Author's response to reviews

Title: Access to syringes for HIV prevention for injection drug users in St. Petersburg, Russia: syringe purchase test study

Authors:

Ekaterina V Fedorova MS (ekaterina_fedorova@yahoo.com)
Roman V Skochilov PhD (roman.skochilov@gmail.com)
Robert Heimer PhD (robert.heimer@yale.edu)
Patricia Case MPH (PCase@fenwayhealth.org)
Leo Beletsky PhD (lbeletsky@gmail.com)
Lauretta E Grau PhD (Lauretta.Grau@yale.edu)
Andrey P Kozlov PhD (contact@biomed.spb.ru)
Alla V Shabolts PhD (alla.shabolts@gmail.com)

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Title: Access to syringes for HIV prevention for injection drug users in St. Petersburg, Russia: syringe purchase test study

Authors: Ekaterina V Fedorova, Roman V Skochilov, Robert Heimer, Patricia Case, Leo Beletsky, Lauretta E Grau, Andrey P Kozlov and Alla V Shaboltas

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The authors would like to thank the reviewers for their constructive suggestions. We have incorporated all comments into revised manuscript.

Below is a point-by-point response to all requests for revisions and improvements:

Reviewer: Robert Booth

1. The two aims of the study are not mentioned until page six. In fact, from the Abstract it appears that there is only one aim, to “explore the feasibility using pharmacies to expand syringe access and provide other prevention services.” Yet results from the first aim, to examine the correlation between pharmacy density and HIV prevalence, are presented in the Abstract. This is confusing.

Response: In the background section of the abstract we added the second aim of the study.

“To explore the feasibility of using pharmacies to expand syringe access and provide other prevention services to IDUs, we investigated the current access to sterile syringes at the pharmacies and the correlation between pharmacy density and HIV prevalence in St. Petersburg.” (p. 3)
2. Equally confusing are the percentages mentioned in the results section of the Abstract. They total way more than a 100%.

Response: In the results section of the Abstract we corrected and clarified the numbers and percentages of the pharmacies with regard to syringe access.

“Of 108 operating pharmacies, 38 (35%) did not sell syringes of the types used by IDUs; of these, half stocked but refused to sell syringes to research staff, and the other half did not stock syringes at all. Overall 70 (65%) of the pharmacies did sell syringes; of these, 49 pharmacies sold single syringes without any restrictions and 21 offered packages of ten.” (p. 3-4)

3. The sentence in the first paragraph on page 9 needs to be revised (“there search staff”).

Response: The sentence was corrected (“there search staff” was changed to “the research staff”).

“If told that the pharmacy only sold syringes in packs of ten, the research staff asked for and purchased a pack of ten.” (p. 10)

Reviewer: Danielle German

Major Compulsory Revisions

1. The first analysis examines the hypothesis that HIV prevalence is higher in areas with lower pharmacy density. When no correlation is found, the authors conclude that pharmacy density does not play a role in the HIV epidemic. It is surprising that the authors do not explore or even discuss alternate mechanisms that could be very relevant, such as syringe sharing.
Response: We partly agree with the first major comment. The main goal of this study was to investigate syringe access at pharmacies rather than assess risk behaviors such as syringe sharing. We added the sentence in the discussion part of the manuscript regarding possible explanations for our findings which are entirely speculative since our study was focused on pharmacies as possible intervention sites and we have little direct information on IDUs’ behavioral risks.

“Second, the lack of correlation between pharmacy density and HIV prevalence could have been influenced by other social and behavioral factors (e.g., syringe sharing, police activities) which were not assessed as part of this study.” (p. 16)

2. A second analysis examines experiences with syringe purchase in pharmacies among injection drug users. These findings are useful, but the analysis lacks depth and it is difficult to interpret the extent of variation in experiences. For example, did women or men experience purchasing differently? Newer versus older users? How much did visual cues of possible injection drug use vary across respondents and experiences with pharmacy discrimination?

Response: The detailed analysis of the qualitative data will be presented in another manuscript. The data that are presented in this manuscript describe analysis of interviews only to the extent necessary to focus on developing the syringe purchase test script. This comment was addressed in the discussion section.

“Third, according to the preliminary data analysis of the qualitative interviews, the primary factor IDUs mentioned as a reason for unsuccessful syringe purchases was the pharmacists’ negative attitude towards IDUs. Further analysis is needed to assess other factors such as gender
and the number of years injecting drugs that may elicit differential discrimination. The data analysis presented in this manuscript was focused on the developing the syringe purchase test script.” (p. 16-17)

3. A final analysis assessed the extent to which research staff could purchase syringes in pharmacies using a standardized script. The authors conclude that a relatively high proportion of pharmacies were willing to sell syringes, while also highlighting the important finding that the remaining pharmacies did not. They note that one limitation is that the staff may not have been as easily identified as IDUs since they lack physical cues. This seems a major limitation of the study. Given the role of IDU stigma as a barrier to pharmacies selling syringes to IDUs, it seems critical to be able to identify the extent to which syringes are available to actual IDUs, inclusive of the wide range of the physical and emotional characteristics that may be present. Perhaps the authors can provide more information about the study staff and any efforts to assess this issue within the qualitative component and within the script exercise.

Response: The additions were made to the methods and discussion sections of the manuscript providing information about the characteristics of the study staff involved in the syringe purchase test.

“Three Russian male research assistants, experienced in field work with IDUs, were involved in the syringe purchase test.” (p. 9)

“The research staff were instructed to avoid any suggestion of deception in research. There were no direct or indirect attempts, either through dress or behavioral cues or through verbal statements to suggest that the research staff were IDUs.” (p. 10)
“Finally, all of the purchases were made by male Russian research staff between the ages of 31 and 40 years old. Individual characteristics that may influence the purchase transaction such as gender, ethnicity or age were not tested.” (p. 17)

Minor Essential Revisions

1. It would be helpful to have more information about the two selected research districts included in the text rather than limited to the supplementary table. How proximate are these to IDU communities? What is the demographic make-up of these communities relative to the rest of the city? What is the HIV prevalence in these communities?

Response: Additional information about two selected research districts was added to methods section of the manuscript.

“The Petrogradskiy district is located in the city center, has 124,800 inhabitants (population density is 5,200 persons per square kilometer), and encompasses 24 square kilometers containing commercial, recreational, and residential facilities. The cumulative number of registered drug users is 138.16 per 100,000 inhabitants with HIV prevalence in the district at 586.6 per 100,000. The Viborgskiy district is located on the northern periphery of the city, has 410,000 inhabitants (population density: 3,565 persons per square kilometer), and encompasses 115.4 square kilometers that is primarily residential. The cumulative number of registered drug users is 84.81 per 100,000 inhabitants with HIV prevalence in the district at 597.86 per 100,000. Overall across the city districts, HIV prevalence varies from 339.2 to 1143.6 per 100,000 and range for the cumulative number of registered drug users is 24.53-220.42 per 100,000 inhabitants.” (p. 8)
2. It would also be helpful for the authors to provide additional information about how pharmacies were identified, e.g. search terms used on Google.

Response: In the methods section, we added the Russian search term on Google to identify pharmacies.

“We used the Russian search term “ апте к а” [pharmacy] on Google maps to identify pharmacy location and Quantum GIS to generate a map of pharmacy density in relationship with data on HIV prevalence in residential areas of the city.” (p. 7)