Reviewer's report

Title: Clinical differences in form of use and route of administration in Cocaine Users from Sao Paulo

Version: 1 Date: 16 June 2005

Reviewer: Christian Haasen

Reviewer's report:

The paper touches upon the interesting subject of the influence of patterns of use – in this case, the route of administration – on clinical outcome. However, presently the paper does not hold up to what the title promises. If certain aspects are considered in a revision, the paper could be of interest for the readership.

Introduction:
In the introduction the literature cited is mainly books and is generally older. This implies that there are no studies on cocaine that are pertinent, especially no studies on patterns of use. This is, however, not the case. Several studies should be mentioned, such as studies from the UK (mainly the NTORS project), as well as the European multi-center study published in European Addiction Research in 2004 (Prinzleve et al.).

Methods:
Why was a standardized instrument (such as the ASI or MAP) not used?
It is not understandable, why the "primary" diagnosis has to be cocaine dependence.
The division of the sample into three groups seems rather arbitrary and does not really make sense. As the main group (dual users) is 10 times as large as the crack group, it really may make more sense to divide the dual users group into other subgroups. The criteria for inclusion in the dual users group is not very clear: if anyone having used both routes of administration, regardless of frequency, is included, then we are talking about a very inhomogeneous group. Then you are comparing an inhomogeneous group with two very homogeneous groups. It may make more sense to divide the cocaine users into severity groups, rather than into these three groups.

Results:
It is stated, that powder cocaine users were older than crack cocaine users, but there was no significance (p>0.05). If there is no statistical difference, the group cannot be seen as older.
There are no results on the severity of cocaine dependence, despite the fact that there is sufficient evidence that this is of major importance for outcome. How many days in the last month?
There are no results on binge use, which is very important for cocaine dependence, as well as other factors that influence the pattern of use.
There are no results on comorbid psychiatric or somatic disorders.
Therefore, there are important factors missing that would give us a better clinical picture, which is what the title promises.

Discussion:
There is no discussion on the added value of this study in comparison to previous studies.

Wording:
The language needs to be revised by a native speaker. Example:
Percentages are not "raised" or "reduced" (should be "higher" or "lower" or something respectively...)
What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions