Characteristics Table for The Clinical Question: Psychosocial: Efficacy

Comparisons Included in this Clinical Question

Detox + Any psychosocial other than behavioural reinforcement
GALANTER2004
RAWSON1983
YANDOLI2002

Detox + Behavioural reinforcement
BICKEL1997A
HALL1979A
HIGGINS1984
HIGGINS1986
MCCAUL1984A

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
BICKEL1997A Study Type: RCT (randomised controlled trial) Study Description: Patients blind to buprenorphine dosage Blindness: Single blind Duration (days): Mean 180 Setting: Federally funded programme in USA Notes: RANDOMISATION: Minimum likelihood allocation Info on Screening Process: Not reported	n= 39 Age: Mean 34 Range 19-45 Sex: 25 males 14 females Diagnosis: 100% Opiate dependence by DSM-III-R Exclusions: - Did not meet FDA guidelines for methadone treatment - Age <18 - Psychosis, dementia, or medical disorders contraindicating buprenorphine - Pregnant Baseline: (GROUPS: CM+CRA / TAU) Previous opiate treatment: 79% / 80% Years regular use: 8.8 / 11.4 Age first use: 20.4 / 21.0 Preferred route: IV 63% / 65%, Oral 21% / 20%, Nasal 16% / 15% Polydrug dependence: Alcohol 32% / 26%, Cocaine 26% / 35% ASI Drug: 0.35 / 0.41	**Data Used** Urinalysis Abstinence: longest period Completion Notes: Urinalysis for other drugs: participant defined as +ve for any +ve sample throughout study	**Group 1 N= 19** Opiate partial agonist: buprenorphine with Outpatient - Initiated and stabilised over first week on 2, 4 or 8mg/70kg depending on level of opiate usage, withdrawal symptoms and level of intoxication; maintained on same dose for 72/42/7 days respectively. Tapered to 0 over remainder of study (~ -10% per 5 days) Psychosocial: CRA - 1hr 2-3 times weekly individual counselling on relationships and employment, drug use, and assistance in developing recreational activities. Behavioural contract with significant other. Voucher reinforcement for 3 verified activities per week Psychosocial: CM (contingency management) - First opiate -ve sample valued at $3.63, each successive -ve sample raised voucher value by $0.125. $5 bonus for 3 consecutive -ve samples. Failure to submit -ve sample reset value to initial level. Vouchers redeemed for material reinforcers at S' request **Group 2 N= 20** Opiate partial agonist: buprenorphine with Outpatient - Initiated and stabilised over first week on 2, 4 or 8mg/70kg depending on level of opiate usage, withdrawal symptoms and level of intoxication; maintained on same dose for 72/42/7 days respectively. Tapered to 0 over remainder of study (~ -10% per 5 days) Psychosocial: TAU (treatment-as-usual) - Weekly 37min sessions addressing compliance and rehabilitation based on standard MMT clinic practice. Counsellors suggested or devised plans to address decreasing drug use, and employment/accommodation needs	Study quality 1+
GALANTER2004 Study Type: RCT (randomised controlled trial) Study Description: Blinding of medication dose Type of Analysis: Per protocol	n= 66 Age: Mean 36 Sex: 50 males 16 females	**Data Used** Abstinence: past 3 urine samples -ve Urinalysis Completion	**Group 1 N= 31** Opiate partial agonist: buprenorphine-naloxone with Outpatient - As per NT group	Study quality 1+

Blindness: Single blind Duration (days): Mean 126 Setting: NY, USA Info on Screening Process: 86 interviewed - 20 ineligible (polydrug dependence, DSM-IV psychiatric disorder, lack of suitable collateral) > 66 randomised	Diagnosis: 100% Opiate dependence by DSM-IV Exclusions: - Age outside range 21-65 - Unable to bring a drug-free family member or friend to join treatment - Major Axis I psychiatric disorders Notes: PRIMARY DIAGNOSIS: Heroin dependence ETHNICITY: 59% white, 24% Hispanic, 12% black, 5% Asian Baseline: Living with family or friends: 77% Years heroin use: 12.3 Previous treatment for heroin addiction: 73% Previous MMT: 30%		Psychosocial: TAU (treatment-as-usual) - Monitoring response to medication based on set procedures.Therapist develops and fosters alliance with the patient, but focus is on the effect of medication. No specific behavioural strategies are prescribed **Group 2 N= 33** Opiate partial agonist: buprenorphine-naloxone with Outpatient - Sublingual bup nalox. Initiated at 8mg, increased to 16mg on day 2 then maintained through week 5 Ten-week taper phase began in week 6, with dose reduced down to 8mg by end of week 9 and 0 by end of week 15. Symptomatic - Clonidine and trazodone prescribed on per patient basis as required Psychosocial: FT (family therapy) - Network therapy based on Galanter manual. Focuses on training network members to provide supportive environment for patients' adherence to illicit opiate abstinence. Twice weekly 30 min sessions over 18 weeks, one of which was an individual session	**2**
HALL1979A Study Type: RCT (randomised controlled trial) Type of Analysis: Per protocol Blindness: Open Duration (days): Mean 16 Setting: Outpatient methadone clinic in US Notes: RANDOMISATION: No details Info on Screening Process: 85 approached - 4 refused consent > 81 enrolled and randomised	n= 81 Age: Mean 28 Sex: 53 males 28 females Diagnosis: 100% Opiate dependence by Eligible for/receiving MMT Exclusions: None reported Notes: ETHNICITY: 53% white, 12% black, 24% Hispanic Baseline: None reported	**Data Used** Urinalysis Completion	**Group 1 N= 40** Opiate agonist: methadone with Outpatient - 16-day taper Day 1: 40mg divided into 2 doses Day 2: 20mg From Day 3: 5mg decrease every other day with final dose of 5mg on Day 16 Psychosocial: CM (contingency management) with Outpatient - Payment for drug-free urines on Mon, Wed and Fri. Sequence of payments: $10, $6, $4, $6 and $10. $15 upon detox completion (defined as returning for methadone dose on Day 16). Brief (5min) conversation about treatment progress once per week **Group 2 N= 41** Psychosocial: NCM (noncontigent management) with Outpatient - $1 for each urine given Opiate agonist: methadone with Outpatient - As per CM group	Study Quality 1+
HIGGINS1984 Study Type: RCT (randomised controlled trial) Study Description: Participants and experimenters blind to methadone dose (administered in cherry syrup) Blindness: Double blind Duration (days): Mean 70 Setting: Latter part of 13-week detoxification programme Info on Screening Process: 35 enrolled in detoxification > 28 provided >=50% opiate-free	n= 27 Age: Sex: all males Diagnosis: 100% Opiate dependence by Clinical assessment Exclusions: - Failing to provide >=50% opiate-free urines during 1st three weeks of detox Baseline: Not reported	**Data Used** Urinalysis Retention: duration in treatment Completion	**Group 1 N= 9** Opiate agonist: methadone - For weeks 1 6, taper from 30mg to 0mg. Dose increases still available weeks 7-8, then stopped beginning of week 9 and the clinic dose was raised to 15mg. This was then reduced again to 0mg in 5mg decrements every 3 days. Psychosocial: CM (contingency management) - Allowed to increase methadone dose by 5, 10, 15 or 20mg on a daily basis, only if most recent urine sample was opiate -ve	Study Quality 1+

urines: eligible and randomised			**Group 2 N= 8** Opiate agonist: methadone - As per CM group Psychosocial: NCM (noncontigent management) - Allowed dose increases regardless of urinalysis results **Group 3 N= 10** Opiate agonist: methadone - For weeks 1 6, taper from 30mg to 0mg. Remained at 0mg throughout rest of study period, with no dose increases allowed throughout.	**3**
HIGGINS1986 Study Type: RCT (randomised controlled trial) Study Description: Methadone administered in cherry syrup throughout. Participants had no information about dosing schedules Type of Analysis: ITT (LOCF) Blindness: Double blind Duration (days): Mean 70 Setting: Outpatient detoxification programme, USA Notes: RANDOMISATION: No details Info on Screening Process: 58 enrolled onto 13-week detox - 8 left study during screening phase - 11 ineligible > 38 randomised	n= 39 Age: Mean 32 Sex: Diagnosis: 100% Opiate dependence by Clinical assessment Exclusions: - Failing to provide 50% or more opiate -ve urines during screening phase - No physical evidence for recent IV drug use Notes: ETHNICITY: 49% black, 51% white Baseline: GROUPS: CM / NCM / Control Years continuous opiate use: 8.5 / 10.4 / 9.0 Parole, probation or pending trial: 3 / 3 / 6 Employed: 38% / 46% / 54%	**Data Used** Withdrawal severity Retention: duration in treatment Abstinence: endpoint Urinalysis Notes: LOCF for urinalysis only	**Group 1 N= 13** Opiate agonist: methadone. Mean dose 30mg - Taper from 30mg to 0mg over 7 weeks (in alternate 2mg and 3mg steps), cherry syrup only for remaining weeks. Patients reported to clinic daily for supervised methadone and thrice-weekly urinalysis Psychosocial: CM (contingency management) - In addition to clinic dose, allowed to increase dose by 5, 10, 15 or 20mg on a daily basis throughout study period, only if most recent urine sample was opiate -ve **Group 2 N= 13** Opiate agonist: methadone. Mean dose 30mg - As per CM group Psychosocial: NCM (noncontigent management) - In addition to clinic dose, allowed to increase dose by 5, 10, 15 or 20mg on a daily basis throughout study period regardless of urine results **Group 3 N= 13** Opiate agonist: methadone. Mean dose 30mg - As per CM group, except no dose increases allowed (i.e. methadone done was 0mg from week 7 onwards)	During 3-week screening phase, all participants were stabilised onto 30mg methadone Study quality 1+
MCCAUL1984A Study Type: RCT (randomised controlled trial) Study Description: Participants and experimenters blind to methadone dose throughout (administered in cherry syrup) Blindness: Double blind Duration (days): Mean 70 Setting: USA Notes: RANDOMISATION: No details Info on Screening Process: 33 enrolled in 13-week outpatient detox > 20 provided 50% opiate -ve urines during screening phase: eligible and randomised	n= 20 Age: Mean 30 Sex: Diagnosis: 100% Opiate dependence by Clinical assessment Exclusions: - No physical evidence of recent IV drug use - Failing to provide three consecutive opiate -ve urines Notes: PRIMARY DIAGNOSIS: Illicit opiates, not currently in treatment ETHNICITY: 60% black, 40% white Baseline: GROUPS: CM / Control Years opiate use: 7.0 / 8.1 Parole or probation: 30% / 30% Employed: 30% / 30%	**Data Used** Withdrawal severity Retention: duration in treatment Abstinence: during treatment Abstinence: longest period Urinalysis	**Group 1 N= 10** Opiate agonist: methadone. Mean dose 30mg - Taper from 30mg to 0mg over 6 weeks (alternating 2mg/3mg reduction every 4 days), cherry syrup for last 4 weeks. Standard clinic procedures with twice weekly urinalysis, symptomatology questionnaire and weekly counselling Psychosocial: CM (contingency management) - $10 and a take-home dose for each opiate-free urine specimen provided on Monday or Friday **Group 2 N= 10** Opiate agonist: methadone. Mean dose 30mg - As per CM group. Psychosocial: NCM (noncontigent management) - $5 reward for each urine sample provided regardless of result	Study quality 1+
RAWSON1983				

Study Type: RCT (randomised controlled trial) Blindness: Open Duration (days): Mean 21 Followup: 6 months Setting: Los Angeles, USA Notes: RANDOMISATION: Random numbers table Info on Screening Process: Not reported	n= 50 Age: Mean 30 Range 18-54 Sex: 33 males 17 females Diagnosis: 100% Opiate dependence Exclusions: None reported Notes: PRIMARY DIAGNOSIS: Seeking admissions to 21-day detoxification Baseline: Years heroin dependence: 8.8 Previous detox attempts: 4.0	**Data Used** Entry to further treatment Abstinence: during treatment Completion Relapse Retention: in treatment at followup Retention: duration in treatment	**Group 1 N= 25** Opiate agonist: methadone with Outpatient - Initiated on 35mg then tapered systematically to 0 over 21 days **Group 2 N= 25** Psychosocial: individual therapy with Outpatient - Individual drug counselling as used by Woody. Mandatory session on day 2, subsequent voluntary sessions during wks 2-3. 15-20min sessions with assessment of patient's needs and provision/information about services meeting those needs Opiate agonist: methadone with Outpatient - As per control group	Study quality 1++ **4**
YANDOLI2002 Study Type: RCT (randomised controlled trial) Type of Analysis: ITT Blindness: Open Duration (days): Mean 365 Setting: Drug dependency clinic, London Notes: RANDOMISATION: Participants cohabiting with another drug user were both placed in the same treatment group. No other details Info on Screening Process: 423 presented for treatment > 119 eligible and agreed to include family members if required	n= 119 Age: Mean 28 Sex: 75 males 44 females Diagnosis: 100% Opiate dependence Exclusions: - History of psychiatric treatment - Age <18 - Alcohol dependent - Opiate use <6 months - Do not agree to being seen with partner/family during treatment	**Data Used** Mortality Opiate use Retention: duration in treatment	**Group 1 N= 41** Opiate agonist: methadone - Non-negotiable reduction regime, with daily dose reducing by 5mg every two weeks Psychosocial: FT (family therapy) - Structured/strategic approached based on Stanton et al. Up to 16 one hour sessions initally every two weeks then less often. Therapist worked primarily with couple (if in a relationship), but other sig. relationships and family members were included. **Group 2 N= 40** Opiate agonist: methadone - Flexible reduction regime, which sometimes included continuing on a stable dose or occasionally increasing dose temporarily Psychosocial: TAU (treatment-as-usual) - Pragmatic, supportive counselling provided by multidisciplinary team. Did not follow a clearly defined theoretical model. Open-ended course of treatment. **Group 3 N= 38** Psychosocial: minimal contact - More structured, limited approach than TAU and discouraged dependency on therapist, who on day of assessment gave package of information about local services. Participants seen monthly for standardised 30min interview for up to 12mths. Opiate agonist: methadone - Non-negotiable regime as per FT group	Planned duration of treatments not reported - assumed study duration of 1 year Study quality 1+

Characteristics of Excluded Studies

Reference ID	Reason for Exclusion
ELMOGHAZY1989	intervention not relevant

References of Included Studies

BICKEL1997A (Published Data Only)

Bickel, W. K., Amass, L., Higgins, S. T., Badger, G. J., & Esch, R. A. (1997). Effects of adding behavioral treatment to opioid detoxification with buprenorphine. Journal of Consulting & Clinical Psychology., 65, 803-810.

GALANTER2004 (Published Data Only)

Galanter, M., Dermatis, H., Glickman, L., Maslansky, R., Sellers, M. B., Neumann, E. et al. (2004). Network therapy: decreased secondary opioid use during buprenorphine maintenance. Journal of Substance Abuse Treatment., 26, 313-318.

HALL1979A (Published Data Only)

Hall, S. M., Bass, A., Hargreaves, W. A., & Loeb, P. (1979). Contingency management and information feedback in outpatient heroin detoxification. Behavior Therapy. 10, 443-451.

HIGGINS1984 (Published Data Only)

Higgins, S. T., Stitzer, M. L., Bigelow, G. E., & Liebson, I. A. (1984). Contingent methadone dose increases as a method for reducing illicit opiate use in detoxification patients. NIDA Research Monograph., 55, 178-184.

HIGGINS1986 (Published Data Only)

Higgins, S. T., Stitzer, M. L., Bigelow, G. E., & Liebson, I. A. (1986). Contingent methadone delivery: effects on illicit-opiate use. Drug & Alcohol Dependence., 17, 311-322.

MCCAUL1984A (Published Data Only)

McCaul, M. E., Stitzer, M. L., Bigelow, G. E., & Liebson, I. A. (1984). Contingency management interventions: effects on treatment outcome during methadone detoxification. Journal of Applied Behavior Analysis., 17, 35-43.

RAWSON1983 (Published Data Only)

Rawson, R. A., Mann, A. J., Tennant, F. S. J., & Clabough, D. (1983). Efficacy of psychotherapeutic counselling during 21-day ambulatory heroin detoxification. Drug & Alcohol Dependence., 12, 197-200.

YANDOLI2002 (Published Data Only)

Yandoli, D., Eisler, I., Robbins, C., Mulleady, G., & Dare, C. (2002). A comparative study of family therapy in the treatment of opiate users in a London drug clinic. Journal of Family Therapy. 24[4], 402-422.

References of Excluded Studies

(Published Data Only)

ELMOGHAZY1989

Elmoghazy, E., Johnson, B. D., & Alling, F. A. (1989). A pilot study of a Neuro-Stimulator Device vs. methadone in alleviating opiate withdrawal symptoms. NIDA Research Monograph., 95, 388-389.