

Table 3. Description of studies that evaluated the effectiveness of community maintenance with methadone or buprenorphine.

Study	Study design	Sample	Intervention	Provider	Outcome measures	Notes
Ahmadi (2003), Iran ^a	Prospective, double-blinded, randomised controlled trial.	164 opiate-dependent subjects.	18 weeks of sublingual buprenorphine daily (1 mg, 3 mg or 8 mg) or 30-mg daily dose of oral methadone. All subjects were offered a weekly 1-hour individual counselling session.	Outpatient clinic. Care provided by psychiatrist, general practitioner and psychologist.	Retention in treatment.	Doses of methadone and buprenorphine may have fallen at the lower end of their therapeutic effectiveness.
Eder <i>et al</i> (1998), US ^a	Prospective randomised controlled trial.	34 opiate-dependent subjects.	24 weeks of oral methadone (no maximum daily dose) or sublingual buprenorphine (maximum daily dose of 8 mg). A free dosing schedule was used.	Outpatient clinic.	Reduction in illicit opiate use and retention in treatment.	-
Fischer <i>et al</i> (1999), Austria ^a	Prospective randomised controlled trial.	60 opiate-dependent subjects, age 18-45 years.	24 weeks of oral methadone (maximum daily dose of 80 mg) or sublingual buprenorphine (2 mg or 8 mg). All subjects received psychosocial counselling and weekly group therapy. Subjects were matched according to ASI data.	Outpatient clinic. Care provided by counsellor.	Reduction in illicit opiate use and retention in treatment.	High risk of attrition bias.
Johnson <i>et al</i> (1991), US ^a	Prospective, double-blinded, stratified, randomised controlled trial.	162 opiate-dependent subjects, mean age 33 years (21-50), 58% white, 40% afro-american.	17 weeks of oral methadone (20 mg or 60 mg) or sublingual buprenorphine (8 mg). All subjects were offered weekly individual counselling.	Outpatient clinic. Care provided by counsellor.	Abstinence and withdrawal severity.	-
Johnson <i>et al</i> (1992), US ^a	Prospective, double-blinded, stratified, randomised controlled trial.	162 opiate-dependent subjects, mean age 33 years (21-50), 58% white, 40% afro-american.	17 weeks of oral methadone (20 mg or 60 mg) or sublingual buprenorphine (8 mg). All subjects were offered weekly individual counselling.	Outpatient clinic. Care provided by counsellor.	Reduction in illicit opiate use and retention in treatment.	Methadone maintenance programme had special characteristics that distinguishes it from maintenance

Supplementary information

						programmes in the community.
Johnson <i>et al</i> (2000), US ^a	Prospective, double-blinded, stratified, randomised controlled trial.	220 opiate-dependent subjects, mean age 36 years (21-55).	17 week intervention when subjects received either levomethadyl acetate, buprenorphine (16-32mg three times a week), high dose methadone (60-100mg) or low dose methadone (20mg) as treatment.	Outpatient clinic.	Retention in treatment and reduction in illicit opiate use.	Moderate risk of attrition bias.
Kosten <i>et al</i> (1993), US ^a	Prospective, double-blinded, randomised controlled trial.	126 opiate-dependent subjects with a long history of opiate use, mean age 32 years (21-43), 69% white.	24 weeks of methadone (35 mg or 65 mg) or buprenorphine (2 mg or 6 mg). All subjects received weekly group therapy.	Outpatient clinic. Care provided by nurse and counsellor.	Abstinence, reduction in illicit opiate use, withdrawal severity, and retention in treatment.	-
Ling <i>et al</i> (1996), US ^a	Prospective, double-blinded, randomised controlled trial.	225 opiate-dependent subjects, mean age 41 years, 14% white; 20% afro-american; 18% hispanic.	One year of 30 mg of methadone, 80 mg of methadone, or 8 mg of buprenorphine. All subjects were offered weekly individual counselling.	Outpatient clinic. Care provided by physician, nurse, and counsellor.	Abstinence, withdrawal severity, and retention in treatment.	-
Mattick <i>et al</i> (2003), Australia ^a	Prospective, double-blinded, randomised controlled trial.	405 opiate-dependent subjects, mean age 30 years.	13 weeks of flexible dosage regime of oral methadone (maximum dose of 150 mg) or buprenorphine (maximum dose of 32 mg).	Outpatient clinic. Care provided by physician and nurse.	Reduction in illicit opiate use, retention in treatment, psychological functioning, HIV-risk behaviour, and general health.	High risk of performance bias.
Pani <i>et al</i> (2000), Italy ^a	Prospective, double-blinded, randomised controlled trial.	72 opiate-dependent subjects, mean age 28 years (18-40).	6 months of oral methadone (60 mg per day) or buprenorphine (8 mg per day). All subjects received weekly individual counselling.	Outpatient clinic. Care provided by nurse.	Reduction in illicit opiate use, withdrawal severity, retention in treatment, and quality of life.	High risk of attrition bias.

Supplementary information

Petitjean <i>et al</i> (2001), Switzerland-	Prospective, double-blinded, randomised controlled trial.	58 opiate-dependent subjects, mean age 27 years.	6 weeks of oral methadone (maximum daily dose of 120 mg) or sublingual buprenorphine (maximum daily dose of 16 mg). All subjects received their medication in a flexible dose treatment schedule during the first three weeks. All subjects attended weekly individual counselling sessions.	Outpatient clinic. Care provided by counsellor.	Abstinence, withdrawal severity, length of stay, and retention in treatment.	High risk of performance bias; high risk of attrition bias; brief intervention phase.
Schottenfeld <i>et al</i> (1997), US-	Prospective, double-blinded, randomised controlled trial.	116 subjects with concurrent opiate dependence and cocaine misuse, mean age 32 years, 78% white.	24 weeks of oral methadone (20 mg or 65 mg) or sublingual buprenorphine (4 mg or 12 mg). All subjects received weekly group counselling.	Outpatient clinic. Care provided by nurse, counsellor, and pharmacist.	Reduction in illicit opiate use and retention in treatment.	Moderate risk of attrition bias.
Strain <i>et al</i> (1994), US-	Prospective, double-blinded, stratified, randomised controlled trial.	164 opiate-dependent subjects, mean age 32 years (19-50), 49% white.	26 weeks of oral methadone (50 mg per day) or sublingual buprenorphine (8 mg per day), with dose changes possible through week 16 of treatment. All subjects received weekly counselling and had access to on-site medical services if needed.	Outpatient clinic. Care provided by counsellor.	Abstinence, length of stay, and retention in treatment.	High risk of performance bias.
Uehlinger <i>et al</i> (1998), Switzerland-	Prospective, double-blinded, randomised controlled trial.	Opiate-dependent subjects.	Oral methadone or sublingual buprenorphine.	Outpatient clinic.	Reduction in illicit opiate use, withdrawal severity, and retention in treatment.	-

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.