Author’s response to reviews

Title: Coexisting social conditions and health problems among clients seeking treatment for illicit drug use in Finland: The HUUTI study

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Author’s response to reviews: see over
Dear Dr. Pafitis,

**Reviewers’ comments and manuscript re-submission**

We wish to submit a revised version of our manuscript titled, “Coexisting social conditions and health problems among clients seeking treatment for illicit drug use in Finland: The HUUTI study”.

We have responded to the reviewers’ comments including making changes, adding more information and conducting further analysis on type of referral and health problems. Relevant references were added to support some of the updates. Consequently, we revised the reference numbers after #21. As suggested by the reviewer, table 2 was deleted and we also revised the table numbers. Language editing was done to the abstract.

All updates/changes made to this current manuscript are highlighted in orange colour.

Best regards,

Ifeoma N. Onyeka.
On behalf of the authors.
Reviewer #1:

Dear Dr. Christine Grella,

Thank you very much for your astute observations and insightful comments. We deeply appreciate your efforts and suggestions on how to improve our manuscript. Please find below our responses to your comments. We have updated the manuscript and all the changes/updates are highlighted in orange colour.

Best regards,
The authors.

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Minor Essential Revisions

1. Page 7: the study sample has a very low rate of criminal justice referral (and presumably criminal justice involvement). This finding is quite divergent from studies of treatment samples in the United States where half or more of individuals in substance abuse treatment are currently involved with the criminal justice system and may have been referred to treatment as a result. The authors can expand upon this difference, which may reflect differences in drug policies across countries, with a stronger emphasis on criminal justice interventions related to drug use, and hence more frequent referral into treatment, in the U.S. The sample has a comparable rate of individuals with prior substance abuse treatment, however, as seen in samples from the U.S. (approximately 60%).

Response

Thank you for this observation. We have updated this information and have cited relevant report from the US to support it. See discussion section - page 13, paragraph 2.

2. On a related issue, this generally low rate of criminal justice involvement may have considerable implications for the interpretation of data on motivation for treatment, which the authors discuss on page 12. They could also expand upon this discussion, given that they cite only one study (Simpson & Joe, 1993) that is relatively old, whereas there are numerous other studies that find individuals under criminal justice supervision (or who are coerced to treatment through that system) actually have better retention rates, given the sanctions they may incur as a result of treatment non-completion.
Response

We also updated information on criminal justice referral and motivation on page 13, paragraph 2, (discussion section). On further analysis (as requested by one of the reviewers), we found an association between self-referral and health problems. Hence, we deleted the reference to Simpson & Joe 1993 and revised the information accordingly.

3. Another limitation to note is that given the very large sample size, some of the findings may be statistically significant, but reflect trivial differences that are not very significant clinically. For example, the difference between men and women in psychotic symptoms (18% vs. 22%) may not be very meaningful.

Response

We agree with you that the differences in psychotic symptoms may not be very significant clinically. Since women are known to be more prone to psychological problems than men, we did not consider it (per se) as a limitation of this study.

Discretionary Revisions

1. Page 9: It would be useful to compare the reported HIV seroprevalence rate with other samples from drug treatment, especially of primary injection users of opiates

Response

Done. We compared the reported HIV seroprevalence rate in our study with injecting drug users from another part of Europe. See discussion section – page 14, paragraph 2.

In sum, this paper is generally well done, and although the findings mostly confirm what is already known about the characteristics of individuals (primarily opiate injectors) at the time of treatment admission, its main contribution lies in providing information from a Finnish sample, which may serve as a basis of comparison with other samples of individuals in drug treatment. The paper could be further enhanced by stressing how these apparent differences and similarities reflect broader drug policies that influence the organization and delivery of drug treatment services.

Response

We have discussed these differences in terms drug policies and organization of drug treatment services on page 13, paragraph 2 (discussion section).
Reviewer #2:

Dear Dr. Mary Mackesy-Amity,

Thank you very much for your astute observations and insightful comments. We deeply appreciate your efforts and suggestions on how to improve our manuscript. Please find below our responses to your comments. We have updated the manuscript and all the changes/updates are highlighted in orange colour.

Best regards,
The authors.

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**Major compulsory revisions**

**Methods**

What exactly was assessed with the EuropASI and TDI instruments? More information is needed here, as well as a statement about the reliability and validity of the instruments.

Response

We have added more information about EuropASI and TDI instruments including the questions and reliability/validity. See page 6, paragraph 1 (methods section).

What instrument was used to assess depressive and psychotic symptoms, and suicidal behavior?

Response

Clinical staff (nurses and physicians specialised in psychiatry and addiction medicine) had the knowledge and skills required to carry out psychological assessments for these problems. Validated scales were not used and we have duly acknowledged this as a weakness under “limitations of the study” on page 16, paragraph 1.
Data collection

“Questions were asked on threats of violence from external sources.” What are external sources?
Response

Clients were asked if they were being threatened with violence by anybody (i.e. external sources). In Finnish language, the question was “ulkopuolisen väkivallan uhka?”. An external source means anybody or other people. This has been clarified under “data collection” (page 6, paragraph 2).

Data Analysis:

Large numbers are missing data on psychological symptoms. Were there any systematic reasons for this?
Response

Since we used clinical data, missing data may be due to inconsistencies in data recording among the clinical staff – probably, some responses were not recorded. For example some clients may have answered no to some questions but it was not explicitly recorded. We acknowledged this as a study limitation and we also discussed the need for improvements in medical documentation. See page 15, paragraph 2 (limitations of the study).

The authors state that analyses were conducted to compare complete cases with non-responders but the results of these analyses are not given.
Response

Generally, males and clients aged 14 years or younger had more missing data than others. We have added this information in the result section under “infectious diseases” (page 10, last paragraph) and “psychological problems” (page 11, last paragraph).

Results

The variability in the numbers is quite confusing; it would benefit the reader to have a table showing the proportion of the sample having data available on each measure.
Response

We agree with you on this point. Since we have already provided denominators in the tables, we opted to provide denominators for variables within the text in the results section (for example 5%, n = 71/1321, 67%, n = 1544/2294, etc).
Infectious diseases

Before comparing rates of positive results, you need to report the proportions of participants reporting a screening test at all, and whether it varied by gender or age, or by route of drug administration. Except for HCV, Ns for screening among IV drug users seem to be rather small (49 HIV tests for IV users?). This should be addressed in the discussion.

Third paragraph: (71%, n=35/49, p=0.34), please check the p-value

Response

Done. The proportion of clients reporting screening test was placed at the beginning of the results for each infection. Information on route of primary drug administration and differences based on gender and age group were also described on pages 9-10.

For HIV, 1471 clients reported that they have been screened previously but only 49 out of this 1471 said their test results were positive. The reported sero-prevalence was quite small – note that the prevalence of HIV in the general population of Finland is very low. We addressed this in the “discussion section” on page 14, paragraph 2.

The p-value is correct – the full result was: \( \chi^2 = 3.346, \) df (3), P-value = 0.34.

Psychological problems

State whether there were any differences in the availability of these data by gender, age, or other variables.

Response

We reported information on missing information for psychological problems on page 11, last paragraph.

Discussion

4th paragraph: Is there any association between voluntary vs. involuntary treatment and psychological symptoms?

Response

Yes. Self-referral (voluntary) was higher than other referral sources within the subgroup who reported psychological problems and sero-positive status. We described this information under “results section” (last paragraphs on both pages 10 and 11) and “discussion section” (page 13, paragraph 2).
Discretionary revisions

Table 2 could be omitted.

Response
Done. Table 2 has been deleted.

Minor essential revisions

Methods: Subjects

Change “The cohort comprised of” to “The cohort comprised” or “The cohort was comprised of…”

“Following their initial assessment”, delete “their” “…treatment plans were drawn and clients were assigned into various…”, insert “up” after “drawn” and change “into” to “to” “…communities where clients reported…”, change to “…where clients resided.” or “that clients reported…”

Response
Grammatical errors have been corrected.

Methods: Instrument

“…responded to questions on their children,” change “on” to “about” “Questions were asked on threats…”, change “on” to “about” “Clients were asked if they have been screened,” change “have” to “had”

Response
Grammatical errors have been corrected.

Results:

Drug use patterns
Do you mean to say that 40% had used five different substances in the previous month? You reference Table 2 but this does not show the total number of substances used.

Response

We meant that almost 40% (n = 1835/4817) were using five different drugs “as at the time of the interview”. Details of drug use patterns, including previous month drug use, have been presented in another article. We have deleted table two as you suggested.

“Fifty-eight percent… have had previous contact,” delete “have”

Response

Grammatical error has been corrected.

Infectious diseases

“In Table 3…” change to “As shown in Table 3…” third paragraph, “reports of positive screening” change to “reports of a positive screening…”

Response

Grammatical errors have been corrected.

Discussion

“Public unhygienic environment,” change “environment” to “environments”

Response

Grammatical error has been corrected.

Limitations, 2nd paragraph

“Self-reported data, the varsity of which,” change “varsity” to “veracity” “… drug users are not unwilling to discuss… to researchers,” change “to researchers” to “with researchers”

Response
Grammatical errors have been corrected.

“When public trust in governmental/administrative institutions in Finland is comparably high,” compared to what? Suggested change “comparably high” to “reasonably high”

Response
Done.

Conclusion

“Drug use problem does not exist…” change to “drug use problems do not exist…”

Response
Done.