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Corrigendum to “Transdermal alcohol concentration data collected during a contingency management program to reduce at-risk drinking”

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It has come to the attention of the authors that there was an error in some wording within the fifth paragraph of the discussion of our paper. Therein, we made reference to the previous work of Barnett et al. (2011) and mistakenly stated in line 5 of that paragraph, that they had used “standard AMS” criteria in their study of contingency management. In fact those authors used a modification of the standard AMS criteria.

In order to correct the erroneous statement about the use of a modified criteria and to clarify the other two points we originally wanted to make, we wish to revise the 2nd, 3rd, 4th, and 5th sentences of the paragraph discussing the work of Barnett et al. (2011, 2014) to read as follows:

...Barnett et al. (2011) previously used a financial contingency to reduce drinking using the SCRAM transdermal alcohol monitor. That study modified the standard AMS criteria to make it less conservative by requiring only a single TAC reading >0.02 g/dl (rather than three readings required by AMS) and requiring either the absorption or elimination rates specified by AMS (rather than both as required by AMS). This criteria was used to define whether or not a drinking event occurred, however this method only reliably detects drinking events when 5 or more drinks are consumed (Barnett et al., 2014). Therefore any drinking that may have occurred that did not exceed their threshold of detection using these modified AMS criteria was classified as “non-detected” in these studies. In contrast, using TAC levels to quantify no, low, moderate and high drinking we showed that low-level drinking, revealed by low-level TAC readings, was actually increased during the contingency. . .

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