

## Appendix 16b: Evidence profile tables A16-7 to A16-34 (psychosocial interventions)

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## Psychosocial interventions

Table A16-7. Cognitive behavioural therapy (RP) versus standard care


### Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence for cannabis (3 month follow up)</b> (Stephens1994)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>4</sup>
<b>Abstinence for cocaine (end of treatment)</b> ((Carroll1991, Carroll 1998, Monti1997, McKay2004)					
4	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Drug Use for alcohol and drug misuse</b> ((Brown2002)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>3</sup>
<b>Abstinence for cannabis (12 month follow up)</b> ((Stephens 1994)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>4</sup>
<b>Abstinence for cocaine (12 month follow up)</b> ((McKay 2004)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>4</sup>
<b>Days abstinence from cocaine (last 3 months)</b> (Carroll 1994, McKay 2004)					

2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
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### Summary of findings

Outcome	No of patients		Effect		Quality
	CBT: Relapse Prevention	TAU	Relative (95% CI)	Absolute (95% CI)	
Abstinence for cannabis (3 month follow up)	26/106 (24.5%)	35/106 (33%)	RR 0.74 (0.48 to 1.14)	-	⊕⊕○○ Low
Abstinence for cocaine (end of treatment)	128/235 (54.5%)	110/234 (47%)	RR 1.13 (0.95 to 1.34)	-	⊕⊕⊕○ Moderate
Drug Use for alcohol and drug misuse	61	70	-	SMD -0.19 (-0.54 to 0.15)	⊕⊕○○ Low
Abstinence for cannabis (12 month follow up)	12/106 (11.3%)	16/106 (15.1%)	RR 0.75 (0.37 to 1.51)	-	⊕⊕○○ Low
Abstinence for cocaine (12 month follow up)	53/135 (39.3%)	50/122 (41%)	RR 0.96 (0.71 to 1.29)	-	⊕⊕○○ Low

Days abstinence from cocaine (last 3 months)	156	147	-	SMD -0.05 (-0.27 to 0.18)	 Moderate
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**Footnotes:**

1. No UK studies
2. I-squared >50%
3. 1 study
4. CIs compatible with benefit and no benefit

**Table A16-8. Cognitive behavioural therapy (RP) versus waitlist**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence for cannabis</b> Stephens (2000) Stephens (2002)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Strong association (+1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	CBT:Relapse Prevention	Waitlist	Relative (95% CI)	Absolute (95% CI)	
Abstinence for cannabis	65/228 (28.5%)	12/216 (5.6%)	RR 4.95 (2.77 to 8.85)	-	⊕⊕⊕⊕ High

**Footnotes:**

1. No UK studies
2. RR >2

**Table A16-8. Cognitive behavioural therapy (RP) versus brief interventions**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence from cannabis (Brief vs Individual CBT)</b> (Copeland 2001, Stephens 2002)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>4</sup>	None
<b>Abstinence from amphetamines (Brief vs Individual CBT)</b> (Baker (2005)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>4</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Cannabis use at 4 month follow up (Brief vs Individual CBT)</b> (Stephens, 2002)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>4</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Abstinence from cannabis (Brief vs Group CBT)</b> ((Stephens, 2000) Follow up: )					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>4</sup>	Imprecise or sparse data (-1) <sup>3</sup>
<b>Cannabis use at 7 month follow up (Brief vs Group CBT)</b> (Stephens, 2000)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>4</sup>	Imprecise or sparse data (-1) <sup>3</sup>

## Summary of findings

Outcome	No of patients		Effect		Quality
	Brief interventions	CBT	Relative (95% CI)	Absolute (95% CI)	
Abstinence from cannabis (Brief vs Individual CBT)	38/234 (16.2%)	14/228 (6.1%)	RR 2.60 (1.45 to 4.66)	-	⊕⊕⊕○ Moderate
Abstinence from amphetamines (Brief vs Individual CBT)	25/74 (33.8%)	25/66 (37.9%)	RR 0.89 (0.57 to 1.39)	-	⊕⊕○○ Low
Cannabis use at 4 month follow up (Brief vs Individual CBT)	133	128	-	SMD -0.52 (-0.77 to -0.28)	⊕⊕○○ Low
Abstinence from cannabis (Brief vs Group CBT)	35/117 (29.9%)	28/88 (31.8%)	RR 0.94 (0.62 to 1.42)	-	⊕⊕○○ Low
Cannabis use at 7 month follow up (Brief vs Group CBT)	95	72	-	SMD 0.04 (-0.26 to 0.35)	⊕⊕○○ Low

### Footnotes:

1. I-squared > 50%
2. 1 study
3. CIs compatible with benefit and no benefit
4. No UK studies



**Table A16-9. Cognitive behavioural therapy (S) for cocaine**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence from cocaine</b> Crits Christoph (1999), Maude-Griffin (1998)					
2	Randomised trials	No limitations	Important inconsistency (-1) <sup>1</sup>	Some uncertainty (-1) <sup>3</sup>	None

**Summary of findings**

Outcome	No of patients		Effect		Quality
	CBT (S)	TAU	Relative (95% CI)	Absolute (95% CI)	
Abstinence from cocaine	69/178 (38.8%)	74/192 (38.5%)	RR 1.00 (0.78 to 1.30)	-	⊕⊕○○ Low

**Footnotes:**

1. I-squared > 50%
2. CIs compatible with benefit and no benefit
3. No UK studies

**Table A16-10. Psychodynamic versus control**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence at 2 months (SE vs Control) (Crits-Christoph 1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Relapse at 12 months (SE vs Control) (Crits-Christoph 1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Abstinence at 2 months (SE vs CBT) (Crits-Christoph 1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Relapse at 12 months (SE vs CBT) (Crits-Christoph 1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Short term psychodynamic interventions	Control	Relative (95% CI)	Absolute (95% CI)	
Abstinence at 2 months	40/124 (32.3%)	52/123 (42.3%)	RR 0.76 (0.55 to 1.06)	-	⊕⊕○○

(SE vs Control)					Low
Relapse at 12 months (SE vs Control)	60/124 (48.4%)	57/123 (46.3%)	RR 1.04 (0.80 to 1.36)	-	⊕⊕⊕○ Moderate
Abstinence at 2 months (SE vs CBT)	40/124 (32.3%)	43/119 (36.1%)	RR 0.89 (0.63 to 1.27)	-	⊕⊕⊕○ Moderate
Relapse at 12 months (SE vs CBT)	60/124 (48.4%)	55/119 (46.2%)	RR 1.05 (0.80 to 1.37)	-	⊕⊕⊕○ Moderate

**Footnotes:**

1. No UK studies
2. 1 study

**Table A16-11. Contingency management for cocaine**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>continuous abstinence for 12 weeks</b> Higgins (1993), Higgins (1994), Petry (2004), Petry (2005a)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Strong association (+1) <sup>2</sup>
<b>continuous abstinence for 9 weeks</b> ((Higgins 1993, Higgins 1994, Petry 2004, Petry 2005a) Follow up: )					
4	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Strong association (+1) <sup>2</sup>
<b>continuous abstinence for 6 weeks</b> ((Higgins 1993, Petry 2004) Follow up: )					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Strong association (+1) <sup>2</sup>
<b>continuous abstinence for 3 weeks</b> ((Higgins 1993, Petry 2004, Petry 2005a) Follow up: )					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None

**Summary of findings**

Outcome	No of patients		Effect		Quality
	CM	Control	Relative (95% CI)	Absolute (95% CI)	

continuous abstinence for 12 weeks	66/286 (23.1%)	15/282 (5.3%)	RR 4.24 (2.52 to 7.15)	-	⊕⊕⊕⊕ High
continuous abstinence for 9 weeks	88/286 (30.8%)	30/282 (10.6%)	RR 2.90 (1.98 to 4.23)	-	⊕⊕⊕⊕ High
continuous abstinence for 6 weeks	27/57 (47.4%)	7/56 (12.5%)	RR 3.79 (1.80 to 8.01)	-	⊕⊕⊕⊕ High
continuous abstinence for 3 weeks	118/266 (44.4%)	62/262 (23.7%)	RR 1.87 (1.45 to 2.42)	-	⊕⊕⊕○ Moderate

**Footnotes:**

1. No UK studies
2. RR>2

**Table A16-12. Contingency management for cannabis**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence (during treatment)</b> (Carroll 2006b, Kadden 2006)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Abstinence (2/3 months)</b> ((Carroll2006b, Kadden 2006) Follow up: )					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Abstinence (5/6month follow up)</b> ((Carroll2006b, Kadden 2006) Follow up: )					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Abstinence (11/12 month follow up)</b> ((Carroll 2006b) Follow up: )					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	CM	Control	Relative (95% CI)	Absolute (95% CI)	
Abstinence (during treatment)	27/88 (30.7%)	14/95 (14.7%)	RR 2.03 (1.15 to 3.58)	-	⊕⊕⊕○ Moderate
Abstinence (2/3)	18/88 (20.5%)	11/95 (11.6%)	RR 1.77 (0.89 to 3.53)	-	⊕⊕⊕○

months)					Moderate
Abstinence (5/6month follow up)	20/88 (22.7%)	18/95 (18.9%)	RR 1.18 (0.67 to 2.06)	-	⊕⊕○○ Low
Abstinence (11/12 month follow up)	6/54 (11.1%)	9/62 (14.5%)	RR 0.77 (0.29 to 2.01)	-	⊕⊕○○ Low

**Footnotes:**

1. No UK studies
2. CIs compatible with benefit and no benefit

**Table A16-13. Contingency management for methamphetamines**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence from methamphetamine</b> (Roll 2006, Shoptaw 2006)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None

**Summary of findings**

Outcome	No of patients		Effect		Quality
	CM	Control	Relative (95% CI)	Absolute (95% CI)	
Abstinence from methamphetamine	37/105 (35.2%)	27/117 (23.1%)	RR 1.44 (0.98 to 2.12)	-	⊕⊕⊕○ Moderate

**Footnotes:**

1. No UK studies
2. I-squared ~ 50%



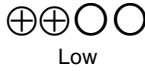
**Table A16-14. Family interventions versus cognitive behavioural therapy for young people**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Not clinically improved</b> Dennis2004 (Study 1 & 2), Waldron2001					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>2</sup>	None
<b>Drug use: cannabis, self-reported days (endpoint change from baseline)</b> (Waldron2001)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>2</sup>	Imprecise or sparse data (-1) <sup>1</sup>
<b>Drug use: cannabis, self-reported days (3-month follow-up)</b> (Waldron2001)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>2</sup>	Imprecise or sparse data (-1) <sup>1</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Family Interventions	CBT	Relative (95% CI)	Absolute (95% CI)	
Not clinically improved	177/231 (76.6%)	179/227 (78.9%)	RR 0.97 (0.88 to 1.07)	-	⊕⊕⊕○ Moderate
Drug use: cannabis, self-reported days	29	31	-	SMD -0.36 (-0.87 to 0.15)	⊕⊕○○ Low

(endpoint change from baseline)					
Drug use: cannabis, self-reported days (3-month follow-up)	29	31	-	SMD -0.38 (-0.89 to 0.13)	 <p>Low</p>

**Footnotes:**

1. Single study
2. No UK studies

**Table A16-15. Family therapy versus psychoeducation for young people**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Not clinically improved</b> (Liddle2001, Waldron2001 )					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Drug use: cannabis, self-reported days (endpoint change from baseline)</b> (Waldron2001, Latimer2003)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Drug use: cannabis, self-reported days (3-month follow-up)</b> (Waldron2001)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Family intervention	Psychoeducation	Relative (95% CI)	Absolute (95% CI)	
Not clinically improved	43/76 (56.6%)	61/82 (74.4%)	RR 0.76 (0.60 to 0.96)	-	⊕⊕⊕○ Moderate
Drug use: cannabis, self-reported days	50	51	-	SMD -0.32 (-0.71 to 0.08)	⊕⊕⊕○ Moderate

(endpoint change from baseline)					
Drug use: cannabis, self-reported days (3-month follow-up)	29	30	-	SMD 0.08 (-0.43 to 0.59)	⊕⊕○○ Low

**Footnotes:**

1. No UK studies
2. Single study

**Table A16-16. Family therapy versus group therapy for young people**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Not clinically improved (Liddle2001)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Abstinence: proportion cannabis negative urinalysis (during treatment) (Henggeler1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Abstinence: proportion cannabis negative urines (during 6-month follow-up) (Henggeler1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Abstinence: proportion cocaine negative urines (Henggeler1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Abstinence: proportion cocaine negative urines (Henggeler1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality	Importance
	Family	Group therapy	Relative	Absolute		

	interventions		(95% CI)	(95% CI)		
Not clinically improved	27/47 (57.4%)	40/53 (75.5%)	RR 0.76 (0.57 to 1.02)	-	⊕⊕○○ Low	6
Abstinence: proportion cannabis negative urinalysis (during treatment)	58	60	-	SMD 0.22 (-0.15 to 0.58)	⊕⊕○○ Low	9
Abstinence: proportion cannabis negative urines (during 6-month follow-up)	58	60	-	SMD 0.05 (-0.32 to 0.41)	⊕⊕○○ Low	9
Abstinence: proportion cocaine negative urines	58	60	-	SMD 0.00 (-0.36 to 0.36)	⊕⊕○○ Low	9
Abstinence: proportion cocaine negative urines	58	60	-	SMD 0.12 (-0.24 to 0.48)	⊕⊕○○ Low	9

**Footnotes:**

1. No UK studies
2. Single study

**Table A16-17. Behavioural couples therapy versus cognitive behavioural therapy**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>% days abstinence (end of treatment)</b> (Fals-Stewart 1996, Kelley 2002, Winters 2002)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>% days abstinence (12 month follow up)</b> (Fals-Stewart 1996, Kelley 2002, Winters 2002)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None

**Summary of findings**

Outcome	No of patients		Effect		Quality
	BCT	CBT	Relative (95% CI)	Absolute (95% CI)	
% days abstinence (end of treatment)	99	99	-	SMD -0.38 (-0.66 to -0.09)	⊕⊕⊕○ Moderate
% days abstinence (12 month follow up)	99	99	-	SMD -0.34 (-0.62 to -0.06)	⊕⊕⊕○ Moderate

**Footnotes:**

1. No UK studies

**Table A16-18. Methadone maintenance treatment plus behavioural couples therapy**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>ASI-Drug</b> (Fals- Stewart 2001)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup> .	Imprecise or sparse data (-1) <sup>2</sup> Strong association (+1) <sup>3</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	MMT + BCT	MMT + Control	Relative (95% CI)	Absolute (95% CI)	
ASI-Drug	19	17	-	SMD -1.22 (-1.94 to -0.50)	⊕⊕⊕○ Moderate

**Footnotes:**

1. No UK studies
2. 1 study
3. SMD > 0.8



**Table A16-19. Methadone maintenance treatment plus family training**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Opiate use (end of treatment)</b> (Catalano, 1999)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Cocaine use (end of treatment)</b> (Catalano, 1999)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	MMT + Family interventions	MMT + Control	Relative (95% CI)	Absolute (95% CI)	
Opiate use (end of treatment)	74	58	-	SMD -0.47 (-0.82 to -0.12)	⊕⊕○○ Low
Cocaine use (end of treatment)	74	58	-	SMD -0.34 (-0.68 to 0.01)	⊕⊕○○ Low

**Footnotes:**

1. No UK studies
2. 1 study

**Table A16-20. Methadone maintenance treatment plus cognitive behavioural therapy (RP)**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence from cocaine</b> Rawson (2002)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Drug use (end of treatment)</b> (Epstein 2003, UKCBTMM 2004)					
2	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1) <sup>4</sup>
<b>Drug use (6-12 month follow up)</b> (Epstein 2003, UKCBTMM 2004)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	MMT + CBT (RP)	MMT + Control	Relative (95% CI)	Absolute (95% CI)	
Abstinence from cocaine	12/30 (40%)	8/30 (26.7%)	RR 1.50 (0.72 to 3.14)	-	⊕⊕○○ Low
Drug use (end of treatment)	70	76	-	SMD 0.12 (-0.28 to 0.52)	⊕⊕⊕○ Moderate

Drug use (6-12 month follow up)	74	75	-	SMD 0.04 (-0.29 to 0.36)	⊕⊕⊕○ Moderate
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**Footnotes:**

1. No UK studies
2. 1 study
3. I-squared >50%
4. CIs compatible with benefit and no benefit

**Table A16-21. Methadone maintenance treatment plus cognitive behavioural therapy (S)**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Opiate use</b> (Woody 1983)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Stimulant use</b> (Woody 1983)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	MMT + CBT (S)	MMT + Control	Relative (95% CI)	Absolute (95% CI)	
Opiate use	34	35	-	SMD 0.07 (-0.40 to 0.54)	⊕⊕○○ Low
Stimulant use	34	35	-	SMD -0.23 (-0.70 to 0.25)	⊕⊕○○ Low

**Footnotes:**

1. No UK studies
2. CIs compatible with benefit and no benefit

**Table A16-22. Methadone maintenance treatment plus psychodynamic interventions**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Days of opiate use (SE vs Control)</b> (Woody 1983, Woody 1995)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Days of stimulant use (SE vs Control)</b> (Woody 1983, Woody 1995)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Days of opiate use (SE vs CBT)</b> (Woody 1995)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Days of stimulant use (SE vs CBT)</b> (Woody 1995)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	MMT + Short term Psychodynamic	MMT + Control	Relative (95% CI)	Absolute (95% CI)	

Days of opiate use (SE vs Control)	88	62	-	SMD -0.04 (-0.37 to 0.30)	⊕⊕○○ Low
Days of stimulant use (SE vs Control)	88	62	-	SMD -0.38 (-0.72 to -0.05)	⊕⊕⊕○ Moderate
Days of opiate use (SE vs CBT)	31	34	-	SMD -0.08 (-0.56 to 0.41)	⊕⊕○○ Low
Days of stimulant use (SE vs CBT)	31	34	-	SMD 0.00 (-0.49 to 0.49)	⊕⊕○○ Low

**Footnotes:**

1. No UK studies
2. CIs compatible with benefit and no benefit

**Table A16-23. Methadone maintenance treatment plus contingency management**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>minimum 3 weeks continuous abstinence</b> (Petry 2002, Preston 2000, Rawson 2002, Schottenfeld, 2005, Silverman 1998)					
5	Randomised trials	No limitations	Important inconsistency (-1) <sup>6</sup> .	Some uncertainty (-1) <sup>1</sup> .	None
<b>minimum 6 weeks continuous abstinence</b> (Petry 2002, Preston 2000, Schottenfeld 2005, Silverman 1998)					
4	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup> .	Strong association (+1) <sup>2</sup> .
<b>minimum 8 weeks continuous abstinence</b> (McClellan 1993, Petry 2002, Peirce 2006, Preston 2000, Schottenfeld 2005, Silverman 1998)					
6	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup> .	Strong association (+1) <sup>2</sup> .
<b>minimum of 26 weeks continuous abstinence</b> Silverman (2004)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup> .	Imprecise or sparse data (-1) <sup>3</sup> . Very strong association (+2) <sup>4</sup> .
<b>Abstinence (6month follow up)</b> (Rawson 2002, Petry 2005c)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup> .	None
<b>Abstinence (12 month follow up)</b> Rawson (2002)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup> .	Imprecise or sparse data (-1) <sup>3</sup> . Strong association (+1) <sup>2</sup> .

<b>minimum of 12 weeks continuous abstinence</b> (McClellan 1993, Petry 2002, Peirce 2006, Silverman 1998, Silverman 2004)					
5	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Strong association (+1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	MMT + CM	MMT + Control	Relative (95% CI)	Absolute (95% CI)	
minimum 3 weeks continuous abstinence	72/138 (52.2%)	38/140 (27.1%)	RR 1.92 (1.40 to 2.65)	-	⊕⊕○○ Low
minimum 6 weeks continuous abstinence	41/88 (46.6%)	14/110 (12.7%)	RR 4.17 (2.42 to 7.18)	-	⊕⊕⊕⊕ High
minimum 8 weeks continuous abstinence	92/335 (27.5%)	24/332 (7.2%)	RR 3.87 (2.61 to 5.74)	-	⊕⊕⊕⊕ High



minimum of 26 weeks continuous abstinence	11/26 (42.3%)	0/26 (0%)	RR 23.00 (1.43 to 371.00)	-	⊕⊕⊕⊕ High
Abstinence (6month follow up)	28/70 (40%)	15/67 (22.4%)	RR 1.81 (1.07 to 3.06)	-	⊕⊕⊕○ Moderate
Abstinence (12 month follow up)	16/30 (53.3%)	8/30 (26.7%)	RR 2.00 (1.01 to 3.95)	-	⊕⊕⊕○ Moderate
minimum of 12 weeks continuous abstinence	36/292 (12.3%)	12/290 (4.1%)	RR 3.08 (1.73 to 5.47)	-	⊕⊕⊕⊕ High

**Footnotes:**

1. No UK studies
2. RR >=2
3. 1 small study
4. RR > 5
5. SMD > 1.00
6. I-squared > 50%

**Table A16-24. Buprenorphine plus contingency management**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence</b> (Downey 2000, Schottenfeld 2005)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Longest consecutive period of abstinence from Illicit opiates and cocaine</b> (Downey 2000, Gross 2006, Kosten 2003, Schottenfeld 2005)					
4	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Buprenorphine + CM	Buprenorphine + Control	Relative (95% CI)	Absolute (95% CI)	
Abstinence	17/59 (28.8%)	20/64 (31.2%)	RR 0.90 (0.59 to 1.38)	-	⊕⊕○○ Low

Longest consecutive period of abstinence from illicit opiates and cocaine	119	124	-	SMD -0.02 (-0.27 to 0.23)	 <p>Low</p>
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**Footnotes:**

1. No UK studies
2. CIs compatible with benefit and no benefit

**Table A16-25. Naltrexone plus contingency management**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Naltrexone doses/days used</b> (Carroll 2001, Carroll 2002, Preston 1999)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Longest continuous abstinence for opiates</b> (Carroll 2001, Carroll 2002)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Longest continuous abstinence for cocaine</b> (Carroll 2001, Carroll 2002)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Naltrexone + CM	Naltrexone + Control	Relative (95% CI)	Absolute (95% CI)	
Naltrexone doses/days used	90	81	-	SMD -0.44 (-0.75 to -0.13)	⊕⊕⊕○ Moderate
Longest continuous abstinence for	71	62	-	SMD -0.41 (-0.76 to -0.05)	⊕⊕⊕○ Moderate

opiates					
Longest continuous abstinence for cocaine	71	62	-	SMD -0.32 (-0.67 to 0.03)	⊕⊕⊕○ Moderate

**Footnotes:**

1. No UK studies
2. New footnote

**Table A16-26. Naltrexone plus behavioural family interventions**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Naltrexone doses/days used</b> (Carroll 2001, Fals-Stewart 2003)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Proportion days abstinent for cocaine</b> (Carroll 2001, Fals-Stewart 2003)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Proportion days abstinent for opiates</b> (Carroll 2001, Fals-Stewart 2003)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Naltrexone + Family based interventions	Naltrexone + Control	Relative (95% CI)	Absolute (95% CI)	
Naltrexone doses/days used	110	106	-	SMD -0.46 (-0.73 to -0.19)	⊕⊕⊕○ Moderate
Proportion days abstinent for cocaine	110	106	-	SMD -0.38 (-0.65 to -0.11)	⊕⊕⊕○ Moderate

Proportion days abstinent for opiates	110	106	-	SMD -0.43 (-0.70 to -0.16)	⊕⊕⊕○ Moderate
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**Footnotes:**

1. No UK studies

**Table A16-27. Naltrexone plus cognitive behavioural therapy**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Naltrexone doses/days used</b> (Rawson 2001)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Days used opiates (end of treatment)</b> (Tucker 2004)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Naltrexone + CBT	Naltrexone + Control	Relative (95% CI)	Absolute (95% CI)	
Naltrexone doses/days used	41	40	-	SMD -0.74 (-1.19 to -0.29)	⊕⊕○○ Low
Days used opiates (end of treatment)	47	41	-	SMD -0.16 (-0.58 to 0.26)	⊕⊕○○ Low

**Footnotes:**



1. No UK studies
2. 1 study

**Table A16-28. Case management**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Initiation into treatment</b> (Mejta 1997, Morgenstern 2006, Needels 2005: Study 1, Needels 2005: Study 2)					
4	Randomised trials	No limitations	Important inconsistency (-1) <sup>2</sup>	Some uncertainty (-1) <sup>1</sup>	None
<b>Retention at follow up</b> (Needels 2005: Study1, Needels 2005: Study2, Sorensen 2005)					
3	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None
<b>Abstinence from Cocaine (endpoint)</b> (Needels 2005: Study 1, Needels 2005: Study 2)					
2	Randomised trials	No limitations	Important inconsistency (-1) <sup>2</sup>	Some uncertainty (-1) <sup>1</sup>	None
<b>Abstinence from opiates</b> (Sorensen 2005)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>3</sup>
<b>Abstinence from cannabis</b> (Needels 2005: Study 1, Needels 2005: Study 2)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	None

**Summary of findings**

Outcome	No of patients	Effect	Quality
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	Case management	Control	Relative (95% CI)	Absolute (95% CI)	
Initiation into treatment	471/1025 (46%)	345/1003 (34.4%)	RR 1.34 (1.04 to 1.72)	-	⊕⊕○○ Low
Retention at follow up	139/758 (18.3%)	134/772 (17.4%)	RR 1.20 (0.84 to 1.74)	-	⊕⊕⊕○ Moderate
Abstinence from Cocaine (endpoint)	144/726 (19.8%)	143/740 (19.3%)	RR 1.09 (0.79 to 1.49)	-	⊕⊕○○ Low
Abstinence from opiates	28/54 (51.9%)	39/66 (59.1%)	RR 0.88 (0.63 to 1.23)	-	⊕⊕○○ Low
Abstinence from cannabis	117/704 (16.6%)	110/706 (15.6%)	RR 1.06 (0.85 to 1.33)	-	⊕⊕⊕○ Moderate

**Footnotes:**

1. No UK studies
2. I-squared > 50%
3. CIs compatible with benefit and no benefit

**Table A16-29. Case management (intensive referral)**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Initiation of treatment</b> (Strathdee 2006, Zanis 1996)					
2	Randomised trials	No limitations	Important inconsistency (-1) <sup>2</sup>	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>3</sup> Strong association (+1) <sup>4</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Intensive referral	Control	Relative (95% CI)	Absolute (95% CI)	
Initiation of treatment	68/155 (43.9%)	31/131 (23.7%)	RR 2.92 (0.52 to 16.35)	-	⊕⊕○○ Low

**Footnotes:**

1. No UK studies
2. I-squared > 50%
3. CIs compatible with benefit and no benefit
4. RR > 2

**Table A16-30. Multimodal interventions (intensive outpatient versus standard outpatient)**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Drug use</b> (Volpicelli 2000, Weinstein 1997)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>2</sup>	Imprecise or sparse data (-1) <sup>1</sup>
<b>Minimum 12 weeks continuous abstinence</b> (McLellan 1993)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>2</sup>	Imprecise or sparse data (-1) <sup>3</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Intensive outpatient	Standard outpatient	Relative (95% CI)	Absolute (95% CI)	
Drug use	106	113	-	SMD 0.25 (-2.38 to 2.88)	⊕⊕○○ Low

Minimum 12 weeks continuous abstinence	23/35 (65.7%)	17/32 (53.1%)	RR 1.24 (0.83 to 1.85)	-	⊕⊕○○ Low
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**Footnotes:**

1. CIs compatible with benefit and no benefit
2. No UK studies
3. 1 study

**Table A16-31. Multimodal intervention (intensive outpatient versus extended outpatient)**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence (end of treatment) (Coviello 2001)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Abstinence (3 month follow up) (Coviello 2001)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Intensive outpatient	Extended outpatient	Relative (95% CI)	Absolute (95% CI)	
Abstinence (end of treatment)	22/46 (47.8%)	24/48 (50%)	RR 0.96 (0.63 to 1.45)	-	⊕⊕○○ Low
Abstinence (3 month follow up)	22/46 (47.8%)	22/48 (45.8%)	RR 1.04 (0.68 to 1.61)	-	⊕⊕○○ Low

**Footnotes:**

- 1. No UK studies
- 2. CIs compatible with benefit and no benefit

**Table A16-32. Multimodal interventions (day treatment versus standard outpatient)**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence from cocaine and opiates at end of treatment (MMT users) (Avants 1999)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>
<b>Abstinence from cocaine (primary cocaine users) (Marlowe 2003)</b>					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Imprecise or sparse data (-1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Day treatment	Standard outpatient	Relative (95% CI)	Absolute (95% CI)	
Abstinence from cocaine and opiates at end of treatment (MMT users)	53/145 (36.6%)	54/146 (37%)	RR 0.99 (0.73 to 1.34)	-	⊕⊕○○ Low



Abstinence from cocaine (primary cocaine users)	40	39	-	SMD 0.14 (-0.30 to 0.59)	⊕⊕○○ Low
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**Footnotes:**

1. No UK studies
2. CIs compatible with benefit and no benefit

**Table A16-33. Multimodal interventions (intensive outpatient with reinforcement based treatment versus outpatient)**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>Abstinence</b> (Jones 2005, Silverman 2001)					
2	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1) <sup>1</sup>	Strong association (+1) <sup>2</sup>

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Intensive outpatient with RBT	Control	Relative (95% CI)	Absolute (95% CI)	
Abstinence	33/86 (38.4%)	13/84 (15.5%)	RR 2.48 (1.40 to 4.37)	-	⊕⊕⊕⊕ High

**Table A16-34. Vocational interventions**

**Quality assessment**

No of studies	Design	Limitations	Consistency	Directness	Other considerations
<b>employment</b> ((Hall 1979, Zanis 2001) Follow up: )					
2	Randomised trials	No limitations	No important inconsistency	Major uncertainty (-2) <sup>1</sup>	None

**Summary of findings**

Outcome	No of patients		Effect		Quality
	Vocational interventions	Control	Relative (95% CI)	Absolute (95% CI)	
employment	43/80 (53.8%)	19/70 (27.1%)	RR 1.89 (1.24 to 2.89)	-	⊕⊕○○ Low

**Footnotes:**

1. No UK studies, one old study