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Title	A qualitative exploration of a methadone maintenance program's impact on an Aboriginal community
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Reviewer 1	Ashraf Amlani
Institution	BC Centre for Disease Control, Vancouver, BC
General comments (author response in bold)	1. The introduction does not explain the specific knowledge gap you aim to address or why you chose to investigate these perspectives several years after the establishment of a MMT program in this community. **-We reorganised the introduction and added information to provide a better rational for conducting the study.** **-In the methods section, we also added a justification for the timing selected for collecting data (i.e., "*Collecting data five years after implementation of the MMTP was thought to be sufficient for it to have been deployed completely while also enabling people to accurately recall the period preceding its implementation*.").** 2. The methods section is generally well written but missing some minor details about the focus groups (see attached file.) - **We used comments provided in the attached file to improve clarity of the methods section. Specifically, we rewrote the third sentence of the first paragraph; we added details about the inclusion criteria of participants in the three groups; we added clarification that three independent focus groups were held; we added clarification about when focus groups were held, about compensation, and about anonymity; we clarified that the same questions were used for all three groups; we removed commonly known information about semi-structured interviews;** - **Other points:** o **given the difficulty associated with organising data collection, care was taken to create an excellent interview guide given we would not have the opportunity to pilot-test it.** o **Data were analysed using the traditional approach of annotating and highlighting sections of transcripts on paper, without assistance from a software program.** o **Although participants from all three groups approached different topics similarly, achieving data saturation was not an expected outcome of this study given the 22 participants were divided into three groups.** 3. The results and discussion could be strengthened quite a bit by re-grouping major & minor themes. **We reorganised the results and discussion sections as suggested here and in the attached file.** 4. The discussion is missing any recommendations or suggestions about how to improve community understanding of MMT programs even though this seemed like a major finding. **We expanded the discussion about the need to improve community understanding. The following was added:** **"*The importance of community education efforts was also highlighted in a study investigating barriers and opportunities from implementing harm reduction programs in First Nation communities in British Columbia, Canada (24). Group discussions held for this study also emphasized "the need for community buy-in for all aspects of harm reduction". Together, these results suggest that implementing a MMTP within an aboriginal community should be accompanied by a strategy for educating community members of the objectives and general methods of the program.* Previous research *shows that educating community members helps develop acceptance of culturally respectful health care delivery (25).*"** 5. Also, the patients & professionals misconceptions about the program seems rather odd given their involvement in the program and merits some explanation. **The reorganisation of results based on your suggestion above helps clarify elements of the MMTP that may be misunderstood by the various groups.** 6. Based on your findings, are there any implications for other aboriginal communities where MMT programs are currently operational or will be introduced in the future? **The main recommendation emanating from this study is the need for better informing**

	the community about objectives and general methods of MMTP. This is now stated more clearly in the discussion. 7. The conclusions should simply state the key 1-2 findings, recommendations and directions for future research. Most of the content in the current conclusion belongs in the introduction. **Much of this content was moved to the introduction as suggested by the reviewer.** 8. Overall writing - the manuscript would read better with improvements to sentence structure, swapping passive voice with a more active voice & reducing overall wordiness. At several points (including in the introduction), I felt that the language used was quite judgmental of people who use substances or experience addiction, and could be softened. I bring this up especially since the discrimination was a key finding of your study. You may find this recent publication by Boyles et al (2014) helpful: http://www.tandfonline.com/doi/full/10.1080/08897077.2014.930372#.VbhYMvlViko **The topic addressed in this study is one of great importance to us. We thank you for raising this comment and have taken great care to improve the language used to remove elements that may suggest judgment.** 9. This topic is of great interest for me and I hope that you are able to strengthen this manuscript for publication. **Thank you for your encouraging and constructive review.**
Reviewer 2	Annette Schultz
Institution	Faculty of Nursing, University of Manitoba, Winnipeg, Man.
General comments (author response in bold)	1. a. My first significant concern is with study design, which is identified as a phenomenology theoretical framework. Within the methods section, there is a very minimal description of what this means, and based on the details presented I see limited evidence that the authors are following a phenomenological processes. For example, use of focus groups for a phenomenological process is counter-intuitive. I suggest at best the study methods seem to follow a qualitative descriptive approach to gain insights from participant perspectives. **We agree with you and have changed the terminology to better reflect the methodological approach used.** b. In addition, the level of detail about who participated is lacking, which might have been done to protect identity; however, mentioning the involvement of a community Elder might be important. **We now specify that: "*The professionals group consisted of 12 participants including representatives from child and family services, a welfare program, a justice program, the Royal Canadian Mounted Police, a local drug and alcohol rehabilitation program, elders, social workers, MMTP nurses, and the band council*."** 2. My other significant concern was a lack of sensitivity to the population being studied – Aboriginal People. Evidence of this comes in the second paragraph with the first sentence; there is no attempt to shed light on why this is the case with Indigenous people – so as is, the comment is a bit offensive. Then with the fourth sentence, this is an example of "othering" with no attempt to move beyond us and them positioning. Then the statement that "they" can still benefit from the program, is again a bit offensive as for me, I think well of course they can benefit. **As mentioned in our response to the other reviewer, the topic addressed in this study is one of great importance to us. We thank you for raising this comment and have taken great care to improve the language used to remove elements that may suggest judgment.** 3. It was not until the final paragraph that I even got a sense of the program, the community, and that the authors have knowledge of cultural safety, and the importance of community. **We reworked the introduction to present these elements earlier in the manuscript.**