**The University of British Columbia Medical Journal (UBCMJ)**

Response to Associate Editor’s and Reviewers’ Comments

**Manuscript ID - 189887**

**ASSOCIATE EDITOR:**

**Main issues summarized by the associate editor:**

RE, “The causes and contributing factors for opioid overdoses in youth are unique (*see Perry Tompkins’ article in this issue*),”

Your article should be a standalone piece and should not reference another article submitted for consideration. Readers need to have this information available as it is central to why would list prevention programs in school. I.e. the contributing factors for opioid overdoses should form basis for prevention programs.

***Authors’ Reply:***

*We thank the Associate Editor for addressing this oversight we made. We have removed the reference to Perry Tompkins article and re-written the introduction (as well as extensive edits to the entire paper).*

In general, your paper is too broad and reads too much like a report with little synthesis and needs to focus more on particular issues youth face and accompanying solutions with regards to the opioid crisis. However we believe you have sufficient references, reviewer feedback, and writing ability to make major revisions to your article such that it flows and reads more like a commentary vs. a report.

***Authors’ Reply:***

*We thank the Associate Editor for the opportunity to resubmit our manuscript. The comments provided by the Associate Editor and the Reviewers have been incorporated into a revised, improved manuscript that has been extensively re-written. We hope that the revised version will now be considered acceptable for publication as part of the special Youth issue in the UBCMJ.*

The entire prevention program section only references one article. We believe this needs more work and needs to be tied better with the introduction and the paragraphs that follow. The references need to be more varied and needs to discuss other ideas (from BC perhaps, see below) to avoid sounding like a report and in being one-sided.

***Authors’ Reply:***

*We have incorporated several more references for prevention programs and included more specific references to British Columbia. We have extensively re-written the article to improve flow. Additional academic literature references have been cited throughout the paper.*

These one sentence paragraphs need to be integrated into larger paragraphs that flow from the others and provide better context.

***Authors’ Reply:***

*We have incorporated this feedback and removed the one sentence paragraph/headings. The entire article has been extensively re-written by a single author, to achieve a more consistent voice. We believe the article now has better flow between the sections and will allow for a more cohesive reading experience.*

Your naloxone kits and good Samaritan act sections are easiest to follow and represent a better flow and discussion that we expect the other sections to be like. Please ensure the title describes the piece as youth and the opioid crisis is far too broad for a ~1000 word commentary. The introduction should further focus the piece and stay focused so your conclusion can have a memorable takeaway.

***Authors’ Reply:***

*We have added more discussion, analysis and recommendations throughout the article. We have changed the title to more accurately reflect the contents of the article and give the reader a better snapshot of the focus of the piece. The introduction (lines 13-22) and conclusion (lines 84-93) have both been re-written and more clearly communicate the focus of the article.*

**REVIEWER #1:**

**Specific Comments:**

**R1 Comment #1:** I suggest you use the most recent data re illicit drug overdose deaths and fentanyl detected from the primary source i.e. Coroners monthly reports – important to stipulate date accessed as is a live environment and link is to the latest.

Reports are found on Coroners web site under statistical reports:

https://www2.gov.bc.ca/gov/content/safety/public‐safety/death‐investigation/statisticalreports

see under drugs the links to reports posted Oct 12.

***Authors’ Reply:***

*Thank you for your suggestion – we have added data from the Coroners reports to the article and have used these in our analysis. In the reference section we have specified report includes data up to September 30th, 2017.*

**R1 Comment #2:** This also has # deaths by age i.e. total 12 deaths in 2016 and 15 so far in 2017 were under age 19 so gives context re extent of the problem. Very tragic when occur and understandably we hear a lot from the devastated family members but most deaths (about .) are occurring in 30‐59 age group.

***Authors’ Reply:***

*We have added data from this report of total overdose deaths, as well as deaths in the youth and young adult age range (see Table 1).*

**R1 Comment #3:**Unintended overdose deaths are avoidable. I suggest putting more emphasis on not using alone. If someone is intending to use they need to make a plan – having naloxone and

awareness of Good Samaritan act are important but no good if someone is on their own (they

can’t give themselves naloxone or call 911 if they overdose). Not just using with someone but

making sure someone can call for help. We’ve had events where people have used with

another person and both have overdosed at the same time sometimes with fatal results.

***Authors’ Reply:***

*Thank you for your comments. We have added more emphasis on not using alone, with a bystander trained to recognize the signs of overdose and deliver naloxone,, and on encouraging them to call 911 (Good Samaritan Act). Please see lines 24-39, as well as lines 41-52.*

**R1 Comment #4:** Anyone at risk of an overdose or at risk of witnessing an overdose can get a free THN kit. There is a suite finder. Sites include youth specific sites, health units etc.

[http://towardtheheart.com/site‐finder](http://towardtheheart.com/site%E2%80%90finder)

***Authors’ Reply:***

*Thank you for pointing on this resource. We have added this to our article in lines 54-58.*

**R1 Comment #5:** Suggest use some of rather than referring 8 times to Alberta’s –which is good but could use something more local eg

Centre for Addictions Research BC. There is data for street involved youth from their survey

https://www.uvic.ca/research/centres/carbc/assets/docs/infographic‐youth‐street‐based.pdf

And lots of resources for youth and schools ++ ‐ not sure why in a UBCMJ

MoH site has a piece on talking to youth

https://www2.gov.bc.ca/gov/content/overdose/talking‐to‐youth and

https://www.healthlinkbc.ca/substance‐use/parenting‐articles includes links to some good

resources developed by the health authorities too.

***Authors’ Reply:***

*Thank you for your recommendation. Due to space restrictions, and because, as you say, this is a medical journal, we have reduced the amount of detail provided on school resources. We have also used more BC-specific references (e.g. references 5 and 21). We added information about peer-to-peer programs (references 25-27) and measures to minimize risk factors for addiction and maximize protective factors (references 28-30). We also included a recommendation from the BC Coroners Service that the physical education curriculum in schools address the issue of calling 911 when witnessing someone in medical distress, including overdose (lines 33-35).*

**R1 Comment #6:**You mention ANKORS ‐ there has been a provincial initiative for the past few years and BC Ministry of health produces a fact sheet for planned events like music festivals

https://www2.gov.bc.ca/assets/gov/overdoseawareness/

opioid\_overdose\_response\_fact\_sheet\_for\_planned\_events.pdf

There are additional parent groups in BC‐ which are highly active as well as Moms Stop the

Harm.

***Authors’ Reply:***

*We have added additional information and commentary on drug-testing kits and ANKORS (lines 64-74), and expanded on the importance of family engagement, support and education (lines 41-62).*

**R1 Comment #7:** Inner City Youth did some fabulous work exploring THN with their clients and published an article in harm reduction journal http://rdcu.be/tiN6 this highlighted the benefits of THN training: strengthening relationship with staff, access to training, empowerment, and confidence in ability to respond. It also led to a booklet, and postcards ‐ which are on the

towardtheheart.com web site see training resources http://towardtheheart.com/naloxonetraining

“naloxone wakes you up”. The work with the youth was the basis of the youth

educational video

There are THN sites at a number of secondary education institutions not just UBC. You could

add the recent article about mass training at UBC https://news.ubc.ca/2017/10/17/massnaloxone‐

training‐sessions‐to‐be‐held‐at‐ubc/

***Authors’ Reply:***

*Thank you for bringing this paper from Inner City Youth to our attention, we have incorporated it into our discussion on lines 60-62. We would have liked to have elaborated on its findings in another sentence or two but unfortunately due to space restrictions we had to remove this. We re-phrased the wording about naloxone availability to be more inclusive of other post-secondary institutions (lines 58-60).*

**REVIWER #2:**

**Specific Comments:**

**R2 Comment #1:** lack specific info on opioid deaths/poisonings in youth (lines 24-27) - only refers to another article

***Authors’ Reply:***

*We have added more statistics and information from the most recent BC Coroners Report (current as of Sep 30 2017) as well as a review of youth overdose deaths in BC to address this concern, throughout the text.*

**R2 Comment #2:** lack concrete examples/evidence of effective prevention programs (lines 47-53)

***Authors’ Reply:***

*We have added additional examples of prevention programs and evidence of their effectiveness throughout the text (e.g. Towards the Heart, peer-to-peer, Inner City Youth naloxone training program, naloxone training programs more broadly).*

**R2 Comment #3:** lines 81-83 - Pretty broad statement. Could provide more detail/ex/stats on how minimizing RFs will reduce substance misuse

***Authors’ Reply:***

*We have provided more resources in the references on how minimizing risk factors and maximizing protective factors lead to substance misuse (references 28-30). Unfortunately due to space restrictions, we were not able to elaborate on this point more fully.*

**R2 Comment #4:** line 85-86 - could explain how to engage youth

***Authors’ Reply:***

*Additional examples on how to engage youth have been added throughout the article – e.g. the Inner City Youth naloxone training program, peer-to-peer programs, adding overdose recognition and the importance of calling 911 to the physical education curriculum in schools.*

**R2 Comment #5:** write a concluding statement or paragraph

***Authors’ Reply:***

*A concluding paragraph has been added: lines 84-93.*

**R2 Comment #6:** lack of academic references: only 2 references (11th, 12th on list) appeared to be from a journal/guideline; most references from media or government websites; Prevention Programs section which was all taken from one reference (Alberta health)

***Authors’ Reply:***

*We have added a substantial number of academic literature references, as well as more BC-specific references throughout the article (including on prevention programs).*

**REVIWER #3:**

**General Comments:**

Overall, consider streamlining and simplifying your article for to better address this massive subject. Otherwise, it feels a bit like you are jumping from one topic to the next

***Authors’ Reply:***

*The entire article has been re-written by a single author in order to improve flow and unified voice. We believe the article is now much easier to follow and more clearly communicates its message.*

**Specific Comments:**

**R3 Comment #1:** Needs supplementation in Prevention Programs section, more/varied references here. Prevention Programs in Schools section is written solely from 1 source material. Needs supplementation or re-writing.

***Authors’ Reply:***

*The entire article has been substantially re-written, including the prevention programs section. More references have been added, including BC-specific references and academic articles.*

**REVIWER #4:**

**Specific Comments:**

**R4 Comment #1:**the article only briefly talks about some of the other programs currently in place to prevent the proliferation of opioid usage (e.g. lines 78-79). More discussion about the efficacy of these lesser known preventative health programs may be helpful, especially since "support for families and prevention strategies" was cited as one of the best ways to address the opioid crisis.

***Authors’ Reply:***

*Additional prevention strategies have been discussed in the re-written article, and more detailed provided on how families can be supported and engaged, throughout the article.*

**REVIWER #5:**

**General Comments:**

There needs to be more insight and analysis on the topic for it to be a strong commentary.

Overall, the manuscript does not provide much discussion on the opioid crisis and simply lists some existing strategies without really commenting on them. At the level of UBCMJ, deeper insights are expected to engage the readership and encourage reflection.

In text citations need to be superscripted. Section on prevention program in schools requires more than one reference source to be robust.

***Authors’ Reply:***

*The entire article has been substantially re-written in order to provide more analysis and insight, and to encourage greater reflection on part of the reader. We have changed the title to more accurately reflect the contents of the article and give the reader a better snapshot of the focus of the piece. The introduction (lines 13-22) and conclusion (lines 84-93) have both been re-written and more clearly communicate the focus of the article. We have added more discussion, analysis and recommendations throughout. The in text citations have been superscripted, with the citations otherwise remaining in Vancouver style (please note that the UBCMJ website currently ask authors to use regular script in-text citations, rather than superscript, which may need updating:* [*http://ubcmj.med.ubc.ca/submissions/ubc-medical-journal-guide-to-authors/)*](http://ubcmj.med.ubc.ca/submissions/ubc-medical-journal-guide-to-authors/)) *. We have added additional references on prevention programs.*

**Specific Comments:**

**R5 Comment #1:**Title requires revision

*Suggested alternative*: “Strategies in addressing youth and the opioid crisis”

***Authors’ Reply:***

*Thank you for the suggestion that we change the title. We have changed the title to more accurately reflect the contents of the article and give the reader a better snapshot of the focus of the piece: “Youth and the Opioid Crisis: Strategies for Intervention and the British Columbian Experience”*

**R5 Comment #2:**The writing style is very choppy and reads more as a report of facts than a commentary that synthesizes and comments on the issue.

***Authors’ Reply:***

*The entire article has been substantially re-written by a single author in order to improve flow and a unified voice. Additional commentary and analysis have been added throughout. We believe the article is more engaging and encourages greater reflection by the reader in its revised state.*

**R5 Comment #2:** Combining multiple short one-sentence paragraphs into a larger and well-connected paragraph would greatly improve readability.

***Authors’ Reply:***

*As part of the extensive re-writing of the paper, these short paragraphs were consolidated into larger paragraphs that explore ideas and themes more thoroughly.*

*We thank the editor and reviewers for their thoughtful comments and suggestions. The entire article has been substantially rewritten in order to address them. We would be happy to address any further revisions as needed.*