Comparisons Included in this Clinical Question

MI vs CBT
BAKER1993
BUDNEY2000
COPELAND2001
STEPHENS2000
STEPHENS2002

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes

BAKER1993
 	
Study Type: RCT (randomised controlled trial)
 	
Type of Analysis: Per protocol
 	
Blindness: Single blind
 	
Duration (days): Mean 42
 	
Followup: 6 months
 	
Setting: Australia, MMT programme
 	
Notes: RANDOMISATION: Stratified on sex and HIV status. Within each couple, both partners allocated to same group to avoid confounding treatment effects
	n= 95
	Age: Mean 31
	Sex: 44 males 51 females
	
	Diagnosis:
	    100% Opiate dependence by Eligible
	    for/receiving MMT
	
	    100% IDU (injection drug use) by Self-report
	
	Exclusions: - not injected drugs in last 6 months
	- not agreed to HIV testing
	- diagnosis of schizophrenia, bipolar disorder, psychosis, organic brain damage
	
	  Baseline: HIV status: 6 were HIV-positive
		Data Used
		    Reduced risk behaviours
			Group 1 N= 31
			    CBT: RP (relapse prevention) with Outpatient - 6 sessions each 60-90 mins conducted individually. First session motivational interview. 2nd-6th sessions focused on specific techniques to reduce injecting and sexual risk behaviour
			    Opiate agonist: MMT (methadone maintenance) with Outpatient
			Group 2 N= 31
			    AMI: MI (motivational interviewing) with Outpatient - Single sessin lasting 60-90 mins. Aimed to raise motivation to change needle use and unsafe sexual behaviour. Major aim to have participant express concerns about high risk behaviours and express desire to change
			    Opiate agonist: MMT (methadone maintenance) with Outpatient
			Group 3 N= 33
			    Control: TAU (treatment as usual) with Outpatient - Advice about HIV risk behaviours normally available from staff at methadone programmes and an education leaflet.
			    Opiate agonist: MMT (methadone maintenance) with Outpatient
				Study quality: 1+

BUDNEY2000
 	
Study Type: RCT (randomised controlled trial)
 	
Blindness: No mention
 	
Duration (days): Mean 98
 	
Info on Screening Process: 10 people excluded after intake process: 5 for alcohol dependence, 3 did not meet DSM criteria for cannabis dependence, 1 cocaine dependence, 5 did not retuen after intake assessment
	n= 60
	Age: Mean 33
	Sex: 50 males 10 females
	
	Diagnosis:
	    100% Cannabis dependence by DSM-III-R
	
	Exclusions: - <18 years of age
	- not used cannabis in the last 30 days
	- current dependence on alcohol or any other drug except nicotine
	- active psychosis or severe psychiatric or medical disorder
	- legal problems or incarceration imminent
	
	  Baseline: GROUP: MET / MET + CBT / MET + CBT + CM
	  Years of regular cannabis use: 15.5
		Data Used
		    ASI: drug use
		    Abstinence: weeks drug-free
		Notes: DROPOUTS: MET = 55%, MET + CBT = 35% MET+CBT+CM = 45%
			Group 1 N= 20
			    CBT: coping skills training - 13 sessions: sessions 2-8 skills directly related to achieving and maintaining abstinence (dealing with urges, drug refusal), 9-14 coping skills indirectly related to drug use (managing mood, enahncing social networks)
			    CM: vouchers - Each negative urine sample from weeks 3-14 received vouchers: first negative = $1.50, each consecutive negative increase by $1.50, $10 bonus for 2 consecutive negative urines, positive sample reset vouchers to $1.50.
				Study quality: 1+

	15.9 14.3 APD (%): 20 30 30		AMI: MET (motivational enhancement therapy) with Outpatient - 1 session same as session 1 of MET **Group 2 N= 20** CBT: coping skills training - 13 sessions: sessions 2-8 skills directly related to achieving and maintaining abstinence (dealing with urges, drug refusal), 9-14 coping skills indirectly related to drug use (managing mood, enahncing social networks) AMI: MET (motivational enhancement therapy) with Outpatient - 1 session identical to first session of MET group **Group 3 N= 20** AMI: MET (motivational enhancement therapy) with Outpatient - x4 60-90 min sessions on week1, 2, 6 and 12 based on Project Match. Session 1: nonjudgemental feedback. Session 2: review of first and confirm commitment to change. Session 3 and 4 booster sessions.	

COPELAND2001
 	
Study Type: RCT (randomised controlled trial)
 	
Blindness: Single blind
 	
Duration (days):
 	
Followup: 24 weeks
 	
Setting: Australia
 	
Info on Screening Process: 1075 screened, 565 excluded; 510 eligible, 225 did not make appointments to attend, 47 didn't turn up for assessment, prior to randomization 9 exceeded criteria for alcohol misuse
	n= 229
	Age: Mean 32
	Sex: 159 males 70 females
	
	Diagnosis:
	  96% Cannabis dependence by DSM-IV
	
	Exclusions: - no desire to cease cannabis use
	- > weekly use of drugs other than cannabis, nicotine, or alcohol in past 6 months (AUDIT scores >15)
	- received formal treatment for cannabis dependence in that past 3 months
	
	Baseline: Mean years of weekly cannabis use = 13.9 years
		Data Used
		  Abstinence at 6 months
		  Abstinence: days drug-free
		  Drug use: days per month
		Notes: DROPOUTS at 6month follow up: 6CBT = 20%, 1MI =25%,
			Group 1 N= 82
			AMI: MI (motivational interviewing) with Outpatient - 1 session for 90 mins. Combined principles of MI and CBT
			Group 2 N= 78
			CBT (cognitive behavioural therapy) with Outpatient - 6 sessions for 1h each. First session based on MI principles, 2nd session discussed urge management strategies, 3rd session on withdrawal management, 4th session on cognitive strategies and skill enhancement, 5th strategy review, 6th based on RP.
				Study quality: 1+

STEPHENS2000 Study Type: RCT (randomised controlled trial) Blindness: No mention Duration (days): Followup: 1, 4, 7,13 months Setting: US Info on Screening Process: 601 screened, 183 excluded: <50 times cannabis used in 90 days (n=24), alcohol or other drug abuse in last 90 days (n=149), severe psychological distress (n=8), other formal treatment (n=2). Of eligible sample, 127 didn't complete pretreatment session	n= 291 Age: Mean 34 Sex: 224 males 67 females Diagnosis: Exclusions: - <50 times cannabis used in last 90 days - alcohol or other drug abuse in last 90 days - severe psychological distress - receiving other formal treatment Baseline: Years of use = 17.35 (5.21), Days of use past 90 days = 74.64 (18.54)	**Data Used** Cannabis use: days in past 3 months Notes: DROPOUTS: CBT = 19% MI = 8% Waitlist = 8%	**Group 1 N= 117** CBT: group RP (relapse prevention) with Outpatient - 2-hour CBT:RP group sessions x14 over an 18 week period. Sessions 1-10 weekly, 11-14 every other week. Weeks 1-4 involved building motivation for change and high risk situations identified, 5-10 building coping skills, 11-14 coping with rationalisations **Group 2 N= 88** AMI: MI (motivational interviewing) with Outpatient - x2 90 mins individual sessions. Involved motivational interviewing (e.g. reflective listening, affirmation, reframing) and CBT techniques (identifying high risk situations). Second session (1 month after) reviewed previous session and feedback received. **Group 3 N= 86** Control: waitlist with Outpatient - Waitlist of 4 months until treatment	Study quality: 1+

STEPHENS2002				

Study Type: RCT (randomised controlled trial)
 	
Blindness:
Duration (days):
Followup: 4, 9 months
Setting: 3 US Urban areas
Notes: RANDOMISATION: conducted centrally at the the Centre for Substance Abuse Treatment using urn randomization program
Info on Screening Process: 1211 screened, 398 excluded: dependence on other drugs (31%), unwilling to accept random assignment (21%), currently receiving therapy (20%), did not provide contact person(20%), legal status (16%); 363 eligible but did not complete assessment
	n= 450
	Age: Mean 36
	Sex: 306 males 144 females
	Diagnosis:
	  100% Cannabis dependence by DSM-IV
	
	Exclusions: - <18 years
	- dependence on other drugs or alcohol
	- inability to provide a person who could assist in contact at follow up
	- legal status that would disrupt treatment
	- currently receiving therapy
	Notes: Ethnicity: White = 69.3%, Hispanic = 17.3%, African American = 12.2%, Other = 1.1%
	Baseline: Proportion of days used in last 90 days = 0.88, Hours high per day = 6.62 Ounces of cannabis per week = 0.40, Number of joints per day = 2.89
		Data Used
		  Cannabis use: days in past 3 months
		  Abstinence: no use for 3 months
		Notes: DROPOUTS: MI = 18/146 (12.3%), CBT 23/156 (15%), Wait list =11/148 (7.5%)
			Group 1 N= 148
			  Control: waitlist with Outpatient
			Group 2 N= 146
			  AMI: MI (motivational interviewing) with Outpatient - x2 1h sessions 1 week and 5 weeks after randomization. Discussed a personal feedback report to motivate participant to make changes - attitudes favouring and opposing change, treatment goals etc; 2nd session efforts to reduce cannabis use reviewed
			Group 3 N= 156
			  CBT: coping skills training with Outpatient - 9 sessions over a 12 week period. First 8 sessions weekly, 9th session 4 weeks after 8th session to review changes. Combined motivational aspects with CBT and case management.
				Study quality: 1+

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
BAKER2002	psychiatric population

References of Included Studies

BAKER1993   (Published Data Only)

Baker, A., Heather, N., Wodak, A., Dixon, J., & Holt, P. (1993). Evaluation of a cognitive-behavioural intervention for HIV prevention among injecting drug users. AIDS., 7, 247-256.

BUDNEY2000   (Published Data Only)

Budney, A. J., Higgins, S. T., Radonovich, K. J., & Novy, P. L. (2000). Adding voucher-based incentives to coping skills and motivational enhancement improves outcomes during treatment for marijuana dependence. Journal of Consulting & Clinical Psychology., 68, 1051-1061.

COPELAND2001   (Published Data Only)

Copeland, J., Swift, W., Roffman, R., & Stephens, R. (2001). A randomized controlled trial of brief cognitive-behavioral interventions for cannabis use disorder. Journal of Substance Abuse Treatment., 21, 55-64.

STEPHENS2000   (Published Data Only)

Stephens, R. S., Roffman, R. A., & Curtin, L. (2000). Comparison of extended versus brief treatments for marijuana use. Journal of Consulting & Clinical Psychology., 68, 898-908.

STEPHENS2002   (Published Data Only)

Stephens, R. S., Babor, T. F., Kadden, R., Miller, M., & Marijuana, T. (2002). The Marijuana Treatment Project: rationale, design and participant characteristics. Addiction., 97 Suppl 1, 109-124.

References of Excluded Studies

BAKER2002

Baker, A., Lewin, T., Reichler, H., Clancy, R., Carr, V., Garrett, R. et al. (2002). Evaluation of a motivational interview for substance use within psychiatric in-patient services. Addiction., 97, 1329-1337.