Characteristics of reviewed studies: Efficacy of psychosocial interventions

Comparisons Included in this Clinical Question

Detoxification + Any Psychosocial Other Than Behavioural Reinforcement
GALANTER2004
RAWSON1983
YANDOLI2002

Detoxification + Behavioural Reinforcement
BICKEL1997
HALL1979
HIGGINS1984
HIGGINS1986
KATZ2004
MCCAUL1984

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
BICKEL1997 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 US 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 + community reinforcement approach / TAU) Previous opiate treatment: 79% / 80% Years of 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 positive for any positive 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 (community reinforcement apprch) - 1 hour 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 three verified activities per week. Psychosocial: CM (contingency management) - 1st opiate -ve sample earned $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 own 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 37-min 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 Blindness: Single blind Duration (days): Mean 126 Setting: New York, US Info on Screening Process: 86 interviewed, 20 ineligible (polydrug dependence, DSM-IV psychiatric disorder, lack of suitable collateral) so 66 randomised	n= 66 Age: Mean 36 Sex: 50 males 16 females 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 of heroin use: 12.3 Previous treatment for heroin addiction: 73% Previous MMT: 30%	**Data Used** Abstinence: past 3 negative urine samples Urinalysis Completion	**Group 1 N= 31** Opiate partial agonist: buprenorphine-naloxone with outpatient - As per network therapy group Psychosocial: TAU (treatment as usual) - Response to medication monitored based on set procedures.Therapist developed and fostered alliance with the patient, but focus was on the effect of medication. No specific behavioural strategies were prescribed **Group 2 N= 33** Opiate partial agonist: buprenorphine-naloxone with outpatient - Sublingual buprenorphine-naloxone. Initiated at 8 mg, increased to 16 mg on day 2, then maintained through week 5. Ten-week taper phase began in week 6, with dose reduced down to 8 mg 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. Focused on training network members to provide supportive environment for patients' adherence to abstinence from illicit opiates. Twice weekly 30-min sessions over 18 weeks, one of which was an individual session	Study quality 1+
HALL1979 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 so 81 enrolled and randomised	n= 81 Age: Mean 28 Sex: 53 males 28 females Diagnosis: 100% opiate dependence by eligibility for/receipt of 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, 40 mg divided into two doses; day 2, 20 mg; from day 3, 5 mg decrease every other day with final dose of 5 mg 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 detoxification completion (defined as returning for methadone dose on day 16). Brief (5-min) conversation about treatment progress once a week **Group 2 N= 41** Psychosocial: NCM (non-contingent 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	n= 27 Age: No information Sex: all males Diagnosis: 100% opiate dependence by clinical assessment	**Data Used** Urinalysis Retention: duration in treatment Completion	**Group 1 N= 9** Opiate agonist: methadone - For weeks 1 6, tapered from 30 mg to 0 mg. Dose increases still available weeks 7-8, then stopped beginning of week 9 and the clinic dose was raised to 15 mg. This was then reduced again to 0 mg in 5 mg	Study quality 1+

Setting: Latter part of 13-week detoxification programme Info on Screening Process: 35 enrolled in detoxification; 28 provided >=50% opiate-free urines: eligible and randomised	Exclusions: Failing to provide >=50% opiate-free urines during first three weeks of detoxification Baseline: Not reported		decrements every 3 days Psychosocial: CM (contingency management) - Allowed to increase methadone dose by 5, 10, 15 or 20 mg or a daily basis, only if most recent urine sample was opiate negative **Group 2 N= 8** Opiate agonist: methadone - As per CM group Psychosocial: NCM (non-contingent management) - Allowed dose increases regardless of urinalysis results **Group 3 N= 10** Opiate agonist: methadone - For weeks 1 6, tapered from 30 mg to 0 mg. Remained at 0 mg throughout rest of study period, with no dose increases allowed throughou	
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, US Notes: RANDOMISATION: No details Info on Screening Process: 58 enrolled onto 13-week detoxification, 8 left study during screening phase and 11 ineligible; 38 randomised	n= 39 Age: Mean 32 Sex: no information Diagnosis: 100% opiate dependence by clinical assessment Exclusions: - failing to provide 50% or more opiate negative urines during screening phase - no physical evidence for recent intravenous drug use Notes: ETHNICITY: 49% Black, 51% White Baseline: GROUPS: CM / non-contingent management / control Years of 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 30 mg - Tapered from 30 mg to 0 mg over 7 weeks (in alternate 2 mg and 3 mg 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 20 mg on a daily basis throughout study period, only if most recent urine sample was opiate negative **Group 2 N= 13** Opiate agonist: methadone. Mean dose 30 mg - As per CM group Psychosocial: NCM (non-contingent management) - In addition to clinic dose, allowed to increase dose by 5, 10, 15 or 20 mg on a daily basis throughout study period regardless of urine results **Group 3 N= 13** Opiate agonist: methadone. Mean dose 30 mg - As per CM group, except no dose increases allowed (i.e. methadone dose was 0 mg from week 7 onwards)	During 3-week screening phase, all participants were stabilised onto 30 mg methadone Study quality 1+
KATZ2004 Study Type: RCT (randomised controlled trial) Type of Analysis: ITT (missing urines as +ve) Blindness: Open Duration (days): Mean 5 Followup: 2 days Setting: Outpatient buprenorphine detox programme in US Notes: RANDOMISATION: Weekly intake cohorts randomised into either condition (total 40 cohorts randomised). Reported no significant clustering of outcomes Info on Screening Process: 646 approached >	n= 211 Age: Mean 34 Sex: 82 males 129 females Diagnosis: 100% opiate dependence Exclusions: None reported Notes: PRIMARY DIAGNOSIS: 'opiate abusers' entering detox Baseline: (GROUPS: CM / NCM) Opiate -ve urines at intake: 8% / 7% Cocaine -ve urines at intake: 39% / 33%	**Data Used** Opiate use Cocaine use	**Group 1 N= 109** Psychosocial: group therapy with outpatient - Daily group counselling Opiate partial agonist: buprenorphine with outpatient. Mean dose 0.3mg/day - Intramuscular buprenorphine administered for 4 days Psychosocial: TAU (treatment as usual) with outpatient	Study quality 1+

246 gave consent - 35 excluded from analysis (15 no urine samples, 12 pilot participants, 4 no indication of opiate use throughout study, 4 violated protocol) > 211 randomised			Psychosocial: CM (contingency management) with outpatient - $100 voucher for opiate and cocaine -ve urine samples at end of detoxification. Exchangeable for gift certificates from area retailers or for services consistent with drug-free lifestyle **Group 2 N= 102** Psychosocial: group therapy - As per CM group Psychosocial: NCM (non-contingent management) - Randomly selected participants received $100 voucher. Proportion of participants selected equal to proportion of participants receiving voucher in CM condition Opiate partial agonist: buprenorphine - As per CM group Psychosocial: TAU (treatment as usual)	
MCCAUL1984 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: US Notes: RANDOMISATION: No details Info on Screening Process: 33 enrolled in 13-week outpatient detox, 20 provided 50% opiate negative urines during screening phase: eligible and randomised	n= 20 Age: Mean 30 Sex: no information Diagnosis: 100% opiate dependence by clinical assessment Exclusions: - no physical evidence of recent intravenous drug use - failing to provide three consecutive opiate negative urines Notes: PRIMARY DIAGNOSIS: Illicit opiates, not currently in treatment ETHNICITY: 60% Black, 40% White Baseline: GROUPS: CM / control Years of 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 30 mg - Tapered from 30 mg to 0 mg over 6 weeks (alternating 2 mg / 3 mg 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 (non-contingent 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, US 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 of heroin dependence: 8.8 Previous detoxification attempts: 4.0	**Data Used** Entry to further treatment Abstinence: during treatment Completion Relapse Retention: in treatment at follow-up Retention: duration in treatment	**Group 1 N= 25** Opiate agonist: methadone with outpatient - Initiated on 35 mg 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++
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 - did 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 reduced by 5 mg every 2 weeks Psychosocial: FT (family therapy) - Structured/strategic approach based on Stanton et al. Up to 16 1-hour sessions, initally every 2 weeks then less often. Therapist worked primarily with couple (if in a relationship), but other significant 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 30-min interview for up to 12 months 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

BICKEL1997 (Published Data Only)

Bickel, W.K., Amass, L., Higgins, S.T., et al. (1997) Effects of adding behavioral treatment to opioid detoxification with buprenorphine. Journal of Consulting and Clinical Psychology, 65, 803-810.

GALANTER2004 (Published Data Only)

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

HALL1979 (Published Data Only)

Hall, S.M., Bass, A., Hargreaves, W.A., et al. (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., et al. (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., et al. (1986) Contingent methadone delivery: effects on illicit-opiate use. Drug and Alcohol Dependence, 17, 311-322.

KATZ2004 (Published Data Only)

Katz, E. C., Chutuape, M. A., Jones, H., et al. (2004) Abstinence incentive effects in a short-term outpatient detoxification program. Experimental & Clinical Psychopharmacology, 12, 262-268.

MCCAUL1984 (Published Data Only)

McCaul, M.E., Stitzer, M.L., Bigelow, G.E., et al. (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., et al. (1983) Efficacy of psychotherapeutic counselling during 21-day ambulatory heroin detoxification. Drug and Alcohol Dependence, 12, 197-200.

YANDOLI2002 (Published Data Only)

Yandoli, D., Eisler, I., Robbins, C., et al. (2002) A comparative study of family therapy in the treatment of opiate users in a London drug clinic. Journal of Family Therapy, 24, 402-422.

References of Excluded Studies

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.