Table 1. Description of studies that evaluated the effectiveness of community maintenance with methadone.

Study	Study design	Sample	Intervention	Provider	Outcome measures	Notes
Abbott (1998), US [7]	Prospective, blinded, randomised controlled trial.	180 opiate users. Subjects were mainly Hispanic and had co-morbid psychiatric and drug disorders, mean age 37 years.	6 months of methadone maintenance (70 mg per day) or methadone maintenance plus community reinforcement approach (contains a number of behavioural skills sessions intended to reinforce abstinence).	Outpatient clinic. Care provided by nurse and counsellor.	Abstinence, retention in treatment, employment, psychological and social functioning, and risk-taking behaviours.	High risk of attrition bias; moderate risk of performance bias; sample with specific characteristics.
Chutuape *et al*. (1999), US[8]	Prospective, blinded, randomised controlled trial.	29 persistent opiate and cocaine misusers, mean age 41 years, 55% white.	16 weeks of one take-home privilege for each daily opiate- and cocaine-free test; one take-home privilege for three consecutive daily opiate- and cocaine-free tests; or no take-home privileges. All subjects received 80 to 100 mg of methadone per day, and participated in weekly individual and group counselling.	Outpatient clinic.	Reduction in illicit opiate use.	Moderate risk of performance bias; small sample size; sample with specific characteristics.
Curran *et al* (1999), UK[9]	Prospective, double-blinded, cross-over, randomised controlled trial.	18 chronic opiate users on long-term methadone substitution treatment, mean age 37 years.	33 percent increase in daily dose of methadone or a matched placebo linctus.	Outpatient clinic.	Withdrawal severity.	Moderate risk of selection bias; small sample size.

Fiellin *et al* (2001), US[10]	Prospective, double-blinded, randomised controlled trial.	47 opiate-dependent subjects, mean age 41 years (18-60), 77% white.	6 months of office-based methadone maintenance from primary care physicians who received specialised training in the care of opiate-dependent subjects or usual care in an outpatient clinic.	Outpatient clinic and primary care physician. Care in outpatient clinic provided by physician, social worker, and counsellor.	Abstinence, retention in treatment, functional status, use of health and social services.	Moderate risk of selection bias.
Kidorf *et al* (1994), US[11]	Prospective, within-subjects, randomised controlled trial.	10 methadone maintenance subjects, mean age 36 years, 60% afro-american.	Methadone take-home dose incentives contingent on individual therapy attendance either during weeks 4 to 6 and 10 to 12 or during weeks 7 to 9. All subjects received weekly counselling.	Outpatient clinic. Care provided by psychiatrist and counsellor.	Therapy attendance and reduction in illicit opiate use.	Small sample size.
Kidorf *et al* (1994), US[11]	Prospective, within-subjects, randomised controlled trial.	15 methadone maintenance subjects, mean age 37 years, 67% afro-american.	Methadone take-home dose incentives contingent on individual therapy attendance either during weeks 1 to 3 and 4 to 6 or during weeks 1 to 3 and 7 to 9. All subjects received weekly counselling.	Outpatient clinic. Care provided by psychiatrist and counsellor.	Therapy attendance and reduction in illicit opiate use.	Small sample size.
McLellan *et al* (1993), US[12]	Prospective randomised	92 intravenous opiate-using veterans with a	6 months of methadone alone (minimum of 60 mg	Outpatient clinic. Care	Reduction in illicit opiate	Sample with specific

	controlled trial.	long history of opiate use, mean age of 41 years.	per day); same dose of methadone plus counselling; or same dose of methadone plus counselling and on-site medical/psychiatric, employment, and family therapy.	provided by physician, nurse, psychiatrist, social worker, and counsellor.	use, withdrawal severity, employment, and crime rates.	characteristics.
Preston *et al* (2000), US[13]	Prospective, double-blinded, randomised controlled trial.	120 heroin subjects, mean age 37 years (18-65), 58% white, 42% afro-american.	8 weeks of methadone dose increase (from 50 to 70 mg per day) and non-contingent vouchers; contingent vouchers for opiate-negative urine specimens; combined contingent vouchers and methadone dose increase; or non-contingent vouchers and no methadone dose increase. All subjects received daily oral methadone and weekly individual counselling.	Outpatient clinic. Care provided by counsellor.	Abstinence, reduction in illicit opiate use, and withdrawal severity.	High risk of selection bias; small sample size; brief intervention phase.
Preston *et al* (2002), US[14]	Prospective, stratified, randomised controlled trial.	110 opiate-dependent subjects with a long history of heroin use, mean age 37 years (18-65), 39% afro-	12 weeks of contingent fixed-amount vouchers for opiate-negative urine specimens and take-home methadone doses (50 or	Outpatient clinic. Care provided by physician and counsellor.	Abstinence, reduction in illicit opiate use, withdrawal severity.	High risk of performance bias.

		american.	70 mg per day) or non-contingent vouchers and take-home doses. Vouchers were exchangeable for goods and services. All subjects received weekly individual counselling.			
Sees *et al* (2000), US[15]	Prospective, stratified, randomised controlled trial.	179 opiate-dependent subjects with a long history of heroin use, mean age 39 years, 51% white; 30% afro-american; 13% hispanic.	14 months of methadone maintenance or psychosocially enriched detoxification (120 days of methadone maintenance followed by 60 days of dosage reduction and eight months of psychotherapy and liaison services). All subjects received group and individual therapy.	Outpatient clinic. Care provided by counsellor.	Abstinence, retention in treatment, employment, crime rates, and HIV risk behaviours.	Neither programme provided extensive legal, employment, family, or psychiatric services.
Strain *et al* (1993), US[16]	Prospective, double-blinded, stratified, randomised controlled trial.	247 opiate-dependents with a high rate of cocaine use, mean age 34 years (18-50), 50% afro-american.	15 weeks of 0 mg, 20 mg, or 50 mg of methadone per day. All subjects received group therapy and individual counselling. On-site medical services were provided. Take-home medication was allowed.	Outpatient clinic. Care provided by internist, nurse, and counsellor.	Abstinence, length of stay, and retention in treatment.	
Strain *et al* (1999), US[17]	Prospective, double-blinded,	192 opiate-dependent subjects, mean age 38	40 weeks of 40-50 mg or 80-100 mg of methadone	Outpatient clinic. Care	Abstinence and retention in	High risk of performance

	stratified, randomised controlled trial.	years, 49% white.	per day. All subjects received individual and group counselling.	provided by internist, nurse, and counsellor.	treatment.	bias.
Woody *et al* (1995), US[18]	Prospective randomised controlled trial.	123 psychiatrically symptomatic opiate-dependent subjects with severe substance use histories, mean age 41 years, 43% white; 57% afro-american.	24 weeks of counselling plus supplemental drug counselling or counselling plus supportive-expressive psychotherapy during methadone maintenance.	Outpatient clinic. Care provided by a physician and a counsellor.	Abstinence, reduction in illicit opiate use, employment, crime rates, and quality of life.	Moderate risk of performance bias; methadone doses administered were low; sample with specific characteristics.
Yancovitz *et al* (1991), US[19]	Prospective randomised controlled trial.	301 opiate-dependent subjects with a long history of illicit opiate use, mean age 34 years, 10% white, 35% afro-american, 54% hispanic.	Methadone medication (80 mg per day) and AIDS education or frequent contact.	Outpatient clinic. Care provided by physician and nurse.	Reduction in illicit opiate use and retention in treatment.	Brief intervention phase.

Notes: 'low' risk of bias reflects plausible bias unlikely to seriously alter the results; 'moderate' risk of bias reflects plausible bias that raises some doubt about the results; 'high' risk of bias reflects plausible bias that seriously weakens confidence in the results.