Reviewer’s report

Title: Prevalence Of Problem Alcohol Use Among Patients Attending Primary Care For Methadone Treatment: A National Cross Sectional Survey

Version: 1 Date: 14 February 2009

Reviewer: Anthony Shakeshaft

Reviewer’s report:

General remarks
This is a nicely written paper that presents some interesting data deriving from a population that is very difficult to access. Most of my comments are minor and discretionary, really just trying to give a couple of ideas about how the paper might be slightly improved, but I do think the issue of clustered data needs to be addressed.

Major compulsory revisions
None

Minor essential revisions
1. The only real concern with the sampling in the paper is the possibility of a clustering effect, given participants were recruited from 4 different regions and there was over/undersampling from some regions. This would only potentially make a difference to the statistically significant findings - since they are not dramatically significant (p values range from 0.01 to 0.04) they may not remain significant after clustering. There may be good reasons not to allow for clustering, but given the data are clearly regional it would be helpful to make a comment about this as a minimum, that is, to say that it was considered unnecessary because...

Discretionary revisions
1. Citing data for the effectiveness of alcohol interventions delivered in primary care may need to be tempered somewhat for this substance using population - while they are accessing primary care services they are not typical primary care patients, so it is difficult to readily accept that the potential effectiveness of alcohol intervention would translate from primary care generally to this population.

2. The data collection paragraph on page 6 may be an appropriate place to raise the issue of potentially clustered data.

3. The obvious methodological weakness in the paper is the recruitment rate. I think there is room to explore a little more the consequences of the low response rate (it is really 31% of the random sample so the data are almost certainly biased), the comparisons between consenters and non-consenters
notwithstanding. For example, you could make the point that the most likely consequence of the bias in this sample is that alcohol and substance use you describe is actually the "good" end of the spectrum - in reality, the overall sample is probably much worse off (on the assumption that those who agreed to the study are probably higher functioning).

4. In the summary of main findings section (page 10-11), I would like to see some comment about what you think the data mean - why is it that those with higher alcohol use are also more likely to use illicit drugs and emergency departments? Is it part of a riskier overall lifestyle? Perhaps it's their pattern of alcohol use - you could compare audit positives with audit negatives on audit question 3 to see if one reason the audit positive cases are more likely to use emergency departments is because they drink to excess on one occasion more often. that has implications for the brief advice physicians may give these patients about their drinking.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests