

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	"Communities are attempting to tackle the crisis": a scoping review on community plans to prevent and reduce opioid-related harms
AUTHORS	Leece, Pamela; Khorasheh, Triti; Paul, Nimitha; Keller-Olaman, Sue; Massarella, Susan; Caldwell, Jayne; Parkinson, Michael; Strike, Carol; Taha, Sheena; Penney, Greg; Henderson, Rita; Manson, Heather

VERSION 1 - REVIEW

REVIEWER	Mohammadreza Mohebbi Deakin University, Australia
REVIEW RETURNED	21-Dec-2018

GENERAL COMMENTS	I reviewed this manuscript with a particular emphasis on the statistical methods and quantitative analyses used. The level of type statistical analyses which are mainly summary measures and frequency is appropriate for a qualitative thematic study.
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REVIEWER	Ivonne Solis-Trapala, Senior Lecturer in Medical Statistics Keele University, UK
REVIEW RETURNED	13-Feb-2019

GENERAL COMMENTS	This is a well written manuscript describing a scoping review community plans to prevent and reduce opioid-related harms While the scope of the review includes the Organisation for Economic Co-operation and Development formed by 36 members, the results are confined to the US and Canada. Can the authors explain and address this disparity? I am concerned that the search strategy might have been too narrow and that the decision to only consider sources written in English might have been too limiting. In the Conclusion section of the abstract, could the authors consider writing a conclusion statement that does not repeat what was already mentioned in the Results section?
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REVIEWER	Kathleen Egan East Carolina University, USA
REVIEW RETURNED	27-Apr-2019

GENERAL COMMENTS	<p>This manuscript presents the results of a scoping review of community plans to address opioid abuse and associated harms. There are many strengths including a focus on comprehensive plans rather than single intervention strategies, utilization of the grey literature, and the inclusion of a panel of stakeholders to contextualize and provide recommendations based on the findings.</p> <p>General:</p> <p>Throughout the manuscript, a key issue that came up for me was community vs. state. It was clear that the intent was to focus on local communities but state plans were included if local communities were mentioned. In reviewing the literature, it appears that many state (US) plans were included and yet it was likely an underrepresentation of US state plans. This underrepresentation may be due in part to the state not explicitly stating the role of communities within the plan resulting in exclusion. The issue is especially important given that much of the federal funding to communities gets funneled through the states (for example, SAMHSA's PFS funding) and opioid-related policies are published at the state-level (e.g., PMDP, Good Samaritan, naloxone access) – both (funding and policy) of which were mentioned in the manuscript. Especially since state plans are included within the literature, it would be beneficial to expand the discussion to include state vs local community plans. I am less aware of how this looks in Canada.</p> <p>Discussion:</p> <p>It is incredibly important that community plans and evaluations are published in either peer-reviewed or grey literature (Page 19, Like 15). What can be done to facilitate this process? Community-academic partnerships? Requiring publishing as part of funding? Additionally, how can plans be distributed to fellow community members so lessons learned can be shared and incorporated? It would be of value to mention within the limitations that literature that addressed intervention components in isolation would not have been captured by the scoping review.</p> <p>Within the limitations, please mention the extent to which the findings may be generalizable for participants outside the regions.</p> <p>Supplement 3:</p> <p>Based on the description of the inclusion criteria (page 6, line 31), I understood that each record should include 2 components. There are several records that have no (for example - page 46, line 32) or only one (for example - page 46, line 40) records. Please clarify if this assumption is incorrect or remove records (more records than provided as examples). Also, it is unclear what the numbers mean next to the components. Are they necessary?</p> <p>Minor comments include the difficulty in reading the table due to the formatting: spacing is inconsistent between records, order of the components seems to be inconsistent it would be beneficial to include the country with the location (page 46, line 8 – AK is the correct abbreviation for Alaska). Given that the majority of the references were from the grey literature and a key conclusion pertained to the publishing of community plans and evaluation, it would be helpful to include a column or other indicator for if the record was identified from the grey vs peer-reviewed literature.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewers' Comments to Author:

Reviewer: 1

Reviewer Name: Mohammadreza Mohebbi

Institution and Country: Deakin University, Australia Please state any competing interests or state 'None declared': None

I reviewed this manuscript with a particular emphasis on the statistical methods and quantitative analyses used. The level of type statistical analyses which are mainly summary measures and frequency is appropriate for a qualitative thematic study.

We thank the reviewer for their feedback on our methods for analysis.

Reviewer: 2

Reviewer Name: Ivonne Solis-Trapala, Senior Lecturer in Medical Statistics Institution and Country: Keele University, UK Please state any competing interests or state 'None declared': None declared

This is a well written manuscript describing a scoping review community plans to prevent and reduce opioid-related harms While the scope of the review includes the Organisation for Economic Co-operation and Development formed by 36 members, the results are confined to the US and Canada. Can the authors explain and address this disparity? I am concerned that the search strategy might have been too narrow and that the decision to only consider sources written in English might have been too limiting.

We thank the reviewer for their comments. Our team capacity was limited to reviewing articles in English, and there are challenges with retrieving articles in other languages. Limiting our MEDLINE search to English language reduced the search results minimally (from 562 to 543), and was similar for other databases (EMBASE 814 to 786; PSYCHINFO 355 to 349). Among search results, we screened articles from other countries (e.g., Germany), but the articles did not meet our inclusion criteria. It is understandable that our results are mainly from Canada and US, as North America is experiencing a unique escalation in opioid-related deaths that has not occurred with such severity elsewhere.

We have added the following statement to the discussion section, in the last paragraph describing our limitations: “The language restrictions reduced the search results from MEDLINE, EMBASE and PsycINFO by less than 5%.”

In the Conclusion section of the abstract, could the authors consider writing a conclusion statement that does not repeat what was already mentioned in the Results section?

We have revised the conclusion statement to minimize repetition:

“Current understanding of the implementation and context of community opioid-related plans demonstrates a need for evaluation to advance the evidence base. Partnership with people who have lived experience of substance use is under-developed and may strengthen responsive public health decision-making.”

Reviewer: 3

Reviewer Name: Kathleen Egan

Institution and Country: East Carolina University, USA Please state any competing interests or state ‘None declared’: None Declared

This manuscript presents the results of a scoping review of community plans to address opioid abuse and associated harms. There are many strengths including a focus on comprehensive plans rather than single intervention strategies, utilization of the grey literature, and the inclusion of a panel of stakeholders to contextualize and provide recommendations based on the findings.

General:

Throughout the manuscript, a key issue that came up for me was community vs. state. It was clear that the intent was to focus on local communities but state plans were included if local communities were mentioned. In reviewing the literature, it appears that many state (US) plans were included and yet it was likely an underrepresentation of US state plans. This underrepresentation may be due in part to the state not explicitly stating the role of communities within the plan resulting in exclusion. The issue is especially important given that much of the federal funding to communities gets funneled through the states (for example, SAMHSA’s PFS funding) and opioid-related policies are published at the state-level (e.g., PMDP, Good Samaritan, naloxone access) – both (funding and policy) of which were mentioned in the manuscript.

Especially since state plans are included within the literature, it would be beneficial to expand the discussion to include state vs local community plans. I am less aware of how this looks in Canada.

We thank the reviewer for their comments. We agree it is important to understand state plans, given their role in responding to the opioid crisis directly and supporting community action (e.g., through

distributing federal funding). However, a full description of state plans is beyond the scope of our review, as we sought to understand the coordination of plans at the community level, specifically. Where state plans were screened for our review, if detail on the influence at the community level was not available, we could not assess their impact on the local coordination of plans.

We have added the following statement to the discussion section, in the last paragraph describing our limitations: “We did not include US state plans that did not describe activities focused at the local level, so our review may under-represent actions at the state level that influence community plans.”

Discussion:

It is incredibly important that community plans and evaluations are published in either peer-reviewed or grey literature (Page 19, Like 15). What can be done to facilitate this process? Community-academic partnerships? Requiring publishing as part of funding? Additionally, how can plans be distributed to fellow community members so lessons learned can be shared and incorporated?

We thank the reviewer for their suggestions. We have added the following to the discussion section: “In the case of Project Lazarus, state-wide evaluation activities were facilitated by a community-academic partnership, and lessons learned were documented and shared with other community coalitions. These strategies may be helpful for other communities to engage in evaluation and learn from the experience of others.”

It would be of value to mention within the limitations that literature that addressed intervention components in isolation would not have been captured by the scoping review.

We agree this is a limitation, and believe it has been addressed in the current sentence in the limitations section: “Finally, our review likely underrepresents current community-led responses to opioid-related harms, which are not publicly documented or did not meet our inclusion criteria if implemented in isolation of a comprehensive community plan.”

We have further clarified by revising this sentence to: “...if intervention components were implemented in isolation of a comprehensive community plan.”

Within the limitations, please mention the extent to which the findings may be generalizable for participants outside the regions.

We agree this is a limitation, and believe it has been addressed in the current sentence in the limitations section: “Our review primarily identified opioid-related plans from urban communities in the US, thus our findings may not be applicable to different socio-environmental contexts.”

We have further clarified by revising this sentence to: "...applicable to different socio-environmental contexts (e.g., rural communities or outside Canada and the US)."

Supplement 3:

Based on the description of the inclusion criteria (page 6, line 31), I understood that each record should include 2 components. There are several records that have no (for example - page 46, line 32) or only one (for example - page 46, line 40) records. Please clarify if this assumption is incorrect or remove records (more records than provided as examples).

We have added the following note to Supplement 3 to clarify:

"Note: A few community plans have their components described across multiple records. Therefore, one record may identify one component of the community plan, but the related records include the other components of the same plan."

Also, it is unclear what the numbers mean next to the components. Are they necessary?

We have modified the column title to read: "Reference numbers for related records."

Including the reference numbers allows the reader to link information in the table.

Minor comments include the difficulty in reading the table due to the formatting: spacing is inconsistent between records, order of the components seems to be inconsistent

These have now been corrected.

it would be beneficial to include the country with the location (page 46, line 8 – AK is the correct abbreviation for Alaska).

Given that the majority of the references were from the grey literature and a key conclusion pertained to the publishing of community plans and evaluation, it would be helpful to include a column or other indicator for if the record was identified from the grey vs peer-reviewed literature.

The information for country and source has now been added.

VERSION 2 – REVIEW

REVIEWER	Ivonne Solis-Trapala Keele University UK
REVIEW RETURNED	28-Jun-2019
GENERAL COMMENTS	The authors have addressed the reviewer's concerns