Author's response to reviews

Title: A Public Health Response to the Methamphetamine Epidemic: The Implementation of Contingency Management to Treat Methamphetamine Dependence

Authors:

Steven Shoptaw (sshoptaw@mednet.ucla.edu)
Jeffrey D. Klausner (Jeff.Klausner@sfdph.org)
Cathy J. Reback (rebackcj@aol.com)
Stephen Tierney (stierney@saf.org)
John D Stansell (jstansell@php.ucsf.edu)
Bradley Hare (chare@php.ucsf.edu)
Steven Gibson (sgibson@magnetsf.org)
Michael Siever (msiever@itsa.ucsf.edu)
William D. King (wdking37@yahoo.com)
Uyen Kao (ubui@mednet.ucla.edu)
Jeffrey Dang (jdang@mednet.ucla.edu)

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Author's response to reviews: see over
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Alex Pemberton, Ph.D.
BioMed Central Public Health

RE: Feasibility of contingency management in non-treatment seeking methamphetamine-using MSM

To Whom It May Concern:

Thank you for your review of the above referenced manuscript. I am pleased that the reviewers found the evaluation of the first attempt to field contingency management in settings outside formal drug abuse treatment clinics to be of interest. I am also pleased with the many positive remarks offered by the reviewers.

What follows is a detailed description of the changes that were made to the manuscript to respond to the reviewers’ suggestions, particularly those of Reviewer 2

Reviewer 1:

No changes requested.

Reviewer 2:

Minor Essential Revisions:

p. 6. Fall is now lower-case.

p. 7. The suggested edit is now in the text.

Discretionary Revisions.

p. 6. The reviewer raises an interesting point about clarifying inclusion/exclusion criteria. I have added two sentences to the lower paragraph on page 6. The first follows the opening sentence to the paragraph “Eligible participants were methamphetamine-using MSM seeking to reduce or eliminate their use of the drug.” This sentence conveys the concept of who was targeted by the program, yet retains the reality that this is a clinical program (not research) and does not formalize the concept into a form similar to inclusion criteria, which is a research-related concept. In similar fashion, I added a sentence at the end of this paragraph indicating that “…methamphetamine using MSM unable to document current methamphetamine dependence (either with a positive pre-baseline urine test or physician’s referral) were not enrolled in PROP.

p. 5, 5th sentence. Changed “causally linked” to “strongly associated.”
Made 5 changes of the word “credits” to “vouchers” for this paper to be similar to reports in the research literature on CM. A parenthetical reference of “credits” is provided for those who may be unsure of what a voucher is.

p. 8, 2nd paragraph. The manuscript details that 143 participants enrolled in PROP and of these, 111 met the criteria for the program and returned for their first CM visit. A sentence was added indicating that 32 individuals were ineligible, either due to inability to document current methamphetamine dependence or to failure to return to clinic to make this clearer.

While the suggested comments about breaking the “data” into more precise categories are appreciated (both for number of partners and in retention), the paper is meant to be clinically descriptive of the implementation of CM rather than a precise research report on what happened as it was implemented. As well, descriptors of the sample aren’t as sensitive as would be expected in a research project. In keeping with these limitations, we have elected not to break out the number of partners further and not to include a retention curve in this revision. Still, the issue of the comparison of the findings regarding retention in this clinical program with published clinical trials findings is a good one and is now discussed in the bottom of the first paragraph in the Discussion section (page 9).

As suggested, a paragraph has been added at the end of the Discussion section on limitations of the report.

Our group has an ongoing clinical application of contingency management and gay-specific cognitive behavioral therapies among methamphetamine-abusing MSM in Hollywood. Klausner’s group has PROP ongoing for methamphetamine-abusing MSM that may expand to include heterosexual methamphetamine abusers at risk, but I have elected not to list these in the manuscript.

Reviewer 3:

Major Compulsory Revisions:
The suggestion about the deleting references to causality of methamphetamine use and high-risk sex/HIV seroconversion has been made in the manuscript and instead references strong associations between these.

A brief comment is included regarding a broad outline for research/public health practice in implementing CM in communities facing the interwoven public health problems of methamphetamine abuse and high HIV prevalence.

I trust that these revisions address the concerns identified by this outstanding panel of reviewers. I believe the paper is substantially strengthened by incorporating their suggestions. I look forward to your earliest response.

Sincerely,

Steven Shoptaw, Ph.D.
Professor, Department of Family Medicine