

Attachment 2d: SSP Client In-Depth Interview Guide

RURAL EXPERIENCE AND ACCESS STUDY

SSP Client In-Depth Interview Guide

Form Approved

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Date: _____

Study identification number: _____

Interviewer Three Digit Initials: _____

Start Time: ____:____AM/PM

Introduction and Purpose of the Interview

[INTERVIEWER NOTE: INTERVIEWER INSTRUCTIONS APPEAR IN ALL CAPS AND SHOULD NOT BE READ VERBATIM]

Welcome, and thank you again for agreeing to speak with me today. My name is _____ and I am part of a study team that is speaking with people in order to learn more about different perspectives on Syringe Service Programs like [name of SSP]. During our discussion, we will be talking about syringe service programs, HIV, Hepatitis B and C, injection drug use, and related topics. There are no right or wrong answers. I want to hear, in your own words, your thoughts, experiences and opinions about the topics we will be discussing.

First, here is a form that explains the study in more detail. Would you like to read it yourself, or would you prefer for me to read it to you?"

ACCORDING TO RESPONDENT'S ANSWER, LET RESPONDENT READ IT OR READ IT TO RESPONDENT.

We would like to record the interview today. The recording will ensure that our notes of today's conversation are complete and accurate. We will destroy the recording at the end of the study. Do you have any questions before you sign?

ANSWER ANY QUESTIONS, AND WITNESS RESPONDENT SIGNING.

Thank you. Here is a copy of the consent form for you to keep. As a reminder, your participation is voluntary. If there are any questions that you prefer not to answer, please tell me, and I will move on to the next question. As a reminder, this interview is confidential and your responses will not be linked to your name or any identifying information.

HAND COPY TO RESPONDENT.

TURN ON TAPE RECORDERS AND SAY: Now that I have the recorders on, may I also have your verbal permission to record our interview?

Section A. SSP Background

I am going to begin by asking some questions about the services that [name SSP] offers.

1. How often do you use [name SSP] services?
2. What are the main reasons you use [name SSP] services?
3. Tell me about the services [name SSP] offers that you have used?
 - a. Which services have you not used? Why?
4. Are there services you need that [name SSP] does not offer?
5. How convenient is it for you to use [name SSP] services?
 - a. Is there anything that prevents you from using any of [name SSP] services?
6. How has [name SSP] affected your life?

Section B. Health

Next, I would like to ask you some questions about drug use and your health.

7. How does injection drug use affect your life?
8. How does injection drug use affect your health?

9. Have you ever been diagnosed with any of the following? Please say “Yes” or “No”
- Sexually transmitted diseases, e.g., chlamydia, gonorrhea, syphilis
 - Endocarditis
 - Abscesses

Section C. Infectious Diseases

These next questions are about your understanding of HIV, Hepatitis C and Hepatitis B.

First, let us talk about **HIV**.

10. How concerned are you about getting HIV, or transmitting HIV to others?
11. Have you ever been tested for HIV? Why or why not? (If yes, skip to 11 a; if no, skip to 12)

[IF YES]:

- (a) Where were you tested?
- (b) How often are you tested?
- (c) What was the reason for your last HIV test?
- (d) Have you been tested at [name SSP]? Why or why not?

12. Has a medical provider or test counselor ever told you, you have HIV?

[IF YES TO Q. 12] Tell me about your HIV treatment and care.

PROBE: What part does [name SSP] play in your HIV care and treatment, if any?

13. What have you heard about pre-exposure prophylaxis or PrEP, also called Truvada, a daily pill used to prevent HIV?

Now let us talk about **Hepatitis C**.

14. How concerned are you about getting Hepatitis C, or transmitting it to others?

15. Have you ever been tested for Hepatitis C? Why or why not? (IF YES, SKIP TO FOLLOW UP QUESTIONS. IF NO, SKIP TO Q 16)

[IF YES]

(a) Where were you tested?

(b) How often have you been tested?

(c) When did you most recently test for Hep C?

(d) What was the reason for your last Hep C test?

(e) Do you know which tests you received?

(f) If you were told to have a confirmatory test, did you get one? Why or why not?

(g) Have you been tested at [name SSP]? Why or why not?

16. Has a medical provider ever told you, you have Hepatitis C?

17. [IF YES TO Q. 16] Tell me about your Hepatitis C treatment and care?

PROBE: What part does the [name SSP] play in your Hepatitis C treatment and care, if any?

Now I would now like to ask you about **Hepatitis A and B**.

18. Has a medical provider ever told you, you have Hepatitis A? How about Hepatitis B?

19. Have you been vaccinated for Hepatitis A? How about Hepatitis B?

[IF YES TO EITHER, OR BOTH] Who provided your vaccination?

Section D. Treatment and Overdose

These next few questions are about substance use treatment and drug overdoses.

20. Tell me about your experience with Narcan, also called Naloxone.

Narcan is a medication that can reverse a drug overdose caused by opioids like heroin, fentanyl, or pain pills. It can be injected into a muscle, under the skin, or into a vein; there is also a nasal

spray. It may be given by a healthcare provider, emergency medical provider, or a family member or caregiver.

PROBE:

- (a) Have you ever used Narcan?
- (b) Have you been trained to use Narcan?
- (c) Do you know where you can get Narcan?
- (d) Describe the problems in getting Narcan, if any?

I would like to talk about substance abuse treatments available for those who want it. These are therapies that use counseling (e.g. harm reduction) alone or therapies combined with medications like methadone, Suboxone (also called buprenorphine), or naltrexone. They also can include self-help programs like 12 step (e.g. Narcotics Anonymous, Alcoholics Anonymous).

- 21. Tell me about substance use treatment, including medication-assisted treatment such as methadone and buprenorphine, that you have been offered by [name SSP].

PROBE:

- (a) Did you choose to participate?

[IF YES] Which treatment was most helpful? Which was least helpful?

[IF NO] Why didn't you participate in any of these treatments?

- (b) Which treatment options were offered by [name SSP]?

Section E. Community

Finally, I would like to ask you some questions about your community.

- 22. What are the concerns facing people who inject drugs in your community?
- 23. What needs to be done to help people who inject drugs?

Section F. Closing

Is there anything else you think we should know?

Thank you again for your participation. I am going to turn off the recorders and pay you your XX for participating.

End time: __:__ AM/PM