Reviewer's report

Title: Integrating Smoking cessation and alcohol use treatment in homeless populations: Study protocol for a community-based randomized clinical trial

Version: 6  Date: 22 May 2015

Reviewer: Peter Alan Coventry

Reviewer's report:

This manuscript is well reported and well written and describes a novel approach to intervening in a population that is typically excluded from conventional smoking cessation trials.

Major compulsory revisions.

1. I thought the case for joint interventions (i.e. smoking and alcohol) was well made in the background so it would help the reader to follow the argument why this trial uses 3 arms - what is the rationale for including the CBT-smoking intervention arm alongside a usual care arm?

2. Why was a cluster design not considered? Is there not a possibility that the CBT smoking and alcohol intervention might spill over into the CBT smoking arm?

3. What is the CBT model being employed? Could we hear more about whether this adopts a ABC-E model in terms of assessment. Is it more behavioural or do participants get a choice about that component they want to focus on? Is there difference between arms or at least between smoking and alcohol CBT - the authors have said something about this but it may be that we can learn more so we know what the content of the therapeutic model is.

4. How will the homeless participants avail themselves of the usual care programmes? They seem to describe here services that would be out of reach for most people without jobs (or presumably the relevant financial support).

Minor revisions.

1. I wondered whether it was appropriate to describe the CBT component as CBT counselling as in some countries, for example the UK, counselling is not delivered by CBT therapists and would be regarded as a less psychological form of therapy. e.g. Cochrane review of counselling for mental health problems.

2. Related to this, are the people delivering the CBT psychologists? The authors say they have Masters degrees but in what? How much training will they get from CBT therapists.

3. Who, and where is randomisation performed?

4. The description of the incentives is not consistent. On page 17 the authors say that participants get $50 for week 26 and $75 for week 52; but on page 18 the
amounts are $10 for each visit at weeks 16, 26 and 52. Could they clarify what money participants get?

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.