Reviewer's report

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

Version: 1 Date: 21 June 2006

Reviewer: David Epstein

Reviewer's report:

General

This manuscript provides what the title promises: a report on the feasibility of a new, behaviorally based intervention for methamphetamine abusers. It carries the limitations that one might expect from a feasibility study, such as the absence of a control group and a relative paucity of outcome data. Indeed, the project was technically classified as "nonresearch" (hence its exemption from informed consent). I wondered at first whether I should note all this under "Major compulsory revisions" and ask the authors to resubmit with more data.

But ultimately, I decided that early reports like this one are nice to have on the record. For example, if I were writing a literature review on methamphetamine abuse or on contingency management, I would be glad to find this.

There are a few places for improvement; I note them under "Discretionary revisions," though I think most of them are important.

Before doing that, I'd like to call attention to a couple of grace notes-small but pleasing touches. First, the program was managed by staff without professional experience in substance-abuse treatment; this speaks well for the ease with which the technology of contingency management can transfer into community settings. Second, the authors cleverly arranged to have participants' purchases ordered in by phone or Web, eliminating the usual contingency-management expense of sending staff members out shopping. This probably contributed to the cost savings described in the Discussion.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

p. 6: "Fall" should not be capitalized.

p. 7. The phrase "Measures included level of cash credits accrued were managed..." should be "Measures, including level of cash credits accrued, were managed..."

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Discretionary Revisions (which the author can choose to ignore)

The inclusion/exclusion criteria should be stated clearly; unless the reader follows the URL to the program's website, it's difficult to tell just who was being recruited. The confusion here begins with the cover letter, which refers to the population as "non-treatment seeking," i.e. "wish[ing] to reduce their drug use, but...not seeking drug abuse treatment." I think that anyone who attends a clinic with the goal of reducing drug use is a treatment seeker.

In the first paragraph of the Background section, the authors state: "...methamphetamine use is causally linked with increased sexual risk behaviors and sexually transmitted diseases (STDs) and HIV transmission in MSM." I don't doubt that the causal link is there, but the authors aren't pulling together all the necessary evidence before making the statement. The three studies they cite in the quoted sentence are basically epidemiological, evaluating methamphetamine use as a risk factor, not a cause. They go on to cite an intervention study, but even that is not sufficient to show causality, because self-selected treatment seekers...
may be intending to institute a broad array of life changes, thus reducing their sexual risk behaviors at
around the same time they reduce their methamphetamine use. For example, in the cited intervention study,
all treatment groups reduced their sexual risk behaviors, with only some outcome measures showing small
across-group differences (Shoptaw et al., 2005). To round out the case for causality, it's probably necessary
to integrate findings from qualitative studies in which participants are actually asked to describe causal
connections among their behaviors; the authors have actually done such work (Reback et al., AIDS CARE,
2003; Reback et al., AIDS & Behavior, 2004). When you put all three types of evidence together, you can
speak more assuredly about causation (though I would still recommend phrasing such as "appears to be
causally linked").

Throughout the manuscript, why not refer to "vouchers" rather than "credits"? "Vouchers" is the standard
term in the contingency-management literature and, based on the program's website, seems to be the term
used with patients. It can be briefly explained for readers who are not familiar with it.

p. 7 and table 2: 143 applicants were enrolled; how many made contact but were deemed ineligible?

In table 2, the categories for "Sexual partners, past month" include a category for "1-2 partners." Why not
break this down so that we can see how many participants were monogamous?

Given that one of the main available forms of outcome data was retention, perhaps it should be shown in
the form of a survival curve. It would also be good to see a more detailed comparison of the retention rate
with rates seen in other 12-week outpatient programs for stimulant (especially methamphetamine) abusers.
My impression is that 30% retention, while probably dismal-looking to anyone outside the field, is not too
bad for a stimulant-abusing population. Then again, it's not nearly as good as the retention rates Steve
Higgins gets with his cocaine-abusing outpatients. Either way, more outside data would help put it in
perspective.

The last paragraph of the discussion should be identified as an assessment of the study's limitations.

It would be good to see more information about future plans for the program, including any data now being
collected for eventual publication.

What next?: Accept after discretionary revisions

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

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:

I declare that I have no competing interests.