Reviewer’s report

Title: Reorienting risk to resilience: street-involved youth perspectives on preventing the transition to injection drug use

Version: Date: 14 April 2015

Reviewer: Ricky Bluthenthal

Reviewer’s report:

Strengths of this manuscript include the focus on “strengths” or protective factors against injection uptake, the active collaboration of youth peers, and the consideration of social and physical factors related to resilience. In general, there is very limited research on knowledge, attitudes, and beliefs among potential “susceptibles” to injection and so this manuscript could begin to fill an important gap in the literature. I had three primary concerns.

Major compulsory revision

1) The paper would be strengthened with a clearer description of the study inclusion criteria. I am concerned that a relatively small portion of participants might be considered susceptible; that is, they are non-injection users of heroin, opioid prescription drugs, and/or methamphetamine (including speed and crystal methamphetamine) and maybe crack and powder cocaine. It might be interesting to consider how responses from these higher risk youth varied, if at all, from youth who are currently using marijuana, alcohol, and club drugs. Of course, this may not be possible given the form in which the data was collected; nonetheless, considering these differences would improve the impact of the manuscript.

2) The authors should define what they consider youth to be earlier in the manuscript. Based on the focus group, it appears the authors consider 24 or less to be youth. Being clear but who is included in this study is important. Also, given that the authors are including individuals 21 years of age or older, they might consider using a term like youth and youth adults or maybe emerging adults (which include people above and below the age of 18).

3) The authors should consider the implications that in most studies mean and median age of injection initiation is 19 or 20, so older subjects in the focus group probably have a lower risk for uptake than the younger subjects. Additional discussion about the implications of this are warranted.

Minor essential

4) Line 40, insert space between . and Recent.

5) Line 41 use “inject drugs” rather than IV drugs since IV refers to intravenous and injected drugs are often injected into muscles and fats. Also, in general, the authors should use the abbreviation “people who inject drugs (PWID)” rather than
“injection drug user (IDU),” as the former is now the most common abbreviation used in the scientific literature.

6) Lines 44 to 47, should also consider including sexual/intimate partners are a distinct group from the street-involved peers. See Simmons et al., IJDP 2012 and Frajzyngier et al., DAD, 2007, & Bryant and Treloar 2007.

7) Lines 49 and 50, might be a good place to cite incidence studies on uptake of injection drug use among street involved youth such as: Roy et al., JUH 2003, Roy et al., DAD 2007, Roy et al., DAD 2011, & Fuller et al., DAD, 2003.

8) Line 78, insert space between “].” And “The”

9) Lines 82-87, I think it is more appropriate to put this information into the results session.

10) Lines 158 to 162; what proportion of subjects is homeless.

11) Lines 396 to 399, missing quotations.

12) Lines 511 and 512; probably should cite Strike et al., DAD, 2014 on “Change the Cycle” which is an adaptation of Breaking the Cycle and was piloted in Toronto.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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.