PROJECT RAPiDS CONSENT FORM

Consent to Participate in a Brown University Research Project

You are invited to take part in a research study. The purpose of this consent form is to provide you with information to help you decide whether or not you want to participate. If you have any questions about the study, please ask.

Study Purpose. Researchers at Brown University are conducting a research study about non-medical prescription opioid (NMPO) use among young adults aged 18-29 in Rhode Island. The term “non-medical” refers to intentional use as not directed by a physician. Funding for this study is provided by a grant from the National Institute on Drug Abuse (NIDA). The purpose of this study is to learn more about NMPO use among young adults in Rhode Island.

Results of this study may be used to help researchers at the Brown University School of Public Health understand more about non-medical prescription opioid use among young adults in Rhode Island. It may also help organizations, healthcare providers, and others to develop better treatment programs and prevention strategies for people who use prescription painkillers non-medically.

Study Procedures. You are invited to participate in this study. Your participation in this study would involve completing a structured interview with one of our trained research interviewers. The interview will take up to 60 minutes to complete and in it we will ask you questions about yourself, your health, your job, and your experience with non-medical prescription opioids and other drugs. You must be 18-29 years old to participate.

Once you complete the interview you will also be given information on how to invite others to participate. You do not have to refer other individuals in order to take part in the study. Furthermore, your participation in this study is voluntary. You may choose not to answer certain questions and you may choose to withdraw from the study at any time.

You will receive $25.00 USD for your time and effort for participating in the study.
**Risks.** The risks to participating in this study are small. You may feel uncomfortable answering some of the questions. However, all of our staff members are professionals and under no circumstances will talk to other people about the things you have said. If you feel embarrassed, or would prefer not to answer a particular question, you have the right to refuse to answer. You also have the right to withdraw from the study at any time.

**Benefits.** There are no direct benefits to you from participating in this study. However, we hope that the information gained from this study will prove helpful in creating ways to lower the possibility of illness and death from non-medical prescription opioid use among young adults.

**Alternatives.** You do not have to participate in this study.

**Cost.** There will be no costs to you to participate in this study.

**Confidentiality.** Any information obtained during this study about you will remain confidential. You will be assigned a special identification number that will be used on all study forms in place of your name. Information that could identify you and the code connecting your name to your identification number will be stored separately by the investigators in a locked file cabinet. Research oversight committees may have access to the information you have provided in order to ensure adherence to institutional regulations and guidelines. Only in the case of an emergency involving endangerment to yourself or others will confidentiality be broken.

**Prescription Monitoring Program (PMP).** The Rhode Island Department of Health (HEALTH) maintains information on prescription records to better understand prescribing patterns in our state. Like your answers in this survey, the additional information in the PMP can help us create ways to lower the possibility of illness and death from non-medical prescription opioid use.

We would like to ask for your permission to add your PMP records to the information we collect in the survey, for example the types of prescriptions in your record, and number of refills. We will not access prescriber information (such as Doctors or Dentists) or pharmacy information. In order to access this information we would use your name and/or date of birth to access the PMP records on-site at HEALTH; those personal identifiers will be digitally encrypted for security, and then stripped from our data set to protect your confidentiality. All information is used strictly for statistical analysis — no one person can be identified from the research data. Your consent to access this information would end at the conclusion of this study, and will never be
shared with anyone outside of the research team. Your participation in the PMP record sharing is completely voluntary. You can refuse to participate in the PMP record sharing; your decision will not affect your ability to participate in the study. On page 4 you will be asked if you consent to PMP record sharing.

**Participation is Voluntary.** Your participation in this study is completely voluntary. You can refuse to participate, or withdraw from the study at any time and doing so will not involve a penalty or a loss of any benefits that you would otherwise be entitled. Also, your decision will not affect your medical care, now or in the future. Signing this form does not waive any of your legal rights.

**Questions.** At any point during this study, if you feel that you have not been adequately informed about the risks, benefits, or alternative procedures, or if you have any other questions you may contact the Brown University Research Protections Office at (401) 863-3050.

You may also contact the Principal Investigator or Project Coordinator with questions about the study or procedures:

Dr. Brandon Marshall (401) 863-6427 or Brandon_Marshall@brown.edu

Jesse Yedinak (401) 863-9770 or Jesse_Yedinak@brown.edu
CONSENT FOR INTERVIEW

I have discussed this study with ____________________________ to my satisfaction. I understand that my participation is voluntary and that I can withdraw from the study at any time. I have read the above and agree to enter this research study. Signing this form does not waive any of my legal rights.

I have been informed that if I believe that I have been hurt as a result of participating in this research study I may contact any of the people listed above, so that I can talk about the matter and identify the medical resources which may be available to me.

Please check ALL that you agree to.

_____ I agree to participate in a 60 minute structured interview about NMPO use.

_____ I give permission the RAPiDS research team to add information from the PMP records to the information in the survey.

_____ I agree to be re-contacted about possible future research studies.

Signatures:

__________________________________________  _____________________________
Name of Participant, printed                  Date

__________________________________________  _____________________________
Signature of Participant                         Date

______________________________  _____________________________
Interviewer                                                                         Date

If you have any questions about this research, please call:
Dr. Brandon Marshall at Brown University, (401) 863-6427.

To contact the Project Coordinator at the RAPiDS Study Hotline:
Jesse Yedinak (401) 863-9770 or Jesse_Yedinak@brown.edu.

If you have any questions about your rights as a participant, please call: