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**Determining the Feasibility and Acceptability of a Novel Stigma Resistance Text
Message Intervention for People who Use Drugs**

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13 **University of North Carolina-Chapel Hill Consent to Participate in Research**
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Study Title: Determining the Feasibility and Acceptability of a Novel Stigma
Resistance Text Message Intervention for People who Use
Drugs

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Sponsor: National Institute on Drug Abuse

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16
17 This is a consent form for research participation. It contains important information about this
18 study and what to expect if you decide to participate.

Concise Summary

22 You are being asked to take part in a research study. This study is sponsored by the National
23 Institute on Drug Abuse and is being carried out by investigators from the University of North
24 Carolina at Chapel Hill.

26 The purpose of this study is to understand whether a new program we have developed is
27 acceptable and appropriate for people who use drugs. The information we learn by doing this
28 study may help us improve services for people who use drugs in the future.

30 Participants in this study will be asked to complete a survey about stigma, hope, and self-
31 esteem that is expected to last about 1 hour. Participants will then enroll in a program in
32 which they receive automated text messages to their phone for 4 weeks. These text
33 messages contain information, positive affirmations, and suggestions for coping with difficult
34 feelings around one's drug use. Once per week (4 times total), participants will be able to
35 rate the effectiveness of these messages in a brief electronic survey. At the end of the 4-
36 week period, participants will be asked to complete another survey, also lasting about 1 hour.
37 This survey will ask the same questions, along with participants' opinions of the program.
38 Some participants may also be asked to participate in a telephone interview to discuss their
39 opinions of the program in more detail. Participants may choose not to answer any survey or
40 interview questions or to withdraw their consent to be in the study at any time, for any
41 reason, without penalty. Deciding not to be in the study or leaving the study before it is done
42 will not affect participants' relationship with the researcher, the University of North Carolina-
43 Chapel Hill, or any harm reduction or treatment organizations that they use.

45 While some participants may feel benefits from this program, like improved self-esteem,
46 there may be no direct benefits to participants for participating in this study. There may also
47 be risks associated with participating, such as feeling embarrassed or emotionally distressed.
48 There is also a small risk of breach of confidentiality.

49
50 Details about this study are discussed below. Please consider the information carefully and
51 remember that your decision to participate is voluntary. Feel free to ask questions before
52 making your decision whether or not to participate. If you decide to participate, you will be
53 asked to sign this form and will receive a copy of the form.

54
55 **What is the purpose of this study?** As you may know, people who use drugs are
56 sometimes judged or treated unfairly for their drug use. Our research team is interested in
57 developing programs to help people who use drugs deal with judgment and unfair treatment.
58 The purpose of the overall study is to gain a better understanding of whether a new
59 automated text messaging program is acceptable and appropriate for people who use drugs.
60 In order to inform overall study goals, we are asking people who use drugs to participate in a
61 trial of this program and share their experiences with and opinions of the program. You are
62 being asked to participate because you told us you've recently used drugs and have a cell
63 phone that can receive text messages.

64
65 **How many people will take part in this study?** Approximately 30 people who use drugs
66 will take part in this study. Up to 12 of these participants may be asked to participate in a
67 follow-up telephone interview.

68
69 **Are there any reasons you should not be in this study?** You should not be in this study if
70 you have not used drugs in the last 30 days, if you do not currently reside in Scioto County, if
71 you are younger than 18 years of age, if you are currently incarcerated, or if you plan to
72 move out of the area in the next month. If you are unable or unwilling to provide locator
73 information (a family member or friend we can contact in case we cannot reach you), you
74 should also not participate in this study.

75
76 **How long will your part in this study last?** If you agree to participate, then you will be in
77 the research for up to one month overall.

78
79 **What will happen if you take part in the study?** If you agree to participate in this study,
80 you will be asked to sign this consent form. Your participation will include 2 study visits – a
81 baseline visit and a follow-up visit. You will also be asked to complete one brief survey per
82 week on your phone (4 surveys total) about your opinions of the program's text messages.
83 You may also be asked to participate in a telephone interview after your follow-up visit.
84 These procedures are described below.

85
86 **Baseline visit.** Your first study visit will be your baseline visit. During the baseline visit, you
87 will take a baseline survey about stigma (in other words, your feelings and experiences of
88 judgment and discrimination), hope, and self-esteem. This survey will take about 1 hour to
89 complete. You will take this survey at your own pace on a study computer. After the survey,
90 you will be provided a brief orientation to the program, including setting up your cell phone to
91 receive the text messages, securing your phone so others don't accidentally read these
92 messages, and introducing you to the program in more detail.

93
94 **Text message program.** Starting the day after the baseline visit, you will begin to receive 2
95 text messages a day for a total of 4 weeks, one in the morning and one in the evening.
96 These text messages contain information, positive affirmations, and suggestions for coping

97 with difficult feelings around one's drug use. These messages will be sent to you
98 automatically, and any responses you provide will not be monitored.
99

100 Phone-based opinion survey. Once per week during the program, you will receive a link to a
101 survey you can complete on your phone. The survey will ask you to rate the previous week's
102 text messages on how effective you thought they were. You will receive 4 of these surveys
103 during the program.

104
105 Follow-up visit. You will be recontacted a few days before the end of the program to schedule
106 your in-person follow-up visit. During the follow-up visit, you will complete a survey about
107 stigma, hope, and self-esteem as you did at your baseline visit. The survey will also include
108 questions about your thoughts and opinions of the program. This survey will take about 1
109 hour to complete. You will take this survey at your own pace on a study computer.
110

111 Telephone interview. Up to 12 participants may be asked to participate in a follow-up
112 telephone interview, which will take place within the 2 weeks following their follow-up visit.
113 The purpose of the interview is to understand participants' thoughts and opinions of the
114 program in more detail. The interview will be audio recorded, and notes may also be taken in
115 a notebook. The interview is expected to last 30 minutes on average. **Please indicate at the**
116 **end of this consent form whether you agree or not to be considered to take part in the**
117 **telephone interview.**
118

119 For all study procedures. During all surveys and interviews, you may choose not to answer
120 any question for any reason. You may also choose to pause or end any survey or interview
121 at any time. If you decide to stop participating in the study, there will be no penalty to you,
122 and you will not lose any benefits to which you are otherwise entitled. Your decision will **not**
123 **affect** your future relationship with the University of North Carolina-Chapel Hill or any harm
124 reduction or treatment programs you may participate in.
125

126 **What are the possible benefits from being in the study?** Research is designed to benefit
127 society by gaining new knowledge. You may benefit from participating in the text message
128 program by improving your knowledge and skills to cope with stigma. You will not receive
129 any direct benefit from completing the surveys and interview. However, your data may help
130 researcher design more effective programs to help others in the future.
131

132 **What are the possible risks or discomforts involved from being in this study?** There is
133 a small risk that questions asked during the surveys and interview, such as about drug use
134 and experiences with discrimination or unfair treatment, could cause some people to become
135 upset or uncomfortable. However, you do not have to answer any questions that you do not
136 want to and can stop the surveys or interview at any time.
137

138 There is also a small risk of possible breach of confidentiality, which could reveal information
139 you share about illegal activities like illicit drug use. However, the research staff will take
140 precautions to prevent this from happening.
141

- 142 • We will keep your information private by storing it on a password-protected server at
143 UNC-Chapel Hill.
- 144 • Your name and other identifying information will not be linked to your survey
145 responses.

146 • If you are selected to participate in the telephone interview, we will delete your name
147 and other identifying information from the interview transcript.
148 • We will never identify you in any report or publication.
149

150 There may be uncommon or previously unknown risks. You should report any problems to
151 the researcher listed on this form or to our study staff.
152

153 **What if we learn about new findings or information during the study?** There may be
154 new information learned during the course of the study that may affect your willingness to
155 continue participating. If we learn about findings that might impact your willingness to
156 participate, we will share these findings with you.
157

158 **How will information about you be protected?** Every effort will be made to keep your
159 study-related information confidential. There may be circumstances where information about
160 your participation must be released, for example, if required by law. For instance, under Ohio
161 law, confidentiality does not extend to information about abuse or neglect of a child or
162 disabled adult. If the researchers become aware of such information, they are required to
163 report it to state authorities. Your records may also be reviewed by:
164

165 • The University of North Carolina Institutional Review Board;
166 • The Office for Human Research Protections or other federal, state, or international
167 regulatory agencies; and
168 • The sponsor supporting the study, their agents, or study monitors.
169

170 All study procedures will be administered by trained study staff in a private room. If names
171 and identifying information (like phone numbers) are collected, a logbook will be used to link
172 a participant's identifying information with a study identification number (PID); personal
173 identifiers will never be stored with the data set. The logbook will be kept in a locked cabinet,
174 separate from other study file cabinets, in a locked project office room; an electronic copy will
175 be saved to a secure server on a password-protected, encrypted computer. All data, notes,
176 and audio-recordings will also be kept on the secure server. Access to the locked files and
177 passwords will only be given to trained members of the research team. The logbook will be
178 destroyed and the electronic copy deleted 4 weeks after the end of data collection. For
179 telephone interview participants, audio recordings will be uploaded to the secure server
180 within 24 hours of the interview then immediately deleted from the recording device. Within
181 one week, the audio will be transcribed to text, identifiers will be removed, and the audio file
182 will be immediately and permanently deleted from the server.
183

184 You will not be identified, and no information will be used that would make it possible for
185 anyone to identify you in any presentation or written report about this study. We may use de-
186 identified data from this study in future research without additional consent.
187

188 Although every effort will be made to keep research records private, there may be times
189 when federal or state law requires the disclosure of such records, including personal
190 information. This is very unlikely, but if disclosure is ever required, UNC-Chapel Hill will take
191 steps allowable by law to protect the privacy of personal information. In some cases, your
192 information in this research study could be reviewed by representatives of the University,
193 research sponsors, or government agencies (for example, the FDA) for purposes such as
194 quality control or safety.

195
196 A description of this clinical trial will be available on <http://www.ClinicalTrials.gov>, as required
197 by U.S. Law. This website will not include information that can identify you. At most, the
198 website will include a summary of the results. You can search this website at any time.
199

200 **Certificate of Confidentiality.** This research is covered by a Certificate of Confidentiality. With
201 this Certificate, the researchers may not disclose or use information, documents or
202 biospecimens that may identify you in any federal, state, or local civil, criminal,
203 administrative, legislative, or other proceedings in the United States, for example, if there is a
204 court subpoena, unless you have consented for this use.
205

206 The Certificate cannot be used to refuse a request for information from personnel of a federal
207 or state agency that is sponsoring the study for auditing or evaluation purposes or for
208 information that must be disclosed in order to meet the requirements of the federal Food and
209 Drug Administration (FDA).
210

211 The Certificate of Confidentiality will not be used to prevent disclosure as required by federal,
212 state, or local law, such as mandatory reporting requirements for child abuse or neglect,
213 disabled adult abuse or neglect, communicable diseases, injuries caused by suspected
214 criminal violence, cancer diagnosis or benign brain or central nervous system tumors or other
215 mandatory reporting requirement under applicable law. The Certificate of Confidentiality will
216 not be used if disclosure is for other scientific research, as allowed by federal regulations
217 protecting research subjects or for any purpose you have consented to in this informed
218 consent document.
219

220 You should understand that a Certificate of Confidentiality does not prevent you from
221 voluntarily releasing information about yourself or your involvement in this research. If an
222 insurer, employer, or other person obtains your written consent to receive research
223 information, then the researchers may not use the Certificate to withhold that information.
224

225 **What if you want to stop before your part in the study is complete?** You can withdraw
226 from this study at any time, without penalty. The investigators also have the right to stop your
227 participation at any time. If you withdraw or are withdrawn from the interview, all data
228 collected up until the point of withdrawal will be retained, however no additional information
229 will be collected unless you provide additional written permission for further data collection at
230 the time of your withdrawal. You may be removed from the study without your consent if the
231 study is stopped or cancelled, or if you are not able to attend study visits or complete study
232 procedures.
233

234 **Will you receive anything for being in the study?** You will receive a \$30 gift card at the
235 end of each study visit. If you are selected to participate in the telephone interview, you will
236 receive an additional \$15 gift card.
237

238 **Will it cost you anything to be in the study?** There are no costs to you for participating.
239

240 **Who is sponsoring this study?** This research is funded by the National Institute on Drug
241 Abuse. This means that the research team is being paid by the sponsor for doing the study.
242 The researchers do not, however, have a direct financial interest with the sponsor or in the
243 final results of the study.

244
245 **What if you have questions about this study?** You have the right to ask, and have
246 answered, any questions you may have about this research. If you have questions about the
247 study (including payments), complaints, concerns, or if a research-related injury occurs, you
248 should contact the researchers listed on the first page of this form.

249
250 **What if you have questions about your rights as a research participant?** All research on
251 human volunteers is reviewed by a committee that works to protect your rights and welfare.
252 If you have questions or concerns about your rights as a research subject, or if you would
253 like to obtain information or offer input, you may contact the Institutional Review Board at
254 **919-966-3113** or by email to **IRB_subjects@unc.edu**.

255
256 **Signing the consent form**

257
258 I have read (or someone has read to me) this form and I am aware that I am being asked to
259 participate in a research study. I have had the opportunity to ask questions and have had
260 them answered to my satisfaction. I understand the information and I voluntarily agree to
261 participate in this study. I know the interview will be audio recorded.

262
263 I am not giving up any legal rights by signing this form. I will be given a copy of this form.
264

Printed name of subject

Signature of subject

AM/PM

Date and time

265
266 Please indicate below by writing your initials if you agree or not to take part in the follow-up
267 telephone interview, if selected.

268
269 I agree _____

270
271 I do not agree _____

272
273 **Investigator/Research Staff**

274
275 I have explained the research to the participant or his/her representative before requesting
276 the signature(s) above. There are no blanks in this document. A copy of this form has been
277 given to the participant or his/her representative.

Printed name of person obtaining
consent

Signature of person obtaining consent

AM/PM

Date and time