

CONSENT FORM: IN-DEPTH INTERVIEWS TO EXPLORE HOW AND WHY DRUG USE BEHAVIORS CHANGE OVER TIME

PROJECT POINT-OF-CONTACT

Principal Investigator: Julia Hood, PhD, Epidemiologist, Public Health – Seattle and King County (PHSKC), (206) 263-2015; Affiliate Assistant Professor of Epidemiology, University of Washington

PROJECT STATEMENT

You are invited to participate in a research study that will inform overdose prevention strategies. Participation in this study is voluntary. You may refuse to participate or may withdraw from the study at any point during today’s meeting. This decision will not change services you may get from PHSKC or any other program.

PURPOSE OF THE STUDY

To document how drug use behaviors change over time, assess factors that influence drug consumption practices, and document drug consumption practices.

STUDY PROCEDURES

After we complete this form, I will ask a few questions that will help me find the questionnaire you completed at the last study visit. Then, I will ask for your permission to audio record our conversation and start audio recording. Then, we will discuss some of the information you provided during the questionnaire completed at the last study visit. I will also ask you about things going on in your life that might have affected drug-related behaviors. Finally, I will ask you to describe current drug consumption practices. Then I will stop the audio recording. This conversation may last up to 60 minutes. You may refuse to answer any question you wish not to answer.

RISKS, STRESS, OR DISCOMFORT

A risk of participating in this study include breach of confidentiality and privacy. We are taking precautions to minimize this risk by not recording your name in connection with your responses. Audio-recordings and other data collected in this study will be saved electronically on secure, password protected servers. Audio recordings will be written down, after which they will be deleted, when any records retention requirements have been met.

ALTERNATIVES TO TAKING PART IN THIS STUDY

If you choose not to participate in this study, you will continue to have access to Public Health and other services.

BENEFITS OF THE STUDY

Participants are unlikely to directly benefit from this study. The larger community may benefit from developing new methods to study overdose risk factors.

SOURCE OF FUNDING

This study is funded by the CDC (the Centers for Disease Control and Prevention).

CONFIDENTIALITY OF RESEARCH INFORMATION

We will try to make sure that information you provide can't be linked to information that could identify you.

The information you provide is further protected by a Certificate of Confidentiality from the CDC, which is described on the next page.

OTHER INFORMATION

You will be given a \$45 Amazon gift card at the conclusion of today's meeting.

The information you provide might be used for future studies without your further permission. We will remove anything that could identify you before sharing the information for another research study or with another researcher.

A copy of this consent form is available at kingcounty.gov/overdose/idiform.

RESEARCH-RELATED INJURY

If you think you have been harmed from being in this study OR if you have questions, complaints or concerns about this study, you can contact Julia Hood at (206) 263-2015 or Julia.Hood@kingcounty.gov.

SUBJECT'S STATEMENT

I am about to read you a statement and then I will ask you if you verbally agree to it:

This study has been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research, or if I have been harmed by participating in this study, I can contact one of the researchers listed on the first page of this consent form. If I have questions about my rights as a research subject, I can call the Human Subjects Division at (206) 543-0098. I can get a copy of this consent form at kingcounty.gov/overdose/idiform.

CERTIFICATE OF CONFIDENTIALITY

We have a Certificate of Confidentiality from the U.S. federal Centers of Disease Control and Prevention (CDC). This helps us protect your privacy for data that is stored in the United States. The Certificate means that we do not have to give out information, documents, or samples that could identify you even if we are asked to by a court of law. We will use the Certificate to resist any demands for identifying information. You or a member of your family can share information about yourself or your part in this research if you wish.

We can't use the Certificate to withhold your research information if you give your written consent to give it to an insurer, employer, or other person.

There are some limits to this protection. We will voluntarily provide the information to:

- a member of the federal government who needs it in order to audit or evaluate the research;
- individuals at the institution(s) conducting the research, the funding agency, and other groups involved in the research, if they need the information to make sure the research is being done correctly;
- the federal Food and Drug Administration (FDA), if required by the FDA;
- individuals who want to conduct secondary research if allowed by federal regulations and according to your consent for future research use as described in this form;
- Authorities, if we learn of child abuse, elder abuse, or the intent to harm yourself or others.

The Certificate expires when the CDC funding for this study ends. Currently this is September 30, 2025. Any data collected after expiration is **not** protected as described above. Data collected prior to expiration will continue to be protected.”