

## PEER REVIEW HISTORY

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### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	School-based interventions for preventing substance use in Indigenous children ages 7-13: A scoping review protocol
<b>AUTHORS</b>	Maina , Geoffrey; Phaneuf, Taryn; Kennedy, Megan; Mclean, Maeve; Gakumo, Ann; Nguemo, Joseph; King, Alexandra; Mcharo, Solomon Kasha

### VERSION 1 – REVIEW

<b>REVIEWER</b>	Lisa Bishop Memorial University of Newfoundland Canada
<b>REVIEW RETURNED</b>	04-Oct-2019

<b>GENERAL COMMENTS</b>	<p>Thank you for the opportunity to review this manuscript. This is a relevant topic and the findings of your scoping review will be a valuable addition the the literature.</p> <p>Please consider the following feedback/suggestions:</p> <p>Abstract: Make it clear in the abstract that this paper is reporting the protocol, and not the results of the scoping review. It is stated in the title of the paper, but also make it explicit in the abstract.</p> <p>Article summary: - The 2nd bullet – this seems to be one of the findings that may come from the results of the scoping review. At this point you're reporting the protocol, so you don't know if early interventions are a critical factor. I think the first bullet is sufficient to emphasize the clinical importance. - You may want to add a point about the strengths/limitations of using a scoping review to answer this question</p> <p>Background - Good overview of why this topic is relevant. - It would be helpful to discuss the social determinants of health that are applicable to this population, and how these SDH affect mental health and substance use - The reference to suicide risk on line 3, page 5. Use the term substance use (not misuse). Take a look at the Canadian Centre on Substance Use and Addiction – this document also has a section on indigenous youth. The stats they report are different from what you reported on page 4, line 53 <a href="https://www.ccsa.ca/substance-use-and-suicide-among-youth-prevention-and-intervention-strategies-topic-summary">https://www.ccsa.ca/substance-use-and-suicide-among-youth-prevention-and-intervention-strategies-topic-summary</a></p>
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	<p>- Page 5, line 52: looks like a bolded sub-heading? This doesn't seem to fit here.</p> <p>- Page 6, lines 33-39: it's not clear why you chose the age range of 7-13. You make reference in the background to pre-adolescent age. The definition of this varies, but it's typically not at age 7. You should be clearer on why you chose this age range and if pre-adolescent is your target age, provide a reference that supports the age you've chosen.</p> <p>- Page 6, line 33-39 – why did you only look at these 4 countries? If there's a reason, then this should be explained. Otherwise, consider opening it up to anywhere.</p> <p>Methods</p> <p>- Page 7, line 53 – why are you limiting it to 2009-2019. Is there a reason why you didn't look earlier than 2009? If so, this should be explained</p> <p>- Page 7, line 17 – preventing and prevention in same sentence</p> <p>- Database Searches: PsycInfo is another database that you could consider searching – it includes citations of behavioural and social science research, and may identify relevant articles that wouldn't be indexed in your other databases.</p> <p>- Stage 6: consulting. It's nice that you included a consultation process as part of your scoping review. This helps to provide different perspectives and meaning to the review. It sounds like you're going to primarily use the consultation for knowledge translation. You may want to more clearly define the purpose of the consultation, such as validating the findings. If so, be more specific on how you will collect the data, and then analyze, report, and integrate this consultation into your review.</p> <p>Discussion</p> <p>- Provide references to support the "evidence" – page 10, line 21. Suicide was also something relevant that you mentioned in your background.</p> <p>Reference</p> <p>#18 – no year cited</p>
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<b>REVIEWER</b>	Mieke Snijder University of Sydney, Australia
<b>REVIEW RETURNED</b>	21-Oct-2019

<b>GENERAL COMMENTS</b>	<p>I think this is an important review and I look forward to reading the final paper of this review. I think that in its current format the protocol would not warrant publication unless the authors provide more details in the methods section. I detail my concerns below:</p> <p>1) The authors should further specify and more clearly define their eligibility criteria:</p> <p>- Why did they choose 2009-2019 and will their search cover Jan 2009 - Dec 2019? Please specify the rationale for these date ranges and further specify the months included.</p> <p>- For eligibility criterion 2 the authors should explain how "primarily Indigenous children" is defined. Do they mean the majority (50% or more?) of participants should be Indigenous, or that only Indigenous participants should be in the study? This is currently not clear</p>
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	<p>- Criterion 5 doesn't sound like an eligibility criteria.</p> <p>- Exclusion criterion 2 seems to contradict inclusion criterion 3. Criterion 3 states that mixed ages will be included, however exclusion criterion 2 states that mixed ages will be excluded. Also why is 18+ described as the cut off age when the inclusion criteria talk about 7-13? What happens to studies with children aged 14-17?</p> <p>- To further specify inclusion criterion 4 and exclusion criterion 1, please provide a better definition of intervention and prevention. As these two criterion seemed to be contradictory.</p> <p>2) The authors should provide more detail on their database search strategies</p> <p>- This part of the paper is a bit confusing as on the one hand it states that the librarian will identify relevant keywords, (page 8, line 39), but on the other hand it provides the MEDLINE strategy (Appendix A). It is currently unclear whether the search terms in Appendix A were/will be used in the database searches, or whether these are not refined yet. For the protocol to make sense to be published, this detail will be essential to include.</p> <p>- Similarly for the grey literature database searches. It is not sufficient to simply state that the authors "will develop a web search for relevant grey literature", the point of publishing a protocol is that you can show what these search strategies look like, to provide transparency that the final searches are in line with what has been set out in the beginning. Looking at the results section, where the authors state that searches have been completed, these search strategies should be available. Please provide details of the grey literature search strategies, including databases searched and search terms used.</p> <p>- When the authors are describing their peer reviewed data bases, why are these years included?</p> <p>3) More detail is needed when the authors state that they will "identify inclusion/exclusion keywords", page 9 line 12. It is not clear what this means or how these will be identified.</p> <p>4) More detail is needed on how the authors are planning to map and aggregate findings. Especially in line with their comments of including different evidence types, how will they combine the variety of findings? Will differing weight be given to different evidence types etc?</p> <p>5) More detail is required around the advisory group. Has this group already been established? How were they chosen? Did they have any influence on the decisions of the research questions/methods of this review?</p> <p>6) The discussion about the research questions is not very clear. While the authors mentioned that they went through a process of specifying the research questions, the first question is exactly the same as is stated in the first sentence (line 14) of this section. It is not clear what is refined about this questions. Question 2 can also be further detailed with regards to what they mean with characteristics. Especially as it is not clear from the "charting data" section on page 9 what kind of characteristics will be identified.</p> <p>- I also recommend specifying elementary school-based prevention in the research questions.</p>
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	<p>7) I'm missing a critical discussion of the differences between the countries included in this review. Also a discussion about the complexity of school-based prevention for Indigenous children should be included as most Indigenous children in Australia, NZ, USA and Canada attend schools with non-Indigenous children in the same classroom. Furthermore, in the Australian context, substance use prevention is more commonly provided in the secondary schools. A discussion of these issues would be a welcome addition.</p> <p>8) finally there are some small issues that the authors should fix up:</p> <ul style="list-style-type: none"> <li>- references issues: There are some places where the wrong references are included (e.g. page 5, reference 10 is not the right one in the reference list). The reference list also needs proper formatting, eg ref 9 and 15). Also the authors should be careful making general statements (e.g. line 9-10 page 4) and then only providing 1 reference from 1 country.</li> <li>- Spelling and terminology. Please ensure to always capitalise "Indigenous", this is now done inconsistently. Also make sure to use the appropriate terminology when referring to Indigenous peoples of the relevant countries.</li> </ul>
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#### VERSION 1 – AUTHOR RESPONSE

	Comment	Response
	Reviewer: 1 Reviewer Name: Lisa Bishop	
1.	Thank you for the opportunity to review this manuscript. This is a relevant topic and the findings of your scoping review will be a valuable addition to the literature. Please consider the following feedback/suggestions:	Thank you for the compliment
2.	Abstract: Make it clear in the abstract that this paper is reporting the protocol and not the results of the scoping review. It is stated in the title of the paper, but also make it explicit in the abstract.	Revised- it reads- "Aim: The aim of this paper is to report the protocol for the scoping review of school-based interventions for substance use prevention in Indigenous children ages 7-13 living in Canada, the US, Australia, and New Zealand."
3.	Article summary: - The 2nd bullet – this seems to be one of the findings that may come from the results of the scoping review. At this point you're reporting the protocol, so you don't know if early interventions are a critical factor. I think the first bullet is sufficient to emphasize the clinical importance	The second bullet has been removed.
4.	- You may want to add a point about the strengths/limitations of using a scoping review to answer this question	Added- "Since the scoping review aims to assess the research activity on a topic and not the quality of the research thereof, this project will provide an overview of all the intervention focusing on elementary school-based Indigenous substance use prevention."
5.	Background - Good overview of why this topic is relevant.	Thank you.

6.	<p>- It would be helpful to discuss the social determinants of health that are applicable to this population, and how these SDH affect mental health and substance use</p>	<p>Revised  “Indigenous peoples worldwide share traumatic colonial experiences that continue to impact every aspect of their lives (1, 2). These historical socio-political processes have been attributed to causing gross inequalities for this population (3). Colonization, the imposition of colonial institutions and rules, and subsequent disruption of the Aboriginal way of life continue to have significant negative impacts on the lives and health of indigenous people. In Canada, residential school experiences of physical, sexual, and emotional violence, along with other legacies of colonization, have had dramatic and far-reaching impacts that continue to cause negative health consequences for Indigenous people (4). The resultant intergenerational trauma, which gets institutionalized within the family and the community, is associated with increased risks of mental health problems and addictions (5–7). Colonization is now regarded as a determinant of health, as it impacts many aspects of Indigenous peoples' wellbeing (8). Moreover, in Canada, Aboriginal status is regarded as a determinant of health due to the numerous determinants of health they contend with, which are potentiated by colonial experiences (9-12). Thus, Indigenous peoples lag the general population in social, economic and health indicators (13-14). Poverty, malnutrition, overcrowding, and inadequate health care services continue to impact the health of the indigenous people (15).”</p>
7.	<p>- The reference to suicide risk on line 3, page 5. Use the term substance use (not misuse). Take a look at the Canadian Centre on Substance Use and Addiction – this document also has a section on indigenous youth. The stats they report are different from what you reported on page 4, line 53 <a href="https://www.ccsa.ca/substance-use-and-suicide-among-youth-prevention-and-intervention-strategies-topic-summary">https://www.ccsa.ca/substance-use-and-suicide-among-youth-prevention-and-intervention-strategies-topic-summary</a></p>	<p>Rewritten to include the stats you proposed-  “Suicide rates among Indigenous children and youth in Canada are three to five times compared to non-Indigenous people (23). Among the Inuit youth, suicide rates are 11 times higher than the national average. Alcohol and substance use are risk factors for both committing and attempting suicide (24-26).”</p>
8.	<p>- Page 5, line 52: looks like a bolded sub-heading? This doesn't seem to fit here.</p>	<p>Removed</p>

9.	- Page 6, lines 33-39: it's not clear why you chose the age range of 7-13. You make reference in the background to pre-adolescent age. The definition of this varies, but it's typically not at age 7. You should be clearer on why you chose this age range and if pre-adolescent is your target age, provide a reference that supports the age you've chosen.	Added- "A study authored by GM, an author in this manuscript on clients receiving methadone treatment for opiate use disorder, showed that clients were exposed to diverse substances at an early age- alcohol 6 years, marijuana, 7 years, Dilaudid, morphine, and cocaine (11 years), ritatin (8 years) and valium (13years). Considering this early exposure to substance use, and the difficulties these clients faced on opiate replacement therapy treatment, a need was expressed to explore substance use prevention for this age group."
10.	- Page 6, line 33-39 – why did you only look at these 4 countries? If there's a reason, then this should be explained. Otherwise, consider opening it up to anywhere.	Added- "Although the authors recognize the distinct cultural and experiential differences between Indigenous peoples of these countries, they share common historical experiences that impact their health. The authors intend to carry out interventions focusing on these populations in Canada. Therefore, limiting the literature search to these four countries will ensure that the results are relatable to the Canadian context."
11.	Methods- Page 7, line 53 – why are you limiting it to 2009-2019. Is there a reason why you didn't look earlier than 2009? If so, this should be explained	Added- "Limiting the project to the last 10 years is informed by the authors' belief that due to ever-changing and dynamic substance use and addiction landscape, interventions older than ten years might not be clinically relevant for informing interventions for elementary school children."
12.	- Page 7, line 17 – preventing and prevention in the same sentence	Removed the word prevention
13.	- Database Searches: PsycInfo is another database that you could consider searching – it includes citations of behavioral and social science research, and may identify relevant articles that wouldn't be indexed in your other databases.	A search of PsycINFO was not included as it was determined that the databases already selected would provide broad coverage for journals in the various relevant disciplines and would provide well rounded geographic coverage to reduce North-American publication bias.
14.	- Stage 6: consulting. It's nice that you included a consultation process as part of your scoping review. This helps to provide different perspectives and meanings to the review. It sounds like you're going to primarily use the consultation for knowledge translation. You may want to more clearly define the purpose of the	Section- rewritten "We will present the preliminary findings of this scoping review to an advisory group comprised of an Indigenous elder, a knowledge keeper, elementary school leadership, and community

	consultation, such as validating the findings. If so, be more specific on how you will collect the data, and then analyze, report, and integrate this consultation into your review.	members of one of the communities GM has a collaborative relationship with and one whose children are impacted by substance use. Community partners working with GM will help identify the appropriate advisory team members to join the committee. Presenting the findings to this committee will assist in the validation of the results with the community and provide a basis for reflection and feedback on the relevance of similar interventions in the community. Advisory committee feedback will inform the discussion, recommendations, and implication for the practice section of the manuscript.”
15.	- Provide references to support the “evidence” – page 10, line 21. Suicide was also something relevant that you mentioned in your background.	Added a couple of references <ul style="list-style-type: none"> <li>• “Charles, N. E., Mathias, C. W., Acheson, A., &amp; Dougherty, D. M. (2017). Preadolescent sensation seeking and early adolescent stress relate to at-risk adolescents' substance use by age 15. Addictive behaviors, 69, 1-7.</li> <li>• De Genna, N. M., Larkby, C., &amp; Cornelius, M. D. (2007). Early and adverse experiences with sex and alcohol are associated with adolescent drinking before and during pregnancy. Addictive behaviors, 32(12), 2799-2810.</li> <li>• Odgers, C. L., Caspi, A., Nagin, D. S., Piquero, A. R., Slutske, W. S., Milne, B. J., ... &amp; Moffitt, T. E. (2008). Is it important to prevent early exposure to drugs and alcohol among adolescents? Psychological Science, 19(10), 1037-1044.”</li> </ul>
16.	Reference- #18 – no year cited	Added “2017” to the reference.
<b>Reviewer Name: Mieke Snijder</b>		
17.	I think this is an important review and I look forward to reading the final paper of this review. I think that in its current format the protocol would not warrant publication unless the authors provide more details in the methods section. I detail my concerns below:	We have addressed your concerns- see below.
18.	1) The authors should further specify and more clearly define their eligibility criteria:	Revised and reworded as needed
19.	- Why did they choose 2009-2019 and will their search cover Jan 2009 - Dec 2019? Please specify the rationale for these date ranges and further specify the months included.	Choice of the year range clarified- Months included- “Limiting the project to the last 10 years is informed by the authors’ belief that due to ever-changing and

		dynamic substance use and addiction landscape, interventions older than ten years might not be clinically relevant for informing interventions for elementary school children.”
20.	- For eligibility criterion 2 the authors should explain how "primarily Indigenous children" are defined. Do they mean the majority (50% or more?) of participants should be Indigenous, or that only Indigenous participants should be in the study? This is currently not clear	Reworded to read- “The population targeted in the studies that identify Indigenous children ages 7-13 living in North America (Canada or US), Australia, or New Zealand as one of the target population for intervention.”
21.	- Criterion 5 doesn't sound like eligibility criteria.	Removed
22.	- Exclusion criterion 2 seems to contradict inclusion criterion 3. Criterion 3 states that mixed ages will be included, however exclusion criterion 2 states that mixed ages will be excluded. Also, why is 18+ described as the cut off age when the inclusion criteria talk about 7-13? What happens to studies with children aged 14-17?	Reviewed and reworded- “2) articles discussing adult population (ages 18+), and 3). Review articles and commentaries.”
23.	- To further specify inclusion criterion 4 and exclusion criterion 1, please provide a better definition of intervention and prevention. As these two criteria seemed to be contradictory.	Definition of intervention added- “Interventions are defined as activities aimed at addressing a problem identified in the project.”
24.	2) The authors should provide more detail on their database search strategies- This part of the paper is a bit confusing as on the one hand, it states that the librarian will identify relevant keywords, (page 8, line 39), but on the other hand it provides the MEDLINE strategy (Appendix A). It is currently unclear whether the search terms in Appendix A were/will be used in the database searches, or whether these are not refined yet. For the protocol to make sense to be published, this detail will be essential to include.	Confusing statements reviewed and reworded- “With input and in consultation with the research team, MK, an experienced health sciences librarian and familiar with evidence synthesis and reporting, established and tested the search strategy in MEDLINE using identified relevant keywords. Controlled vocabulary was used to enhance sensitivity and specificity within the search. This preliminary search was developed and run to determine the feasibility of the scoping review and inform the searches in additional databases.”
25.	- Similarly for the grey literature database searches. It is not sufficient to simply state that the authors "will develop a web search for relevant grey literature", the point of publishing a protocol is that you can show what these search strategies look like, to provide transparency that the final searches are in line with what has been set out in the beginning. Looking at the results section, where the authors state that searches have been completed, these search strategies should be available. Please provide details of the grey literature search strategies, including databases searched and search terms used.	Added clarifications- In addition to searching electronic databases, we will develop a web search for relevant grey literature using keywords identified throughout our search process. We will also search for key sites such as the ministry of health websites, indigenous health agencies for projects relevant to this review. We will also check reference lists of included studies to identify any that had not been found in our other searches  “The included MEDLINE search strategy will form the basis for our searches in the other databases

		listed above. Where possible, MeSH terms used in the MEDLINE search will be translated to the appropriate controlled vocabulary of the database being searched, otherwise, these terms will be searched as keywords. Keywords identified in the MEDLINE search strategy will be the same across the databases.”
26.	- When the authors are describing their peer-reviewed databases, why are these years included?	The year has been deleted.
27.	3) More detail is needed when the authors state that they will "identify inclusion/exclusion keywords", page 9 line 12. It is not clear what this means or how these will be identified.	Information added “in correlation with identified inclusion and exclusion criteria. For example, exclusion keywords for smoking, gambling, etc. as identified in exclusion criterion 1”
28.	4) More detail is needed on how the authors are planning to map and aggregate findings. Especially in line with their comments on including different evidence types, how will they combine the variety of findings? Will differing weight be given to different evidence types etc?	Information added “Information to be extracted and compiled into a table include; the title of the articles, country of focus, substance use intervention, intervention type, main findings, and lessons that can be learned. Thematic analysis will be applied to identify common threads that will emerge from the data.”
29.	5) More detail is required around the advisory group. Has this group already been established? How were they chosen? Did they have any influence on the decisions of the research questions/methods of this review?	Added “We will present the preliminary findings of this scoping review to an advisory group comprised of an elder, a knowledge keeper, elementary school leadership, and community members of one of the communities GM has a collaborative relationship with and one whose children are impacted by substance use. Community partners working with GM will help identify the appropriate advisory team members to be invited to the committee. This activity aims to validate the findings with the community, create an opportunity for community response, and explore possibilities for substance use prevention intervention for elementary school children in the community. The feedback that will be provided by the advisory committee will be recorded and will inform the discussion, recommendations, and implication for the practice section of the manuscript.”

30.	6) The discussion about the research questions is not very clear. While the authors mentioned that they went through a process of specifying the research questions, the first question is exactly the same as is stated in the first sentence (line 14) of this section. It is not clear what is refined about this questions. Question 2 can also be further detailed with regards to what they mean with characteristics. Especially as it is not clear from the "charting data" section on page 9 what kind of characteristics will be identified.	<p>Added</p> <p>“The decision to focus on Indigenous substance use prevention among elementary school children was informed by a project undertaken by GM, on characteristics and predictors of clinical experiences of clients on methadone project (18, 53). In this study, it became clear that the age of exposure to addictive substances such as opiates, alcohol, and marijuana is between 6-11 years. Further, most of the clients on opiate replacement therapy struggle with treatment and recovery with more than 70% dropping out of ORT in the first year. Furthermore, considering that 95% of the clients on this study self-identified as Indigenous, who contend with diverse social determinants of health that are a major barrier to the recovery from addiction, we believe that that emphasis should be placed on understanding the substance use prevention intervention for elementary school children, who are at a risk of substance use. To start the process, we assembled a team of scholars with experiences working with Indigenous and marginalized communities. Consultations with the Health Science librarian helped her identify key phrases and words that represented the broader focus of Indigenous Elementary Substance use prevention. Understanding interventions to prevent substance use among Indigenous youth aged 7-13 is vital to addressing substance use and addictions in the Indigenous population. Of interest, we will seek to identify the philosophical and theoretical underpinnings that characterize these interventions and the extent to which Indigenous knowledge is incorporated in these projects.”</p>
31.	- I also recommend specifying elementary school-based prevention in the research questions.	This has been added
32.	7) I'm missing a critical discussion of the differences between the countries included in this review. Also a discussion about the complexity of school-based prevention for Indigenous children should be included as most Indigenous children in Australia, NZ, USA, and	<ul style="list-style-type: none"> <li>• In the background section, I included the following sentences “Although the authors recognize the distinct cultural and experiential differences between Indigenous</li> </ul>

	Canada attend schools with non-Indigenous children in the same classroom. Furthermore, in the Australian context, substance use prevention is more commonly provided in secondary schools. A discussion of these issues would be a welcome addition.	peoples of these countries, they share common historical experiences that impact their health. The authors intend to carry out interventions focusing on these populations in Canada. Therefore, limiting the literature search to these four countries will ensure that the results are relatable to the Canadian context.” <ul style="list-style-type: none"> <li>• What you are asking regarding the ‘complexity of school-based prevention for Indigenous children’ is beyond the scope of this review.</li> </ul>
33.	- references issues: There are some places where the wrong references are included (e.g. page 5, reference 10 is not the right on in the reference list). The reference list also needs proper formatting, eg ref 9 and 15). Also the authors should be careful to make general statements (e.g. line 9-10 page 4) and then only providing 1 reference from 1 country.	The reference list has been reviewed and those with issues attended to. Also, more citations have been included to the ones you have pointed out.
34.	- Spelling and terminology. Please ensure to always capitalize "Indigenous", this is now done inconsistently. Also, make sure to use the appropriate terminology when referring to Indigenous peoples of the relevant countries.	The word Indigenous has been capitalized through.

### VERSION 2 – REVIEW

<b>REVIEWER</b>	Lisa Bishop Memorial University of Newfoundland, Canada
<b>REVIEW RETURNED</b>	03-Dec-2019

<b>GENERAL COMMENTS</b>	<p>Thank you for the revisions which have strengthened the manuscript. Please consider these additional comments:</p> <p>In general, try to use people-first language, rather than labelling them as a drug user. e.g. non-Indigenous people who inject drugs, vs non-Indigenous inject drug users (see page 4, line 43). Be aware of this throughout the paper.  <a href="https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf">https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf</a></p> <p>Page 5, line 3-4: this is a broad statement, more references would strengthen this statement (ref 26 is just one perspective).</p> <p>Page 5, line 13-14: I don't think ref 27 matches the statement. CCSA has a good document on youth SU &amp; suicide.  <a href="https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Substance-Use-Suicide-Prevention-Youth-Summary-2016-en.pdf">https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Substance-Use-Suicide-Prevention-Youth-Summary-2016-en.pdf</a></p> <p>I still do not have a good understanding of why you chose the age range of 7-13 years. And for the inclusion/exclusion criteria, what happens to studies with children aged 14-17? You mentioned in</p>
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	<p>your response letter that you included additional justification (I don't see this in the revised manuscript)</p> <p>Database searches – I still believe that PsycInfo will broaden your search. There are articles in PsychInfo that are not indexed in Pubmed/MEDLINE</p> <p>Patient and public involvement (page 11, line 24) is there a reference to the opioid project that you are referencing? Are you referring to opioid agonist treatment (and not opiate replacement therapy?)</p> <p>Discussion, 1st paragraph. This would be helpful to include in the background – gives more understanding of why you chose that age range. 2nd paragraph – more suited to be in the methods It would add strength to the discussion to include some limitations of this scoping review (although some are included in the article summary)</p> <p>There are still a few errors in the references, and one place with a lower case i for indigenous</p>
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### VERSION 2 – AUTHOR RESPONSE

	Reviewer comments	Author response
1	In general, try to use people-first language, rather than labelling them as a drug user. e.g. non-Indigenous people who inject drugs, vs non-Indigenous inject drug users (see page 4, line 43). Be aware of this throughout the paper. <a href="https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf">https://www.ccsa.ca/sites/default/files/2019-09/CCSA-Language-and-Stigma-in-Substance-Use-Addiction-Guide-2019-en.pdf</a>	This has been changed- Page 4 The sentence reads....” For example, compared to non-Indigenous people who inject drugs, Indigenous people who inject drugs are more likely.....
2	Page 5, line 3-4: this is a broad statement, more references would strengthen this statement (ref 26 is just one perspective).	Added two more references <ul style="list-style-type: none"> <li>• Durey, A. (2010). Reducing racism in Aboriginal health care in Australia: where does cultural education fit?. Australian and New Zealand journal of public health, 34, S87-S92.</li> <li>• Awofeso, N. (2011). Racism: a major impediment to optimal Indigenous health and health care in Australia. Australian Indigenous Health Bulletin, 11(3), 1-8.</li> <li>• Boyer, Y. (2017). Healing racism in Canadian health care. CMAJ, 189(46), E1408-E1409.</li> </ul>
3	Page 5, line 13-14: I don't think ref 27 matches the statement. CCSA has a good document on youth SU & suicide. <a href="https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Substance-Use-Suicide-Prevention-Youth-Summary-2016-en.pdf">https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Substance-Use-Suicide-Prevention-Youth-Summary-2016-en.pdf</a>	The statement “Suicide rates among Indigenous children and youth in Canada are 5-6 times higher than the national average” was drawn from the reference you suggested i.e. Canadian Centre on Substance Abuse. (2016). Substance Use and Suicide among Youth: Prevention and

		<p>Intervention Strategies. Accessed at. <a href="https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Substance-Use-Suicide-Prevention-Youth-Summary-2016-en.pdf">https://www.ccsa.ca/sites/default/files/2019-04/CCSA-Substance-Use-Suicide-Prevention-Youth-Summary-2016-en.pdf</a></p> <p>other references added</p> <ul style="list-style-type: none"> <li>• Aboriginal Healing Foundation. 2007. Suicide among Aboriginal People in Canada. Aboriginal Healing Foundation. Ottawa, Ontario <a href="http://www.ahf.ca/downloads/suicide.pdf">http://www.ahf.ca/downloads/suicide.pdf</a></li> <li>• Kumar, M. B., &amp; Tjepkema, M. Suicide among First Nations people, Métis and Inuit (2011-2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC).</li> </ul>
4	I still do not have a good understanding of why you chose the age range of 7-13 years. And for the inclusion/exclusion criteria, what happens to studies with children aged 14-17? You mentioned in your response letter that you included additional justification (I don't see this in the revised manuscript)	Clarifying statement- page 7- This age group was chosen because studies show that Indigenous people with a substance use disorder are often exposed to drugs at an early age of between 6 to 11 years. 3 supporting references cited.
4	Database searches – I still believe that PsychInfo will broaden your search. There are articles in PsychInfo that are not indexed in Pubmed/MEDLINE	PsychINFO added to the databases that will be searched Page 10
6	Patient and public involvement (page 11, line 24) is there a reference to the opioid project that you are referencing? Are you referring to opioid agonist treatment (and not opiate replacement therapy?)	The two terms i.e. opioid agonist treatment and opiate replacement therapy are used interchangeably. I have however decided to go with opioid agonist therapy, perceiving it to be your preference to use in this context.
7	Discussion, 1st paragraph. This would be helpful to include in the background – gives more understanding of why you chose that age range.	There are numerous instances in the background where the connection between GM's work and this review are highlighted, but not more explicit than page 6- "A study authored by GM, an author in this manuscript on clients receiving methadone treatment for opiate use disorder, showed that clients were exposed to diverse substances at an early age- alcohol 6 years, marijuana, 7 years, Dilaudid, morphine, and cocaine (11 years), ritatin (8 years) and valium (13years) [22]. Considering this early exposure to substance use, and the difficult these clients faced on opiate replacement therapy treatment, a need was expressed to explore substance use prevention for this age group."
8	2nd paragraph – more suited to be in the methods It would add strength to the discussion to include some limitations of this scoping review (although some are included in the article summary)	This paragraph has been moved to methods section.
9	There are still a few errors in the references, and one place with a lower case i for indigenous	We have checked and made sure that the word Indigenous has the first letter capitalised.
7	It would add strength to the discussion to include some limitations of this scoping review	<b>Added section</b> <b>Limitations of the review</b>

	(although some are included in the article summary)	<p>Since the scoping review aims to assess the research activity on a topic and not the quality of the research thereof, this project will provide an overview of all the intervention focussing on elementary school-based Indigenous substance use prevention. The research team recognizes that focusing exclusively on substance use prevention projects catering to the 7-13 years old population may limit the number of reviews that can be included in the review. Therefore, some projects which might have provided relevant information to this review might be excluded on account of the age limit. Also, the exclusive focus on school-based interventions, means that any community-based substance use prevention focusing on this age group will be excluded. As a result, the review will not encompass the totality of diverse substance use prevention interventions for this population.</p>
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### VERSION 3 – REVIEW

<b>REVIEWER</b>	Lisa Bishop Memorial University of Newfoundland, Canada
<b>REVIEW RETURNED</b>	08-Jan-2020

<b>GENERAL COMMENTS</b>	<p>Thank you for the revisions. A few additional points:</p> <ul style="list-style-type: none"> <li>- Database searches: Page 9-10. In your response you indicated that PsychINFO would be added to the databases that will be searched. However, I don't see this mentioned in the database searching section of the manuscript.</li> <li>- Patient and Public Involvement: Page 11, line 37. Delete "opiate" (duplicate word)</li> <li>- Results: page 11, line 46. You indicate that the searches, titles, and abstract screening is complete. However, if you are planning on adding a search for PsychINFO, the search is not complete.</li> <li>- Discussion: Page 12, line 5. You refer to "opiates", but I think you intend to mean "opioids". Opiates are naturally derived from the opium poppy (e.g. codeine, morphine, heroin), but opioids refer to both natural and synthetic opioids. There are other places in the manuscript where you refer to opiates – you may want to check to make sure you intend opiate vs opioid.</li> </ul>
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### VERSION 3 – AUTHOR RESPONSE

1. Database searches: Page 9-10. In your response you indicated that PsychINFO would be added to the databases that will be searched. However, I don't see this mentioned in the database searching section of the manuscript. – The following words are added to the databases that will be searched- and PsyclINFO (1806 - present).
2. Patient and Public Involvement: Page 11, line 37. Delete "opiate" (duplicate word) – The duplicate word has been removed.

3. Results: page 11, line 46. You indicate that the searches, titles, and abstract screening is complete. However, if you are planning on adding a search for PsychINFO, the search is not complete. – Statement revised to read: The searches, title, and abstract screening are ongoing.

4. Discussion: Page 12, line 5. You refer to “opiates”, but I think you intend to mean “opioids”. Opiates are naturally derived from the opium poppy (e.g. codeine, morphine, heroin), but opioids refer to both natural and synthetic opioids. There are other places in the manuscript where you refer to opiates – you may want to check to make sure you intend opiate vs opioid.- The word opiates was changed to opioids.