

Characteristics Table for The Clinical Question: Intensities of multimodal care packages

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Comparisons Included in this Clinical Question

Day treatment vs Standard outpatient
AVANTS1999 MARLOWE2003

Day treatment with CM housing vs Day treatment with no housing

Intensive outpatient vs Standard outpatient
COVIELLO2001 MCLELLAN1993 VOLPICELLI2000 WEINSTEIN1997

Intensive outpatient with RBT vs Standard care
JONES2005 SILVERMAN2001 SILVERMAN2006

Standard vs Intensive group therapy
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Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
AVANTS1999 Study Type: RCT (randomised controlled trial) Type of Analysis: Per protocol Blindness: Open Duration (days): Mean 84 Followup: 6 months Setting: US Info on Screening Process: 308 eligible > 291 enrolled	n= 291 Age: Mean 36 Sex: 205 males 86 females Diagnosis: 46% Cocaine dependence by DSM-III-R 5% Cocaine misuse by DSM-III-R Exclusions: Not reported Baseline: Years of opiate use = 12.7 (8.3) Injection use = 74% Years of cocaine use = 8.9	Data Used Abstinence: % with negative urine sample per day Notes: DROPOUTS: CBT = 28/146 Day Treatment = 26/145	Group 1 N= 145 Structured day treatment with Outpatient. Mean dose 81.7mg/day - 5h/day, 5days/week manual guided program in 5 general areas: 1) substance abuse treatment 2) physical and emotional health 3) community development 4) development of alternative reinforcers 5) basic daily living skills Group 2 N= 146 CBT: group with Outpatient. Mean dose 78.1mg - 2h/week manual guided group CBT intervention. Used 9 sessions from Monti's manual and 3 additional sessions on physical health, vocational skills, and community resources.	Study quality: 1+
COVIELLO2001 Study Type: RCT (randomised controlled trial) Type of Analysis: ITT: missing urines as +ve Blindness: Open Duration (days): Mean 28 Setting: Addictions unit for veterans, Philadelphia, USA Info on Screening Process: 26% of those screened were excluded due to no cocaine use in past 3 mths	n= 94 Age: Mean 40 Sex: all males Diagnosis: 100% Cocaine dependence by DSM-III-R Exclusions: - Psychiatrically or medically unstable - No cocaine use in past 3 months - Literacy problems - Unable to provide followup locator information - Not living in the metropolitan area Notes: ETHNICITY: 92% African American Baseline: ASI Drug score: 0.18 Days cocaine use in past 30: 9.9 Years cocaine use: 8.4 Previous treatment attempts: 2.7	Data Used ASI (Addiction Severity Index) Abstinence: negative urinalysis Abstinence: no use for any 4 consecutive weeks Engagement in Treatment Retention: days remained in treatment Completion rate Notes: Supervised urines at baseline, during treatment (twice weekly), 4 months and 6 month followup DROPOUTS: 40% day programme, 40% outpatient	Group 1 N= 46 Intensive outpatient treatment (~10hr/wk) with Outpatient - 12hr/wk day hospital: 7h group therapy, 3hr education, 2hr counselling/case management. Over 5 weekdays. Group 2 N= 48 Group therapy with Outpatient - 6hr/wk over 3 weekdays: 4hr group therapy, 1hr education, 1hr counselling/case management	Study quality: 1+
JONES2005				

<p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT: GEE (generalised estimated equation) analysis</p> <p>Blindness: Open</p> <p>Duration (days): Mean 180</p> <p>Followup: For 1 year after detox</p> <p>Setting: Baltimore, USA</p> <p>Notes: RANDOMISATION: Stratified on 5 variables for modified dynamic balanced randomisation; performed by staff with no participant contact</p> <p>Info on Screening Process: 268 referred > 199 gave consent - 25 dropped out of detoxification - 44 dropped out prior to randomisation > 130 randomised</p>	<p>n= 130</p> <p>Age: Mean 38</p> <p>Sex: 76 males 54 females</p> <p>Diagnosis: 100% Opiate dependence by DSM-IV</p> <p>Exclusions: - Currently prescribed or discharged with a prescription for opiate medication - Diagnosis of serious medical or psychiatric illness - Pregnant</p> <p>Notes: PRIMARY DIAGNOSIS: Just completed opiate detoxification</p> <p>Baseline: (GROUPS: RBT / TAU) Current probation/parole: 23% / 31% Cocaine +ve urine sample at detox intake: 70% / 66% 40% entered after completing a 3-day detox, the remaining 60% after a 7-14 day detox</p>	<p>Data Used</p> <p>ASI (Addiction Severity Index)</p> <p>Heroin use: times in past month</p> <p>Cocaine use: times in past month</p> <p>Abstinence: % with negative urine sample per day</p>	<p>Group 1 N= 66</p> <p>Day treatment (>20hr/wk) with Inpatient and Outpatient - Group counselling with skills building, job club, recreational activities, social club; option of living in recovery house. All contingent on daily - ve urine samples. +ve sample resulted in individual RP sessions and withdrawal of housing/other activities</p> <p>Group 2 N= 64</p> <p>Control: standard care with Outpatient - Referral and initiation (where possible) to aftercare and other services available in the community.</p>	<p>Study quality: 1++</p>
<p>MARLOWE2003</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT</p> <p>Blindness: Open</p> <p>Duration (days): Mean 120</p> <p>Setting: Poor, urban outpatient population, Philadelphia</p> <p>Notes: No details on randomisation procedures</p> <p>Info on Screening Process: 94 screened > 79 eligible</p>	<p>n= 79</p> <p>Age: Mean 34</p> <p>Sex: 62 males 17 females</p> <p>Diagnosis: 100% Cocaine dependence by DSM-III-R</p> <p>Exclusions: - Cocaine not primary drug of abuse - No use of cocaine in past 30 days</p> <p>Notes: Primary route of administration: 87% smoking crack</p> <p>Baseline: 44% homeless, 19% probation or parole</p>	<p>Data Used</p> <p>Abstinence: negative urinalysis</p> <p>Abstinence: longest consecutive period</p> <p>Retention rate</p>	<p>Group 1 N= 39</p> <p>CBT: RP (relapse prevention) with Outpatient - Twice weekly individual sessions based on Bux (1992) manual</p> <p>CBT: group - Weekly groups sessions on "training in interpersonal problem solving" (TIPS)</p> <p>Case management - Initial evaluation session with social worker with further sessions, as needed, for referrals and aftercare planning</p> <p>Group 2 N= 40</p> <p>Day treatment (>20hr/wk) - As per standard outpatient group, plus: 20hrs/wk psychoeducational and recreational groups (manualised RP, drug education, HIV/AIDS education, art and recreational therapy, manualised vocational training and other didactic groups). Free breakfast and lunch</p>	<p>Study quality: 1+</p>
<p>MCLELLAN1993</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: Open</p> <p>Duration (days): Mean 180</p> <p>Setting: US Veterans</p> <p>Info on Screening Process: 144 screened, 13 excluded: medical or psychiatric conditions (n=6), did not follow through initial study procedures (n=7); 29 refused to participate; 2 dropped out after <2 weeks treatment, 5 could not be contacted for follow up</p>	<p>n= 92</p> <p>Age: Mean 41</p> <p>Sex: all males</p> <p>Diagnosis: 100% Opiate dependence by Eligible for/receiving MMT</p> <p>Exclusions: - serious medical/psychiatric disorder - plans for immediate move from area near clinic</p> <p>Notes: All were IV users</p> <p>Baseline: Years of substance use: Opiates = 11 Cocaine = 3 Problematic Alcohol =7</p>	<p>Data Used</p> <p>ASI (Addiction Severity Index)</p>	<p>Group 1 N= 29</p> <p>CM: methadone with Outpatient - Combination of take home methadone doses contingent on negative urines and CBT. First month weekly counselling, the 2-6 months could reduce number of sessions (biweekly) if client showed signs of positive change</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 60-90mg</p>	<p>Study quality: 1+</p>

			<p>Group 2 N= 31</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 60-90mg</p> <p>Structured day treatment with Outpatient . Consisted of contingent take home doses, CBT counselling, and access to extra professional resources: family therapy, employment counselling, psychiatrist</p> <p>Group 3 N= 32</p> <p>Control: TAU (treatment as usual) with Outpatient - Minimal treatment - 15min session/month</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient. Mean dose 60-90mg</p>	
<p>SILVERMAN2001</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: ITT: missing urine samples as +ve</p> <p>Blindness: Open</p> <p>Duration (days): Mean 180</p> <p>Setting: Baltimore, USA</p> <p>Notes: Urn randomisation</p>	<p>n= 40</p> <p>Age: Mean 31</p> <p>Sex: all females</p> <p>Diagnosis: 100% Opiate dependence by Eligible for/receiving MMT</p> <p>Exclusions: - Men and non-pregnant women - Age outside range 18-50 - Employed - Not receiving MMT - No opiate or cocaine +ve urine sample in past 6 weeks - Suicide risk at might disrupt workplace functioning</p> <p>Notes: ETHNICITY: 83% Black, 17% White POLYDRUG (dependence): 75% cocaine, 13% alcohol, 8% cannabis, 3% sedatives, 3% other</p> <p>Baseline: Full-time employed: 0% 12 years of education: 65%</p>	<p>Data Used</p> <p>Abstinence: % with negative urine sample per day</p> <p>Retention: sessions attended</p> <p>Completion rate</p> <p>Notes: 3 times weekly urine samples, \$3.50 paid per sample regardless of result</p>	<p>Group 1 N= 20</p> <p>Opiate agonist: MMT (methadone maintenance) with Outpatient - CAP: MMT programme for pregnant women, with individual+group therapy for drug misuse, and on-site obstetric, gynaecological and family planning services. Certified nurse-midwives and obstetricians avail. 24hrs.</p> <p>Group 2 N= 20</p> <p>Opiate agonist: MMT (methadone maintenance) - As per usual care group</p> <p>CM: RBT (reinforcement-based work therapy) - Therapeutic workplace 3hrs/day, contingent on opiate and cocaine -ve urine sample that day. Additional voucher reinforcement contingencies for abstinence and workplace attendance, punctuality and professional demeanor.</p>	<p>Study quality: 1+</p>
<p>SILVERMAN2006</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Allocation by study coordinator, who had no direct contact with participants</p> <p>Type of Analysis: ITT; missing urines assumed positive</p> <p>Blindness: Open</p> <p>Duration (days): Mean 182</p> <p>Followup: 6 months</p> <p>Setting: Treatment research unit, Baltimore, USA</p> <p>Notes: Computerised, stratified randomisation</p>	<p>n= 56</p> <p>Age: Mean 45</p> <p>Sex:</p> <p>Diagnosis: 100% Opiate dependence by Eligible for/receiving MMT</p> <p>100% IDU (injection drug use) by Self-report</p> <p>100% Cocaine misuse by Self-report</p> <p>Exclusions: - Age < 18 - In any taxable part- or full-time employment - Not currently enrolled in MMT - Not a heroin or cocaine injector - No visible "track" marks - Did not use cocaine or crack cocaine in past 30 days - Reported suicidal ideation or hallucinations</p> <p>Notes: ETHNICITY: 91% black, 7% white, 2% other</p> <p>Baseline: (Work only / RBT + work)</p>	<p>Data Used</p> <p>Abstinence at 6 months</p> <p>Engagement: sessions attended</p> <p>Abstinence: negative urinalysis</p>	<p>Group 1 N= 28</p> <p>CM: RBT (reinforcement-based work therapy) with Outpatient. Mean dose 28 - Attended workplace 4hrs per weekday for 26 weeks, with base (\$8/hr) and performance pay. 3x weekly urinalysis; if cocaine +ve, not allowed to work that day and pay dropped to \$1/hr. This was increased by \$1 per day (up to \$8) for each -ve urine provided.</p> <p>Group 2 N= 28</p> <p>Control: standard care with Outpatient - Allowed to work regardless of urinalysis results</p>	<p>Workplace involved computerised typing, keypad and data entry programs. Payments were by electronic vouchers exchangeable for goods and services in the community, as well as food from cafeteria</p> <p>Study quality: 1+</p>

	<p>HIV+: 25.0% / 21.4% Usually unemployed in past 3 years: 42.9% / 60.7% Living in poverty: 100% / 100% Days used in past 30 days: cocaine 16.1 / 22.3, heroin 8.5 / 9.5 Previous drug treatment attempts: 6.5 / 5.3 Current parole or probation: 14.3 / 17.9</p>			
<p>VOLPICELLI2000</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: Open</p> <p>Duration (days):</p> <p>Setting: Outpatient, USA</p> <p>Notes: No details on randomisation procedures</p> <p>Info on Screening Process: 205 phone screened as eligible > 109 attended intake - 16 failed to complete intake forms - 6 ineligible - 3 elected to go into other treatment programmes > 84 randomised</p>	<p>n= 84</p> <p>Age: Mean 32</p> <p>Sex: all females</p> <p>Diagnosis: 100% Cocaine dependence by DSM-IV</p> <p>Exclusions: - Not currently pregnant or in custody of child aged <4 - Psychotic, homicidal or suicidal - Unstable medical condition - Opiate dependent</p> <p>Baseline: Groups: CM / PET Days cocaine use in past 30 days: 13.1 / 10.6 Years cocaine use: 6.52 / 6.29 ASI Composite score: 0.25 / 0.25</p>	<p>Data Used</p> <p>ASI (Addiction Severity Index) Cocaine use: days Abstinence: negative urinalysis Retention: weeks remained in treatment</p>	<p>Group 1 N= 42</p> <p>Intensive outpatient treatment (~10hr/wk) with Outpatient - Twice weekly group drug counselling; on-site childcare and women-only group therapy sessions available 5 days per week Additional access to parenting classes, GED classes, staff psychiatrist, unlimited access to individual therapist</p> <p>Group 2 N= 42</p> <p>Case management with Outpatient - Twice weekly group drug counselling; on-site childcare and women-only group therapy sessions available 5 days per week Social worker as case manager; single 15min appointment per week for checkup and making external referrals as needed</p>	<p>Study quality: 1+</p>
<p>WEINSTEIN1997</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Blindness: Open</p> <p>Duration (days): Mean 84</p> <p>Followup: 6mths post treatment</p> <p>Setting: Outpatient cocaine clinic, PA, USA</p> <p>Notes: RANDOMISATION: No details</p> <p>Info on Screening Process: 450 randomised > 448 admitted to treatment > 423 admitted in time to complete 3 months in study programme</p>	<p>n= 423</p> <p>Age:</p> <p>Sex:</p> <p>Diagnosis: 100% Cocaine dependence by DSM-III-R</p> <p>Exclusions: - Not first admission - Age <18 - "Overly" psychotic or actively suicidal - Cognitive impairment precluding informed consent or programme participation</p> <p>Notes: Demographic data not reported</p> <p>Baseline: ASI Drug: 6.3 No. prior treatments: 1.0 Most common secondary drug: Alcohol (33%) Current IV cocaine use: 3.3%</p>	<p>Data Used</p> <p>ASI (Addiction Severity Index) Urinalysis: positive for cocaine Cocaine use: times in past month Retention: days remained in treatment Completion rate</p>	<p>Group 1 N= 144</p> <p>IDC (individual drug counselling) - 1hr weekly individual counselling for 3mths. Problem focused, exploratory, supportive, expressive as needed. Adheres to no single therapeutic model.</p> <p>Group 2 N= 142</p> <p>IDC (individual drug counselling) - 1hr weekly individual counselling for 3mths. Problem focused, exploratory, supportive, expressive as needed. Adheres to no single therapeutic model.</p> <p>Group therapy - Once weekly group session. Problem focused, exploratory, supportive, expressive as needed. Adheres to no single therapeutic model.</p> <p>Group 3 N= 137</p> <p>Group therapy - Intensive group treatment involving group meetings and educational activities, for 3hrs on 3 days per week for 3 months. Post-treatment referral to continuing care.</p>	<p>Study quality: 1+</p>

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
BELL1997	no comparison data
GRUBER2000	Not relevant intervention
MARLOWE1997A	no extractable outcome data
SCHUMACHER1995	no extractable outcomes

References of Included Studies

AVANTS1999 (Published Data Only)

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Silverman, K., Wong, C. J., Needham, M., Diemer, K. N., Knealing, T., Crone-Todd, D. E. et al. (2006). A randomized trial of employment-based reinforcement of cocaine abstinence in injection drug users. (Submitted) .

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Volpicelli, J. R., Markman, I., Monterosso, J., Filing, J., & O'Brien, C. P. (2000). Psychosocially enhanced treatment for cocaine-dependent mothers: evidence of efficacy. *Journal of Substance Abuse Treatment*, 18, 41-49.

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References of Excluded Studies**BELL1997**

Bell, K., Cramer-Benjamin, D., & Anastas, J. (1997). Predicting length of stay of substance-using pregnant and postpartum women in day treatment. *Journal of Substance Abuse Treatment*, 14, 393-400.

GRUBER2000 (Published Data Only)

Gruber, K., Chutuape, M. A., & Stitzer, M. L. (2000). Reinforcement-based intensive outpatient treatment for inner city opiate abusers: a short-term evaluation. *Drug & Alcohol Dependence*, 57, 211-223.

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