Author’s response to reviews

Title: Syringe Access for the Prevention of Blood Borne Infections Among Injection Drug Users

Authors:

Sharon Stancliff MD (sls14@health.state.ny.us)
Bruce Agins MD, MPH (Bda01@health.state.ny.us)
Dr Josiah D. Rich MD, MPH (jrich@lifespan.org)
Scott Burris JD (Scott.burris@temple.edu)

Version: 2 Date: 27 Oct 2003

Reply to suggested revisions

Syringe Access for the Prevention of Blood Borne Infections Among Injection Drug Users
Authors:
Sharon Stancliff MD (sls14@health.state.ny.us)
Bruce Agins MD, MPH (Bda01@health.state.ny.us)
Dr Josiah D. Rich MD, MPH (jrich@lifespan.org)
Scott Burris JD (Scott.burris@temple.edu)

Suggested revision:
1. page 7, Recommend adding "on-site medical care" to the list of services available and changing the last sentence of that para to "Also, most SEPs are not..."
   Copyedits:
   1. Abstract, invert words "avenues these"
   2. abstract, insert "a" between "in judgmental"
   3. page 4, insert comma between "without a prescription _ a demonstration project"
   4. page 8, last para, first sentence, change to: "to achieving that goal."
   5. page 9, 5th line, add comma: "reduce other risks _ her or she"
   6. page 9, 12th line, change to: "as HIV, the need for hepatitis B vaccine, or treatment..."
   7. Summary, invert words "avenues these"

Response: all suggestions accepted

1. Some of the terms and abbreviations used are incomplete, i.e., hepatitis C VIRUS (HCV) and syringe exchange PROGRAM (SEP), and the use of abbreviations is sporadic.
   Response: Abbreviations of SEP used more consistently, Hepatitis C left unchanged
2. There are several grammatical errors in the text, particularly in the first part of the manuscript.
   Response: See response to the first reviewer, these changes should correct the grammar.
3. Insert headings to correspond with the logic of presentation, particularly when integrating the 'Background' and the 'Discussion'--the only two sections of the manuscript. (This is a strange presentation in itself.) The 'Syringe Access' section would benefit from additional reorganization using the heading mechanism.
   Response: Pg 8 "Syringe Access" changed to "Treating Injection Drug Users"
4. Provide additional argument and suggestions for the role of the primary care physician.
   Response:
   Pg 8 end of first paragraph insert ". Medical schools should plan curricula to close this gap while practicing physicians should be encouraged to seek out Continuing Medical Education programs to become further educated about the problems of injection drug users."
The recent approval of office based treatment of opioid addiction with buprenorphine may alleviate this shortage; physicians treating even a small number of opioid addicts may benefit their patients by becoming qualified to provide this medication. 31,32

Increasing access to sterile injection equipment is included in recent Centers for Disease Control recommendations on how primary care providers can incorporate prevention of HIV transmission when providing care to persons living with HIV. 37

Steps for physicians caring for active injection drug users
- Discuss injection drug use in a nonjudgmental manner at all routine visits
- Participate in CME related to the problems of injection drug users
- Become educated about commonly used substances
- Facilitate access to clean syringes for injectors through prescription or referral
- Educate patients about safer injection practices
- Inform patients about proper disposal of syringes
- Be aware of drug treatment options in the community
- Consider prescription of buprenorphine to heroin addicts

This is more correct legally.

References changed to reflect text and renumbered

Deletion:

Added:


Acknowledgements
Mr. Burris's work is supported by a grant from the Substance Abuse Policy Research Program of the Robert Wood Johnson Foundation. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the awarding Agencies.