Review of: "Provision of creative arts interventions in UK drug and alcohol services: A cross-sectional study"

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Overall comments:

This paper discusses the provision of non-pharmacological interventions for persons with addiction in the U.K. While the topic is highly important, the paper could benefit from a more methodologically stringent approach. In addition, the introduction and conclusion sections could be improved. A stronger introduction that more clearly outlines the study motivation, a proper methods section that clearly outlines the study design, and a results section that leads with data processing would all make the results easier to interpret. Finally, the discussion could benefit from being even more cautious in interpreting these results. It is possible that there is a main motivation behind this study that is not mentioned in the introduction. I provide feedback to the paper section by section below in the interest of improving the paper.

Overall, I would suggest that significant restructuring is necessary before publishing this paper. That said, the topic is important to the scientific field, and I commend the authors for examining non-pharmacological options available to persons with addiction. I am excited to see the revised version of this paper, and to read the follow-up studies.

Background: I'm not sure what your research question is after reading your background section. Are you looking into whether creative arts interventions works in rehab treatment, or are you looking at whether it is being distributed? It is also unclear why you mention pharmacological treatments in a paper which is explicitly focused on non-pharmacological interventions.

2. Research approach

I have no idea what your approach is after reading this section. You're clearly distributing questionnaires, but to whom and on what basis? Are you giving a single questionnaire, or multiple? I would also not mention which guidelines you adhere to in this section without also explicitly mentioning how they are relevant to the paper itself. Then again, I'm not familiar with those guidelines so maybe this makes more sense to you?

2.1. Drug and Alcohol Service Questionnaire (DASQ)

I'm not entirely sure what this refers to. Did you develop your own questionnaire? If so, it might be good to use "questionnaire development" as your sub-heading. If you are indeed detailing the questionnaire, please also put the full

questionnaire (it's only 10 questions anyways) in a textbox here.

2.2. Drug and alcohol service providers

I have so many questions. Where did you source the data from. How many providers did you identify? What were your inclusion/exclusion criteria? I think this is much more relevant than knowing which spreadsheet software you used to keep track of things.

2.3. Questionnaire distribution

This section is probably not required.

3. Results

Table 1 should really be split in two, and have the first half in section 2.2 so that there is a clear idea of whom you're sending out the surveys to right away. You also redundantly mention your reminder scheme here. This is already stated in section 2.2, so no need to repeat yourself. I would include this only in section 2.2, if at all.

3.1 results

Q2 is missing from your table. Why? These questions are also super weird. What is easy to complete in q11? And why not differentiate between the creative arts, so that the reader can pinpoint what's going on in the therapy. Presumably, a creative painting intervention would be a very different experience compared to a music therapy session. In figure 3, I am also not sure what Key worker support is, or where it comes from. How did you get these results? Not from the 10 (11?) questions posted above.

3.2 Creative arts sub-divisions

Again, not sure where these results come from? You write here that this was the subject of five questions, but also that participants were given a list of checkboxes to indicate. Is this another question? The figure also does not seem to line up with the main research question being outlined in the introduction (afaik, that would be whether non-pharmacological treatments are offered at all). I am also not sure if writing that there were N=8 services which provided music therapy(…) is the correct use of the "N=" terminology. Better to write that 8 services provided both music therapy and music activities. I also question the distinction between music therapy and music activity. Maybe this is something that could be added to the introduction so that it is not entirely unexpected in the results section?

3.3 Methods of evaluation

Again, it is very unclear where this information comes from. It is quite clear to me that this comes from the question about whether services evaluated the outcomes of their services – but how did you gain the extra dimension of how these evaluations were done? Were there follow-up questions? If so, those should be reported in your methods section. The same goes for whether this information was entered into service records.

3.4 qualification level of provider

This section is quite ok. I wish the response options were outlined in the methods section. It is quite unclear how the response options were decided on. Did participants write in free text and then it was decided on by you which dimensions to keep? Or was this pre-determined? If it was pre-determined, how did you decide on which response options to provide the respondents with?

3.5 Effectiveness

There are different response options reported on two quite similarly worded question. Table 5 seems to be a 4 point Likert scale whilst table 6 is a 5-point Likert scale. Why? In addition to this, out of the 168 respondents, you have only 48 respondents to this question. What happened to the other respondents? Did they not answer the question? But there are only 4 reported sets of missing data in both tables. This is quite confusing to me. The correlation analysis also comes a bit out of nowhere. Why should you analyse the assosciation between number of therapies offered and the motivation for recovery? It's not an inappropriate analysis to conduct per se, but it is completely unmotivated in the introduction section.

4. Discussion

I disagree with your conclusion. There are serious methodological flaws with the study, and we mostly observe that most institutions have either ignored the survey, or decided not to fill it out entirely.

4.1

Suddenly this section involves data analysis. It would have been very helpful to know that 54 respondents did not fill out the questionnaire (see my confusion in section 3.5). You also do not acknowledge that your findings are 50% of the respondents that answered your survey about the inclusion of creative arts therapy, meaning that the sample is probably highly biased.

4.2 study limitations

Limitations also includes: Different response options for different questions, potentially biased sample, unknown respondent position (were surveys respondent to by individual therapists, leaders, office staff?), low sample size, uncontrolled institution size, as well as no reporting on what their therapy options consists of. Finally, it is not mentioned what types of addiction are being treated in these clinics. Rehabilitation from cannabis addictiondiffers substantially from rehabilitation of heroin addiction. This might also influence whether a clinic reports intervention effect.

4.3 implications

I do not think any implications can be considered from this dataset. While I highly agree that more research is required in the field of nonpharmacological interventions towards addiction rehabilitation, a more precise dataset is required. For example, the information of treatment options could be extracted from the rehabilitation centres' own websites, or by a simple phone call. The implications for intervention outcomes are also highly unlikely to be reliable. A provider of unusual intervention options will be inclined to suggest that their intervention seems to be working. Addiction type is also a very

important metric to keep track of for future research.