

Comparisons Included in this Clinical Question

(Bipolar medication + CBT) vs Control	(Desipramine + CBT) vs Control	(MET + CBT) vs Control	12-step vs Control FINNEY1998 MCKAY2004
Behavioural counselling vs Facilitative counselling	Case management vs Standard care COVIELLO2006 MARTIN1993 MEJTA1997 MORGENSTERN2006 NEEDEL2005 SALEH2002 SORENSEN2005	CBT vs Control BROWN2002 BUDNEY2006 CARROLL1991 CARROLL2006B CRITSCHRISTOPH1999 KADDEN2006 MAUDEGRIFFIN1998 MCKAY2004 MONTI1997 RAWSON2006 SHOPTAW2005 STEPHENS1994 STEPHENS2000 STEPHENS2002	CBT: Enhanced vs Standard
CBT: Frequency of sessions	CBT: Group vs Individual	CM vs CBT BUDNEY2006 KADDEN2006 RAWSON2006 SHOPTAW2005	

CM vs Control
BUDNEY2006 CARROLL2006B HIGGINS1993 HIGGINS1994 JONES2004 KADDEN2006 PETRY2004 PETRY2005A PETRY2005B PETRY2006 RAWSON2006 ROLL2006 SHOPTAW2005 SHOPTAW2006

CM vs CRA
HIGGINS2003

CM: High frequency vs Low frequency
CHUTUAPE2001

CM: High reward vs Low reward
PETRY2004

CM: Qualitative contingency vs Quantitative contingency
PETRY2002

Counselling vs Control
CRITSCHRISTOPH1999

FT vs Control
FALSSTEWART1996 KELLEY2002 WINTERS2002

FT: With family vs Individual
WINTERS2002

Intensive referral vs Standard referral
STRATHDEE2006 ZANIS1996

SE vs Control
CRITSCHRISTOPH1999

Telephone intervention vs Control
MCKAY2004

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
<p>BROWN2002</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: No mention</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 70</p> <p>Followup: 180</p> <p>Setting: 3 treatment centres in Canada</p> <p>Notes: RANDOMISATION: Computer-assisted urn randomisation with matching. Usual treatment group were self-selected.</p> <p>Info on Screening Process: 383 approached: 47 refused consent, 266 randomised, 70 refused randomisation but consented to subsequent assessment (= usual treatment group).</p>	<p>n= 131</p> <p>Age: Mean 38</p> <p>Sex: 90 males 41 females</p> <p>Diagnosis: 100% Substance dependence (drug or alcohol) by DSM-III-R</p> <p>Exclusions: Severe psychosis or organic brain syndrome</p> <p>Notes: PRIMARY DIAGNOSIS: 71.4% had "alcohol and drug dependence". The remaining were dependent to only alcohol.</p> <p>REFERRALS: Newly-admitted patients at treatment centres</p> <p>Baseline: (GROUPS: TSF / RP / Treatment as usual) Days of use in past 90 days: 46.1 / 46.0 / 45.3 ASI alcohol: 0.31 / 0.33 / 0.42 ASI drug: 0.16 / 0.14 / 0.12</p>	<p>Data Used</p> <p>B-PRPI Brown-Peterson Recovery Progress Inventory</p> <p>ASI: drug use</p> <p>ADUSE (Alcohol and Drug Use Self-Efficacy Scale)</p> <p>ASI: alcohol use</p> <p>Notes: FOLLOWUPS: At intake of intensive treatment, at completion of intensive treatment, after 10 sessions of aftercare and 6 months post intensive treatment</p> <p>DROPOUTS: 41.4% TSF / 41.4% RP / 44.3% usual treatment lost to followup after 10 treatment sessions</p>	<p>Group 1 N= 61</p> <p>CBT: RP (relapse prevention) with Residential rehabilitation - 90 minutes per week for 10 weeks; closed group format Assessing high risk situations, initiating and maintaining change</p> <p>Group 2 N= 70</p> <p>TSF (12-step facilitation) with Residential rehabilitation - 90 minute session per weekly for 10 weeks Closed group format Emphasis on working the first 3 steps</p>	<p>Study quality: 1+</p>
<p>BUDNEY2006</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT (mixed models analysis)</p>	<p>n= 90</p> <p>Age: Mean 33</p> <p>Sex: 69 males 21 females</p>	<p>Data Used</p> <p>Abstinence at 6 months</p> <p>Abstinence: longest consecutive period</p> <p>Drug use: days per month</p>	<p>Group 1 N= 30</p> <p>CBT (cognitive behavioural therapy) with Outpatient - 50min sessions of individual CBT for 14 weeks. Sessions 1-2</p>	<p>Study quality: 1++</p>

<p>Blindness: No mention Duration (days): Mean 98 Followup: 12 months Setting: US Notes: RANDOMISATION: minimum likelihood allocation Info on Screening Process: 19 excluded: 6 did not meet DSM criteria, 6 alcohol dependent, 2 opiate dependent, 2 likely to be incarcerated in near future, 1 active psychosis, 1 head injury, 1 unable to provide an address or phone number; 19 eligible but did not return for study</p>	<p>Diagnosis: 100% Cannabis dependence by DSM-IV Exclusions: - < 18 years of age - live further than 45 mins from clinic - current dependence on alcohol or any other drug except nicotine - active psychosis or severe other psychiatric condition Baseline: GROUPS: CBT / CBT+CM / CM Years of use: 14.7(9.3)/ 11.3(9.8) /15.3(8.7) Use in past 30days:25.5(7.4)/ 25.3(8.0)/26.0(6.2)</p>		<p>motivational interviewing. Sessions 3-8 focused on skills directly related to achieving and maintaining abstinence. Sessions 9-14 focused on coping skills indirectly related to abstinence. Group 2 N= 30 CM: vouchers with Outpatient - \$1.50 for first negative urine, increased by \$1.50 for each negative urine, \$10 bonus for 2 consecutive negative samples. Positive sample resulted in vouchers reset to \$1.50. CBT (cognitive behavioural therapy) with Outpatient - 50min sessions of individual CBT for 14 weeks. Sessions 1-2 motivational interviewing. Sessions 3-8 focused on skills directly related to achieving and maintaining abstinence. Sessions 9-14 focused on coping skills indirectly related to abstinence. Group 3 N= 30 CM: vouchers with Outpatient - \$1.50 for first negative urine, increased by \$1.50 for each negative urine, \$10 bonus for 2 consecutive negative samples. Positive sample resulted in vouchers reset to \$1.50.</p>	
<p>CARROLL1991 Study Type: RCT (randomised controlled trial) Type of Analysis: LOCF Blindness: No mention Duration (days): Mean 84 Followup: 0 Setting: USA Notes: RANDOMISATION: No details given Info on Screening Process: 42 enrolled</p>	<p>n= 42 Age: Mean 27 Sex: 31 males 11 females Diagnosis: 100% Cocaine misuse by DSM-III Exclusions: Cocaine not primary drug of misuse, or dependence on another drug, or use of any other psychotropic medication; Current or lifetime diagnosis of schizophrenia or mania; Suicide ideation to the extent that hospitalisation is required; Pending drug-related legal proceedings or stipulated to treatment as condition of probation Notes: REFERRALS: Persons 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% APD: 5% / 7% Alcoholism: 7% / 6%</p>	<p>Data Used Abstinence: no use for any 3 consecutive weeks ASI (Addiction Severity Index) Cocaine craving: VAS (visual analogue scale) Abstinence: no use for 3 consecutive weeks at end Cocaine use: grams, self-report Notes: FOLLOWUPS: study weeks 1, 2, 4, 6, 8, 12 DROPOUTS: 19/42 did not complete >=9 sessions. One subject (among completers?) removed from study because of "no substantial reduction in cocaine use)</p>	<p>Group 1 N= 21 IPT (interpersonal therapy) with Outpatient. Mean dose 12 sessions - 50-60 minutes once per week Manual-guided and individualised Thought to be closely related to TAU at many cocaine programmes where SE is used Group 2 N= 21 CBT: RP (relapse prevention) with Outpatient. Mean dose 12 sessions - 50-60min once per week Manual-guided and individualised Identifying high risk situations and developing coping strategies</p>	<p>Study quality: 1+</p>
<p>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</p>	<p>n= 136 Age: Mean 21 Range 18-25 Sex: 122 males 14 females Diagnosis: 100% Cannabis dependence by DSM-IV Exclusions: - Age outside range 18-25</p>	<p>Data Used Urinalysis: positive for cannabis Abstinence: longest consecutive period</p>	<p>Group 1 N= 33 CM: vouchers with Outpatient. Mean dose 8 weeks - Two-track reward system: \$25 for first session attended, increased by \$5 per session thereafter; \$50 for first cannabis -ve urine (tested at each session), increased by \$5 per -ve thereafter. Non-attendance/missing/+ve</p>	<p>Study quality: 1+</p>

<p>Setting: Conneticut, USA</p> <p>Notes: Randomisation procedure not reported</p> <p>Info on Screening Process: 208 screened > 174 eligible - 36 dropped out prior to randomisation > 136 randomised</p>	<ul style="list-style-type: none"> - Opiate or alcohol dependence - Severe substance dependence requirement inpatient treatment or detoxification - Current psychotic disorder - Previous treatment for cannabis use in past 60 days - Current homicidal risk - MMSE <2 - Not referred by CJS - Severe medical problems <p>Notes: ETHNICITY: 60% African American, 13% Latin American, 23% European American</p> <p>Baseline: (CM / MET+CBT / Std counselling)</p> <p>Lifetime arrests: 5.9 / 5.0 / 5.2</p> <p>Age first alcohol use: 14.3 / 17.5 / 14.9</p> <p>Age first cannabis use: 14.4 / 14.9 / 14.7</p> <p>Days cannabis use in past month: 13.7 / 12.4 / 12.5</p>		<p>urine reset respective schedule.</p> <p>Group 2 N= 34</p> <p>AMI: MET (motivational enhancement therapy)</p> <p>CM: vouchers</p> <p>Group 3 N= 36</p> <p>AMI: MET (motivational enhancement therapy) with Outpatient. Mean dose 8 sessions - Motivational interviewing style (MTP) to address initial ambivalence, then continued as CBT/skills training techniques incorporated (coping with craving, problem solving, avoiding high-risk situations, decision making etc.)</p> <p>Group 4 N= 33</p> <p>Control: standard care with Outpatient. Mean dose 8 sessions - 8 weekly sessions. Standard indiv. drug counselling (Baker, Mercer/Woody) with strong emphasis on cannabis and other drug abstinence, through use of self-help groups and concepts compatible with 12-Step. Education regarding cannabis use.</p>											
<p>CHUTUAPE2001</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 238</p> <p>Setting: US</p> <p>Info on Screening Process: 231 screened, 15 did not complete baseline phase, 9 were opioid and cocaine free, submitted greater than 80% drug positive urines</p>	<p>n= 53</p> <p>Age:</p> <p>Sex:</p> <p>Diagnosis:</p> <p>100% Opiate dependence by Eligible for/receiving MMT</p> <p>Exclusions: - opiate negative samples at intake</p> <ul style="list-style-type: none"> - no signs of intravenous use - self reported opioid use (<= 21 of 30 days) for 6 or months of previous year - history of addiction <1year - serious medical or psychiatric illness - pregnancy <p>Baseline: GROUPS: CM:weekly</p> <table border="1"> <tr> <td>/ CM:monthly / NCM</td> <td></td> </tr> <tr> <td>Lifetime heroin use (months)</td> <td>89</td> </tr> <tr> <td>82</td> <td>113</td> </tr> <tr> <td>Lifetime cocaine use (months)</td> <td>23</td> </tr> <tr> <td>23</td> <td>28</td> </tr> </table>	/ CM:monthly / NCM		Lifetime heroin use (months)	89	82	113	Lifetime cocaine use (months)	23	23	28	<p>Data Used</p> <p>Response: abstinent >= 8 weeks</p> <p>Abstinence: weeks drug-free</p> <p>Notes: DROPOUTS: CM:weekly =6/16</p> <p>CM:monthly = 3/18 NCM =1/19</p>	<p>Group 1 N= 19</p> <p>NCM (noncontingent management) with Outpatient - Received take home doses based on individual weekly drawings rather than drug free urine results - probability of earning take homes was 50%</p> <p>Group 2 N= 18</p> <p>CM: methadone with Outpatient - urinalysis results randomly selected monthly - a negative sample resulted in 3 take home doses till the next test. A positive sample resulted in cancellation of take home doses</p> <p>Group 3 N= 16</p> <p>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</p>	<p>Study quality: 1+</p>
/ CM:monthly / NCM														
Lifetime heroin use (months)	89													
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<p>COVIELLO2006</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days): Mean 42</p> <p>Followup: 20 weeks after end of programme</p> <p>Setting: Three MMT programmes in Philadelphia, USA</p> <p>Notes: Randomisation method not reported</p> <p>Info on Screening Process: 409 discharged from MMT > 260 interviewed - 132 ineligible (102 already in treatment, 30 used no drugs in past 30 days) > 128 randomised</p>	<p>n= 128</p> <p>Age: Mean 45</p> <p>Sex: 111 males 17 females</p> <p>Diagnosis:</p> <p>100% Opiate dependence by Eligible for/receiving MMT</p> <p>Exclusions: - Reported using no drugs in past 30 days</p> <ul style="list-style-type: none"> - Already in drug treatment - Not wishing to enrol in treatment <p>Notes: 56% African American, 41% Caucasian</p> <p>POPULATION: Patients discharged from MMT</p>	<p>Data Used</p> <p>Condom use</p> <p>Urinalysis: positive for opiates</p> <p>Urinalysis: positive for cocaine</p> <p>Urinalysis: positive for benzodiazepenes</p> <p>Urinalysis: positive for cannabis</p> <p>Drug use: days per month</p> <p>Engagement in Treatment</p>	<p>Group 1 N= 76</p> <p>Case management with Outpatient. Mean dose 6 weeks - 45min initial session: assessment of needs and motivation, and brief counselling; developing an action plan for treatment. Subsequent telephone contact, focused on actions and problem solving, over 6 weeks (and personal contact as necessary)</p>	<p>Study quality: 1+</p>										

	<p>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: 68% / 65%</p>	<p>Notes: 6 week endpoint, 20 week post-intervention followup</p>	<p>Group 2 N= 52 Control: standard care with Outpatient - Passive referral: 10min advice and referral to re-enrolment; participants given an updated list of available treatment resources, with no further assistance or contact.</p>	
<p>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: 5 hospitals in USA Notes: Randomisation at coordinating centre. Computerised urn randomisation Info on Screening Process: 2197 screened by telephone > 1777 eligible > 937 attended intake visit - 13 ineligible - 54 didn't return > 870 attended orientation phase > 487 completed attendance and assessment requirements and randomised</p>	<p>n= 487 Age: Mean 34 Sex: 374 males 113 females Diagnosis: 100% Cocaine dependence by DSM-IV Exclusions: - Age outside range 18-60 - No cocaine use in past 30 days Notes: ETHNICITY: 58% white Baseline: ASI Drug use composite: 0.24 Days cocaine use in past 30 days: 10.4 Years cocaine use: 6.9 Days alcohol use past 30 days: 7.4</p>	<p>Data Used ASI: drug use Completion rate Cannabis use: times in past month Retention: sessions attended Abstinence: no use for 3 months Notes: DROPOUTS: High (77% IDC, 66% CBT, 67% SE, 77% GDC)</p>	<p>Group 1 N= 124 IDC (individual drug counselling) with Outpatient - 50min 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 therapy - 90min weekly for first 6 months group drug counselling. Group 2 N= 121 CBT: CT (cognitive therapy) with Outpatient - 50min sessions twice weekly for first 12 weeks, weekly during weeks 10-24 and monthly during last 3 months. Followed McLellan's manual for CT of substance misuse Group therapy - 90min weekly for first 6 months group drug counselling. Group 3 N= 123 Group therapy with Outpatient - 90min sessions weekly for first 6 months, 30min monthly during last 3 months. Group drug counselling, followed a manual designed to education patients about stages of recovery and encourage 12-step participation Group 4 N= 119 SE (supportive-expressive psychotherapy) with Outpatient - 50min 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 - 90min weekly for first 6 months group drug counselling.</p>	<p>Study quality: 1++</p>
<p>FALSSTEWART1996 Study Type: RCT (randomised controlled trial) Study Description: Husbands recruited alongside partners. Data given here for husbands only Blindness: Open Duration (days): Mean 168 Setting: USA Notes: RANDOMISATION: No details Info on Screening Process: 524 screened: 154 married or cohabiting recruited for interview > 51 refused consent > 17 met exclusion criteria (2 husbands alcohol dependent, 12 wives substance dependent, 3 psychiatric disorder)</p>	<p>n= 86 Age: Mean 34 Sex: all males Diagnosis: 100% Drug misuse (non-alcohol) by DSM-III-R Exclusions: Husbands: - Age range outside 20-60 yrs - Not married for >=1yr or living with a significant other in a stable common-law relationship for >=2yrs - Seeking additional substance abuse treatment except self-help meetings - Primary drug of abuse is alcohol Couples:</p>	<p>Data Used ASI (Addiction Severity Index) Abstinence: percentage of days Abstinence: days drug-free Urinalysis: positive for any drug Notes: FOLLOWUPS: Weekly random urine screening. DROPOUTS: 3/43 couples from CBT group and 3/43 from BCT group failed to complete.</p>	<p>Group 1 N= 40 CBT: coping skills training with Outpatient - 60min individual sessions twice weekly. Goals: cognitive-behavioural restructuring, problem-solving for alternatives to drug use, relaxation training, anger management, refusal skills, assertiveness training, enhancing social support networks. CBT: group with Outpatient - Groups of 6-8 patients meeting for 90min per week. Goals as above.</p>	<p>Study quality: 1+</p>

<p>= 86 couples enrolled and randomised</p>	<p>- Wife met criteria for DSM-III-R substance abuse in past 6 mths - Either partner met DSM-III-R criteria for organic mental disorder, schizophrenia, delusional (paranoid disorder) or other psychotic disorders - Either partner in MMT</p> <p>Notes: PRIMARY DIAGNOSIS: Husbands were non-alcohol drug misusing or dependent ETHNICITY: 67% white, 10% African American, 3% Hispanic REFERRALS: CJS 85%, self 10%, physician/mental health care provider etc. 5%</p> <p>Baseline: (GROUPS: BCT / CBT) Primary drug Cocaine: 24 / 20 Opiates: 10 / 16 Cannabis: 4 / 3 Other: 2 / 1</p>		<p>Group 2 N= 40</p> <p>CBT: coping skills training with Outpatient - 60min individual sessions once weekly.</p> <p>BCT (behavioural couples therapy) with Outpatient - Couples met with therapist 60 min once per week for 12 weeks. Goals: rewarding abstinence, constructive communication for conflict resolution, coping with cravings, crisis intervention, positive behavioural exchanges</p> <p>CBT: group with Outpatient - Groups of 6-8 patients meeting for 90 min once weekly. Goals as above.</p>									
<p>FINNEY1998</p> <p>Study Type: Cohort</p> <p>Blindness: Open</p> <p>Duration (days): Range 21-28</p> <p>Setting: 15 inpatient substance abuse programmes from 13 Veteran Affairs treatment centres in USA</p> <p>Info on Screening Process: 4659 screened > 4193 eligible - 494 refused consent > 3699 intake sample > 3278 completed intake evaluation</p>	<p>n= 3228</p> <p>Age:</p> <p>Sex: all males</p> <p>Diagnosis: 100% Substance misuse (drug or alcohol) by ICD-10</p> <p>Exclusions: - Not in a standard VA treatment programme - Female - Had not completed detoxification</p> <p>Notes: PRIMARY DIAGNOSIS: 36% alcohol abuse/dependence only, 51% alcohol and drug, 13% drug only ETHNICITY: 48% black, 46% white,</p> <p>Baseline: 76% unemployed Past month drug use: 48% cocaine/crack, 39% cannabis, 13% opiates</p>		<p>Group 1 N= 970 12-Step with Inpatient</p> <p>Group 2 N= 106 12-Step with Inpatient</p> <p>CBT (cognitive behavioural therapy) with Inpatient</p> <p>Group 3 N= 119 CBT (cognitive behavioural therapy) with Inpatient</p>	<p>Content of interventions not reported - in secondary study? Study quality: 2+</p>								
<p>HIGGINS1993</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness:</p> <p>Duration (days): Mean 168</p> <p>Setting: US</p> <p>Notes: RANDOMISATION: Balanced for gender, route of administration, resided with significant other, legal matters pending, employment status etc</p> <p>Info on Screening Process: 13 did not meet inclusion criteria</p>	<p>n= 38</p> <p>Age: Mean 29</p> <p>Sex:</p> <p>Diagnosis: 100% Cocaine dependence by DSM-III-R</p> <p>55% Alcohol dependence by DSM-III-R</p> <p>42% Cannabis dependence by DSM-III-R</p> <p>Exclusions: - <18 years - opioid or sedative dependence - psychosis - dementia - medical condition precluding employment - plans to leave area within 6 months</p> <p>Baseline: GROUPS: Behavioural / 12 steps</p> <table border="0"> <tr> <td>Weekly cocaine use:</td> <td>4.0g</td> <td>/</td> <td>4.7g</td> </tr> <tr> <td>ASI: Drug:</td> <td>0.22</td> <td>/</td> <td>0.27</td> </tr> </table>	Weekly cocaine use:	4.0g	/	4.7g	ASI: Drug:	0.22	/	0.27	<p>Data Used</p> <p>Abstinence: percentage of days</p>	<p>Group 1 N= 19</p> <p>Day treatment: intensive (>60hr/wk) with Outpatient - \$5 for each urine sample provided. Counselling 1x 2.5h group session and 1x 1h individual session/week for first 12 weeks. Then 1x group or individual therapy for weeks 13-24. Based on a 12 step model.</p> <p>Group 2 N= 19</p> <p>CM: CRA (community reinforcement approach) with Outpatient - CM: first 12 weeks \$2.50 first negative, increase of \$1.25 for consecutive negative, \$10 bonus for 3 consec. 2nd 12 weeks \$1 lottery tickets CRA: 1h x2/week for 12 weeks, then 1h/week. CRA: relationship counselling, skills training, employ couns, recreation</p>	<p>Study quality: 1+</p>
Weekly cocaine use:	4.0g	/	4.7g									
ASI: Drug:	0.22	/	0.27									

<p>HIGGINS1994</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness:</p> <p>Duration (days): Mean 168</p> <p>Setting: US</p> <p>Notes: RANDOMIZATION: groups balanced for gender, primary route of cocaine administration, ASI score etc</p>	<p>n= 40</p> <p>Age: Mean 31</p> <p>Sex: 27 males 13 females</p> <p>Diagnosis:</p> <p>100% Cocaine dependence by DSM-III-R</p> <p>55% Alcohol dependence by DSM-III-R</p> <p>12% Cannabis dependence by DSM-III-R</p> <p>Exclusions: - <18 years of age - not used cocaine with past 30 days - opioid dependence - sedative dependence - psychosis - pregnancy - dementia - recent inpatient treatment for cocaine - medical condition precluding employment</p> <p>Baseline: GROUPS: CRA+ CM / CRA ASI: Drug 0.25 / 0.23 BDI 21.1 / 19.4</p>	<p>Data Used</p> <p>Abstinence: weeks drug-free</p>	<p>Group 1 N= 20</p> <p>CM: vouchers with Outpatient - weeks 1-12: started with \$2.50, increase of \$1.25 each consecutive negative, bonus of \$10 for 3 consecutive negatives. Weeks 13-24 \$1 lottery ticket for negative sample</p> <p>CM: CRA (community reinforcement approach) with Outpatient - 1h x2/week for weeks 1-12 and 1h/week for weeks 13-24. Sessions included 1) relationship counselling 2) recognise antecedents and consequences of cocaine use, skills training 3) employment counselling 4) helped to develop new recreational activities</p> <p>Group 2 N= 20</p> <p>CM: CRA (community reinforcement approach) - 1h x2/week for weeks 1-12 and 1h/week for weeks 13-24. Sessions included 1) relationship counselling 2) recognise antecedents and consequences of cocaine use, skills training 3) employment counselling 4) helped to develop new recreational activities</p> <p>CM control: no vouchers with Outpatient - Weeks 1-12: Slips of paper given with result for each urine sample. Weeks 13-24: \$1 lottery ticket for each negative sample</p>	<p>Study quality: 1+</p>
<p>HIGGINS2003</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 168</p> <p>Followup: 6 months after care 3 year follow up</p> <p>Setting: US</p> <p>Notes: Follow up reported at 9months, 12 months, 15 months, 24 months</p>	<p>n= 100</p> <p>Age: Mean 34</p> <p>Sex: 38 males 62 females</p> <p>Diagnosis:</p> <p>100% Cocaine dependence by DSM-III-R</p> <p>29% Alcohol dependence by DSM-III-R</p> <p>10% Cannabis dependence by DSM-III-R</p> <p>Exclusions: - not used cocaine in the last 30 days - opioid or sedative dependence - psychosis - dementia - pregnancy - plans to leave the geographic area within 6 months - pending incarceration - significant other in the trial</p> <p>Baseline: GROUPS: CRA + vouchers / Vouchers Preferred route: intranasal 15% / 19% Preferred route: smoked 31% / 26% Preferred route: intravenous 3% / 4%</p>	<p>Data Used</p> <p>Urinalysis: positive for cocaine</p> <p>Retention at 12 weeks</p> <p>Retention rate</p> <p>Notes: DROPOUTS: CRA = approx 30% CM = approx 65%</p>	<p>Group 1 N= 49</p> <p>CM: CRA (community reinforcement approach) with Outpatient - Same as CM group but therapist approved all purchases and integrated them into a treatment plan. Twice weekly 1-1.5h sessions (weeks 1-12) and once weekly (13-24). Included skills training, planning recreational activities, employment counselling etc.</p> <p>Group 2 N= 51</p> <p>CM: vouchers with Outpatient - First cocaine negative sample received \$2.50, increased by \$1.25 for each consecutive negative, \$10 bonus for 3 consecutive negative. Positive samples reset value of vouchers. Weeks 13-24 negative sample earned \$1 lottery ticket, \$10 voucher per sample.</p>	<p>Ethnicity: 48% white</p>
<p>JONES2004</p>				

<p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 112</p> <p>Setting: US</p> <p>Notes: RANDOMISATION: Modified dynamic balanced randomisation by computer, 7 participants who were assigned to control were forced into voucher condition</p> <p>Info on Screening Process: 1174 screened, 200 signed consent, 199 randomized</p>	<p>n= 183</p> <p>Age: Mean 36</p> <p>Sex: 102 males 81 females</p> <p>Diagnosis: 100% Cocaine dependence by DSM-IV</p> <p>Exclusions: no pre-admission cocaine-positive urine sample, no self reported cocaine use, positive pregnancy test, diagnosis of a medical or severe psychiatric illness requiring chronic medication, breath sample positive for alcohol, urine sample positive for opioids or sedatives/hypnotics</p>	<p>Data Used</p> <p>Abstinence: negative urinalysis</p> <p>Cocaine use: self-report</p> <p>Notes: Self report measures: Non-Intravenous and Intravenous Questionnaires</p> <p>Safety data from Weekly Symptom Checklist</p> <p>DROP OUTS: 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%)</p>	<p>Group 1 N= 49</p> <p>Tryptophan with Outpatient. Mean dose 8g/day - 4-9 days in residential setting where stabilised on medication and achieved cocaine abstinence, then 16 weeks in outpatient setting. Participants received tryptophan + 2 teaspoons of confectioner sugar + 4 grams of powdered cocoa mix</p> <p>NCM (noncontingent management) with Outpatient - Received voucher schedule generated by a participant in the contingent condition - to control for the amount and pattern of payments received</p> <p>Group 2 N= 37</p> <p>Placebo with Outpatient - Lactose monohydrate + 0.14mg of denatonium benzoate to mimic bitter taste of tryptophan, 4 grams of cocoa mix also added to produce equivalent taste, 5 mg diphenhydramine hydrochloride</p> <p>NCM (noncontingent management) with Outpatient - Received voucher schedule generated by a participant in the contingent condition - to control for the amount and pattern of payments received</p> <p>Group 3 N= 42</p> <p>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 3 consecutive negative samples. A cocaine positive sample reset payment schedule to initial value (\$2.50). Maximum \$1155</p> <p>Tryptophan with Outpatient. Mean dose 8g/day - 4-9 days in residential setting where stabilised on medication and achieved cocaine abstinence, then 16 weeks in outpatient setting. Participants received tryptophan + 2 teaspoons of confectioner sugar + 4 grams of powdered cocoa mix</p> <p>Group 4 N= 55</p> <p>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 3 consecutive negative samples. A cocaine positive sample reset payment schedule to initial value (\$2.50). Maximum \$1155</p> <p>Placebo with Outpatient - Lactose monohydrate + 0.14mg of denatonium benzoate to mimic bitter taste of tryptophan, 4 grams of cocoa mix also added to produce equivalent taste, 5 mg diphenhydramine hydrochloride</p>	<p>placebo + CM versus placebo + NCM only analysed</p>
<p>KADDEN2006</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Completers</p>	<p>n= 240</p> <p>Age: Mean 32</p> <p>Sex: 170 males 70 females</p>	<p>Data Used</p> <p>ASI (Addiction Severity Index)</p> <p>Abstinence: longest consecutive period</p> <p>Cannabis use: times per day</p>	<p>Group 1 N= 62</p> <p>Control: standard care with Outpatient. Mean dose 9 sessions - Case management (i.e. standard counselling):</p>	<p>Study quality: 1+</p>

<p>Blindness: Open Duration (days): Mean 63 Followup: 1 year Setting: Conneticut, USA Notes: Computerised urn randomisation Info on Screening Process: 606 screened > 486 eligible - 246 lost to followup/refused consent > 240 randomised</p>	<p>Diagnosis: 100% Cannabis dependence by DSM-IV</p> <p>Exclusions: - Age < 18 - Not cannabis dependent - Acute medical/psychiatric condition requiring inpatient treatment - Current dependence on alcohol/other drugs - Reading ability below 5th grade level</p> <p>Baseline: (Case management / MET+CBT / CM) Cannabis problems: 15.19 / 13.97 / 12.62 Joints per day: 5.2 / 4.67 / 3.24 Proportion days abstinent: 0.08 / 0.08 / 0.15</p>	<p>Abstinence: percentage of days Notes: All groups had weekly urine tests and were informed of results, but only CM conditions provided rewards, and MET+CBT conditions provided suggestions to improve drug use behaviour.</p>	<p>supportive therapy to establish goals and address problems with participants' daily living (e.g. psychiatric referrals). Minimal motivational/skills-training/reinforcing techniques.</p> <p>Group 2 N= 61 AMI: MET (motivational enhancement therapy) with Outpatient. Mean dose 9 sessions - 2 sessions MET + 9 sessions CBT skills from Project MATCH manual. MET addressed ambivalence to change and set goals; CBT provided functional analysis of problems, coping with craving, problem solving, avoiding high risk situations etc.</p> <p>Group 3 N= 54 CM: vouchers with Outpatient - Beginning week 3, \$10 voucher for each -ve urine, increasing by \$15 per week for each successive -ve (total poss. \$385). +ve urines reset voucher value to \$10, but twc consecutive -ve urines would reinstate previous highest value.</p> <p>Group 4 N= 63 CM: vouchers AMI: MET (motivational enhancement therapy)</p>	
<p>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 USA Notes: RANDOMISATION: No details. Info on Screening Process: 329 men approached: 64 refused consent, 31 couples met exclusion criteria, 99 had no children</p>	<p>n= 64 Age: Mean 36 Sex: all males Diagnosis: 100% Substance misuse (drug or alcohol) by DSM-III-R</p> <p>Exclusions: - Outside age range 20-60 - Not heterosexual - Not married for >=1 year or not living with significant other for >=2 years - Female partner met DSM-III-R criteria for substance abuse/dependence in past 6 months - Either partner meets DSM-III-R for an organic mental disorder or psychotic disorder - Seeking additional substance abuse treatment except self-help meetings, unless recommended by primary physician - Either partner in MMT</p> <p>Notes: PRIMARY DIAGNOSIS: Alcohol and drug abusing samples recruited separately; drug abusing sample given here Men were recruited with their female partners as couples; data given above for men only.</p> <p>Baseline: (GROUPS: BCT / CBT / psychoeducation) Primary drug: Cocaine: 8 / 8 / 8 Opiates: 10 / 10 / 11 Cannabis: 1 / 1 / 1 Other: 3 / 2 / 1</p>	<p>Data Used Abstinence: percentage of days Notes: FOLLOWUPS: Baseline, end of treatment, and every 3 months thereafter for 1 year DROPOUTS: Not reported</p>	<p>Group 1 N= 21 Psychoeducation with Outpatient - Both partners attended 12 lectures about the epidemiology, aetiology and effects of substance abuse CBT (cognitive behavioural therapy) with Outpatient - 20 weekly individual-based sessions, drawn from Project MATCH protocol</p> <p>Group 2 N= 22 CBT (cognitive behavioural therapy) with Outpatient - 20 weekly individual-based sessions, drawn from Project MATCH protocol 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</p> <p>Group 3 N= 21 CBT: coping skills training with Outpatient - 12 weekly individual 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</p>	
<p>MARTIN1993</p>				

<p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 182</p> <p>Followup: 12 months</p> <p>Setting: Parole in Delaware, US</p> <p>Notes: Details of randomisation procedure not reported</p> <p>Info on Screening Process: 400 randomised > 263 completed assessment and included</p>	<p>n= 263</p> <p>Age: Mean 29</p> <p>Sex: 191 males 72 females</p> <p>Diagnosis: 100% Drug misuse (non-alcohol)</p> <p>60% IDU (injection drug use)</p> <p>Exclusions: - Not an inmate released on parole - No history of drug use associated with an HIV risk factor</p> <p>Notes: ETHNICITY: 68% black, 32% "non-black" All were ex-inmates on parole</p> <p>Baseline: (ACT / Control)</p> <p>Health: Excellent 33% / 41%, Good 41% / 38%, Fair or poor 26% / 21%</p> <p>Delinquent activity: Low 36% / 46%, Medium 39% / 25%, High 25% / 29%</p> <p>>1 times in prison: 77% / 75%</p> <p>Drug use in 6 mths prior to incarceration: Low 28% / 30%, Medium 36% / 35%, High 36% / 35%</p>	<p>Data Used</p> <p>Urinalysis: positive for any drug</p> <p>Drug use</p> <p>Notes: Urinalysis: proportion of parolees will have been reincarcerated by endpoint thus would have been expected to be likely to give a -ve sample</p>	<p>Group 1 N= 130</p> <p>ACT (assertive community treatment) with Outpatient - Five stages: Intake assessment > Intensive treatment > Moderate (educational treatment) > Relapse prevention > Case management designed to support transition into normal community life</p> <p>Group 2 N= 133</p> <p>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.</p>	<p>Study quality: 1+</p>
<p>MAUDEGRIFFIN1998</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Missing or discrepant urine samples coded as positive</p> <p>Type of Analysis: ITT</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 84</p> <p>Followup: 6 months from baseline</p> <p>Setting: 3 centres in USA</p> <p>Notes: RANDOMISATION: No further details.</p> <p>Info on Screening Process: 159 screened 31 excluded: 6 refused consent, 25 ineligible</p>	<p>n= 128</p> <p>Age:</p> <p>Sex: 126 males 2 females</p> <p>Diagnosis: 100% Cocaine misuse by DSM-III-R</p> <p>Exclusions: - Current or history of opiate dependence - Current or history of schizophrenia - Medical or psychiatric contraindication for outpatient treatment</p> <p>Notes: PRIMARY DIAGNOSIS: 100% smoked crack cocaine as primary route of administration REFERRALS: Recruited from 3 veterans programmes</p> <p>Baseline: Age not reported (but all veterans) 82% had MDD, PTSD or APD History of regular cocaine use: 19 mths Binging on cocaine: 64% Alcohol use in past 30 days: 10 days (of which 6 to the point of intoxication)</p>	<p>Data Used</p> <p>Abstinence: no use for any 4 consecutive weeks</p> <p>Retention: sessions attended</p> <p>Notes: FOLLOWUP: Baseline and at weeks 4, 6, 8, 12 and 26</p> <p>DROPOUTS: Not reported. 92% completed assessment at 12 weeks (end of treatment); 17/128 attended >=75% of treatment sessions.</p>	<p>Group 1 N= 59</p> <p>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</p> <p>Group 2 N= 69</p> <p>TSF (12-step facilitation) with Outpatient - 3 group sessions and 1 individual session per week over 12 weeks Manual-guided, encouraging working the first 4 steps</p>	<p>Study quality: 1+</p>
<p>MCKAY2004</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Rolling admissions policy</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 90</p> <p>Followup: 12 months</p> <p>Setting: 2 sites: clinical research programme modelled after community substance abuse clinics, and Veterans' Affairs programme</p> <p>Notes: RANDOMISATION: Urn randomisation balanced on 6 factors</p> <p>Info on Screening Process: 602 screened, 243 excluded (refused consent, failed to meet inclusion criteria or failed to complete baseline assessment)</p>	<p>n= 359</p> <p>Age: Mean 42</p> <p>Sex: 297 males 62 females</p> <p>Diagnosis: 75% Cocaine dependence by DSM-IV</p> <p>25% Alcohol dependence by DSM-IV</p> <p>Exclusions: - Age outside 18-65 range - Psychiatric or medical condition precluding treatment (e.g. dementia, hallucinations) - Unstable living situation - IV heroin use in past 12 months - Not having completed a first phase of treatment or not having been abstinent for the last week of that treatment</p>	<p>Data Used</p> <p>Abstinence: percentage of days</p> <p>Alcohol use: heavy drinking days</p> <p>Abstinence: no use for 3 months</p> <p>Notes: FOLLOWUP: Baseline, 3, 6, 9 and 12 months postbaseline</p> <p>DROPOUTS: 37% standard care, 47% RP and 57% telephone did not complete >=75% of sessions</p>	<p>Group 1 N= 102</p> <p>Telephone-based intervention with Outpatient - One 15-minute phone call per week with counsellor Support group during first 4 weeks to ease transition from face-to-face counselling</p> <p>Group 2 N= 135</p> <p>CBT: RP (relapse prevention) with Outpatient - One individual session and one group session per week Manual guided; identifying and anticipating high risk situations, improving coping responses</p>	<p>Study quality: 1+</p>

	Notes: PRIMARY DIAGNOSIS: Cocaine or alcohol only. ETHNICITY: 77% African American Baseline: Days cocaine abstinent in past 4 months: 39%		Group 3 N= 122 Control: TAU (treatment as usual) with Outpatient - Two sessions per week Group therapy with a mixed of addictions counselling as 12-step practices	
MEJTA1997				
Study Type: RCT (randomised controlled trial) Type of Analysis: Per protocol Blindness: Open Duration (days): Mean 1095 Followup: N/A Setting: USA Notes: Randomisation procedures not reported Info on Screening Process: Not reported	n= 316 Age: Mean 41 Sex: 218 males 98 females Diagnosis: 100% Opiate dependence by Current participation in treatment Exclusions: None reported Notes: PRIMARY DIAGNOSIS: Chronic IV opiate users ETHNICITY: 91% "minority" POPULATION: IDUs not in treatment and seeking treatment Baseline: >=1 previous treatment episode: 75% >=3 previous treatment episodes: 38%	Data Used Retention: days remained in treatment Engagement in Treatment Notes: Monthly followup for 3 years	Group 1 N= 156 Control: standard care with Outpatient - Patients given contact details of drug misuse clinics within their locality. They were primarily responsible for arranging 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	Study quality: 1+
MONTI1997				
Study Type: RCT (randomised controlled trial) Type of Analysis: ITT Blindness: No mention Duration (days): Mean 14 Followup: 3 months Setting: US 1 urban and 1 rural hospital Notes: RANDOMISATION: random number selection	n= 128 Age: Mean 28 Sex: 88 males 40 females Diagnosis: 98% Cocaine dependence by DSM-III-R 73% Alcohol dependence by DSM-III-R 2% Cocaine misuse by DSM-III-R Exclusions: - did not use cocaine at least once in 6 months prior to treatment - Actively psychotic Baseline: Route of drug use: Smoking free base = 72% Smoking Crack = 21% Using intranasally = 51% i.v. use = 12% Days of use last 6 months: 56.9 (45.9) days	Data Used Abstinence: no use for 3 months Notes: DROUPOUTS: post treatment = 21/128 follow up = 36/128 Self report data on abstinence confirmed by urinalysis	Group 1 N= 68 Control: enhanced TAU with Inpatient - 8 x 1h 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 1h sessions with 3-5 sessions per week based on length of stay. Approach involved analyzing the antecedent and consequent events surrounding use and developing a repertoire of alternative cognitive and behavioural skills to reduce risk of cocaine use.	Study quality: 1++
MORGENSTERN2006				
Study Type: RCT (randomised controlled trial) Study Description: Allocation sealed in envelope Blindness: Duration (days): Mean 245 Followup: N/A Setting: Welfare offices in New Jersey, USA 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	n= 302 Age: Mean 36 Sex: all females 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 abuse treatment Notes: ETHNICITY: 96% black, 3% Hispanic PRIMARY DIAGNOSIS: 35% cocaine, 36% heroin, 6%	Data Used Abstinence: negative urinalysis Retention rate Engagement in Treatment Completion rate	Group 1 N= 161 Case management: intensive with Outpatient. Mean dose 15 months - Assessment of treatment +other needs, motivational counselling; extensive outreach with regular weekly contact (up to daily during crisis periods). Vouchers for toys, cosmetics etc. for attending treatment.	Study quality: 1++

	<p>cannabis (remainder alcohol) POPULATION: Drug-dependent women, not in drug treatment and receiving welfare benefits</p> <p>Baseline: (ICM / standard care) Years on welfare since age of 18: 12.90 / 11.28 No. of children: 3.25 / 3.16</p>		<p>Group 2 N= 141</p> <p>Control: standard care with Outpatient. Mean dose 15 months - Clinical coordinator reviewed substance abuse 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.</p>	
<p>NEEDEL2005</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: Open</p> <p>Duration (days): Mean 365</p> <p>Setting: Prisons and community of New York City, USA</p> <p>Notes: Randomisation procedures not reported</p> <p>Info on Screening Process: Not reported</p>	<p>n= 1416</p> <p>Age: Range 17-34</p> <p>Sex: 706 males 704 females</p> <p>Diagnosis: 87% Drug misuse (non-alcohol) by Self-report</p> <p>Exclusions: - Not incarcerated, not an adolescent male (16-18 years), or not an adult female - Did not show a commitment to receiving post-discharge case management services - Did not expect to be released to the community within 1 year</p> <p>Notes: Data comprised of 2 samples: male adolescent prisoners and female prisoners POPULATION: Discharged female/male-adolescent former inmates, not in drug treatment</p> <p>Baseline: (Females / Males) Homeless or stayed in shelter in past year: 35.7% / 8.2% Primary source of income from illegal activities: 39% / 47% Drug use in past 6 mths: 88% / 85% Receive substance misuse treatment in 12 months prior to incarceration: 48% / 11% HIV+: 17% / 0%</p>	<p>Data Used</p> <p>Drug use Reincarceration rates Reduced risk behaviours Crime: engaging in criminal activities Retention rate</p> <p>Notes: Followup interviews at 15 months Caseworkers reported only 6.5hrs (females) / 9.5hrs (male adolescents) of contact over 12 months</p>	<p>Group 1 N= 706</p> <p>Control: standard care with Outpatient - "Less intensive" discharge services. Ineligible for Health Link's community care case management services</p> <p>Group 2 N= 704</p> <p>Case management with Outpatient - Case management to encourage use of drug/physical health treatment, engaging in social networks and reduce drug use, rearrest and HIV risk behaviours. Voluntary empowerment groups; individual counselling; referrals to services and crisis interventions.</p>	<p>Study quality: 1++</p>
<p>PETRY2002</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 84</p> <p>Followup: 6months</p> <p>Setting: US</p> <p>Notes: RANDOMISATION: Probabilistic balancing techniques to control for gender, race, age etc</p> <p>Info on Screening Process: 5 excluded:1 withdrew consent, 4 uncontrolled psychosis</p>	<p>n= 42</p> <p>Age: Mean 39</p> <p>Sex: 12 males 30 females</p> <p>Diagnosis: Cocaine dependence by DSM-IV</p> <p>Exclusions: - not receiving a stable dose of methadone in past 3 months - not english speaking - MMSE <21 - active, uncontrolled psychosis or bipolar disorder</p> <p>Notes: Standard treatment = 91.3% CM = 100% cocaine dependence</p> <p>Baseline: GROUPS: TAU / CM Years of heroin use:13.8(1.9) / 14.9(1.6) Years of cocaine use: 12.0(1.8)/15.0(1.7)</p>	<p>Data Used</p> <p>Abstinence: longest consecutive period Abstinence: days drug-free</p> <p>Notes: DROPOUTS: CM = 1/19 TAU = 2/23</p>	<p>Group 1 N= 23</p> <p>Control: TAU (treatment as usual) with Outpatient</p> <p>Group 2 N= 19</p> <p>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 nonwinning, 109 small prizes, 15 large prizes</p>	<p>Study quality: 1+</p>
<p>PETRY2004</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Intention to treat</p>	<p>n= 120</p> <p>Age: Mean 35</p> <p>Sex: 53 males 67 females</p>	<p>Data Used</p> <p>ASI (Addiction Severity Index) Retention: days remained in treatment Abstinence: weeks drug-free</p>	<p>Group 1 N= 45</p> <p>CM:Prizes with Outpatient. Mean dose \$80 - Drew slips from a bowl, 50% slips said 'good job' but provided no prize, 50%</p>	<p>Study quality: 1+</p>

<p>Blindness: Open</p> <p>Duration (days): Mean 84</p> <p>Setting: US - 2 outpatient centres</p> <p>Info on Screening Process: 135 screened, 9 refused, 5 failed to return to clinic, 1 non-stabilized bipolar disorder</p>	<p>Diagnosis:</p> <ul style="list-style-type: none"> 85% Cocaine dependence by DSM-IV 60% Alcohol dependence by DSM-IV 100% Cocaine misuse by DSM-IV <p>Exclusions: - 18 years of age</p> <ul style="list-style-type: none"> - no cocaine use (self report/urinalysis) - not English speaking - dementia (MMSE <21) - opioid dependent - active uncontrolled bipolar disorder - pathological gambling <p>Notes: Ethnicity: African American = 64%, White = 23%, Hispanic = 10% Other = 3%</p> <p>Baseline: GROUP: Group</p> <table border="0"> <tr> <td>therapy</td> <td>/</td> <td>%80 CM</td> <td>/</td> <td>\$240 CM</td> </tr> <tr> <td>Years of regular cocaine use:</td> <td></td> <td>11.0</td> <td></td> <td></td> </tr> <tr> <td>9.8</td> <td>/</td> <td>11.9</td> <td></td> <td></td> </tr> </table>	therapy	/	%80 CM	/	\$240 CM	Years of regular cocaine use:		11.0			9.8	/	11.9			<p>Notes: DROP OUTS: Group therapy = 13.5%, CM: \$80 = 20%, CM:\$240 = 31.6%</p>	<p>slips provided prizes: 43.6% miniprizes (\$0.33), 6% medium prizes (\$5), 0.4% jumbo prize (\$100)</p> <p>Group 2 N= 37</p> <p>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, life skills training</p> <p>Group 3 N= 38</p> <p>CM:Prizes with Outpatient. Mean dose \$240 - Drew slips from a bowl, 50% slips said 'good job' but provided no prize, 50% slips provided prizes: 43.6% miniprizes (\$1), 6% medium prizes (\$20), 0.4% jumbo prize (\$100)</p>	
therapy	/	%80 CM	/	\$240 CM															
Years of regular cocaine use:		11.0																	
9.8	/	11.9																	
<p>PETRY2005A</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days): Mean 84</p> <p>Setting: US - 8 different clinics</p> <p>Info on Screening Process: 30 excluded before data analysis because didn't meet inclusion criteria</p>	<p>n= 415</p> <p>Age: Mean 35</p> <p>Sex: 185 males 230 females</p> <p>Diagnosis:</p> <p>84% Other stimulant misuse by DSM-IV</p> <p>Exclusions: - did not report stimulant use and/or did not submit stimulant positive urine sample within 2 weeks of study entry</p> <p>Notes: PRIMARY DIAGNOSIS: Cocaine, amphetamine or metamphetamine</p> <p>OTHER DIAGNOSSES: Alcohol 42%, Cannabis 21%, Opiates 9%</p> <p>Baseline: (CM / Usual care)</p> <p>Unemployed: 67% / 63%</p> <p>On probation or parole: 36% / 35%</p>	<p>Data Used</p> <p>Retention: days remained in treatment</p> <p>Abstinence: negative urinalysis</p> <p>Notes: DROPOUTS: CM = 51% TAU = 65%</p>	<p>Group 1 N= 209</p> <p>CM:Prizes with Outpatient - Chances to win prizes for negative sample for cocaine, amphetamine, MA, 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 consec week</p> <p>Group 2 N= 206</p> <p>Control: enhanced TAU with Outpatient - Primarily group counselling but in some clinics also individual and family counselling. Also received immediate feedback on urinalysis results</p>	<p>Study quality: 1+</p>															
<p>PETRY2005B</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT</p> <p>Blindness: Open</p> <p>Duration (days): Mean 84</p> <p>Followup: 3 and 6 months follow-up</p> <p>Setting: 3 community-based treatment centres in US</p> <p>Notes: Urn randomisation</p> <p>Info on Screening Process: 161 screened - 38 excluded (19 ineligible, 14 refused consent, 5 did not complete evaluation) > 142 randomised</p>	<p>n= 142</p> <p>Age: Mean 36</p> <p>Sex: 65 males 77 females</p> <p>Diagnosis:</p> <p>Cocaine dependence by DSM-IV</p> <p>Opiate dependence by DSM-IV</p> <p>Exclusions: - Active psychotic/bipolar disorder that was not adequately controlled by medication</p> <ul style="list-style-type: none"> - Current suicidality - In recovery for pathological gambling <p>Notes: PRIMARY DIAGNOSIS: Cocaine or opiate dependence. 20% were on MMT</p> <p>Baseline: (TAU / CM Vouchers / CM Prizes)</p> <p>HIV+ (%): 5.6 / 7.5 / 15.2</p> <p>Full or part-time employed (%) 6 / 10 / 6</p> <p>Years cocaine use: 11.1 / 12.8 / 10.0</p>	<p>Data Used</p> <p>Drug use</p> <p>ASI (Addiction Severity Index)</p> <p>Abstinence: longest consecutive period</p> <p>Retention: weeks remained in treatment</p> <p>Notes: All participants submitted breath and urine samples 3 days/week Weeks 1-3, 2 days/week Weeks 4-6</p>	<p>Group 1 N= 38</p> <p>Control: standard care with Outpatient - Intensive outpatient: indiv/group therapy, RP, coping/life skills training, focus groups for depression/anxiety, AIDS education, 12-Step. Up to 5hrs/day, 4days/wk lasting 2-4wks depending on need with gradual reductions. Aftercare: 1 grp/wk for 6-12 mths.</p> <p>Control: enhanced TAU with Outpatient - 15min weekly contact with RA who provided educational materials on health and drugs, AIDS, family, the law, etc. Intended as an attentional control (cf CM conditions)</p>	<p>Intensive standard care (but all groups received this)</p> <p>Study quality: 1++</p>															

	<p>Years heroin use (among users): 10.2 / 6.9 / 9.5 Substance dependence in past year (%) - Cocaine: 94.7 / 84.9 / 82.4 Heroin: 31.6 / 30.2 / 39.2 Alcohol: 55.3 / 56.6 / 39.2 Previous treatment attempts: 20.0 / 11.5 / 15.0</p>		<p>Group 2 N= 53 Control: standard care with Outpatient - As per control group CM (contingency management) with Outpatient - Goods vouchers for breath and urine samples -ve for opiates, cocaine AND alcohol. Starting at \$1, increased by \$1.50 for each consecutive -ve. \$10 bonus each week if all samples -ve that weeeek. Any missing/+ve sample reset reward to \$1. CM: vouchers with Outpatient - Vouchers for completing treatment-related activities e.g.attending doctor's appointment, college course. \$3 for each activity completed, \$10 bonus + \$1 increase for all 3 activities completed within any week. Reset to \$3 for any activity not completed</p> <p>Group 3 N= 51 Control: standard care - As per control group CM (contingency management) with Outpatient - Each set of -ve specimens provided 1 draw from a prize draw. Each successive -ve increased 1 draw, with a bonus of 5 draws for samples -ve over entire week. Draws also rewarded for completing treatment activities. 37% chance of winning prize in any 1 draw</p>	
<p>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</p>	<p>n= 131 Age: Mean 37 Sex: 79 males 52 females Diagnosis: 1% Cocaine dependence by DSM-IV 22% Opiate 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</p>	<p>Data Used Abstinence: longest consecutive period</p>	<p>Group 1 N= 44 CM:Prizes with Outpatient - Prize draws contingent on submitting urine samples negative for drug. 500 cards in a prize bowl - 55% no monetary value, 39.8% worth up to \$1, 5% worth up to \$20, 0.2% worth up to \$100 Group 2 N= 47 CM:Prizes with Outpatient - Prize draws contingent on completing scheduled activities. 500 cards in a prize bowl - 55% no monetary value, 39.8% worth up to \$1, 5% worth up to \$20, 0.2% worth up to \$100 Group 3 N= 40 Control: standard care with Outpatient - Standard intensive outpatient treatment: RP, coping and life skill training, AIDS education, 12-Step treatment</p>	<p>Study quality: +1</p>
<p>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</p>	<p>n= 177 Age: Mean 36 Sex: 135 males 42 females Diagnosis: 10% Other stimulant dependence by DSM-IV 90% Cocaine dependence by DSM-IV Exclusions: - no positive urine for cocaine or MA during 2</p>	<p>Data Used ASI: drug use Retention: weeks remained in treatment Abstinence: negative urinalysis Notes: DROPOUTS: CM 15/60, CBT 11/58, CM+CBT 13/59</p>	<p>Group 1 N= 59 CM (contingency management) with Outpatient - Voucher value started at \$2.50, \$1.25 increase for consecutive negatives, \$10 for 3 consecutive negatives. CBT: group with Outpatient - 90 minute x3/week sessions guided by a worksheet from a manual.</p>	<p>Study quality: 1+</p>

	<p>week screening period - dependent on alcohol or benzodiazepines - court mandated to treatment</p> <p>Notes: Other stimulant is methamphetamine</p>		<p>Group 2 N= 60 CM: vouchers with Outpatient - Voucher value started at \$2.50, \$1.25 increase for consecutive negatives, \$10 for 3 consecutive negatives.</p> <p>Group 3 N= 58 CBT: group with Outpatient - 90 minute x3/week sessions guided by a worksheet from a manual.</p>	
<p>ROLL2006</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Sub-sample of Clinical Trials Network study</p> <p>Blindness: Open</p> <p>Duration (days): Mean 84</p> <p>Followup: 3 and 6 months</p> <p>Setting: Four sites in Western USA</p> <p>Notes: Stratified randomisation</p> <p>Info on Screening Process: Not reported</p>	<p>n= 113</p> <p>Age: Mean 30</p> <p>Sex: 56 males 57 females</p> <p>Diagnosis: 100% Other stimulant dependence by DSM-IV</p> <p>Exclusions: None reported</p> <p>Notes: PRIMARY DIAGNOSIS: Methamphetamine dependence ETHNICITY: 59% white, 20% Hispanic, 21% other</p> <p>Baseline: (CM / TAU) Unemployed: 53% / 47% Probation/parole: 47% / 37% DSM-IV abuse/dependence: alcohol 24% / 21%, cannabis 29% / 23%, opiate 8% / 7%</p>	<p>Data Used Abstinence: longest consecutive period Retention rate</p> <p>Notes: Twice weekly observed urine samples. Breath sample (for alcohol) at each visit.</p>	<p>Group 1 N= 51 CM (contingency management) with Outpatient - At each urine test, -ve test for all 4 target drugs (cocaine, amph, meth & alcohol) allowed chance to draw chips denoting varying armts of prizes. Each -ve sample gained 1 extra chip, reset to 1 for any +ve. Large prize for first 2 consec weeks abstinence,</p> <p>Group 2 N= 62 Control: TAU (treatment as usual) with Outpatient - Varies between sites. Most participants received Matrix model, others received mix of CBT and RP. All site encouraged 12-Step participation</p>	<p>Fairly intensive control treatment Study quality: 1+</p>
<p>SALEH2002</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days): Mean 365</p> <p>Followup: N/A</p> <p>Setting: Residential treatment centre providing treatment for 2 urban and 1 rural Iowa counties, USA</p> <p>Info on Screening Process: 1109 invited > 662 consented > 278 followed up at 3 months</p>	<p>n= 662</p> <p>Age: Mean 33</p> <p>Sex: 391 males 271 females</p> <p>Diagnosis:</p> <p>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</p> <p>Notes: ETHNICITY: 83% white, 13% black, 1% Hispanic, 2% Indian, 1% other POPULATION: Individuals with substance problems, entering residential treatment</p>	<p>Data Used Abstinence: days drug-free ASI (Addiction Severity Index)</p> <p>Notes: Followups at 3 and 6 months during intervention, and at 12 months (end of intervention) Frequency of contact for case management not reported</p>	<p>Group 1 N= 167 Case management with Residential rehabilitation - On-site strengths-based case management with social worker who met with patients at the primary treatment facility.</p> <p>Group 2 N= 160 Case management with Residential rehabilitation - Off-site strengths-based case management with social worker who met with patients at an off-site social services agency.</p> <p>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.</p> <p>Group 4 N= 188 Control: standard care with Residential rehabilitation - No case management</p>	<p>Study quality: 1+</p>
<p>SHOPTAW2005</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT (those who have completed 2 weeks baseline)</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 102</p> <p>Followup: 6 months postbaseline</p> <p>Setting: USA</p>	<p>n= 162</p> <p>Age: Mean 37</p> <p>Sex: all males</p> <p>Diagnosis: 100% Other stimulant dependence by Current participation in treatment</p> <p>Exclusions: - Age outside 18-65 range</p>	<p>Data Used Unprotected anal intercourse: number of occasions Urinalysis: TES (Treatment Effectiveness Score) Urinalysis: positive for cocaine</p>	<p>Group 1 N= 40 CM: vouchers with Outpatient - As per CM group CBT: Matrix model with Outpatient - As per CBT group</p>	<p>Study quality: 1+</p>

<p>Notes: RANDOMISATION: Urn randomisation based on level of drug use and ethnicity</p> <p>Info on Screening Process: 263 screened, 101 excluded (90% didn't complete 2 weeks baseline period; 10% required more intensive treatment); 162 randomised</p>	<p>- Medical or psychiatric condition precluding safe participation</p> <p>- Methamphetamine dependence requiring more intensive intervention than outpatient treatment</p> <p>Notes: PRIMARY DIAGNOSIS: Methamphetamine dependent users seeking treatment</p> <p>ETHNICITY: Caucasian 80%, Hispanic 13%, African American 5%, other 2%</p> <p>REFERRALS: Community recruitment from gay-bisexual venues (bathhouses, sex clubs, dance clubs), media outlets</p> <p>Baseline: (GROUPS: CBT / CM / CBT + CM / GCBT)</p> <p>Years amphetamine use: 4.9 / 4.2 / 5.5 / 5.6</p> <p>Days amphetamine use in past 30 days: 8.9 / 9.2 / 9.9 / 10.4</p> <p>Days using >1 drug in past 30 days: 2.7 / 5.0 / 5.0 / 4.0</p> <p>IV methamphetamine use: 50% / 36% / 30% / 40%</p>	<p>Notes: FOLLOWUP: baseline, 6 months, 12 months</p> <p>DROPOUTS: Data for sessions attended only; CBT 41%, CBT + CM 74%, GCBT 56%</p>	<p>Group 2 N= 42</p> <p>CM: vouchers with Outpatient - Contingencies placed on 3 weekly urine samples: each successive meth-negative sample yielded US\$2.50, with 3 consecutive negative samples yielding a \$10 bonus</p> <p>Vouchers exchanged for goods or services promoting a prosocial, nonaddiction lifestyle</p> <p>Group 3 N= 40</p> <p>CBT: Matrix model with Outpatient - Group format, 90 minutes 3 times per week</p> <p>Based on Matrix model, with education or internal and external triggers, stages of recovery, identification of emotional states that can signal relapse, craving management and adoption of healthy lifestyles</p> <p>Group 4 N= 40</p> <p>CBT: culture-specific (gay/bisexual men) with Outpatient - Manual guided. 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)</p>	
<p>SHOPTAW2006</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness:</p> <p>Duration (days):</p> <p>Setting: Clinical research unit, LA, UK</p> <p>Info on Screening Process: 414 screened - 185 excluded (169 lost to followup, 15 medical reasons, 1 referred to inpatient) > 229 randomised</p>	<p>n= 229</p> <p>Age:</p> <p>Sex:</p> <p>Diagnosis:</p> <p>100% Other stimulant misuse by DSM-IV</p> <p>Exclusions: - Pregnant or lactating</p> <p>- Age outside range 18-65</p> <p>- Primary medical condition that might interfere with safe study participation</p> <p>- Contraindications to SSRI treatment</p> <p>- SCID-diagnosed psychiatric condition that required pharmacological/behavioural treatment</p> <p>- SCID-diagnosed dependence on other substances</p> <p>Notes: PRIMARY DIAGNOSIS: Methamphetamine</p>		<p>Group 1 N= 54</p> <p>CM (contingency management) with Outpatient. Mean dose 12 weeks - 3x weekly urine tests, \$2.50 vouchers for initial meth -ve sample, increasing in value \$1.25 per consecutive -ve. Each 3rd consecutive -ve earned \$10 bonus. Missing/+ve urine reset value to \$2.50, only reinstated to previous max after 3 -ve urines.</p> <p>CBT: Matrix model. Mean dose 36 sessions - Thrice weekly 90min Matrix Model RP groups, based on social learning theory, CBT, psychological and HIV education to teach abstinence and relapse prevention skills</p> <p>Placebo</p> <p>Group 2 N= 55</p> <p>Placebo with Outpatient</p> <p>CBT: Matrix model with Outpatient. Mean dose 36 sessions - As per CM group</p>	<p>Two treatment groups received sertraline - only placebo groups (with/without CM) reported in this analysis "Treatment as usual" fairly intensive</p> <p>Study quality: 1+</p>
<p>SORENSEN2005</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days): Mean 180</p> <p>Followup: N/A</p> <p>Setting: San Francisco General Hospital, USA</p> <p>Notes: Randomisation by computer-generated list</p>	<p>n= 126</p> <p>Age: Mean 43</p> <p>Sex: 97 males 29 females</p> <p>Diagnosis:</p> <p>100% Opiate dependence by Eligible for/receiving MMT</p> <p>Exclusions: - Outside age range 18-65</p>	<p>Data Used</p> <p>Reduced risk behaviours</p> <p>Urinalysis: positive for heroin</p> <p>Heroin use: times in past month</p> <p>Engagement in Treatment</p>	<p>Group 1 N= 32</p> <p>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.</p>	<p>Study quality: 1+</p>

<p>218 eligible - 82 did not attend baseline interview - 10 unwilling to participate for other reasons - 126 enrolled</p>	<ul style="list-style-type: none"> - Not currently receiving medical treatment at study sites - Unwilling in enrolling in case management or MMT - Less than 2 years heroin dependence - Fewer than 2 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 abuse treatment <p>Notes: ETHNICITY: 48% Caucasian, 29% African American, 10% Latino, 2% Asian, 13% other POPULATION: Dependent opiate users not in treatment</p> <p>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</p>	<p>Notes: Followups at 3 months (during treatment) and 6 months (end of treatment) Planned frequency of contact not reported.</p>	<p>Group 2 N= 30</p> <p>Opiate agonist: MMT (methadone maintenance) - Vouchers redeemable for free MMT for 6 months. Methadone dose titrated to individual needs; monthly drug testing and min 50min counselling per month</p> <p>Group 3 N= 32</p> <p>Case management - As per case management group</p> <p>Opiate agonist: MMT (methadone maintenance) - As per voucher group</p> <p>Group 4 N= 32</p> <p>Control: standard care - Interviewer offered to arrange for a consultant to meet with participant for a counselling and referral session. Appointment slip for next research interview (3 months).</p>	
<p>STEPHENS1994</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Therapists blind to contents of alternate treatment and study hypotheses</p> <p>Type of Analysis: Followup completers</p> <p>Blindness: No mention</p> <p>Duration (days): Mean 84</p> <p>Followup: 6 months</p> <p>Setting: USA</p> <p>Notes: RANDOMISATION: Blocked on sex</p> <p>Info on Screening Process: 382 screened, 85 excluded (73 recent misuse of 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</p>	<p>n= 212</p> <p>Age: Mean 32 Range 18-65</p> <p>Sex: 161 males 51 females</p> <p>Diagnosis: 100% Cannabis misuse</p> <p>Exclusions: - Self-reported dependence on alcohol or another drug, or reported adverse consequences and pathological symptoms of use</p> <p>Notes: PRIMARY DIAGNOSIS: People "seeking treatment" for cannabis use. Full details in Stephens (1993) REFERRALS: Media announcements</p> <p>Baseline: Age of first use: 16.2 Age of daily use: 20.0 Years of use: 15.4 Days of use, past 90 days: 80.7 DAST: 8.88</p>	<p>Data Used</p> <p>Cannabis use: days in past 3 months Cannabis use: times per day Drug and alcohol use: days in past 3 months</p> <p>Notes: FOLLOWUP: Baseline, completion, 3 months, 6 months DROPOUTS: 31% failed to attend >5 sessions</p>	<p>Group 1 N= 106</p> <p>CBT: RP (relapse prevention) with Outpatient. Mean dose 20 sessions - Weekly for first 8 weeks, once per fortnight for next 4 weeks, booster session at 3 months and 6 months afterwards Groups of 12-15 participants, manual-guided, problem-focused psychoeducational style</p> <p>Group 2 N= 106</p> <p>Control: social support group with Outpatient. Mean dose 20 sessions - Weekly for first 8 weeks, once per fortnight for next 4 weeks, booster session at 3 months and 6 months Getting and giving support, dealing with mood swings, peer experiences Therapists did not give advice or training but facilitated discussion</p>	<p>Study quality: 1+</p>
<p>STEPHENS2000</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: No mention</p> <p>Duration (days):</p> <p>Followup: 1, 4, 7,13 months</p> <p>Setting: US</p> <p>Info on Screening Process: 601 screened, 183 excluded: <50 times cannabis used in 90 days (n=24), alcohol or other drug abuse in last 90 days (n=149), severe psychological distress (n=8), other formal treatment (n=2). Of eligible sample, 127 didn't complete pretreatment session</p>	<p>n= 291</p> <p>Age: Mean 34</p> <p>Sex: 224 males 67 females</p> <p>Diagnosis:</p> <p>Exclusions: - <50 times cannabis used in last 90 days - alcohol or other drug abuse in last 90 days - severe psychological distress - receiving other formal treatment</p> <p>Baseline: Years of use = 17.35 (5.21), Days of use past 90 days = 74.64 (18.54)</p>	<p>Data Used</p> <p>Cannabis use: days in past 3 months</p> <p>Notes: DROPOUTS: CBT = 19% MI = 8% Waitlist = 8%</p>	<p>Group 1 N= 117</p> <p>CBT: group RP (relapse prevention) with Outpatient - 2-hour CBT:RP group sessions x14 over an 18 week period. Sessions 1-10 weekly, 11-14 every other week. Weeks 1-4 involved building motivation for change and high risk situations identified, 5-10 building coping skills, 11-14 coping with rationalisations</p> <p>Group 2 N= 88</p> <p>AMI: MI (motivational interviewing) with Outpatient - x2 90 mins individual sessions. Involved motivational interviewing (e.g. reflective listening, affirmation, reframing) and CBT techniques (identifying high risk situations). Second session (1 month after) reviewed previous session and feedback received.</p>	<p>Study quality: 1+</p>

			Group 3 N= 86 Control: waitlist with Outpatient - Waitlist of 4 months until treatment	
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+
STRATHDEE2006 Study Type: RCT (randomised controlled trial) Type of Analysis: ITT Blindness: Open Duration (days): Followup: 7 days Setting: 10 NEP sites in Baltimore, USA Notes: Randomisation is by site but counterbalanced across two recruitment phases Info on Screening Process: 247 invited > 245 consented and completed baseline interview, randomised	n= 245 Age: Mean 42 Sex: 169 males 76 females Diagnosis: 100% IDU (injection drug use) by Current participation in treatment Exclusions: - All except IDUs requesting referral at NEP Notes: 77% African American Baseline: (Control / Case management) Prior treatment or detox: 25% / 22% Employed: 8% / 9% HIV+: 21% / 17% ASI Composite score: 0.09 / 0.12	Data Used Engagement in Treatment Notes: Followed up 7 days after referral session	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 mangament: Developing collaborative relationship; assessment of client strengths and building upon them; identifying goals and linkage to services to address those goals. Duration/freq of contact driven by client needs.	Study quality: 1+
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 USA 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 misuses 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 is 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% opiates, 12% other	Data Used Abstinence: % with negative urine sample per day Urinalysis: positive for any drug Notes: FOLLOWUPS: 3, 6, 9 and 12 months DROPOUTS: 3% BCT, 5% CBT	Group 1 N= 37 CBT: coping skills training with Outpatient. Mean dose 24 weeks - Weekly 60min individual and 90min group counselling sessions which did not include their partners, based on Carroll model: avoiding exposure, understanding consequences, identifying high-risk situations, coping with craving, refusal skills etc. BCT (behavioural couples therapy) with Outpatient. Mean dose 24 weeks - Couples met conjointly with therapist for weekly 60min sessions, focusing on the women's drug use: sobriety contract, effective communication skills, increasing positive behavioural exchanges. O'Farrell & Fals-Stewart model.	Study quality: 1+

	ETHNICITY: 69% white, 24% African American, 7% Hispanic Baseline: Groups: BCT / CBT Years problematic alcohol use: 8.0 (5.0) / 7.7 (4.3) " cannabis use: 6.0 (2.8) / 6.2 (4.4) " cocaine use: 5.1 (3.6) / 5.4 (2.1) " opiate use: 4.5 (3.9) / 5.0 (4.2) " cocaine use: 5.1 (3.6) / 5.4 (2.1) " opiate use: 4.5 (3.9) / 5.0 (4.2)		Group 2 N= 38 CBT: coping skills training with Outpatient. Mean dose 24 weeks - 24 weekly 60min individual and 90min group counselling sessions which did not include their partners, based on Carroll model: avoiding exposure, understanding consequences, identifying high-risk situations, coping with craving, refusal skills etc.	
ZANIS1996 Study Type: RCT (randomised controlled trial) Blindness: Open Duration (days): Followup: 2 weeks Setting: Veterans Administration methadone clinic, Philadelphia, USA 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% Opiate dependence by Eligible for/receiving 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 opiates at least 25 days in past month	Data Used Engagement in Treatment	Group 1 N= 27 Case management with Outpatient. Mean dose 2 weeks - 15min session to assess problems and needs, establish rapport, motivate clients into engaging treatment, identify and refer clients to services, brief problem solving strategies, treatment plans. Ongoing support phone calls over next 2 weeks. Group 2 N= 14 Control: standard care with Outpatient - Clients giving contact details of treatment admissions coordinator and instructed to walk to next building to register for services. No further contact over next 2 weeks.	Study quality: 1+

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
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 RCT
ELK1998	n <10 per arm
FISHER1996A	Sample sizes not reported (appears to be <10 in each group)
GAINNEY1995	Sample size not reported No relevant outcomes
GOTTHEIL2002	Not required comparison
HALL1999	No extractable outcomes
HIEN2004A	Comorbid PTSD
HIGGINS1991	Not relevant intervention; poor quality study
HIGGINS2000	No extractable outcomes
HOFFMAN1996	no details of how many participants assigned to each group
HUBER2003	No relevant drug use outcomes
JANSSON2005	Pregnant women

JOE1994	analysis performed on sub-group only
JOE1997	sub-group analysis only
KAMINER2002	mean age = 15
KANG1991	data not broken down by group
KATZ2002	Not required comparison
KIDORF1994	small sample size
KIRBY1998	Not required comparison
KIRBY1999	n in each group not reported
LINEHAN1999A	Primary focus not drug misuse (borderline personality disorder)
MCKAY1997	Alcohol misuse primary problem
MEYERS2002	intervention not for service users
MILBY1979	pre-1980
MILBY1980A	not applicable to current treatment
NURCO1995	not required outcomes
ONEILL1996	No drug use outcomes
PETRY1998	No relevant outcomes
POLLACK2002	Women and men analysed separately - not extractable
PRESTON2001B	Not relevant comparison
ROHSENOW2004	Outcomes not reported by assigned groups
ROOZEN2003	not RCT
ROSENBLUM2005A	Not required comparison
ROSENBLUM2005B	Not required comparison
ROWANSZAL1994	No extractable outcomes
SCHMITZ2005A	No placebo group therefore can't use CBT comparison
SIEGAL1996	No drug use outcomes
SIEGAL1997	only case management outcomes reported (cluster analysis)
SIGMON2004	Control group data not extractable
SILVERMAN1999	Comparing different schedules of CM
SLESNICK2005	Young age group 12-17 years old
SOSIN1995	Regression analysis - not extractable
STAINES2004	no drug use outcomes
STEPHENS2000	Brief vs standard comparison
THORNTON1987	Not relevant intervention
THORNTON1998	sub-group analysis
THORNTON2003	No extractable data
TRIFFLEMAN2000	No treatment comparison data
VAUGHANSARRAZIN2000	No extractable outcomes
VAUGHANSARRAZIN2004	No extractable outcomes
WASHINGTON1999	not RCT
WASHINGTON2001	No drug use outcomes
WONG2003	not required outcomes

References of Included Studies

BROWN2002 (Published Data Only)

Brown, T. G., Seraganian, P., Tremblay, J., & Annis, H. (2002). Matching substance abuse aftercare treatments to client characteristics. *Addictive Behaviors*, 27, 585-604.

*Brown, T. G., Seraganian, P., Tremblay, J., & Annis, H. (2002). Process and outcome changes with relapse prevention versus 12-step aftercare programs for substance abusers. *Addiction*, 97.

BUDNEY2006 (Published Data Only)

Budney, A. J., Moore, B. A., Rocha, H. L., & Higgins, S. T. (2006). Clinical trial of abstinence-based vouchers and cognitive-behavioral therapy for cannabis dependence. *J.Consult Clin.Psychol.*, 74, 307-316.

CARROLL1991 (Published Data Only)

Carroll, K. M., Rounsaville, B. J., & Gawin, F. H. (1991). A comparative trial of psychotherapies for ambulatory cocaine abusers: relapse prevention and interpersonal psychotherapy. *American Journal of Drug & Alcohol Abuse*, 17, 229-247.

CARROLL2006B (Published Data Only)

Carroll, K. M., Easton, C. J., Nich, C., Hunkele, K. A., Neavins, T. M., Sinha, R. et al. (2006). The use of contingency management and motivational/skills-building therapy to treat young adults with marijuana dependence. *Journal of Consulting & Clinical Psychology*, 74, 955-966.

CHUTUAPE2001 (Published Data Only)

Chutuape, M. A., Silverman, K., & Stitzer, M. L. (2001). Effects of urine testing frequency on outcome in a methadone take-home contingency program. *Drug & Alcohol Dependence*, 62, Date.

COVIELLO2006 (Published Data Only)

Coviello, D. M., Zanis, D. A., Wesnoski, S. A., & Alterman, A. I. (2006). The effectiveness of outreach case management in re-enrolling discharged methadone patients. *Drug & Alcohol Dependence*, 85, 56-65.

CRITSCHRISTOPH1999 (Published Data Only)

Weiss, R. D., Griffin, M. L., Gallop, R. J., Najavits, L. M., Frank, A., Crits-Christoph, P. et al. (2005). The effect of 12-step self-help group attendance and participation on drug use outcomes among cocaine-dependent patients. *Drug & Alcohol Dependence*, 77, 177-184.

*Crits-Christoph, P., Siqueland, L., Blaine, J., Frank, A., Luborsky, L., Onken, L. S. et al. (1999). Psychosocial treatments for cocaine dependence: National Institute on Drug Abuse Collaborative Cocaine Treatment Study.[see comment][comment]. *Archives of General Psychiatry*, 56, 493-502.

FALSSTEWART1996 (Published Data Only)

Fals-Stewart, W., Birchler, G. R., & O'Farrell, T. J. (1996). Behavioral couples therapy for male substance-abusing patients: effects on relationship adjustment and drug-using behavior. *Journal of Consulting & Clinical Psychology*, 64, 959-972.

FINNEY1998 (Published Data Only)

Finney, J. W., Noyes, C. A., Coutts, A. I., & Moos, R. H. (1998). Evaluating substance abuse treatment process models: I. Changes on proximal outcome variables during 12-step and cognitive-behavioral treatment. *Journal of Studies on Alcohol*, 59, 371-380.

HIGGINS1993 (Published Data Only)

*Higgins, S. T., Budney, A. J., Bickel, W. K., Hughes, J. R., Foerg, F., & Badger, G. (1993). Achieving cocaine abstinence with a behavioral approach. *American Journal of Psychiatry*, 150, 763-769.

Higgins, S. T., Budney, A. J., Bickel, W. K., Badger, G. J., Foerg, F. E., & Ogden, D. (1995). Outpatient behavioral treatment for cocaine dependence: One-year outcome. *Experimental & Clinical Psychopharmacology*, 3.

HIGGINS1994 (Published Data Only)

Higgins, S. T., Budney, A. J., Bickel, W. K., Foerg, F. E., Donham, R., & Badger, G. J. (1994). Incentives improve outcome in outpatient behavioral treatment of cocaine dependence. *Archives of General Psychiatry*, 51, 568-576.

HIGGINS2003 (Published Data Only)

Higgins, S. T., Sigmon, S. C., Wong, C. J., Heil, S. H., Badger, G. J., Donham, R. et al. (2003). Community reinforcement therapy for cocaine-dependent outpatients. *Archives of General Psychiatry*, 60, 1043-1052.

JONES2004 (Published Data Only)

Jones, H. E., Johnson, R. E., Bigelow, G. E., Silverman, K., Mudric, T., & Strain, E. C. (2004). Safety and efficacy of L-tryptophan and behavioral incentives for treatment of cocaine dependence: a randomized clinical trial. *American Journal on Addictions*, 13, 421-437.

KADDEN2006 (Published Data Only)

Kadden, R. M., Litt, M. D., Kabela-Cormier, E., & Petry, N. M. (2006). Abstinence rates following behavioral treatments for marijuana dependence. *Addictive Behaviors*.

- KELLEY2002** (Published Data Only)
Kelley, M. L. & Fals-Stewart, W. (2002). Couples- versus individual-based therapy for alcohol and drug abuse: effects on children's psychosocial functioning.[see comment]. *Journal of Consulting & Clinical Psychology*, 70, 417-427.
- MARTIN1993** (Published Data Only)
Martin, S. S. & Scarpitti, F. R. (1993). An intensive case management approach for paroled IV drug users. *Journal of Drug Issues*, 23, 43-59.
- MAUDEGRIFFIN1998** (Published Data Only)
Maude-Griffin, P. M., Hohenstein, J. M., Humfleet, G. L., Reilly, P. M., Tusel, D. J., & Hall, S. M. (1998). Superior efficacy of cognitive-behavioral therapy for urban crack cocaine abusers: main and matching effects. *Journal of Consulting & Clinical Psychology*, 66, 832-837.
- MCKAY2004** (Published Data Only)
McKay, J. R., Lynch, K. G., Shepard, D. S., & Pettinati, H. M. (2005). The effectiveness of telephone-based continuing care for alcohol and cocaine dependence: 24-month outcomes. *Archives of General Psychiatry*, 62, 199-207.
McKay, J. R., Lynch, K. G., Shepard, D. S., Morgenstern, J., Forman, R. F., & Pettinati, H. M. (2005). Do patient characteristics and initial progress in treatment moderate the effectiveness of telephone-based continuing care for substance use disorders? *Addiction*, 100, 216-226.
*McKay, J. R., Lynch, K. G., Shepard, D. S., Ratichek, S., Morrison, R., Koppenhaver, J. et al. (2004). The effectiveness of telephone-based continuing care in the clinical management of alcohol and cocaine use disorders: 12-month outcomes. *Journal of Consulting & Clinical Psychology*, 72, 967-979.
- MEJTA1997** (Published Data Only)
Mejta, C. L., Bokos, P. J., Mickenberg, J., Maslar, M. E., & Senay, E. (1997). Improving substance abuse treatment access and retention using a case management approach. *Journal of Drug Issues*, 27.
- MONTI1997** (Published Data Only)
Monti, P. M., Rohsenow, D. J., Michalec, E., Martin, R. A., & Abrams, D. B. (1997). Brief coping skills treatment for cocaine abuse: substance use outcomes at three months. *Addiction*, 92, 1717-1728.
Rohsenow, D. J., Monti, P. M., Martin, R. A., Michalec, E., & Abrams, D. B. (2000). Brief coping skills treatment for cocaine abuse: 12-month substance use outcomes. *Journal of Consulting & Clinical Psychology*, 68, 515-520.
*Monti, P. M., Rohsenow, D. J., Michalec, E., Martin, R. A., & Abrams, D. B. (1997). Brief coping skills treatment for cocaine abuse: substance use outcomes at three months. *Addiction*, 92, 1717-1728.
- MORGENSTERN2006** (Published Data Only)
Morgenstern, J., Blanchard, K. A., McCrady, B. S., McVeigh, K. H., Morgan, T. J., & Pandina, R. J. (2006). Effectiveness of intensive case management for substance-dependent women receiving temporary assistance for needy families. *American Journal of Public Health*, 96, 2016-2023.
- NEEDELS2005** (Published Data Only)
Needels, K., James-Burdumy, S., & Burghardt, J. (2005). Community case management for former jail inmates: its impacts on rearrest, drug use, and HIV risk. *Journal of Urban Health*, 82, 420-433.
- PETRY2002** (Published Data Only)
Petry, N. M. & Martin, B. (2002). Low-cost contingency management for treating cocaine- and opioid-abusing methadone patients. *Journal of Consulting & Clinical Psychology*, 70, 398-405.
- PETRY2004** (Published Data Only)
Lewis, M. W. & Petry, N. M. (2005). Contingency management treatments that reinforce completion of goal-related activities: Participation in family activities and its association with outcomes. *Drug & Alcohol Dependence*, 79, Date.
*Petry, N. M., Tedford, J., Austin, M., Nich, C., Carroll, K. M., & Rounsaville, B. J. (2004). Prize reinforcement contingency management for treating cocaine users: how low can we go, and with whom? *Addiction*, 99, 349-360.
- PETRY2005A** (Published Data Only)
Petry, N. M., Peirce, J. M., Stitzer, M. L., Blaine, J., Roll, J. M., Cohen, A. et al. (2005). Effect of prize-based incentives on outcomes in stimulant abusers in outpatient psychosocial treatment programs: a national drug abuse treatment clinical trials network study. *Archives of General Psychiatry*, 62, 1148-1156.
- PETRY2005B** (Published Data Only)
Petry, N. M., Alessi, S. M., Marx, J., Austin, M., & Tardif, M. (2005). Vouchers versus prizes: contingency management treatment of substance abusers in community settings. *Journal of Consulting & Clinical Psychology*, 73, 1005-1014.

- PETRY2006** (Published Data Only)
 Petry, N. M., Alessi, S. M., Carroll, K. M., Hanson, T., MacKinnon, S., Rounsaville, B. et al. (2006). Contingency management treatments: Reinforcing abstinence versus adherence with goal-related activities. *J.Consult Clin.Psychol.*, 74, 592-601.
- RAWSON2006** (Published Data Only)
 Rawson, R. A., McCann, M. J., Flammino, F., Shoptaw, S., Miotto, K., Reiber, C. et al. (2006). A comparison of contingency management and cognitive-behavioral approaches for stimulant-dependent individuals. *Addiction*, 101, 267-274.
- ROLL2006** (Published Data Only)
 Roll, J. M., Petry, N. M., Stitzer, M. L., Brecht, M. L., Peirce, J. M., McCann, M. J. et al. (2006). Contingency management for the treatment of methamphetamine use disorders. *American Journal of Psychiatry.*, 163, 1993-1999.
- SALEH2002** (Published Data Only)
 Saleh, S. S., Vaughn, T., Hall, J., Levey, S., Fuortes, L., & Uden-Holmen, T. (2002). Effectiveness of case management in substance abuse treatment. *Care Management Journals: Journal of Case Management, The Journal of Long Term Home Health Care.*, 3, 172-177.
- SHOPTAW2005** (Published Data Only)
 Shoptaw, S., Reback, C. J., Peck, J. A., Yang, X., Rotheram-Fuller, E., Larkins, S. et al. (2005). Behavioral treatment approaches for methamphetamine dependence and HIV-related sexual risk behaviors among urban gay and bisexual men. *Drug & Alcohol Dependence.*, 78, 125-134.
- SHOPTAW2006** (Published Data Only)
 Shoptaw, S., Huber, A., Peck, J., Yang, X., Liu, J., Jeff, D. et al. (2006). Randomized, placebo-controlled trial of sertraline and contingency management for the treatment of methamphetamine dependence. *Drug & Alcohol Dependence.*, 85, 12-18.
- SORENSEN2005** (Published Data Only)
 Sorensen, J. L., Masson, C. L., Delucchi, K., Sporer, K., Barnett, P. G., Mitsuishi, F. et al. (2005). Randomized trial of drug abuse treatment-linkage strategies. *Journal of Consulting & Clinical Psychology.*, 73.
- STEPHENS1994** (Published Data Only)
 *Stephens, R. S., Roffman, R. A., & Simpson, E. E. (1994). Treating adult marijuana dependence: a test of the relapse prevention model. *Journal of Consulting & Clinical Psychology.*, 62, 92-99.
 Stephens, R. S., Wertz, J. S., & Roffman, R. A. (1995). Self-efficacy and marijuana cessation: a construct validity analysis. *Journal of Consulting & Clinical Psychology.*, 63, 1022-1031.
- 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.
- STRATHDEE2006** (Published Data Only)
 Strathdee, S. A., Ricketts, E. P., Huettner, S., Cornelius, L., Bishai, D., Havens, J. R. et al. (2006). Facilitating entry into drug treatment among injection drug users referred from a needle exchange program: Results from a community-based behavioral intervention trial. *Drug & Alcohol Dependence.*, 83, 225-232.
 Strathdee, S. A., Ricketts, E. P., Huettner, S., Cornelius, L., Bishai, D., Havens, J. R. et al. (2006). Facilitating entry into drug treatment among injection drug users referred from a needle exchange program: Results from a community-based behavioral intervention trial. *Drug & Alcohol Dependence.*, 83, 225-232.
- WINTERS2002** (Published Data Only)
 Winters, J., Fals-Stewart, W., O'Farrell, T. J., Birchler, G. R., & Kelly, M. L. (2002). Behavioral couples therapy for female substance-abusing patients: Effects on substance use and relationship adjustment. *Journal of Consulting & Clinical Psychology.*, 70.
- ZANIS1996** (Published Data Only)
 Zanis, D. A., McLellan, A. T., Alterman, A. I., & Cnaan, R. A. (1996). Efficacy of enhanced outreach counseling to reenroll high-risk drug users 1 year after discharge from treatment. *American Journal of Psychiatry.*, 153, 1095-1096.

References of Excluded Studies

- AZRIN1994** (Published Data Only)
 Azrin, N. H., McMahon, P. T., Donohue, B., Besalel, V. A., Lapinski, K. J., Kogan, E. S. et al. (1994). Behavior therapy for drug abuse: a controlled treatment outcome study. *Behaviour Research & Therapy.*, 32, 857-866.

BARROWCLOUGH2001A

Barrowclough, C., Haddock, G., Tarrier, N., Lewis, S. W., Moring, J., O'Brien, R. et al. (2001). Randomized controlled trial of motivational interviewing, cognitive behavior therapy, and family intervention for patients with comorbid schizophrenia and substance use disorders. *American Journal of Psychiatry*, 158, 1706-1713.

BOWMAN1996

Bowman, V., Ward, L. C., Bowman, D., & Scogin, F. (1996). Self-examination therapy as an adjunct treatment for depressive symptoms in substance abusing patients. *Addictive Behaviors*, 21, 129-133.

CHUTUAPE1999 (Published Data Only)

Chutuape, M. A., Silverman, K., & Stitzer, M. (1999). Contingent reinforcement sustains post-detoxification abstinence from multiple drugs: a preliminary study with methadone patients. *Drug & Alcohol Dependence*, 54, 69-81.

CONRAD1998 (Published Data Only)

Conrad, K. J., Hultman, C. I., Pope, A. R., Lyons, J. S., Baxter, W. C., Daghestani, A. N. et al. (1998). Case managed residential care for homeless addicted veterans. Results of a true experiment. *Medical Care*, 36, 40-53.

COVI2002 (Published Data Only)

Covi, L., Hess, J. M., Schroeder, J. R., & Preston, K. L. (2002). A dose response study of cognitive behavioral therapy in cocaine abusers. *Journal of Substance Abuse Treatment*, 23, 191-197.

COVIELLO2004 (Published Data Only)

Coviello, D. M., Zanis, D. A., & Lynch, K. (2004). *Substance Use & Misuse*, 39, 2309-2324.

CZUCHRY1995

Czuchry, M., Dansereau, D. F., Dees, S. M., & Simpson, D. D. (1995). The use of node-link mapping in drug abuse counseling: the role of attentional factors. *Journal of Psychoactive Drugs*, 27, 161-166.

DANSEREAU1995 (Published Data Only)

Dansereau, D. F., Joe, G. W., & Simpson, D. D. (1995). Attentional difficulties and the effectiveness of a visual representation strategy for counseling drug-addicted clients. *International Journal of the Addictions*, 30, 371-386.

EISEN2000

Eisen, M., Keyser-Smith, J., Dampier, J., & Sambrano, S. (2000). Evaluation of substance use outcomes in demonstration projects for pregnant and postpartum women and their infants: findings from a quasi-experiment. *Addictive Behaviors*, 25, 123-129.

ELK1998 (Published Data Only)

Elk, R., Mangus, L., Rhoades, H., Andres, R., & Grabowski, J. (1998). Cessation of cocaine use during pregnancy: effects of contingency management interventions on maintaining abstinence and complying with prenatal care. *Addictive Behaviors*, 23, 57-64.

FISHER1996A (Published Data Only)

Fisher, M. S. S. & Bentley, K. J. (1996). Two group therapy models for clients with a dual diagnosis of substance abuse and personality disorder. *Psychiatric Services*, 47, 1244-1250.

GAINEY1995 (Published Data Only)

Gainey, R. R., Catalano, R. F., Haggerty, K. P., & Hoppe, M. J. (1995). Participation in a parent training program for methadone clients. *Addictive Behaviors*, 20, 117-125.

GOTTHEIL2002 (Published Data Only)

Gottheil, E., Thornton, C., & Weinstein, S. (2002). Effectiveness of high versus low structure individual counseling for substance abuse. *American Journal on Addictions*, 11, 279-290.

HALL1999 (Published Data Only)

Hall, J. A., Vaughan, M. S., Vaughn, T., Block, R., & Schut, A. (1999). Iowa Case Management for Rural Drug Abuse: preliminary results. *Care Management Journals: Journal of Case Management, The Journal of Long Term Home Health Care*, 1, 232-243.

HIEN2004A (Published Data Only)

Hien, D. A., Cohen, L. R., Miele, G. M., Litt, L. C., & Capstick, C. (2004). Promising treatments for women with comorbid PTSD and substance use disorders. *American Journal of Psychiatry*, 161, 1426-1432.

HIGGINS1991 (Published Data Only)

Higgins, S. T., Delaney, D. D., Budney, A. J., Bickel, W. K., Hughes, J. R., Foerg, F. et al. (1991). A behavioral approach to achieving initial cocaine abstinence. *American Journal of Psychiatry*, 148, 1218-1224.

- HIGGINS2000** (Published Data Only)
Higgins, S. T., Wong, C. J., Badger, G. J., Ogden, D. E., & Dantona, R. L. (2000). Contingent reinforcement increases cocaine abstinence during outpatient treatment and 1 year of follow-up. *Journal of Consulting & Clinical Psychology*, 68, 64-72.
- HOFFMAN1996**
Hoffman, J. A., Caudill, B. D., Koman, J. J., Luckey, J. W., Flynn, P. M., & Mayo, D. W. (1996). Psychosocial treatments for cocaine abuse. 12-month treatment outcomes. *Journal of Substance Abuse Treatment*, 13, 3-11.
- HUBER2003**
Huber, D. L., Sarrazin, M. V., Vaughn, T., & Hall, J. A. (2003). Evaluating the impact of case management dosage. *Nursing Research*, 52, 276-288.
- JANSSON2005** (Published Data Only)
Jansson, L. M., Svikis, D. S., Breon, D., & Cieslak, R. (2005). Intensity of case management services: does more equal better for drug-dependent women and their children? *Social Work in Mental Health*, 3, 63-78.
- JOE1994** (Published Data Only)
Joe, G. W., Dansereau, D. F., & Simpson, D. D. (1994). Node-link mapping for counseling cocaine users in methadone treatment. *Journal of Substance Abuse*, 6, 393-406.
- JOE1997** (Published Data Only)
Joe, G. W., Dansereau, D. F., Pitre, U., & Simpson, D. D. (1997). Effectiveness of node-link mapping enhanced counseling for opiate addicts: a 12-month posttreatment follow-up. *Journal of Nervous & Mental Disease*, 185, 306-313.
- KAMINER2002** (Published Data Only)
Kaminer, Y., Bursleson, J. A., & Goldberger, R. (2002). Cognitive-behavioral coping skills and psychoeducation therapies for adolescent substance abuse. *Journal of Nervous & Mental Disease*.
- KANG1991** (Published Data Only)
Kang, S. Y., Kleinman, P. H., Woody, G. E., Millman, R. B., Todd, T. C., Kemp, J. et al. (1991). Outcomes for cocaine abusers after once-a-week psychosocial therapy. *American Journal of Psychiatry*, 148, 630-635.
- KATZ2002** (Published Data Only)
Katz, E. C., Chutuape, M. A., Jones, H. E., & Stitzer, M. L. (2002). Voucher reinforcement for heroin and cocaine abstinence in an outpatient drug-free program. *Experimental & Clinical Psychopharmacology*, 10, 136-143.
- KIDORF1994** (Published Data Only)
Kidorf, M., Stitzer, M. L., Brooner, R. K., & Goldberg, J. (1994). Contingent methadone take-home doses reinforce adjunct therapy attendance of methadone maintenance patients. *Drug & Alcohol Dependence*, 36, 221-226.
- KIRBY1998** (Published Data Only)
Kirby, K. C., Marlowe, D. B., Festinger, D. S., Lamb, R. J., & Platt, J. J. (1998). Schedule of voucher delivery influences initiation of cocaine abstinence. *Journal of Consulting & Clinical Psychology*, 66, 761-767.
- KIRBY1999** (Published Data Only)
Kirby, K. C., Marlowe, D. B., Festinger, D. S., Garvey, K. A., & La, M. (1999). Community reinforcement training for family and significant others of drug abusers: a unilateral intervention to increase treatment entry of drug users. *Drug & Alcohol Dependence*, 56, 85-96.
- LINEHAN1999A** (Published Data Only)
Linehan, M. M., Schmidt, H., Dimeff, L. A., Craft, J. C., Kanter, J., & Comtois, K. A. (1999). Dialectical behavior therapy for patients with borderline personality disorder and drug-dependence. *American Journal on Addictions*, 8, 279-292.

MCKAY1997 (Published Data Only)

McKay, J. R., Alterman, A. I., Cacciola, J. S., Mulvaney, F. D., & O'Brien, C. P. (2000). Prognostic significance of antisocial personality disorder in cocaine-dependent patients entering continuing care. *Journal of Nervous & Mental Disease*, 188, 287-296.

McKay, J. R., Merikle, E., Mulvaney, F. D., Weiss, R. V., & Koppenhaver, J. M. (2001). Factors accounting for cocaine use two years following initiation of continuing care. *Addiction*, 96, 213-225.

McKay, J. R., Alterman, A. I., Cacciola, J. S., O'Brien, C. P., Koppenhaver, J. M., & Shepard, D. S. (1999). Continuing care for cocaine dependence: comprehensive 2-year outcomes. *Journal of Consulting & Clinical Psychology*, 67, 420-427.

*McKay, J. R., Alterman, A. I., Cacciola, J. S., Rutherford, M. J., O'Brien, C. P., & Koppenhaver, J. (1997). Group counseling versus individualized relapse prevention aftercare following intensive outpatient treatment for cocaine dependence: initial results. *Journal of Consulting & Clinical Psychology*, 65, 778-788.

McKay, J. R., Pettinati, H. M., Gallop, R., Morrison, R., Feeley, M., & Mulvaney, F. D. (2002). Relation of depression diagnoses to 2-year outcomes in cocaine-dependent patients in a randomized continuing care study. *Psychology of Addictive Behaviors*, 16.

MEYERS2002 (Published Data Only)

Meyers, R. J., Miller, W. R., Smith, J. E., & Tonigan, J. S. (2002). A randomized trial of two methods for engaging treatment-refusing drug users through concerned significant others. *Journal of Consulting & Clinical Psychology*, 70.

MILBY1979

Milby, J. B., Toro, C., Thornton, S., Rickert, D., & Clarke, C. (1979). Some urine surveillance effects on drug abusers in psychotherapy. *British Journal of Addiction to Alcohol & Other Drugs*, 74, 199-200.

MILBY1980A

Milby, J. B., Clarke, C., Toro, C., Thornton, S., & Rickert, D. (1980). Effectiveness of urine surveillance as an adjunct to outpatient psychotherapy for drug abusers. *International Journal of the Addictions*, 15, 993-1001.

NURCO1995 (Published Data Only)

Nurco, D. N., Primm, B. J., Lerner, M., Stephenson, P., Brown, L. S., & Ajuluchukwu, D. C. (1995). Changes in locus-of-control attitudes about drug misuse in a self-help group in a methadone maintenance clinic. *International Journal of the Addictions*, 30, 765-778.

ONEILL1996 (Published Data Only)

O'Neill, K., Baker, A., Cooke, M., Collins, E., Heather, N., & Wodak, A. (1996). Evaluation of a cognitive-behavioural intervention for pregnant injecting drug users at risk of HIV infection. *Addiction*, 91, 1115-1125.

PETRY1998 (Published Data Only)

Petry, N. M., Bickel, W. K., Tzannis, E., Taylor, R., Kubik, E., Foster, M. et al. (1998). A behavioral intervention for improving verbal behaviors of heroin addicts in a treatment clinic. *Journal of Applied Behavior Analysis*, 31, 291-297.

POLLACK2002 (Published Data Only)

Pollack, M. H., Penava, S. A., Bolton, E., Worthington, J. J., Allen, G. L., Farach, F. J. J. et al. (2002). A novel cognitive-behavioral approach for treatment-resistant drug dependence. *Journal of Substance Abuse Treatment*, 23, 335-342.

PRESTON2001B (Published Data Only)

Preston, K. L., Umbricht, A., Wong, C. J., & Epstein, D. H. (2001). Shaping cocaine abstinence by successive approximation. *Journal of Consulting & Clinical Psychology*, 69, 643-654.

ROHSENOW2004 (Published Data Only)

Rohsenow, D. J., Monti, P. M., Martin, R. A., Colby, S. M., Myers, M. G., Gulliver, S. B. et al. (2004). Motivational enhancement and coping skills training for cocaine abusers: effects on substance use outcomes. *Addiction*, 99, 862-874.

ROOZEN2003 (Published Data Only)

Roozen, H. G., Kerkhof, A. J. F. M., & van, d. (2003). Experiences with an outpatient relapse program (Community Reinforcement Approach) combined with naltrexone in the treatment of opioid-dependence: Effect on addictive behaviors and the predictive value of psychiatric comorbidity. *European Addiction Research*, 9.

ROSENBLUM2005A (Published Data Only)

Rosenblum, A., Magura, S., Kayman, D. J., & Fong, C. (2001). Motivationally enhanced group counseling for substance users in a soup kitchen: a randomized clinical trial. *Drug & Alcohol Dependence*, 80, 91-103.

*Rosenblum, A., Magura, S., Kayman, D. J., & Fong, C. (2005). Motivationally enhanced group counseling for substance users in a soup kitchen: A randomized clinical trial. *Drug & Alcohol Dependence*, 80, Date.

- ROSENBLUM2005B** (Published Data Only)
Rosenblum, A., Foote, J., Cleland, C., Magura, S., Mahmood, D., & Kosanke, N. (2005). Moderators of effects of motivational enhancements to cognitive behavioral therapy.[erratum appears in Am J Drug Alcohol Abuse. 2005;31(2):357]. American Journal of Drug & Alcohol Abuse., 31, 35-58.
- ROWANSZAL1994** (Published Data Only)
Rowan-Szal, G., Joe, G. W., Chatham, L. R., & Simpson, D. D. (1994). A simple reinforcement system for methadone clients in a community-based treatment program. Journal of Substance Abuse Treatment., 11, 217-223.
- SCHMITZ2005A** (Published Data Only)
Schmitz, J., Averill, P., Sayre, S., McCleary, P., Moeller, F. G., & Swann, A. (2002). Cognitive-behavioral treatment of bipolar disorder and substance abuse: A preliminary randomized study. [References]. Addictive Disorders & Their Treatment, 1, http.
- SIEGAL1996** (Published Data Only)
Siegal, H. A., Fisher, J. H., Rapp, R. C., Kelliher, C. W., Wagner, J. H., O'Brien, W. F. et al. (1996). Enhancing substance abuse treatment with case management. Its impact on employment. Journal of Substance Abuse Treatment., 13, 93-98.
- SIEGAL1997**
Siegal, H. A., Rapp, R. C., Li, L., Saha, P., & Kirk, K. D. (1997). The role of case management in retaining clients in substance abuse treatment: An exploratory analysis. Journal of Drug Issues., 27.
- SIGMON2004** (Published Data Only)
Sigmon, S. C., Correia, C. J., & Stitzer, M. L. (2004). Cocaine abstinence during methadone maintenance: effects of repeated brief exposure to voucher-based reinforcement. Experimental & Clinical Psychopharmacology., 12, 269-275.
- SILVERMAN1999** (Published Data Only)
Silverman, K., Chutuape, M. A., Bigelow, G. E., & Stitzer, M. L. (1999). Voucher-based reinforcement of cocaine abstinence in treatment-resistant methadone patients: Effects of reinforcement magnitude. Psychopharmacology., 146.
- SLESNICK2005** (Published Data Only)
Slesnick, N. & Prestopnik, J. L. (2005). Ecologically based family therapy outcome with substance abusing runaway adolescents. Journal of Adolescence., 28, 277-298.
- SOSIN1995** (Published Data Only)
Sosin, M. R., Bruni, M., & Reidy, M. (1995). Paths and impacts in the progressive independence model: a homelessness and substance abuse intervention in Chicago. Journal of Addictive Diseases., 14, 1-20.
- STAINES2004** (Published Data Only)
Staines, G. L., Blankertz, L., Magura, S., Bali, P., Madison, E. M., Spinelli, M. et al. (2004). Efficacy of the customized employment supports (CES) model of vocational rehabilitation for unemployed methadone patients: preliminary results. Substance Use & Misuse., 39, 2261-2285.
- 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.
- THORNTON1987** (Published Data Only)
Thornton, P. I., Igleheart, H. C., & Silverman, L. H. (1987). Subliminal stimulation of symbiotic fantasies as an aid in the treatment of drug abusers. International Journal of the Addictions., 22, 751-765.
- THORNTON1998**
Thornton, C. C., Gottheil, E., Weinstein, S. P., & Kerachsky, R. S. (1998). Patient-treatment matching in substance abuse. Drug addiction severity. Journal of Substance Abuse Treatment., 15, 505-511.
- THORNTON2003** (Published Data Only)
Thornton, C. C., Patkar, A. A., Murray, H. W., Mannelli, P., Gottheil, E., Vergare, M. J. et al. (2003). High- and low-structure treatments for substance dependence: role of learned helplessness. American Journal of Drug & Alcohol Abuse., 29, 567-584.
- TRIFFLEMAN2000**
Triffleman, E. (2000). Gender differences in a controlled pilot study of psychosocial treatments in substance dependent patients with post-traumatic stress disorder: Design considerations and outcomes. Alcoholism Treatment Quarterly., 18.
- VAUGHANSARRAZIN2000** (Published Data Only)
Vaughan Sarrazin, M. S., Hall, J. A., & Rick, G. S. (2000). Impact of case management on use of health services by rural clients in substance abuse treatment. Journal of Drug Issues., 30.

VAUGHANSARRAZIN2004

Vaughan Sarrazin, M. S. & Hall, J. A. (2004). Impact of Iowa case management on provisions of social support for substance abuse clients. *Care Management Journals.*, 5, 3-11.

WASHINGTON1999 (Published Data Only)

Washington, O. G. M. (2000). Effects of group therapy on chemically dependent women's self-efficacy. *Journal of Nursing Scholarship.*, 32, 347-352.

*Washington, O. (1999). Effects of cognitive and experiential group therapy on self-efficacy and perceptions of employability of chemically dependent women. *Issues in Mental Health Nursing.*

WASHINGTON2001

Washington, O. G. (2001). Using brief therapeutic interventions to create change in self-efficacy and personal control of chemically dependent women. *Archives of Psychiatric Nursing.*, 15, 32-40.

WONG2003 (Published Data Only)

Wong, C. J., Sheppard, J. M., Dallery, J., Bedient, G., Robles, E., Svikis, D. et al. (2003). Effects of reinforcer magnitude on data-entry productivity in chronically unemployed drug abusers participating in a Therapeutic Workplace. *Experimental & Clinical Psychopharmacology.*, 11, 46-55.

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