## Characteristics of reviewed studies: Efficacy of psychosocial interventions

### Comparisons Included in this Clinical Question

<table>
<thead>
<tr>
<th>Detoxification + Any Psychosocial Other Than Behavioural Reinforcement</th>
<th>Detoxification + Behavioural Reinforcement</th>
</tr>
</thead>
<tbody>
<tr>
<td>GALANTER2004</td>
<td>BICKEL1997</td>
</tr>
<tr>
<td>RAWSON1983</td>
<td>HALL1979</td>
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<tr>
<td>YANDOLI2002</td>
<td>HIGGINS1984</td>
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<td></td>
<td>HIGGINS1986</td>
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<td></td>
<td>KATZ2004</td>
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<td>MCCAUD1984</td>
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</tbody>
</table>

### Characteristics of Included Studies

<table>
<thead>
<tr>
<th>Methods</th>
<th>Participants</th>
<th>Outcomes</th>
<th>Interventions</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BICKEL1997</strong></td>
<td>n= 39</td>
<td>Data Used</td>
<td>Interventions</td>
<td>Study quality 1+</td>
</tr>
<tr>
<td>Study Type: RCT (randomised controlled trial)</td>
<td>Age: Mean 34 Range 19-45</td>
<td>Urinalysis</td>
<td>Opiate partial agonist: buprenorphine with outpatient - Initiated and stabilised over first week on 2, 4 or 8mg/70kg depending on level of opiate usage, withdrawal symptoms and level of intoxication; maintained on same dose for 72/42/7 days respectively. Tapered to 0 over remainder of study (~ -10% per 5 days)</td>
<td>Study Type: RCT (randomised controlled trial)</td>
</tr>
<tr>
<td>Study Description: Patients blind to buprenorphine dosage</td>
<td>Sex: 25 males 14 females</td>
<td>Abstinence: longest period</td>
<td>Psychosocial: CRA (community reinforcement approach) - 1 hour 2-3 times weekly; individual counselling on relationships and employment, drug use, and assistance in developing recreational activities. Behavioural contract with significant other. Voucher reinforcement for three verified activities per week.</td>
<td>Study Description: Patients blind to buprenorphine dosage</td>
</tr>
<tr>
<td>Blindness: Single blind</td>
<td>Diagnosis: 100% opiate dependence by DSM-III-R</td>
<td>Completion</td>
<td>Psychosocial: CM (contingency management) - 1st opiate -ve sample earned $3.63, each successive -ve sample raised voucher value by $0.125. $5 bonus for 3 consecutive -ve samples. Failure to submit -ve sample reset value to initial level. Vouchers redeemed for material reinforcers at own request</td>
<td>Blindness: Single blind</td>
</tr>
<tr>
<td>Duration (days): Mean 180</td>
<td>Exclusions: - did not meet FDA guidelines for methadone treatment - age &lt;18 - psychosis, dementia, or medical disorders contraindicating buprenorphine - pregnant</td>
<td>Notes: Urinalysis for other drugs: participant defined as positive for any positive sample throughout study</td>
<td>Setting: Federally funded programme in US</td>
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</tr>
<tr>
<td>Notes: RANDOMISATION: Minimum likelihood allocation</td>
<td>Previous opiate treatment: 79% / 80%</td>
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<td></td>
<td>Notes: RANDOMISATION: Minimum likelihood allocation</td>
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<tr>
<td></td>
<td>Years of regular use: 8.8 / 11.4</td>
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<td>Age first use: 20.4 / 21.0</td>
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<tr>
<td></td>
<td>Preferred route: IV 63% / 65%, oral 21% / 20%, nasal 16% / 15%</td>
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<td></td>
<td>Polydrug dependence: Alcohol 32% / 26%, cocaine 26% / 35%</td>
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<td></td>
<td>ASI Drug: 0.35 / 0.41</td>
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<tr>
<td><strong>GALANTER2004</strong></td>
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</table>
Study Type: RCT (randomised controlled trial)
Study Description: Blinding of medication dose
Type of Analysis: Per protocol
Blindness: Single blind
Duration (days): Mean 126
Setting: New York, US

Info on Screening Process: 86 interviewed, 20 ineligible (polydrug dependence, DSM-IV psychiatric disorder, lack of suitable collateral) so 66 randomised

n= 66
Age: Mean 36
Sex: 50 males 16 females
Diagnosis: 100% opiate dependence by DSM-IV
Exclusions: - age outside range 21-65
- unable to bring a drug-free family member or friend to join treatment
- major Axis I psychiatric disorders

Notes: PRIMARY DIAGNOSIS: Heroin dependence
ETHNICITY: 59% White, 24% Hispanic, 12% Black, 5% Asian
Baseline: Living with family or friends: 77%
Years of heroin use: 12.3
Previous treatment for heroin addiction: 73%
Previous MMT: 30%

Data Used
Abstinence: past 3 negative urine samples
Urinalysis
Completion

Group 1 N= 31
Opiate partial agonist: buprenorphine-naloxone with outpatient - As per network therapy group
Psychosocial: TAU (treatment as usual) - Response to medication monitored based on set procedures. Therapist developed and fostered alliance with the patient, but focus was on the effect of medication. No specific behavioural strategies were prescribed

Group 2 N= 33
Opiate partial agonist: buprenorphine-naloxone with outpatient - Sublingual buprenorphine-naloxone. Initiated at 8 mg, increased to 16 mg on day 2, then maintained through week 5. Ten-week taper phase began in week 6, with dose reduced down to 8 mg by end of week 9 and 0 by end of week 15
Symptomatic - Clonidine and trazodone prescribed on per patient basis as required
Psychosocial: FT (family therapy) - Network therapy based on Galanter manual. Focused on training network members to provide supportive environment for patients’ adherence to abstinence from illicit opiates. Twice weekly 30-min sessions over 18 weeks, one of which was an individual session

Notes: RANDOMISATION: No details
Setting: Outpatient methadone clinic in US
Duration (days): Mean 16
Blindness: Open

Info on Screening Process: 85 approached, 4 refused consent so 81 enrolled and randomised

n= 81
Age: Mean 28
Sex: 53 males 28 females
Diagnosis: 100% opiate dependence by eligibility for/receipt of MMT
Exclusions: None reported
Notes: ETHNICITY: 53% White, 12% Black, 24% Hispanic
Baseline: None reported

Data Used
Urinalysis
Completion

Group 1 N= 40
Opiate agonist: methadone with outpatient - 16-day taper: day 1, 40 mg divided into two doses; day 2, 20 mg; from day 3, 5 mg decrease every other day with final dose of 5 mg on day 16
Psychosocial: CM (contingency management) with outpatient - Payment for drug-free urines on Mon, Wed and Fri. Sequence of payments: $10, $6, $4, $6 and $15 upon detoxification completion (defined as returning for methadone dose on day 16). Brief (5-min) conversation about treatment progress once a week

Group 2 N= 41
Psychosocial: NCM (non-contingent management) with outpatient - $1 for each urine given
Opiate agonist: methadone with outpatient - As per CM group

Notes: PRIMARY DIAGNOSIS: Heroin dependence
ETHNICITY: 53% White, 12% Black, 24% Hispanic
n= 27
Age: No information
Sex: all males
Diagnosis: 100% opiate dependence by clinical assessment

Data Used
Urinalysis
Retention: duration in treatment
Completion

Group 1 N= 9
Opiate agonist: methadone - For weeks 1-6, tapered from 30 mg to 0 mg. Dose increases still available weeks 7-8, then stopped beginning of week 9 and the clinic dose was raised to 15 mg. This was then reduced again to 0 mg in 5 mg

Study quality 1+
Higgins1986

Study Type: RCT (randomised controlled trial)

Study Description: Methadone administered in cherry syrup throughout. Participants had no information about dosing schedules

Type of Analysis: ITT (LOCF)

Blindness: Double blind

Duration (days): Mean 70

Setting: Outpatient detoxification programme, US

Notes: RANDOMISATION: No details

Info on Screening Process: 58 enrolled onto 13-week detoxification, 8 left study during screening phase and 11 ineligible; 38 randomised

Katz2004

Study Type: RCT (randomised controlled trial)

Type of Analysis: ITT (missing urines as +ve)

Blindness: Open

Duration (days): Mean 5

Followup: 2 days

Setting: Outpatient buprenorphine detox programme in US

Notes: RANDOMISATION: Weekly intake cohorts randomised into either condition (total 40 cohorts randomised). Reported no significant clustering of outcomes

Info on Screening Process: 646 approached >
### MCCaul1984

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

**Study Description:** Participants and experimenters blind to methadone dose throughout (administered in cherry syrup)

**Blindness:** Double blind

**Duration (days):** Mean 70

**Setting:** US

**Notes:** RANDOMISATION: No details

**Info on Screening Process:** 33 enrolled in 13-week outpatient detox, 20 provided 50% opiate negative urines during screening phase: eligible and randomised

<table>
<thead>
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<tbody>
<tr>
<td><strong>Withdrawal severity</strong></td>
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<tr>
<td>Retention: duration in treatment</td>
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<td>Abstinence: during treatment</td>
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<td>Urinalysis</td>
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**Participants:**

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<thead>
<tr>
<th>Group</th>
<th>N=102</th>
</tr>
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<tbody>
<tr>
<td><strong>Psychosocial:</strong> CM (contingency management) with outpatient - $100 voucher for opiate and cocaine -ve urine samples at end of detoxification. Exchangeable for gift certificates from area retailers or for services consistent with drug-free lifestyle</td>
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<tr>
<td><strong>Group:</strong> 2</td>
<td>N=102</td>
</tr>
<tr>
<td><strong>Psychosocial:</strong> group therapy - As per CM group</td>
<td></td>
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<tr>
<td><strong>Psychosocial:</strong> NCM (non-contingent management) - Randomly selected participants received $100 voucher. Proportion of participants selected equal to proportion of participants receiving voucher in CM condition</td>
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**Notes:** RANDOMISATION: No details

**Setting:** US

**Duration (days):** Mean 70

**Blindness:** Double blind

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

**Study Description:** Participants and experimenters blind to methadone dose throughout (administered in cherry syrup)

**Blindness:** Double blind

**Duration (days):** Mean 70

**Setting:** US

**Notes:** RANDOMISATION: No details

**Info on Screening Process:** 33 enrolled in 13-week outpatient detox, 20 provided 50% opiate negative urines during screening phase: eligible and randomised

### Rawson1983

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

**Study Description:** Participants and experimenters blind to methadone dose throughout (administered in cherry syrup)

**Blindness:** Double blind

**Duration (days):** Mean 21

**Followup:** 6 months

**Setting:** Los Angeles, US

**Notes:** RANDOMISATION: Random numbers table

**Info on Screening Process:** Not reported

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**Notes:** RANDOMISATION: No details

**Setting:** US

**Duration (days):** Mean 21

**Blindness:** Double blind

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

**Study Description:** Participants and experimenters blind to methadone dose throughout (administered in cherry syrup)

**Blindness:** Double blind

**Duration (days):** Mean 21

**Setting:** Los Angeles, US

**Notes:** RANDOMISATION: Random numbers table

**Info on Screening Process:** Not reported

### Yandoli2002

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

**Study Description:** Participants and experimenters blind to methadone dose throughout (administered in cherry syrup)

**Blindness:** Double blind

**Duration (days):** Mean 21

**Followup:** 6 months

**Setting:** Los Angeles, US

**Notes:** RANDOMISATION: Random numbers table

**Info on Screening Process:** Not reported

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**Notes:** RANDOMISATION: No details

**Setting:** US

**Duration (days):** Mean 70

**Blindness:** Double blind

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

**Study Description:** Participants and experimenters blind to methadone dose throughout (administered in cherry syrup)

**Blindness:** Double blind

**Duration (days):** Mean 70

**Setting:** US

**Notes:** RANDOMISATION: No details

**Info on Screening Process:** 33 enrolled in 13-week outpatient detox, 20 provided 50% opiate negative urines during screening phase: eligible and randomised

**Diagnosis:**

- Age: Mean 30
- Sex: no information

**Exclusions:**

- no physical evidence of recent intravenous drug use
- failing to provide three consecutive opiate negative urines

**Notes:** PRIMARY DIAGNOSIS: Illicit opiates, not currently in treatment

**ETHNICITY:** 60% Black, 40% White

**Baseline:** GROUPS: CM / control

**Years of opiate use:** 7.0 / 8.1

**Parole or probation:** 30% / 30%

**Employed:** 30% / 30%

**Notes:** PRIMARY DIAGNOSIS: Seeking admissions to 21-day detoxification

**n=50**

**Age:** Mean 30 Range 18-54

**Sex:** 33 males 17 females

**Diagnosis:** 100% opiate dependence

**Exclusions:** None reported

**Notes:** PRIMARY DIAGNOSIS: Seeking admissions to 21-day detoxification

**Baseline:** Years of heroin dependence: 8.8

**Previous detoxification attempts:** 4.0

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

Type of Analysis: ITT

Blindness: Open

Duration (days): Mean 365

Setting: Drug dependency clinic, London

Notes: RANDOMISATION: Participants cohabiting with another drug user were both placed in the same treatment group. No other details.

Info on Screening Process: 423 presented for treatment; 119 eligible and agreed to include family members if required

Characteristics of Included Studies

<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>ELMOGHAZY1989</td>
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Data Used

<table>
<thead>
<tr>
<th>Group</th>
<th>N= 41</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality</td>
<td></td>
</tr>
<tr>
<td>Opiate use</td>
<td></td>
</tr>
<tr>
<td>Retention: duration in treatment</td>
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</table>

<table>
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<tr>
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<th>N= 40</th>
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<tbody>
<tr>
<td>Opiate agonist: methadone - Flexible reduction regime, which sometimes included continuing on a stable dose or occasionally increasing dose temporarily</td>
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</tr>
<tr>
<td>Psychosocial: TAU (treatment as usual) - Pragmatic, supportive counselling provided by multidisciplinary team. Did not follow a clearly defined theoretical model. Open-ended course of treatment</td>
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</table>

<table>
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<tr>
<th>Group</th>
<th>N= 38</th>
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</thead>
<tbody>
<tr>
<td>Psychosocial: minimal contact - More structured, limited approach than TAU and discouraged dependency on therapist, who on day of assessment gave package of information about local services. Participants seen monthly for standardised 30-min interview for up to 12 months</td>
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</tr>
<tr>
<td>Opiate agonist: methadone - Non-negotiable regime as per FT group</td>
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- **KATZ2004** (Published Data Only)
References of Excluded Studies


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