Author's response to reviews

Title: Drug injecting and HIV risk among injecting drug users in Hai Phong, Vietnam: A qualitative analysis

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Author's response to reviews: see over
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To
The Editor
BMC Public Health

Dear Editor

Sub  Submission of revised manuscript (Id. 8176533691394783)

I am pleased to submit the revised manuscript entitled “Drug injecting and HIV risk among injecting drug users in Hai Phong, Vietnam: A qualitative analysis”. I would like to thank the reviewers for their valuable comments and suggestions to improve the quality of the manuscript. Please note that the manuscript has been entirely modified according to the reviewers’ comments and highlighted accordingly.

The section below indicates the specific changes made in the manuscript.

**Abstract**
The results section of the abstract has been modified to include some of the major findings.

- Page 2: Line 20 to Line 24 newly written to add some findings of the research

**Introduction**
Some of the sections have been modified with explanations in the introduction to address the reviewer’s comments. In particular, the style was reviewed to ensure elimination of redundancy and unnecessary commas.

- Page 4: Line 25 to Line 27 and Line 30 to Line 31 re-organized
- Page 5: Line 1 to Line 4 re-organized by moving sentences from the last paragraph

**Methods**
The method section has been re-written and has been categorised into different sub-headings to describe different points: (i) research design, (ii) study population, (iii) sampling, (iv) research instruments, (v) data collection, (vi) data management and analysis, (vii) supervision and quality control, and (viii) ethical procedures. The methods section now provides detailed information on research purpose, study participants and sampling approaches. Also the reason for the selected sampling approach is discussed.

- Page 6: Line 25 to Line 31 re-organized to provide explanation on sampling procedures/details on recruitment
- Page 7: Line 24 ‘friendly atmosphere’ explained
- Page 7: Line 19 to Line 23 newly written showing how interviewers were trained, and the knowledge of interviewers on conducting qualitative interviews
- Page 8: Line 1 to Line 22 reorganized to explain the data analysis and management as separate paragraphs
- Page 8: Line 26 to Line 28 newly written to highlight the field visits conducted by the first author to gather knowledge on local drug setting
Results

Drug use behaviours
Definitions have been included and new literature references cited to reflect the HIV risk behaviours. The possible links between such behaviours and socio-demographic features together with reasons for the shift in drug use behaviours has been discussed, as suggested by the reviewers.

- Page 11: Line 10 to Line 18 re-organized with explanation to link the context of first drug use with socio-demographic data
- Page 11: Line 23 to Line 26 re-written to explain the reason of shift in drug use

Places for injecting
Sections have been modified and explanations provided to address the comments of the reviewers. The discussion on last injecting episode omitted. The reasons for choosing different types of places and necessary risks associated with these places have been indicated.

- Page 12: Line 17 to Line 25 re-organized to highlight risks associated with places for injecting
- Page 13: Line 14 to Line 16 shifted to next section on ‘group injecting’

Sharing practices
The section has been reorganized to address the reviewer’s comments and in light of the discussion. Definitions are provided with necessary citations. A detailed description of data is given (where necessary) relating some risk practices, to highlight the risk associated with drug injecting among IDUs. As suggested by the reviewer, a detailed description of IDU generated, bottom-up motivation towards safe practices is discussed together with new citations. Some of the ideas have been expanded in this section.

- Page 14: Line 18 to Line 29 re-organized and explained with citations
- Page 15: Line 9 to Line 26 re-organized and explained the reduced prevalence of sharing needle/syringe using citations
- Page 16: Line 8 to Line 12 re-organized with citations to describe the risks associated with sharing drugs and injecting paraphernalia
- Page 17: Line 1 to Line 6 re-organized to explain the re-use strategy adopted by some participants
- Page 19: Line 6 to Line 14 newly written to describe the IDU’s bottom-up approach and expanded with citations (on the basis of Rhodes and Harris)

Recommendations
Self-care attitudes toward sharing behaviours have been included in this section and discussed in the context of Vietnamese IDUs comments to promote safe practices.

- Page 21: Line 11 to Line 18 re-organized to describe the recommendations on management strategies adopted by HIV infected persons
- Page 21: Line 20 to Line 25 newly written to include recommendation highlighting self-care attitudes (bottom up approaches to safe practices)

Discussions
The discussion section has been used to describe the data, themes and expand the manuscript. This section now helps to rearticulate some of the other sections in the manuscript and put them in the context of other research literature. The Limitation section has been modified to address the comments (specially highlighted by second reviewer).

- Page 25: Line 21 to Line 24 and Line 28 to Line 31 newly written to highlight limitations

Conclusion
The recommended changes to address the reviewer comments have been adopted.
Tables
As suggested, tables are deleted and (where necessary) data summarized and presented in the text, under related sections.

Figure
A commentary has been included to describe the figure by showing the relationships. Some of the descriptions in the manuscript have also been revised to link/match the figure (such as the three major themes that emerged from the analysis; and the reasons for sharing and group injecting sub-themes that emerged recurrently). However, if the reviewer finds it inadequate the figure can be removed.

Bibliography/references
New citations have been added relating to some themes which were not adequately described earlier. New references showing syringe reuse, syringe share were also added.

Please let me know if you need additional information on this.

Thanks and best regards.

Yours sincerely,

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Attachments:
Explanations for Reviewer’s report 1, and
Explanations for Reviewer’s report 2
Koester

Review of LINE BY LINE REVIEW of Drug injecting and HIV risk among injecting drug users in Hai Phong Vietnam: A qualitative analysis.”

Abstract
It’s succinct. However, the results need to be given more detail. Perhaps the first two sentences under results could be deleted. Instead, that space could be used to provide more about the findings.

- First two sentences replaced with some major findings (Page2: Line 20-24).

Introduction
The introduction explaining the setting is important. The authors mention that Vietnam’s HIV epidemic among IDU and female sex workers has shifted from the south to the north and then proceed to discuss the dynamic economic growth of Hai Phong. However, the authors then state, “Along with these development opportunities, the life style has become modernized, especially among the young, and drug use and sex work have flourished.” They add that Hai Phong is close to the shipment routes for heroin coming from the Golden Triangle. I find this to be an inadequate explanation for the increase in the region’s “twin epidemics” of heroin and HIV. Is “modernization” the driver of increased heroin use and sex work? If so, is it widespread among all young people or are there other characteristics that drug users and sex workers might share? What do key informants have to say about the rapid increase? It would seem that if nothing else, information gleaned from the 15 participants in this study might provide some additional insight into who uses and why.

- This section re-organized and the term ‘twin epidemics’ deleted (Page 4; Line 25-27 and 30-31).

The manuscript would benefit from an outside editor. There are too many commas and the writing, including paragraph structure (organization), could be tighter and more succinct.

- The manuscript was carefully reviewed and unnecessary comma deleted. All authors worked hard on the manuscripts in light with the reviewer’s comments to re-organize the paragraphs.

The authors might consider moving the last paragraph of the introduction up since it explains the problem, the lack of qualitative studies and the purpose of this study.

- Some sentences of the last paragraph (that highlighted the importance of the research) moved-up and included in the third paragraph (Page 5: Line 1-4).

Methods
This section requires reorganization distinguishing recruitment, methods, human subjects protection and analysis. In addition, points need to be clarified:

1) More information about recruitment. This should be a stand alone paragraph. The authors state that participants were recruited from distinct networks, and then in the next sentence state that they used snowball sampling to recruit participants. This seems contradictory without additional explanation. What criterion drove the sampling plan?

- The methods section completely re-organised by dividing sub-sections: (i) research design, (ii) study population, (iii) Sampling, (iv) research instruments, (v) data collection, (vi) data management and analysis, (vii) supervision and quality control, and (viii) ethical procedures (human subject protection). Now these represent standalone paragraphs with distinct points. The above comments were addressed in the sampling section (Page 6: Line 25-31 and Page 7: Line 1-2).

2) What is meant by a “friendly atmosphere?”

- Friendly atmosphere explained as (calm, private and free from any distraction).
3) The injection process and the multiple factors that can influence it are complicated. How were the interviewers trained to understand this complexity, to know when to probe, and about what? The mention of post interview discussions between the interviewer and lead investigator is good. 

- These comments were addressed under the ‘data collection’ section. Experience of data collectors and knowledge on drug setting highlighted and role of first author to train the interviewers included (Page 7: Line 19-25).

4) The second paragraph also combines distinct topics. Please separate these.

- The method section re-organized with sub-section showing distinct features such as (i) research design, (ii) study population, (iii) Sampling, (iv) research instruments, (v) data collection, (vi) data management and analysis, (vii) supervision and quality control, and (viii) ethical procedures.

5) Analysis needs to be more carefully explained. The way it is written is confusing and not convincing. What is meant by “Data analysis involved repeated review of a series of motivator words, stress, and context during the interview.”

- The analysis section re-organized under the sub-section ‘data management and analysis’ (Page 8: Line 1-22). The sentence ‘data analysis involved repeated review of a series of motivator words, stress and context during interview’ deleted.

Results
P. 8 Profile of the participants

P. 8 Drug use behaviors
Line 26: “included” should be “include”

- Changed

Since these behaviors are the focus of the paper it might be a good idea to spell them out and provide brief definitions with citations, and then follow up with the statement linking these to first use, injection location etc.

- Definitions included with citations. The section re-organized according to the comments of the reviewer.

P. 9 “First drug use and IDU network”
The first paragraph under this heading is not very convincing. It lists several possible reasons for first use, but without any sort of meaningful explanation. Did the researchers consider any possible connection between first use and the data from the demographic profile describing that of the 15 participants, 13 had “completed primary school or high school, and two had completed college…” Yet, three participants were unemployed and the remaining 12 were employed in “some form of non-regular unstable casual work such as…” I can’t help but wonder what the connection is or might be between these material circumstances and personal identity, and drug use. I think it’s too easy to resort to “peer pressure,” as a reason for use. In this paragraph “existing social circumstances,” and “external environment conditions” are mentioned but not explained.

- The section heading changed as ‘context of first drug use’. The section re-organised to link the context of first drug use with socio-demographic data especially young, adult or older IDUs. The section also expanded explaining ‘external environment conditions’ or ‘existing social circumstances’.

p. 9 the paragraph describing that almost all the participants switched from opium smoking to injecting heroin is interesting, and would be even better if it explained why they made this shift.

- The comments were addressed by explaining the shift in drug use. Page 11: Line 23-26 highlighted the reason in light with the participant’s description.
p.9 - 10 Places for injecting and last injection episode

Why these places? What does the sentence: “IDUs used to gather three to four times a day with different friends” mean? It doesn’t follow from the first sentence. The grammar in this paragraph could be improved as well. OK, the second paragraph helps explain the first, but again it could be improved both in terms of explanation and grammar. The third and fourth paragraphs offer more explanation, but together, all four paragraphs are confusing. The fourth paragraph introduces an entirely different topic—what time they injected and then mentions that one participant was on methadone and trying to stop. These paragraphs need to be re-organized, made tighter. I think it would be better to discuss “places of injecting” and “last injection episode” separately.

- The section heading changed as ‘places for injecting’ to discuss about places and risk associated in injecting in these places. The section re-organized according to address the above comments.

The authors mention that IDU also inject in other places besides the rail lines including their homes - maybe a sentence or two explaining why these places are problematic.

- Addressed by adding new sentences showing injecting drug is safe in own house or a friend’s house than rail lines or other public places (Page 12: Line 23-25).

The final sentence of this section would make more sense if it was in the next section on injecting in groups.

- Revised accordingly.

p. 11 Sharing Practices

Again, this section is in need of better organization, perhaps a clear description of the data, and more complete explanation. Different reasons for sharing are given without a sufficient description or explanation. Perhaps the authors could cite some literature here. Also, it might be worthwhile to consider Philippe Bourgois’ argument for a “moral economy of sharing.” Does that argument translate to IDU in Haiphong?

- The section re-organized with different sub-sections: (i) sharing needle/syringe, (ii) sharing drugs and injecting paraphernalia, (iii) knowledge of transmission risk, and (iv) reasons for sharing. Description added with citations (Page 14: Line 18-28, Page 15: Line 23-25, Page 16: Line 8-12). The discussion on ‘moral economy of sharing’ not covered because of minimum data surrounding this issue.

P.12 Good data, but better organization. Line 10, mention that it is noteworthy that participants mentioned re-use of their own syringes, but it is unclear why. Again, statements of findings need to be explained.

- Re-organized. The discussion on the ‘re-use of own syringes’ further expanded (Page 17: Line 1-6).

P.12 Now the authors state the sharing practices are ritual which bring friendships closer. OK, but then that needs to be discussed earlier about why they share.

- Addressed by moving this issue earlier under ‘sharing practices’ (Page 14: Line 18-20).

P.13 Discussion about the decrease I direct sharing due to increased knowledge is good, but again confusing because of organization.

- Re-organised under separate sub-section ‘sharing needle/syringe’ (Page 15: Line 9-16).

The second paragraph doesn’t make sense in light of the earlier data. This entire discussion of why they share needs to be much more carefully fleshed out.

- The complete section on ‘sharing practices’ re-organized with different sub-sections: (i) sharing needle/syringe, (ii) sharing drugs and injecting paraphernalia, (iii) knowledge of transmission risk, and (iv) reasons for sharing. The reasons for involvement in sharing now described in detailed.

P. 14 IDUs’ bottom up attempts at reducing risk is very important. I would recommend expanding this and situating it within the literature (Rhodes and Harris).

- The discussion expanded on the basis of (Rhodes and Harris) (Page 19: Line 6-13).

P.14 – 15 Recommendation

Line 2: “made” should be “make”

- Changed.
This is also important – it summarizes IDUs suggestions for addressing some of the problems identified. I think it could be explained better, and linked to the “self-care” strategies that precedes it.


Discussion
The Discussion is very thorough and relatively clear. However, the way the data is presented, the reader is not convinced that this manuscript accomplished all of this. I would advise the authors to use this Discussion as an outline and re-visit the data they presented.

- The discussion section used as an ‘outline’ and manuscript sub-sections re-structured based on key themes: (i) group injecting, (ii) sharing practices and (iii) places for injecting.

Conclusion
To say these interviews highlighted IDUs “lived experience” may be a bit presumptuous. This would be more believable if the study had been based on participant observation I addition to 15 qualitative interviews. It’s not clear that the data supports the conclusion. It might, but it needs to be better organized and explained to make this case.

- The word ‘lived experiences’ changed as ‘experiences’. In addition, under the method section the role of first author expanded and included field visits to different hotspots which helped to gather practical knowledge on local drug setting (Page 8: Line 26-28).

Figure 1
I’m not sure I understand it. It may work, but for it to work, the data should be presented in a way that parallels the table. I’m not certain this is 1) possible, or 2) worth it.

- Commentary added under the figure describing the relationship among sub-themes. If the reviewer finds it inadequate this figure can be deleted.

Tables
These aren’t tables, they’re decontextualized quotes. They should be inserted in the text or summarized, or deleted.

- Tables deleted or summarised in to the text where necessary.

Bibliography/References
This study could be better integrated with the existing literature. The references cited could make better use of the qualitative studies on the topics discussed in this paper. These might include articles on syringe, paraphernalia and drug sharing, syringe re-use and articles about the “risk environment.”

- More references used in the manuscript to link with literature. New literature added. The authors make comments like: “Sharing practice in groups is consistent with a large body of literature.” They then provide a single citation.

Reviewer's report

Title: Drug injecting and HIV risk among injecting drug users in Hai Phong, Vietnam: A qualitative analysis

Version: 3
Date: 13 November 2014

Reviewer: Munir Ahmed

Reviewer's report:

1. Is the question posed by the authors well defined?
The rationale presented is "the lack of qualitative understanding of behavioral risks which would have the potential to generate crucial insights for HIV prevention in IDUs". Based on this the authors followed a qualitative approach to "study drug use and sharing practices to better understand the potential factors that contribute to the high level of HIV prevalence". The research question could have been more specified in terms of "why sharing is common" and "which set of factors including personal, behavioral or structural factors play a key role in sharing".

- We wanted to keep the research questions in a simple form. However, (as the reviewer commented), our findings highlighted 'why sharing is common' and 'set of factors that influence in sharing' among IDUs in Vietnam.

2. Are the methods appropriate and well described?
Methods need description, particularly how was sampling done? Apparently there is a convenience sampling method employed (snowballing) which dilutes the internal validity of the study. Moreover recruitment was done through a local service provider organisation which introduces social desirability bias in the study. The authors do mention that inclusion criteria highlighting features such as age, sex, risk characteristics/profile, were followed, which needs to be described clearly in the method section. The sample size is also too small to add power to the results of the study.

- The methods section completely re-organised by dividing into sub-sections: (i) research design, (ii) study population, (iii) Sampling, (iv) research instruments, (v) data collection, (vi) data management and analysis, (vii) supervision and quality control, and (viii) ethical procedures (human subject protection). Now these represent standalone paragraphs with distinct points. The above comments were addressed in the sampling section (Page 6: Line 25-31 and Page 7: Line 1-2).
- We explained the issue of social desirability bias under limitation (page 25: Line 28-31).

3. Are the data sound?
The methodological issues mentioned above lead to a lower internal validity of the results.

- We followed a qualitative research design approach and our research focused quality and content of interviews rather maximizing the number of interviews. We explained in the limitation that our data unlikely to generalizable (Page 25: Line 21-24).

4. Do the figures appear to be genuine, i.e. without evidence of manipulation?
YES

5. Does the manuscript adhere to the relevant standards for reporting and data deposition?
YES

6. Are the discussion and conclusions well balanced and adequately supported by the data?
There are inherent methodological issues in this study. Issues like convenience sampling approach, lack of clear case definitions, recruitment through service
We discussed these issues under limitation sections. We re-visited data to include sharing information generated through different course of time. Our findings include information on both last sharing and overall experience of participants and their friends as well in the network. Our discussion included the implication of the findings (Page 25: Line 4-9). We highlighted the reasons for sharing and risks of HIV transmission as a result of risk environment in Vietnam context (Page 22: Line 7-15). We also included policy implication showing the need towards better public health approach and drug user-friendly policy (Page 25: Line 13-17).

- We revised the manuscript to incorporate the comments of the reviewer.