Reviewer's report

**Title:** Spatial Distribution and Characteristics of Locations of Injecting Drug Users (IDU) in Five Northeastern States of India

**Version:** 1  **Date:** 10 March 2010

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BMC Public Health Review

Manuscript title: Spatial distribution and characteristics of locations of injecting drug users (IDUs) in five Northeastern States of India

Manuscript ID: 1525320843477823

**Comments**

Provided is a paper describing a study aimed at mapping locations where IDUs inject drugs in five Indian states, as well as describing the characteristics of IDUs at those sites.

**Major Compulsory Revisions**

1. **METHODS:** Why was a location considered to be where two or more IDUs gathered? Two seems to be a very low threshold for a “gathering.” Please provide the justification for this definition.

2. **METHODS:** More detail is needed for the “various methods and techniques to be adopted for identifying sites and collecting qualitative data.” (p. 6)

3. **METHODS:** More detail is needed about the site characteristics collected, specifically the site physical characteristics and the social network characteristics.

4. **METHODS:** Ethical consideration: Was the data with regard to the injection sites provided to any outside parties?

5. **RESULTS:** Page 10, first paragraph: Description of attitudes of health care providers (HCPs) is not helpful. Under what circumstances are HCPs cordial/friendly to IDUs? Under what circumstances are they rude and discriminatory?

6. **RESULTS:** In some settings, pharmacy acquired syringes are considered to be safe. Page 10, 2nd paragraph suggests that this may not be the case in India, or at least in these northern states. Please describe if and how pharmacy acquired syringes are safe or unsafe in this setting.

7. **METHODS/DISCUSSION:** The authors state “…the magnitude and the extent
of [the] injecting drug use problem corresponded to the magnitude of the HIV burden in the states…” It is unclear if this in indeed the case because seroprevalence and incidence of HIV among IDUs in each of the five states are not provided, either from seroprevalence surveys done by the authors or data reported from elsewhere. Further, it is unclear how exhaustive the mapping project was for each state. How did the authors know when they had found all the injection sites?

8. DISCUSSION: Generally, it is unclear how conclusions can be made on the density of IDU in a particular state because information is not provided about how exhaustive the mapping project was, as stated above.

9. DISCUSSION: The authors need to connect their conclusions to the data they collected.

10. DISCUSSION: he is no mention of the limitations of the study.

Minor Essential Revisions

11. While generally well written, some help will be needed with English grammar.

12. Acronyms need to be defined the first time they are used throughout. For example: SACs and KIs (p. 6), RMRC and ICMR (p. 7), OSD and DIC (p. 10).

13. INTRODUCTION: When looking at network data, it is important to consider the seroprevalence in the community under study. In the second paragraph, some of the data are 10 to 20 years old (e.g., HIV prevalence in Nagaland and Mizoram). The authors need to provide more recent data, or in the absence of available data, indicate the lack of data and provide an explanation as to why the data is lacking.

14. RESULTS: Generally, the organization of the results section was hard to follow. It might be more helpful to organize it geographically (e.g., describe the situation in each state).

15. RESULTS: Page 9, last paragraph: It is unclear what is meant by “injected with different groups.” Need to better describe this set of findings.

Discretionary Revisions

None

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

**Quality of written English:** Needs some language corrections before being published

**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