

Peer Review Report

Review Report on Substance use among residents of homeless shelters during the COVID-19 pandemic: Findings from France

Original Article, Int J Public Health

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EVALUATION

Q 1 Please summarize the main findings of the study.

The most prevalent substance used was tobacco (38–43%), followed by alcohol (26–34%). The use of both substances positively associated with each other, although risk factors varied depending on the substance. The only factors consistently associated with alcohol and tobacco use were being male, exposure to theft/assault and participants' region of origin. Whilst the rate of tobacco use was relatively stable between Spring 2020 and 2021, alcohol use was more common in 2021.

These findings highlight a high prevalence of substance use amongst homeless persons.

People experiencing homelessness face specific challenges in the context of the pandemic, alongside, greater vulnerability to illness and low healthcare access, therefore the need to improve prevention and support services for substance abuse within this population is vital.

Q 2 Please highlight the limitations and strengths.

The main strength of the team is the recognition of various limitations and strengths of the study. Its strengths are its robust bibliography, tables, and figures that help the reader understand and make reading easier. Studying drug use in homeless people is always important, since it provides information on how this marginalized and vulnerable population can be supported, and where many migrants appear.

Nevertheless, our study has numerous strengths which support the validity of our findings. The data available on substance use within homeless populations is limited, and whilst our findings cannot be extrapolated to pre- or post-pandemic periods, factors associated with substance use may remain relevant. Moreover, the inclusion of multiple different substances within the same sample provides a particularly valuable, often-unreported comparison between substances with consistent demographics. Our study was conducted in two large metropolitan regions of France, thereby limiting the role of specific contextual factors on the selection of the homeless population living in accommodation centres. Finally, we interviewed participants who could not speak French or English, through professional interpreters, making it possible to collect data among recent migrants who constitute the largest share of the current homeless population in France.

Limitations.

Our study has several limitations which need to be addressed. First, the primary focus of the ECHO study was not to investigate substance use. Therefore, our assessment was relatively limited, comprising of one multiple-choice measure per substance. Despite this, the more generalizad questionnaire design allowed us to account for a wider range of variables in the limited interview time available, often not examined in relation to substance use. Secondly,

ECHO comprises two cross-sectional waves of data collection, based on separate samples.

This therefore limits our assessment of longitudinal patterns of substance use. The most significant difference between the two study waves was participants' housing situation; whilst wave one included only persons living in temporary accommodation at the time of investigation, wave two recruited persons from a wider range of situations. However, it is important to note that during the Spring of 2020, France had an active policy of providing temporary shelter to all persons sleeping rough, in order to limit the propagation of COVID-19. This sample may thus be more reflective of the general homeless population than those typically residing in temporary accommodation. In support of this, 41% of wave one participants were living on the street before their current shelter, thereby indicating the inclusion of various experiences of homelessness.

Finally, this study may be biased due to our reliance on participants' self-reports. In comparison to biological markers, self-reports are known to generate underestimations of substance use. Moreover, within our study, both data collection points occurred during Ramadan, a month associated with abstinence from drugs within the Muslim community. Although no data on participants' religious practice were collected, 61% of our sample originated from a predominantly Muslim country. If practicing Islam, these participants are then potentially more likely to have both reduced their consumption during this period, and under-report their levels of use due to social or cultural desirability bias. This tendency towards underestimation may have also been accentuated by the precariousness of our study population's accommodation, as participants may have feared that reporting recreational drug use would have jeopardized their right to shelter. To counteract this, before every interview, participants were reminded that their responses were anonymous and would not impact their right to accommodation, and that they were free to refuse any question.

Q 3 Please provide your detailed review report to the authors. The editors prefer to receive your review structured in major and minor comments. Please consider in your review the methods (statistical methods valid and correctly applied (e.g. sample size, choice of test), is the study replicable based on the method description?), results, data interpretation and references. If there are any objective errors, or if the conclusions are not supported, you should detail your concerns.

The methodology is consistent, well applied and with the developed procedure they can adequately describe the results and expose those conclusions.

The size of the sample is adequate, since due to the different difficulties that this population has for researchers to access them, I believe that the number is adequate. Only consider the difference in people surveyed in 2020 and 2021, but the researchers explain that. The study is replicable, I only see a possible limitation in the human and economic resources used to carry out the interviews, especially the personnel qualified to speak those languages.

In my opinion the study has neither minor errors nor major errors

PLEASE COMMENT

Q 4 Is the title appropriate, concise, attractive?

It is correct, attractive and broad to motivate the reader

Q 5 Are the keywords appropriate?

keywords are appropriate

Q 6 Is the English language of sufficient quality?

I understand that the people who wrote the study may not be native speakers of English, but in my opinion the language is correct and the research is adequately understood.

Q 7 Is the quality of the figures and tables satisfactory?

Yes.

Q 8 Does the reference list cover the relevant literature adequately and in an unbiased manner?)

The 91 references used in the research are of quality, unbiased and up-to-date, the vast majority of them.

QUALITY ASSESSMENT

Q 9 Originality



Q 10 Rigor



Q 11 Significance to the field



Q 12 Interest to a general audience



Q 13 Quality of the writing



Q 14 Overall scientific quality of the study



REVISION LEVEL

Q 15 Please make a recommendation based on your comments:

Accept.