration (days):** Mean 84

**Setting:** US

**Notes:** Interpersonal/cognitive/behavioural counselling for cocaine misuse

**Info on Screening Process:** 5 excluded

**Participants:**
- n = 57
- Age: Mean 33
- Sex: 36 males, 21 females

**Diagnosis:**
- 100% opioid dependence by DSM-III-R

**Data Used**
- Retention: days remained in treatment
- Abstinence: negative urinalysis

**Group 1 N = 19**
- Naltrexone maintenance with outpatient - Received naltrexone 3 days a week under staff observation. Doses were 100 mg on Monday and Wednesday and 150 mg on Friday.

**Study quality:** 1+

---

**DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS**

**Appendix 14 (b)**
A page from a document discussing a study on drug misuse and psychosocial interventions. The page contains information on participant demographics, exclusions, treatments, data used, and study quality. Notable sections include details on dropout rates, naltrexone maintenance, and outcomes measured. The study appears to use a randomised controlled trial (RCT) design, with outcomes measured through various methods including urinalysis for opioids and cocaine, as well as retention rates in treatment. The document also includes a section on consent, exclusion criteria, andSetting of the study, which is in the US. The study duration is 56 days, and it is double-blind. The type of analysis used is ITT (Intention to Treat), and the study population consists of 120 participants, with 81 males and 39 females. The primary diagnosis is opioid misuse, and participants are African American (42%) and White (58%). The average age is 38 years, and the study was completed by 253 participants. The study was conducted by Preston2000 and includes information on the referral process and eligibility criteria for MMT (methadone maintenance).
### RAWSON2001

**Study Type:** RCT (randomised controlled trial)

**Study Description:** Randomisation code generated independently off site

**Type of Analysis:** Per protocol

**Blindness:** Open

**Duration (days):** Mean 365

**Setting:** 2 outpatient clinics, LA, US

**Notes:** RANDOMISATION: Sealed envelopes

**Info on Screening Process:** 183 successfully detoxified; 81 induced onto naltrexone and randomised

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1N</td>
<td>41</td>
<td>Control: standard care with outpatient - Weekly data/urine collection; visit to study physician every 30 days to collect naltrexone, with additional appointments allowed for discussing side effects or other medication issues. Provision of booklet giving info about local drug treatment resources.</td>
</tr>
<tr>
<td>2N</td>
<td>40</td>
<td>CBT: matrix model with outpatient - CBT approach with specific behav. techniques, educational materials and encouraging 12-step involvement. 60-min individual session + 2 x 90-min group sessns + 60-min cue exposure sessn wks 1-12; individual sessn semi-weekly and group sessns wks 13-26.</td>
</tr>
<tr>
<td>3N</td>
<td>40</td>
<td>CM (contingency management) with outpatient - 3 urine samples/week. Voucher value starting at $2.50 for a negative sample, increasing by $1.25 per successive negative sample (up to $20 max). $10 bonus for 3 consecutive negative samples. Positive or missing sample reset schedule to $2.50.</td>
</tr>
</tbody>
</table>

#### Data Used

**ASI (Addiction Severity Index):** drug use

**Urinalysis:** positive for opioids

**Retention:** weeks remained in treatment

**Compliance:** naltrexone doses taken

**Retention:** sessions attended

#### Notes

**RANDOMISATION:** Sealed envelopes

**Setting:** 2 outpatient clinics, LA, US

**Duration (days):** Mean 365

**Blindness:** Open

**Study Type:** RCT (randomised controlled trial)

**Info on Screening Process:** 183 successfully detoxified; 81 induced onto naltrexone and randomised

**Notes:** ETHNICITY: Caucasian 79%, Hispanic 10%, African American 3.7%, Other 7%

**n= 81**

**Age:** Mean 33

**Sex:** 49 males 32 females

**Diagnosis:**

- 100% opioid dependence by DSM-IV

**Exclusions:**

- did not complete opioid detoxification
- Liver enzyme values 5 times above normal
- If female: pregnant, lactating or not using effective method of birth control

**Notes:**

- Ethnictiy: Caucasian 79%, Hispanic 10%, African American 3.7%, Other 7%

**Baseline:** (GROUPS: enhanced / standard)

- Years' opioid use: 9.4 / 10.1
- Days' opioid use in past 30: 21.5 / 23.4
- Intravenous opioid use: 52.5% / 58.5%
- Previous treatment: 80% / 75.6%
- Previous methadone treatment: 55% / 58.5%

### RAWSON2002

**Study Type:** RCT (randomised controlled trial)

**Type of Analysis:** No evidence of ITT

**Blindness:** Open

**Duration (days):** Mean 102

**Followup:** 36 weeks

**Setting:** 2 methadone clinics in US

**Info on Screening Process:** 180 volunteered; 120 eligible, enrolled and randomised

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Description</th>
</tr>
</thead>
</table>
| 1N    | 30| CM (contingency management) - As per CM group

**Opioid agonist: MMT (methadone maintenance) - As per MMT group**

**CBT: group - As per CBT group**

**Group 2**

**2N = 30**

**CM (contingency management) with outpatient - 3 urine samples/week. Voucher value starting at $2.50 for a negative sample, increasing by $1.25 per successive negative sample (up to $20 max). $10 bonus for 3 consecutive negative samples. Positive or missing sample reset schedule to $2.50.**

**Opioid agonist: MMT (methadone maintenance) with outpatient - As per MMT group**

**Group 3**

**3N = 30**

**Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 82 mg - Standard MMT: daily clinic visits for methadone, twice-monthly counselling, medical care and case management as needed. 3 urine samples/week.**

**Data Used**

**ASI (Addiction Severity Index):** drug use

**Urinalysis:** positive for opioids

**Retention:** weeks remained in treatment

**Urinalysis:** positive for cocaine

**Abstinence:** no use for 3 consecutive weeks at end

**Notes:** ETHNICITY: White 39%, African American 32%, Hispanic 26%, Other 3%

**n= 120**

**Age:** Mean 44

**Sex:** 66 males 54 females

**Diagnosis:**

- 100% opioid dependence by eligibility for/receipt of MMT

- 100% cocaine misuse by DSM-IV

**Exclusions:**

- not in MMT for >=90 days
- No evidence of cocaine use in past month
- Court-mandated treatment

**Notes:**

- Ethnictiy: White 39%, African American 32%, Hispanic 26%, Other 3%

**Baseline:** (GROUPS: CBT / CM / CBT+CM / control)

**ASI drug:** 0.37 / 0.31 / 0.33 / 0.36

**Methadone dose (mg):** 82 / 78 / 83 / 82
## SCHOTTENFELD2005

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Study Type: RCT (randomised controlled trial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>40</td>
<td>IDC (individual drug counselling) with outpatient - Manualised individual sessions with CRA (community reinforcement approach) (behavioural skills, engaging in non-drug activities): twice weekly weeks 1-12, weekly weeks 13-24.</td>
</tr>
</tbody>
</table>

| 2     | 40 | IDC (individual drug counselling) with outpatient - Manualised individual sessions with CRA (behavioural skills, engaging in non-drug activities): twice weekly weeks 1-12, weekly weeks 13-24. | Opioid agonist maintenance - 35 mg increased to 65 mg over weeks 1-2, increased further to max 85 mg over rest of study. Daily observed dispensing. Control: TAU (treatment as usual) with outpatient - Received piece of paper at each urine test indicating whether sample was positive or negative. |

### Data Used

- **Abstinence**: longest consecutive period
- **Abstinence % with negative urine sample per day**

Notes: Three times weekly urine testing

### Study quality: 1+  

<table>
<thead>
<tr>
<th>Study Type: RCT (randomised controlled trial)</th>
<th>Study Description: Medications were double-blind/double-dummy, CM was not. Researchers and subjects aware of allocation at time of randomisation.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Description: Medications were double-blind/double-dummy, CM was not. Researchers and subjects aware of allocation at time of randomisation.</td>
<td>Blinding: Double blind</td>
</tr>
</tbody>
</table>

### Setting: New Haven, CT, US

Notes: Computerised urn randomisation

- **Study Type**: RCT (randomised controlled trial)
- **Study Description**: Medications were double-blind/double-dummy, CM was not. Researchers and subjects aware of allocation at time of randomisation.
- **Blinding**: Double blind
- **Duration (days)**: Mean 168
- **Notes**: Computerised urn randomisation

### Info on Screening Process: 169 referred, 6 excluded (primarily failed to attend admission session). 163 randomised (1 participant received one dose of medication but provided no addition data and was excluded from analysis).
Group 3 N=39

IDC (individual drug counselling) with outpatient - Manualised individual sessions with CRA approach (behavioural skills, engaging in non-drug activities): twice weekly weeks 1-12, weekly weeks 13-24

Opioid agonist: buprenorphine maintenance - 4 mg sublingual buprenorphine, increasing to 12 mg by end of week 2. Up to max 16 mg for remainder of study.

CM: vouchers - Monetary voucher for each opioid & cocaine -ve urine. Escalating schedule wks 1-12 ($2.50 initial + $1.25 per consec -ve sample; reset to $2.50 for a +ve; $10 bonus for 3 consec. -ve samples). Wks 13-24, fixed $1 per -ve sample. Max total reward $1033.50

Group 4 N=43

IDC (individual drug counselling) with outpatient - Manualised individual sessions with CRA approach (behavioural skills, engaging in non-drug activities): twice weekly weeks 1-12, weekly weeks 13-24. Daily observed dispensing.

Opioid agonist: buprenorphine maintenance with outpatient - 4mg sublingual buprenorphine, increased to 12mg by end of week 2. Up to max 16mg for remaining of study. Daily observed dispensing.

Control: TAU (treatment as usual) - Received piece of paper at each urine test indicating whether sample was positive or negative

Notes: FOLLOW-UP: Baseline, endpoint (12 months) DROPOUTS: ?

Group 1 N=19

Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose Up to 80 mg - Daily methadone and 45 mins per week individual counselling and medication monitoring

NCM (non-contingent management) with outpatient - Vouchers yoked to reinforcement schedule of another participant in CM group (only available when participant attended clinic)

Study quality: 1+

Study Type: RCT (randomised controlled trial)

Type of Analysis: Per protocol

Blindness: No mention

Duration (days): Mean 84

Followup: 12 months

Setting: US

Notes: RANDOMISATION: Incomplete due to yoking for CM activities

Info on Screening Process: 94 enrolled in MMT, 90 completed baseline assessment; 59 eligible (used cocaine) and randomised

n=59

Age: Mean 38

Sex: 39 males 20 females

Notes: PRIMARY DIAGNOSIS: MMT patients who had misused cocaine in past 5 weeks

ETHNICITY: Black 63%, White 37%

REFERRALS: MMT admissions

Baseline: (GROUPS: CM with bonus / CM / NCM)

Employed: 15% / 20% / 5%

Drug use (past 30 days): heroin: 95% / 100% / 95%
### SILVERMAN2004

<table>
<thead>
<tr>
<th>Study Type: RCT (randomised controlled trial)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: ITT and completers</td>
</tr>
<tr>
<td>Blinding: No mention</td>
</tr>
<tr>
<td>Duration (days): Mean 365</td>
</tr>
<tr>
<td>Follow up: 9 weeks</td>
</tr>
<tr>
<td>Setting: US</td>
</tr>
<tr>
<td>Notes: RANDOMISATION: Computer program</td>
</tr>
</tbody>
</table>

n = 78

Age: Mean 39

Sex: 43 males 35 females

Diagnosis:
- 100% opioid dependence by DSM-III-R
- 81% cocaine dependence by DSM-III-R

Exclusions:
- <18 or >50 years of age
- opioid-negative sample at intake
- did not report regular use in 30 days before intake and for 6 months before intake
- <1 year of regular MMT
- participated in a CM study before
- did not have objective signs of injection drug use
- pregnant
- medical condition that contraindicated MMT
- serious psychiatric condition (e.g. schizophrenia)

Baseline: GROUPS: CM: take home + voucher / CM: take home / TAU

Days used heroin in last 30 days: 28 (5.7) / 29 (2.3) / 29 (3.5)

Days used cocaine in last 30 days: 15 (11.6) / 14 (12.3) / 11 (11.3)

### Data Used

- Abstinence at 6 months
- Retention: weeks remained in treatment
- Abstinence: weeks drug free

Notes: DROPOUTS: CM take home + vouchers = 7/26, CM take home = 10/26, TAU = 12/26

### Study Quality:

- Study quality: 1+

---

### DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS

**Group 1 N= 26**

CM: methadone with outpatient - After 3 consecutive negative urine samples, a take-home dose for following day was given; after that, take-home dose given for each consecutive urine sample. If positive urine provided, required 3 consecutive negative urines for next take-home dose.

Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 60 mg - 10-week stabilisation period before main intervention: starting dose of 20 mg increased to 60 mg per day. If participant provided opioid-positive urine sample during weeks 3, 4 and 5 of baseline period dose increased to 100 mg

**Group 2 N= 26**

CM: vouchers with outpatient - $2.50 for first cocaine-negative urine, increase of $1.50 for each consecutive cocaine-negative urine up to maximum of $40 for each negative urine, $10 bonus for 3 consecutive negative urines. Cocaine-positive sample led to voucher reset to $2.50.

CM: methadone with outpatient - After 3 consecutive negative urine samples a take-home dose for following day was given; after that, take-home dose given for each consecutive urine sample. If positive urine provided, 3 consecutive negative urines required for next take-home dose.

Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 60 mg - 10-week stabilisation period before main intervention: starting dose of 20 mg increased to 60 mg per day. If participant provided opioid-positive urine sample during weeks 3, 4 and 5 of baseline period dose increased to 100 mg.
<table>
<thead>
<tr>
<th>Study Type: RCT (randomised controlled trial)</th>
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<td>Bias: Single blind</td>
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<td>Duration (days): Mean 180</td>
<td>Duration (days): Mean 54</td>
<td>Duration (days): Mean 84</td>
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<td>Setting: Australia</td>
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<td>Notes: RANDOMISATION: Computer randomised at a central site outside of treatment centre</td>
<td>Notes: RANDOMISATION: Computer randomised at a central site outside of treatment centre</td>
</tr>
<tr>
<td>Info on Screening Process: 1 dropped out before randomisation</td>
<td>Info on Screening Process: 316 screened, 44 excluded; 147 did not return for study</td>
<td>Info on Screening Process: 316 screened, 44 excluded; 147 did not return for study</td>
</tr>
</tbody>
</table>

### STITZER1992

- **n = 53**
- **Age: Mean 34**
- **Sex: 38 males 15 females**
- **Diagnosis:** 100% opioid dependence by eligibility for/receipt of MMT
- **Exclusions:** - no evidence of intravenous drug use
  - did not provide 3 consecutive opioid-positive urines
- **Baseline:** Participants had an average of 15 years of opioid use
  - Mean methadone dose: 51.4 mg/day

#### Data Used
- **Response:** abstinent >=4 weeks
- **Retention:** weeks remained in treatment
- **Abstinence:** negative urinalysis
- **Notes:** DROPOUTS: CM = 10/26, NCM (non-contingent management) = 7/27

### TUCKER2004B

- **n = 97**
- **Age: Mean 30**
- **Sex: 62 males 35 females**
- **Diagnosis:** 100% opioid dependence by DSM-IV
- **Exclusions:** - <18 years
  - <5 days’ abstinence from opioids
  - severe medical or psychiatric illness
  - dependence on another substance (other than tobacco, cannabis and prescribed benzodiazepines)
  - pregnant or breastfeeding
  - 3-fold elevation of serum transaminases
  - likely incarceration or surgery in next 3 months
  - currently receiving naltrexone from another source
- **Baseline:** GROUPS: naltrexone + CBT / naltrexone + control
  - Heroin days (0-28): 13.46 (5.8) / 13.62 (5.74)
  - Polydrug use (0-9): 4.87 (1.01) / 5.40 (1.44)

#### Data Used
- Dug use: days

### UKCBTMM2004

- **Group 1 N = 26**
  - Control: TAU (treatment as usual) with outpatient - Standard services including weekly individual and group counselling
  - Opioid agonist: MMT (methadone maintenance) with outpatient - 10-week stabilisation period before main intervention: starting dose of 20 mg increased to 60 mg per day. If participant provided opioid-positive urine sample during weeks 3, 4 and 5 of baseline period dose increased to 100 mg.

- **Group 1 N = 26**
  - CM: methadone with outpatient - Could earn a maximum of 3 take-home doses per week. First take-home methadone after 6 consecutive drug-free urines, additional take-home day authorized after 2 weeks drug free, then a further take-home day authorized after 2 more weeks drug free.
  - Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 51.4 mg

- **Group 2 N = 27**
  - Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 51.4 mg
  - NCM (non-contingent management) with outpatient - Randomly assigned to receive 0, 1, 2 or 3 take-home doses per week for the month, delivered independent of test results

- **Group 3 N = 26**
  - Naltrexone maintenance with outpatient. Mean dose 50 mg - Initial dose of 25 mg, daily dose of 50 mg under supervision in week 1, then given enough naltrexone to self-administer on a weekly basis
  - CBT: group RP (relapse prevention) with outpatient - Based on 4 modules (3 sessions each): 1) preventing relapse, 2) emotions, 3) relationships, 4) naltrexone and global lifestyle change. Participants could begin at any of the sessions and rotated through all 12 to successfully complete programme.

- **Group 4 N = 45**
  - Control: enhanced TAU (treatment as usual) with outpatient - Case management and option of participating in voluntary psychosocial interventions e.g. individual counselling and self-help groups

- **Group 2 N = 52**
  - Naltrexone maintenance with outpatient. Mean dose 50 mg - Initial dose of 25 mg, daily dose of 50 mg under supervision in week 1, then given enough naltrexone to self-administer on a weekly basis
  - CBT: group RP (relapse prevention) with outpatient - Based on 4 modules (3 sessions each): 1) preventing relapse, 2) emotions, 3) relationships, 4) naltrexone and global lifestyle change. Participants could begin at any of the sessions and rotated through all 12 to successfully complete programme.

- **Study quality: 1+**

- **Study quality: 1+**

- **Study quality: 1+**
### Study Type: RCT (randomised controlled trial)

Type of Analysis: Per protocol

Blindness: Open

Duration (days): Mean 168

Followup: 7 and 12 months

Setting: US

#### Notes:

- **RANDOMISATION**: Not reported

---

### Study Type: RCT (randomised controlled trial)

Type of Analysis: Per protocol

Blindness: Open

Duration (days): Mean 168

Followup: 7 and 12 months

Setting: US

#### Notes:

- **RANDOMISATION**: Not reported

---

### DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS

#### Study Quality:

1++

#### Data Used:

- **E-ASI (European Addiction Severity Index)**

#### Notes:

- **FOLLOW-UP**: Baseline, 6 months and 12 months
- **DROPOUTS**: 7% MMT + CBT and 16% MMT unavailable to follow-up at 6 months

#### Study Description:

- **Not true ITT**—6-month and 12-month analysis only included those available to follow-up
- **Type of Analysis**: ITT
- **Type of Analysis**: ITT

#### Study Quality:

1+}

#### Data Used:

- **ASI (Addiction Severity Index)**: drug use

#### Notes:

- **FOLLOW-UP**: Baseline, 6 months and 12 months
- **DROPOUTS**: SE = 5/62, standard care = 4/31

#### Setting:

- 10 community clinics offering MMT in England
- **Notes**: RANDOMISATION: Concealed (remote randomisation service). Stratified by SDS severity. Drug Treatment and Testing Order status and treatment centre.

#### Info on Screening Process:

- 842 screened, 369 eligible. Main reasons for exclusion: too low/unstable methadone dose, not engaged in treatment and unstable housing. 309 not enrolled: main reasons: unable to approach, not interested, lack of time. 60 randomised.

#### Study Description:

- **Study quality**: 1++
- **Notes**: RANDOMISATION: Concealed (remote randomisation service). Stratified by SDS severity. Drug Treatment and Testing Order status and treatment centre.

#### Info on Screening Process:

- 842 screened, 369 eligible. Main reasons for exclusion: too low/unstable methadone dose, not engaged in treatment and unstable housing. 309 not enrolled: main reasons: unable to approach, not interested, lack of time. 60 randomised.

#### Study Description:

- **Study quality**: 1++
- **Notes**: RANDOMISATION: Concealed (remote randomisation service). Stratified by SDS severity. Drug Treatment and Testing Order status and treatment centre.

#### Info on Screening Process:

- 842 screened, 369 eligible. Main reasons for exclusion: too low/unstable methadone dose, not engaged in treatment and unstable housing. 309 not enrolled: main reasons: unable to approach, not interested, lack of time. 60 randomised.
### Characteristics of Excluded Studies

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABBOTT1998</td>
<td>CRA (community reinforcement approach) and CRA + RP combined; no breakdown of results for each group</td>
</tr>
<tr>
<td>BROONER1998A</td>
<td>No relevant outcomes</td>
</tr>
<tr>
<td>BROONER2004</td>
<td>Poor quality</td>
</tr>
<tr>
<td>CALLAHAN1976</td>
<td>No extractable data</td>
</tr>
<tr>
<td>CALLAHAN1980</td>
<td>No extractable data</td>
</tr>
<tr>
<td>CALSYN1994</td>
<td>No extractable outcomes</td>
</tr>
<tr>
<td>CARROLL2004</td>
<td>Data not extractable</td>
</tr>
<tr>
<td>CHUTUAP1999B</td>
<td>n &lt; 10 for control group</td>
</tr>
<tr>
<td>COVI1995</td>
<td>No control condition for counselling group</td>
</tr>
<tr>
<td>DEES1997</td>
<td>No useful outcome data</td>
</tr>
<tr>
<td>FARABEE2002</td>
<td>No extractable outcomes</td>
</tr>
<tr>
<td>GOLDSSTEIN2002</td>
<td>No drug-use outcomes</td>
</tr>
<tr>
<td>HAVASSY1979</td>
<td>Pre-1980</td>
</tr>
<tr>
<td>HOUSTON1983</td>
<td>Intervention does not meet inclusion criteria</td>
</tr>
<tr>
<td>IGUCHI1988</td>
<td>n &lt; 10 per arm</td>
</tr>
<tr>
<td>IGUCHI1996</td>
<td>Does not compare CM with a different intervention/control; urine data not extractable</td>
</tr>
<tr>
<td>IGUCHI1997</td>
<td>Required outcomes not extractable</td>
</tr>
<tr>
<td>JONES2001A</td>
<td>Pregnant women; no extractable data</td>
</tr>
<tr>
<td>KIDORF1995</td>
<td>Not an intervention</td>
</tr>
<tr>
<td>MILBY1978</td>
<td>Pre-1980</td>
</tr>
<tr>
<td>MONTOYA2005</td>
<td>No psychotherapy comparator</td>
</tr>
<tr>
<td>RAWSON1984</td>
<td>No extractable data</td>
</tr>
<tr>
<td>RHODES2003</td>
<td>Not required outcomes</td>
</tr>
<tr>
<td>ROSENBUM1999</td>
<td>Poor methodological rigour</td>
</tr>
<tr>
<td>ROUNSAVILLE1983</td>
<td>No extractable data</td>
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<tr>
<td>SCHERBAUM2005</td>
<td>No required outcomes</td>
</tr>
<tr>
<td>SCHMITZ2001A</td>
<td>No extractable data</td>
</tr>
<tr>
<td>SCHOTTENFELD2000</td>
<td>Not an RCT</td>
</tr>
<tr>
<td>SIMPSON1997</td>
<td>No extractable data</td>
</tr>
<tr>
<td>STEIN2005</td>
<td>Anti-depression with psychological versus minimal control; primary focus is depression</td>
</tr>
<tr>
<td>STITZER1980</td>
<td>n &lt; 10 per arm</td>
</tr>
<tr>
<td>STITZER1983</td>
<td>n &lt; 10</td>
</tr>
</tbody>
</table>

### References of Included Studies
AVANTS1999


CARROLL2000B


CARROLL2002


CHUTUAPE2001

DOWNEY2000

EPSTEIN2003


FALSSTEWART2001

FALSSTEWART2003

GROSS2006


KOSTEN2003
(Published Data Only)


MCLELLAN1993

PEIRCE2006

PETRY2002
(Published Data Only)

PETRY2005C
(Published Data Only)

PRESTON1999
(Published Data Only)

PRESTON2000
(Published Data Only)

RAWSON2001

RAWSON2002
(Published Data Only)

SCHOTTENFELD2005
(Published Data Only)

SILVERMAN1998
(Published Data Only)

SILVERMAN2004
(Published Data Only)

STITZER1992
(Published Data Only)

TUCKER2004B
(Published Data Only)

UKCBTMM2004
### References of Excluded Studies

**WOODY1983**  

**WOODY1995**  

### References

**ABBOTT1998**  

**BROONER1998A**  

**BROONER2004**  

**CALLAHAN1976**  

**CALLAHAN1980**  

**CALSYN1994**  

**CARROLL2004**  

**CHUTUAPE1999B**  

**COVI1995**  

**DEES1997**  

**FARABEE2002**  

**GOLDSTEIN2002**  

**HAVASSY1979**  

**HOUSTON1983**  
IGUCHI1988

IGUCHI1996

IGUCHI1997


JONES2000A


KIDORF1995

MILBY1978

MONTOYA2005

RAWSON1984

RHODES2003

ROSENBLUM1999

ROUNSAVILLE1983A

SCHERBAUM2005

SCHMIDT2000A

SCHOTTENFELD2000

SIMPSON1997

STEIN2005

STITZER1980

DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS

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### Characteristics of reviewed studies: Multimodal interventions

#### Comparisons Included in this Clinical Question

<table>
<thead>
<tr>
<th>Day treatment versus standard outpatient</th>
<th>Intensive outpatient versus standard outpatient</th>
<th>Intensive outpatient with reinforcement-based work therapy versus standard care</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVANTS1999</td>
<td>MARLOWE2003</td>
<td>VOLPICI2000</td>
</tr>
<tr>
<td>COVIELLO2001</td>
<td>MCLLELAN1993</td>
<td>SILVERMAN2001</td>
</tr>
<tr>
<td>JONES2005</td>
<td>SILVERMANinpress</td>
<td></td>
</tr>
</tbody>
</table>

#### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AVANTS1999</strong></td>
<td>n=291</td>
<td></td>
<td>Study quality: 1+</td>
</tr>
<tr>
<td>Type of Analysis: RCT (randomised controlled trial)</td>
<td>Age: Mean 36</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blindness: Open</td>
<td>Sex: 205 males 86 females</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 84</td>
<td>Diagnosis: 46% cocaine dependence by DSM-III-R</td>
<td></td>
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</tr>
<tr>
<td>Followup: 6 months</td>
<td>5% cocaine misuse by DSM-III-R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting: US</td>
<td>Exclusions: Not reported</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info on Screening Process: 308 eligible, 291 enrolled.</td>
<td>Baseline: Years of opioid use = 12.7 (8.3); injection use = 74%; years of cocaine use = 8.9</td>
<td></td>
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</tr>
<tr>
<td><strong>COVIELLO2001</strong></td>
<td>n=94</td>
<td></td>
<td>Study quality: 1+</td>
</tr>
<tr>
<td>Type of Analysis: RCT (randomised controlled trial)</td>
<td>Age: Mean 40</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blindness: Open</td>
<td>Sex: all males</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 28</td>
<td>Diagnosis: 100% cocaine dependence by DSM-III-R</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Setting: Addictions unit for veterans, Philadelphia, US</td>
<td>Exclusions: - psychiatically or medically unstable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Info on Screening Process: 26% of those screened were excluded due to no cocaine use in past 3 months.</td>
<td>- no cocaine use in past 3 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Notes: ETHNICITY: 92% African American</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Baseline: Addiction Severity Index drug score: 0.18</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Days' cocaine use in past 30: 9.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Years' cocaine use: 8.4</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Previous treatment attempts: 2.7</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Data Used       | Abstinence: % with negative urine sample per day | Group 1 N=145 Structured day treatment with outpatient. Mean dose 81.7 mg/day methadone - 5 hours per day, 5 days per week; manual guided programme in five general areas: 1) substance abuse treatment 2) physical and emotional health 3) community development 4) development of alternative reinforcers 5) basic daily living skills. |                                                  |
|                 | Notes: DROPOUTS: CBT = 28/146, day treatment = 28/145 |                                                   | Study quality: 1+                               |
| **JONES2005**   | n=130                                             |                                                                               | Study quality: 1++                              |
| Type of Analysis: RCT (randomised controlled trial) | Age: Mean 38                                      |                                                                               |                                                  |
| Blindness: Open  | Sex: 76 males 54 females                         |                                                                               |                                                  |
| Duration (days): Mean 28 | Diagnosis: 100% opioid dependence by DSM-IV       |                                                                               |                                                  |
| Setting: Addictions unit for veterans, Philadelphia, US | Notes: ETHNICITY: 92% African American         |                                                                               |                                                  |
| Info on Screening Process: 26% of those screened were excluded due to no cocaine use in past 3 months. | Baseline: Addiction Severity Index drug score: |                                                                               |                                                  |
|                 | 0.18 Days' cocaine use in past 30: 9.9           |                                                                               |                                                  |
|                 | Years' cocaine use: 8.4                         |                                                                               |                                                  |
|                 | Day treatment (>20hr/wk) with inpatient and outpatient - Group counselling with skills building, job club, recreational activities, social club, option of living in recovery house. All contingent on daily | Group 1 N=66 Day treatment (>20hr/wk) with inpatient and outpatient - Group counselling with skills building, job club, recreational activities, social club, option of living in recovery house. All contingent on daily | Study quality: 1++                              |
### DRUG MISUSE: PSYCHOSOCIAL INTERVENTIONS

#### MARLOWE2003

<table>
<thead>
<tr>
<th>Study Type: RCT (randomised controlled trial)</th>
<th>Exclusions</th>
<th>Abstinence: % with negative urine sample per day</th>
<th>Data Used</th>
<th>Notes: RANDOMISATION: Stratified on five variables for modified dynamic balanced randomisation; performed by staff with no participant contact. Info on Screening Process: 268 referred; 199 gave consent; 25 dropped out of detoxification; 44 dropped out prior to randomisation; 130 randomised.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: ITT (intention to treat)</td>
<td>- currently prescribed or discharged with a prescription for opioid medication</td>
<td>- diagnosis of serious medical or psychiatric illness</td>
<td>Abstinence: negative urinalysis</td>
<td>Study quality: 1+</td>
</tr>
<tr>
<td>Blindness: Open</td>
<td>- pregnancy</td>
<td>Notes: PRIMARY DIAGNOSIS: Just completed opioid detoxification</td>
<td>Abstinence: longest consecutive period Retention rate</td>
<td></td>
</tr>
<tr>
<td>Duration (days): Mean 120</td>
<td>Baseline: GROUPS: RBT / TAU</td>
<td>Current probation/parole: 23% / 31%</td>
<td>Group 2 N= 64</td>
<td></td>
</tr>
<tr>
<td>Setting: Poor, urban outpatient population, Philadelphia, US</td>
<td>Cocaine-positive urine sample at detox intake: 70% / 66%</td>
<td>40% entered after completing a 3-day detox, the remaining 60% after a 7-14 day detox</td>
<td>Control: standard care with outpatient - Referral and initiation (where possible) to aftercare and other services available in the community.</td>
<td></td>
</tr>
<tr>
<td>Notes: No details on randomisation procedures. Info on Screening Process: 94 screened; 79 eligible.</td>
<td>2N = 40Group</td>
<td>CBT: group - Weekly groups sessions on 'training in interpersonal problem solving' (TIPS).</td>
<td>2N = 40Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CBT: RP (relapse prevention) with outpatient - Twice weekly individual sessions based on Bux (1992) manual.</td>
<td>Case management - Initial evaluation session with social worker with further sessions, as needed, for referrals and aftercare planning.</td>
<td>2N = 40Group</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 60-90 mg.</td>
<td>Group 2 N= 40</td>
<td>Study Type: RCT (randomised controlled trial)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Structured day treatment with outpatient - Consisted of contingent take-home doses, CBT counselling and access to extra professional resources: family therapy, employment counselling, psychiatrist.</td>
<td>Setting: US veterans</td>
<td>Duration (days): Mean 120</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Type of Analysis: Per protocol</td>
<td>Notes: No details on randomisation procedures. Info on Screening Process: 144 screened; 13 excluded (medical or psychiatric conditions (n=6), did not follow through initial study procedures (n=7)); 29 refused to participate; 2 dropped out after &lt;2 weeks' treatment; 5 could not be contacted for follow-up.</td>
<td></td>
</tr>
</tbody>
</table>

#### MCCELLAN1993

<table>
<thead>
<tr>
<th>Study Type: RCT (randomised controlled trial)</th>
<th>Exclusions</th>
<th>Abstinence: % with negative urine sample per day</th>
<th>Data Used</th>
<th>Notes: PRIMARY DIAGNOSIS: Just completed opioid detoxification Baseline: GROUPS: RBT / TAU</th>
<th>Group 2 N= 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Analysis: Per protocol</td>
<td>- currently prescribed or discharged with a prescription for opioid medication</td>
<td>- diagnosis of serious medical or psychiatric illness</td>
<td>Abstinence: negative urinalysis</td>
<td>Control: standard care with outpatient - Referral and initiation (where possible) to aftercare and other services available in the community.</td>
<td></td>
</tr>
<tr>
<td>Blindness: Open</td>
<td>- pregnancy</td>
<td>Notes: PRIMARY DIAGNOSIS: Just completed opioid detoxification</td>
<td>Abstinence: longest consecutive period Retention rate</td>
<td>2N = 40Group</td>
<td></td>
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<tr>
<td>Duration (days): Mean 180</td>
<td>Baseline: GROUPS: RBT / TAU</td>
<td>Current probation/parole: 23% / 31%</td>
<td>Group 1 N= 39</td>
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<tr>
<td>Setting: US veterans</td>
<td>Cocaine-positive urine sample at detox intake: 70% / 66%</td>
<td>40% entered after completing a 3-day detox, the remaining 60% after a 7-14 day detox</td>
<td>CBT: RP (relapse prevention) with outpatient - Twice weekly individual sessions based on Bux (1992) manual.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information on Screening Process: 144 referred; 13 excluded (medical or psychiatric conditions (n=6), did not follow through initial study procedures (n=7)); 29 refused to participate; 2 dropped out after &lt;2 weeks' treatment; 5 could not be contacted for follow-up.</td>
<td>2N = 31Group</td>
<td>Case management - Initial evaluation session with social worker with further sessions, as needed, for referrals and aftercare planning.</td>
<td>2N = 31Group</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 60-90 mg.</td>
<td>Group 2 N= 40</td>
<td>Study Type: RCT (randomised controlled trial)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Structured day treatment with outpatient - Consisted of contingent take-home doses, CBT counselling and access to extra professional resources: family therapy, employment counselling, psychiatrist.</td>
<td>Setting: US veterans</td>
<td>Duration (days): Mean 120</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Type of Analysis: Per protocol</td>
<td>Notes: No details on randomisation procedures. Info on Screening Process: 144 screened; 13 excluded (medical or psychiatric conditions (n=6), did not follow through initial study procedures (n=7)); 29 refused to participate; 2 dropped out after &lt;2 weeks' treatment; 5 could not be contacted for follow-up.</td>
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</table>

### Appendix 14 (b)

<table>
<thead>
<tr>
<th>Exclusions</th>
<th>Abstinence: % with negative urine sample per day</th>
<th>Data Used</th>
<th>Notes: PRIMARY DIAGNOSIS: Just completed opioid detoxification Baseline: GROUPS: RBT / TAU</th>
<th>Group 2 N= 40</th>
</tr>
</thead>
<tbody>
<tr>
<td>- currently prescribed or discharged with a prescription for opioid medication</td>
<td>Abstinence: negative urinalysis</td>
<td>Abstinence: longest consecutive period Retention rate</td>
<td>Control: standard care with outpatient - Referral and initiation (where possible) to aftercare and other services available in the community.</td>
<td>2N = 40Group</td>
</tr>
<tr>
<td>- diagnosis of serious medical or psychiatric illness</td>
<td>Notes: PRIMARY DIAGNOSIS: Just completed opioid detoxification</td>
<td>Current probation/parole: 23% / 31%</td>
<td>2N = 40Group</td>
<td></td>
</tr>
<tr>
<td>- pregnant</td>
<td>Cocaine-positive urine sample at detox intake: 70% / 66%</td>
<td>40% entered after completing a 3-day detox, the remaining 60% after a 7-14 day detox</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Notes: No details on randomisation procedures. Info on Screening Process: 144 referred; 13 excluded (medical or psychiatric conditions (n=6), did not follow through initial study procedures (n=7)); 29 refused to participate; 2 dropped out after &lt;2 weeks' treatment; 5 could not be contacted for follow-up.</td>
<td>2N = 31Group</td>
<td>Case management - Initial evaluation session with social worker with further sessions, as needed, for referrals and aftercare planning.</td>
<td>2N = 31Group</td>
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</tr>
<tr>
<td>Opioid agonist: MMT (methadone maintenance) with outpatient. Mean dose 60-90 mg.</td>
<td>Structured day treatment with outpatient - Consisted of contingent take-home doses, CBT counselling and access to extra professional resources: family therapy, employment counselling, psychiatrist.</td>
<td>Setting: US veterans</td>
<td>Duration (days): Mean 120</td>
<td></td>
</tr>
<tr>
<td><strong>SILVERMAN2001</strong></td>
<td><strong>SILVERMANinpress</strong></td>
<td><strong>VOLPICELLI2000</strong></td>
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<td><strong>Study Type:</strong> RCT (randomised controlled trial)</td>
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<tr>
<td><strong>Type of Analysis:</strong> ITT: missing urine samples as positive</td>
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<tr>
<td><strong>Blindness:</strong> Open</td>
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<tr>
<td><strong>Duration (days): Mean 180</strong></td>
<td><strong>Followup: 6 months</strong></td>
<td><strong>Followup: 6 months</strong></td>
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<tr>
<td><strong>Setting:</strong> Baltimore, US</td>
<td><strong>Setting:</strong> Treatment research unit, Baltimore, US</td>
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</tr>
<tr>
<td><strong>Notes:</strong> Um randomisation</td>
<td><strong>Notes:</strong> Computerised, stratified randomisation</td>
<td><strong>Notes:</strong> Computerised typing, keypad and data entry programme. Payments were by electronic vouchers exchangeable for goods and services in the community, as well as food from cafeteria.</td>
<td></td>
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</tr>
</tbody>
</table>

### SILVERMAN2001

- **n = 40**
- **Age:** Mean 31
- **Sex:** all females

**Diagnosis:**
- 100% opioid dependence by eligibility for/receipt of MMT

**Exclusions:**
- men and non-pregnant women
- age outside range 18-50
- employed
- not receiving MMT
- no opioid- or cocaine-positive urine sample in past 6 weeks
- suicide risk might disrupt workplace functioning

**Notes:**
- ETHNICITY: 83% Black, 17% White
- POLYDRUG (dependence): 75% cocaine, 13% alcohol, 8% cannabis, 3% sedatives, 3% other

**Baseline:**
- Full-time employed: 0%
- 12 years of education: 65%

### SILVERMANinpress

- **n = 56**
- **Age:** Mean 45
- **Sex:** Not given

**Diagnosis:**
- 100% opioid dependence by eligibility for/receipt of MMT
- 100% IDU (injection drug use) by self-report
- 100% cocaine misuse by self-report

**Exclusions:**
- age < 18
- in any taxable part- or full-time employment
- not currently enrolled in MMT
- not a heroin or cocaine injector
- no visible 'track' marks
- did not use cocaine or crack cocaine in past 30 days
- reported suicidal ideation or hallucinations

**Notes:**
- ETHNICITY: 91% Black, 7% White, 2% other

**Baseline:**
- (Work only / RBT + work)
- HIV+: 25.0% / 21.4%
- Usually unemployed in past 3 years: 42.9% / 60.7%
- Living in poverty: 100% / 100%
- Days used in past 30 days: cocaine 16.1 / 22.3, heroin 8.5 / 9.5
- Previous drug treatment attempts: 6.5 / 5.3
- Current parole or probation: 14.3 / 17.9

### VOLPICELLI2000

**Control:** TAU (treatment as usual) with outpatient - Minimal treatment -- 15-min session/month

**Opioid agonist:** MMT (methadone maintenance) with outpatient. Mean dose 60-90 mg

**Group 1 N = 20**

- Opioid agonist: MMT (methadone maintenance) with outpatient - Center for Addiction and Pregnancy (CAP): MMT programme for pregnant women, with individual + group therapy for drug misuse, and on-site obstetric, gynaecological and family planning services. Certified nurse/midwives and obstetricians available 24 hours.

**Group 2 N = 20**

- Opioid agonist: MMT (methadone maintenance) - As per usual care group.

**CM: RBT (reinforcement-based work therapy) - Therapeutic workplace 3 hours per day, contingent on opioid and cocaine negative urine sample that day. Additional voucher reinforcement contingencies for abstinence and workplace attendance, punctuality and professional demeanour.**

**Study quality:** 1+
## WEINSTEIN1997

### Study Type: RCT (randomised controlled trial)
- **Blindness:** Open
- **Duration (days):** Mean 84
- **Followup:** 6 months post treatment
- **Setting:** Outpatient cocaine clinic, Philadelphia
- **Notes:** RANDOMISATION: No details.

Info on Screening Process: 450 randomised; 448 admitted to treatment; 423 admitted in time to complete 3 months in study programme.

### Study Quality: 1+

<table>
<thead>
<tr>
<th>Data Used</th>
<th>Group 1 N=42</th>
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</thead>
<tbody>
<tr>
<td>ASI (Addiction Severity Index)</td>
<td>Intensive outpatient treatment (~10hr/wk) with outpatient - Twice wkly group drug counselling; on-site childcare &amp; women-only group therapy sessions available 5 days per week. Additional access to parenting classes, General Educational Devpt classes &amp; staff psychiatrist, &amp; unlimited access to individual therapist.</td>
</tr>
<tr>
<td>Cocaine use: days</td>
<td>n= 84</td>
</tr>
<tr>
<td>Abstinence: negative urinalysis</td>
<td><strong>Study quality: 1+</strong></td>
</tr>
<tr>
<td>Retention: weeks remained in treatment</td>
<td></td>
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</tbody>
</table>

### Characteristics of Excluded Studies

<table>
<thead>
<tr>
<th>Reference ID</th>
<th>Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>BELL1997</td>
<td>No comparison data</td>
</tr>
<tr>
<td>GRUBER2000</td>
<td>Not relevant intervention</td>
</tr>
<tr>
<td>MARLOWE1997A</td>
<td>No extractable outcome data</td>
</tr>
<tr>
<td>SCHUMACHER1995</td>
<td>No extractable outcomes</td>
</tr>
</tbody>
</table>

### References of Included Studies

**AVANTS1999** *(Published Data Only)*

References of Excluded Studies

COVIELLO2001 (Published Data Only)

JONES2005 (Published Data Only)

MARLOWE2003 (Published Data Only)

MCLELLAN1993 (Published Data Only)


SILVERMAN2001 (Published Data Only)

SILVERMANinpress (Unpublished Data Only)

VOLPICELLI2000 (Published Data Only)

WEINSTEIN1997 (Published Data Only)

References of Excluded Studies

BELL1997

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MARLOWE1997A

SCHUMACHER1995

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