Author’s response to reviews

Title: A pilot feasibility randomised controlled trial of an adjunct brief social network intervention in opiate substitution treatment services in England

Authors:

Edward Day (edward.day@kcl.ac.uk)
Alex Copello (a.g.copello@bham.ac.uk)
Jennifer Seddon (Jennifer.Seddon@hotmail.com)
Marilyn Christie (marilynmchristie@gmail.com)
Deborah Bamber (Deborah.Bamber@dmu.ac.uk)
Charlotte Powell (Charlotte.Powell@dmu.ac.uk)
Carmel Bennett (c.bennett.1@pgr.bham.ac.uk)
Shabana Akhtar (Shabana.Akhtar@bsmhft.nhs.uk)
Sanju George (sanjugeorge531@gmail.com)
Andrew Ball (andrew.ball@turning-point.co.uk)
Emma Frew (e.frew@bham.ac.uk)
Ilias Goranitis (i.goranitis@bham.ac.uk)
Nicholas Freemantle (Nicholas.Freemantle@ucl.ac.uk)

Version: 1 Date: 04 Oct 2017

Author’s response to reviews:

BPSY-D-17-00484: Point-by-point response to the reviewers comments

Reviewer 1

I found this study to be both interesting and well-written. The argument if very easy to follow, the methods are clearly described, and the data are presented in a highly transparent manner. My only reservation is with the interpretation of the findings, which I find to be overly pessimistic in
some respects, and in some respect need to be generalized to apply outside of the UK context. The system described in the discussion, where clinics have to re-tender the contract to provide treatment services is a policy that is very likely to be similar in other countries, or to have parallels at some level. I believe this warrants a broader comment, as it is crucial in order to deliver adequate care to people with chronic problems that services are continuous - A. Thomas McLellan, Barack Obama's drug czar, has recently made similar observations (e.g. Public Health Rev. 2014 Jan; 35(2)).

Many thanks for this comment and reference. We have added some extra material to strengthen this point in paragraph 2 of the discussion.

In addition, the negative findings from the present study should not speak against further testing of the treatment models in this study - if anything, the authors should consider ways to recruit more patients, ways to overcome barriers to participation, including perhaps contingency management.

Agreed – we have tried to make the discussion more positive, and added more material to paragraph five of the discussion highlighted the potential benefits of contingency management. The point is also made (and linked to McKay’s recent review in Addiction on this topic).

Thus, the authors produced the useful findings that (a) the treatments could be taught to case managers, (b) clients need more incentives to show up, and (c) clinics need to function well in order to recruit patients. These are in my view highly significant findings, and they clearly point to how a bigger trial can actually test the usefulness of these two approaches.

Thanks you for this summary – we have added a final concluding paragraph making this point.

Reviewer 2

General: The aims of this review is to test the feasibility of recruiting patients engaged in drug treatment services for at least a year, to test the feasibility of training of NHS clinicians., to test whether B-SBNT reduces heroin use 3 and 12 months after treatment, and to test the feasibility
of measuring changes in the health and functioning of family or networks member. This is an impressive piece of work and generally, the quality of this work seems to be good.

I am questioning the reporting of outcomes and the structure of the reporting. Furthermore the results connected to the fourth aim seems to be missing?

Apologies for the confusion here. The original manuscript highlights that we had 4 aims, but that we were only reporting 3 of them in this paper (aim 4 is a large topic that will have a paper of its own). We have re-written the text to make this clearer i.e. we are only exploring 3 aims.

Method: Assessment and Trial Outcome analysis: It is difficult to figure out the measures and the outcomes. Please make it more clear what all the outcomes (describe them all) are and how were these measured? You should also in the abstract short describe the primary and secondary outcomes.

We have re-written the measures section and included more detail on scoring and what the numbers mean.

Sample size: on page 10: "If the proportion of patients that stopped taking heroin in the B-SBNT group was 0.3 we could then produce an approximate 95% confidence interval of 0.18 - 0.44 for this estimate". What is the 0.3? Hedges g? Cohens d?, or what? How do you calculated that this confidence interval?

As stated in the paper (and the section above) the ‘0.3’ is a proportion. We have added ‘(eg 30%)’ to the paper and corresponding values for the remaining proportions described to be beyond doubt. The method used to produce the CI was the Wald approximation, but since this was indicative and any reasonable method would give similar results we have not described this further.

Why did you not describe the analyses more in details? The analysis is very limited described. With so many secondary outcomes how did you deal with problems with multiplicity?

We have added further detail to the description of the analysis although note that all the major characteristics were already described and wonder at the utility of the additional text for most
readers. The question of multiplicity is not relevant as all the secondary outcomes are nominal and the interpretation of the trial comes from the primary outcome.

Results: The structure of the manuscript can also be improved. I like the structure with reporting the aims and then the results connected to the aim, but I find the results section much too long and difficult to read. This much be improved.

We hope that the better description of the measures and their scoring will make this clearer. We have tried to make the results as brief as possible (as there was a lot of material), and reviewer 1 applauds the transparency of the presentation. To simplify things we have removed table 1 altogether, as the results either appear in the text or are duplicated in table 2.

I can only find three aims described in the result section? The fourth about testing the feasibility of measuring changes is not described as well as the results connected to this aim is not reported either?

Yes – there are only 3 aims with results reported (see answer above)