

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Methamphetamine use in Central Germany: protocol for a qualitative study exploring requirements and challenges in health care from the professionals' perspective
AUTHORS	Hoffmann, Laura; Schumann, Nadine; Fankhaenel, Thomas; Thiel, Carolin; Klement, Andreas; Richter, Matthias

VERSION 1 - REVIEW

REVIEWER	Sascha Milin/Ingo Schäfer Center for Interdisciplinary Addiction Research, University of Hamburg
REVIEW RETURNED	29-Feb-2016

GENERAL COMMENTS	<p>Methamphetamine abuse in Germany had not received much scientific attention until recently. The intended study focuses on a current research gap regarding the treatment of methamphetamine patients, and promises important insights. The methodology is adequate. Publication of the protocol can be generally recommended. The scope and the goals of the study should be defined in a more specific manner. Given the methods and data sources, I would suggest to focus on structural deficits, challenges, and possibilities within the german health care system (described in the introduction chapter), rather than a research direction broadly open for any evolving topic. A focus on structures seems to be the intent of the researchers, but if so, should be clearly stated early on in a protocol. Further suggestions mainly refer to methodological aspects that remain unclear or could be described more precisely.</p> <p>Page 1, Line 4-5: It would be helpful, if the title indicates that the research question will be adressed exclusively from a professionals' perspective (demands suggests the involvement of patients).</p> <p>Page 2, Line 23: Who will be the participants in these two focus groups?</p> <p>Page 2, Line 44-45: I would recomment to talk about insights instead of evidence.</p> <p>Page 2, Line 49: Deficits in the treatment should be explained more specifically, compare summary. Futhermore, attention should be paid not only to deficits but also to solutions and strategies many practitioners have potentially developed to adapt to the needs of methamphetamine patients.</p> <p>Page 3, Line 42-43: This ratio cannot be determined, because german monitoring systems do not – until today - distinguish between amphetamine and crystallized methamphetamine. The</p>
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	<p>cited source tends to simplify.</p> <p>Page 5, Line 16-18: Sentence difficult to understand, possible confusion (?) with german/english expressions: Ambulant means outpatient facilities; clinics means inpatient facilities (?).</p> <p>Page 5, Line 47-49: I would replace open by inductive (category building) and hypothesis testing by deductive. Open is uncommon/mistakable to describe an approach or a qualitative data analysis procedure. It might refer to a question type or an interview technique. Furthermore, a methodology book should be cited, to clarify which established procedures the researchers follow when conducting qualitative data analysis.</p> <p>Page 5, Line 57-59: I think, the topic is structured quite well (and reasonable) by the research questions the authors have introduced earlier. Expert interviews are still a good choice.</p> <p>Page 7, Line 9-12: Why are no decision makers (state agency or pension insurance representatives) included in the focus groups, when the analysis of the stage 1 – interviews will be presented and discussed? One would expect that stage 2 would include a different collective of participants than stage 1. If not, the benefit of an additional Stage 2 remains unclear and has to be explained.</p> <p>Page 15, Line 29-30: Content Analysis seems too vague and not the answer one would expect here (Paradigm? Communication model? Inductive Category Building? Citing of a methodology book on qualitative research methods and theory, on which the framework of the study design is based?)</p>
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REVIEWER	Jessica Siegel University of St. Thomas Assistant Professor USA
REVIEW RETURNED	11-Mar-2016

GENERAL COMMENTS	<p>The authors need to be more clear how this study is assessing the perspectives of the health care providers rather than the users in the "Required Research" section. It is unclear why you need to survey health care providers to assess how addicts gain access to health care, this seems like something you could assess better by studying the addict population. This section should be clarified.</p> <p>The potential limitations of the data should be discussed more clearly in the paper itself, not just in the abstract. There are inherent limitations to this data and they should be acknowledged.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1:

General comment

Methamphetamine abuse in Germany had not received much scientific attention until recently. The intended study focuses on a current research gap regarding the treatment of methamphetamine patients, and promises important insights. The methodology is adequate. Publication of the protocol

can be generally recommended. The scope and the goals of the study should be defined in a more specific manner. Given the methods and data sources, I would suggest to focus on structural deficits, challenges, and possibilities within the German health care system (described in the introduction chapter), rather than a research direction broadly open for any evolving topic. A focus on structures seems to be the intent of the researchers, but if so, should be clearly stated early on in a protocol. Further suggestions mainly refer to methodological aspects that remain unclear or could be described more precisely.

Reply: Thank you very much for your interest in the topic and for the comprehensive review of the manuscript. We specified the scope, the goals and some methodological aspects of the study by adding the following aspects to the revised manuscript:

- We made clear, that the study focuses on structural deficits, challenges and possibilities within the German health care system. (Page 5: "This qualitative study will explore the demands on increasing healthcare needs of methamphetamine addicted persons in Central Germany and structural challenges (e.g. collaboration of sponsors and interface management between healthcare sectors) related to rehabilitative measures as well as strategies and solutions to deduce potential for an optimal treatment of methamphetamine addiction.")
- Further, we described some methodological aspects more precisely in the revised manuscript (see page 5, 7 and our reply below).

Page 1, Line 4-5: It would be helpful, if the title indicates that the research question will be addressed exclusively from a professionals' perspective (demands suggests the involvement of patients).

Reply: Thank you very much for this advice. We added the term "professionals' perspective" to the title and changed "demands" to "requirements": "Methamphetamine use in Central Germany: protocol for a qualitative study exploring requirements and challenges in health care from the professionals' perspective".

Page 2, Line 23: Who will be the participants in these two focus groups?

Reply: The participants of the face-to-face interviews will also participate in the focus groups. We added this information to the revised manuscript: "These findings will be discussed in two focus groups consisting of the participants of the face-to-face interviews that comprised the second part of data collection."

Page 2, Line 44-45: I would recommend to talk about insights instead of evidence.

Reply: We revised the sentence accordingly: "This qualitative study will provide new insights on increasing healthcare needs of methamphetamine-addicted persons and the challenges related to rehabilitative measures from an experts' perspective."

Page 2, Line 49: Deficits in the treatment should be explained more specifically, compare summary. Furthermore, attention should be paid not only to deficits but also to solutions and strategies many practitioners have potentially developed to adapt to the needs of methamphetamine patients.

Reply: Thank you for this comment. It is very important to pay attention to ideas, solutions and strategies to optimize the health care of methamphetamine addicted persons. We also specified the "deficits" and revised the sentence in the manuscript: "It explores structural deficits and challenges in

the treatment as well as strategies and solutions to deduce potential for optimal treatment of methamphetamine addiction.”

Page 3, Line 42-43: This ratio cannot be determined, because German monitoring systems do not – until today - distinguish between amphetamine and crystallized methamphetamine. The cited source tends to simplify.

Reply: We agree with the reviewer, that the cited source tends to simplify because German monitoring systems do not, until today, distinguish between amphetamine and methamphetamine. We have deleted this sentence in the revised manuscript. Furthermore, we have corrected a number in line 41 (“In Saxony most of the illicit substances consumed belonged to the class of stimulants (of which more than 97% is crystal meth”) and added “meth-/amphetamine” in line 18-19: “In Germany, the increase in the consumption of meth-/amphetamine has outpaced that of all other drugs (2013: 19.210 first-time hard drug user; of this 13.721 first-time meth-/amphetamine user).”

Page 5, Line 16-18: Sentence difficult to understand, possible confusion (?) with german/english expressions: Ambulant means outpatient facilities; clinics means inpatient facilities (?).

Reply: We agree with you, that this sentence is a little bit confusing. Outpatient and inpatient facilities are now defined clearly in the manuscript by revising the sentence: “Therefore, the study will focus on the perspectives of professionals in the outpatient counselling centers and in inpatient facilities like the acute care and rehabilitation clinics.”

Page 5, Line 47-49: I would replace open by inductive (category building) and hypothesis testing by deductive. Open is uncommon/mistakable to describe an approach or a qualitative data analysis procedure. It might refer to a question type or an interview technique. Furthermore, a methodology book should be cited, to clarify which established procedures the researchers follow when conducting qualitative data analysis.

Reply: We now replace “open” by “inductive” and “hypothesis testing” by “deductive” in the revised manuscript. Thank you for the advice. Furthermore, we added an additional source (a qualitative methodology book: Taylor, S. J.; Bogdan, R.; DeVault, M., Introduction to qualitative research methods: A guidebook and resource. John Wiley & Sons, 2015) for a better understanding.

Page 5, Line 57-59: I think, the topic is structured quite well (and reasonable) by the research questions the authors have introduced earlier. Expert interviews are still a good choice.

Reply: We appreciate this comment, thank you.

Page 7, Line 9-12: Why are no decision makers (state agency or pension insurance representatives) included in the focus groups, when the analysis of the stage 1 – interviews will be presented and discussed? One would expect that stage 2 would include a different collective of participants than stage 1. If not, the benefit of an additional Stage 2 remains unclear and has to be explained.

Reply: We decided not to include decision makers (e.g. from the German Pension Insurance for Central Germany) in the focus groups, because we would like to avoid any problems in context with prejudice or dependence. In our opinion it could be a barrier for an open discussion if the decision

makers participate in the focus groups together with the professionals. Therefore, the two focus groups will only consist of the participants of the face-to-face interviews. We think it is a good strategy to first discuss results of the study together with the professionals' with the aim to develop concrete suggestions for improvements. Due to the fact that the study is funded by the German Pension Insurance for Central Germany, decision makers would be able to discuss the results in a second step. But this is not part of our methodological approach. For better understanding we revised the sentence: "Findings of the face-to-face interviews will be discussed in focus groups in the second stage of the project with the aim to develop concrete suggestions for structural improvements (e.g. to optimize cross-sectoral cooperation) for optimal treatment of methamphetamine addiction."

Page 15, Line 29-30: Content Analysis seems too vague and not the answer one would expect here (Paradigm? Communication model? Inductive Category Building? Citing of a methodology book on qualitative research methods and theory, on which the framework of the study design is based?)

Reply: Thank you for this advice. We have improved the methodological orientation: "We use an inductive, qualitative approach to underpin the study." (Taylor, S. J.; Bogdan, R.; DeVault, M., Introduction to qualitative research methods: A guidebook and resource. John Wiley & Sons, 2015., Przyborski, A.; Wohlrab-Sahr, M. Qualitative Sozialforschung: Ein Arbeitsbuch. Walter de Gruyter, 2014.).

Reviewer 2:

The authors need to be more clear how this study is assessing the perspectives of the health care providers rather than the users in the "Required Research" section. It is unclear why you need to survey health care providers to assess how addicts gain access to health care, this seems like something you could assess better by studying the addict population. This section should be clarified.

Reply: Thank you very much for your interest in the paper and the helpful review of the manuscript. We currently apply for a follow up study which especially focuses on the patient's perspective to extend the findings of this study in a more specific manner. So far, there have been no studies assessing the current treatment structures for methamphetamine users in Central Germany and therefore we decided to first explore basic knowledge from the experts perspective. Only the expert's perspective enables a cross-sectoral view into the treatment system. At the same time experts are in the position to change the "care reality" pro-actively and also to describe how to optimize the treatment. For our first step we think expert interviews provide more compact data production than other methods of data collection. To clarify this we added the following sentence: "The use of expert interviews is highly recommended given the dearth of research on this topic in Germany." It is also explained in detail in the section "study design" (page 5-6).

The potential limitations of the data should be discussed more clearly in the paper itself, not just in the abstract. There are inherent limitations to this data and they should be acknowledged.

Reply: Thank you very much for this comment. We added a sentence about the limitations in the last section of the paper (Relevance to practice/conclusion): "Because of the diversity of national health care systems, these findings cannot entirely be transferred to other health care systems." Due to the fact that there is no separate "limitations" section in this study protocol, we will discuss this issue in forthcoming publications of this study more precisely.

VERSION 2 – REVIEW

REVIEWER	Sascha Milin Centre for Interdisciplinary Addiction Research of Hamburg University (ZIS) / University Medical Center Hamburg - Eppendorf (UKE) Germany
REVIEW RETURNED	05-Apr-2016

GENERAL COMMENTS	From my point of view the authors responded adequately to all comments and advises.
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