Pharmacy Sterile Syringe Survey Instrument

Hi
Introduction:
If the someone other than a pharmacist answers: Hi, my name's [blank] and I'm a research assistant at [institution]. I was wondering if I could speak to the pharmacist to ask them a few questions for my study.
Pharmacist answers:
If the pharmacist answers: Hi, my name's [blank], and I'm a research assistant. Researchers at [institutions] are conducting a brief survey on access to buprenorphine, naloxone and sterile syringes in Georgia pharmacies. I was wondering if you had a couple minutes to answer a few questions for our study today.

If yes: Great! First I have to obtain your consent. This will take about a minute. I have to read off a script really quick so bear with me. We would like to tell you everything you need to know before you decide to participate. It is entirely your choice. You can change your mind later on and withdraw from the study. The purpose of this research study is to examine buprenorphine, naloxone and sterile syringe access in Georgia pharmacies. It will take less than 10 minutes. You may choose not to respond to questions that you feel uncomfortable answering and you may request that your responses not be used if you decide to withdraw from the study.

It is possible there could be risks of loss of privacy or breach of confidentiality during survey collection. However, responses will be aggregated prior to publication or presentation to protect anonymity. Your personal information and facts will not appear when we present this study or publish its results. This study does not benefit you directly and you will not be paid. We will disclose your information when required to do so by law in the case of reporting child abuse or elder abuse, in addition to subpoenas or court orders. [Institution] will keep any research records we create private to the extent we are required to do so by law.

If you have questions about your rights as a research participant, complaints about the research or an issue you would rather discuss with someone outside the research team, contact the [institution] Institutional Review Board. I can give you their information upon request:

Do you have any questions about anything I just said?

If you consent to participate, please give me your first and last name. I have to document your name just for the purpose of this consent, but it will be kept separately from your survey responses.

If denied consent: Ok, thank you for letting me know. May I ask why you decided to not participate? Thank you for your time, have a good day!

If consent granted: Thank you. I'll start now.

[Questions asked pertaining to buprenorphine and naloxone stocking omitted]

1. Does your pharmacy currently sell syringes without a prescription to patients without a specified medical purpose? What we are trying to capture is whether or not people with IV drug use are able to access syringes at your pharmacy. (Y/N)

If "No" to #1:

2. I'm going to list reasons as to why a pharmacy may not stock sterile syringes to patients without a specified medical purpose, please respond yes or no to the following if you believe it is a reason why syringes are not stocked in your pharmacy... –
    a. Security concerns (Y/N)
    b. Not enough demand (Y/N)
    c. Concerns of alienating other patients/customers (Y/N)
    d. Corporate policy (if applicable) (Y/N)
    e. Concerns that syringes encourages drug use (Y/N)
    f. DEA intrusion or oversight (Y/N)
    g. Resistance from pharmacy or pharmacy staff (Y/N)

3. Are there any other reasons for why your pharmacy does not stock sterile syringes? (can you me a little more about these other reasons)

4. Are you familiar with the 2019 state law (HB 217) that now allows pharmacies to legally provide sterile syringes? (Y/N)

5. Do you have future plans to sell sterile syringes? (Y/N)

If "Yes" to #1:

6. When a patient purchases syringes (without a prescription), how often do you provide information about the risk of drug overdose? Select from the following: Always, Often, Sometimes, Seldom, Never

7. When a patient purchases syringes (without a prescription), how often do you provide information about the use of naloxone as an overdose rescue drug? Select from the following: Always, Often, Sometimes, Seldom, Never

For all:

8. Which of the following best describes this pharmacy?
    a. Independent/privately owned
    b. Chain
    c. Independently owned franchise
    d. Hospital-affiliated pharmacy
    e. Other
    f. Don’t know
    g. Prefer not to answer
    h. Other: *Specify*

9. What is your position at this pharmacy?
    a. Owner (pharmacist)
    b. Managing or supervising pharmacist
    c. Staff pharmacist
    d. Owner (non-pharmacist)
    e. Technician/clerk
    f. Don’t know
    g. Prefer not to answer
    h. Other: *Specify*

10. How would you best describe the racial or ethnic identity of the majority of your patients at this pharmacy? (if they can't decide, get top 1-3 ethnicities served at the pharmacy)
    a. African American or Black
    b. White
    c. Hispanic or Latino/a
    d. Asian or Pacific Islander
    e. South Asian, Indian, or Pakistani
    f. Middle Eastern
    g. Native American
    h. Other
    i. Prefer not to answer
    j. Other: *Specify*

11. How many years have you been working as a pharmacist?
    a. 0-5 years
    b. 6-10 years
    c. 11-15 years
    d. 16-20 years
    e. 21+ years

12. How old are you?

a. 18-25
b. 26-34
c. 35-49
d. 50-64
e. 65+

13. What is your identified gender?
    a. Male
    b. Female
    c. Transgender/Transsexual
    d. Not listed
    e. Prefer not to answer

14. How would you best describe your racial or ethnic identity?
    a. African American or Black
    b. White
    c. Hispanic or Latino/a
    d. Asian or Pacific Islander
    e. South Asian, Indian, or Pakistani
    f. Middle Eastern
    g. Native American
    h. Other
    i. Prefer not to answer
    j. Other: *Specify*

15. Would you be willing to participate in a 30 minute interview for $100 conducted by senior researchers? It will be taking place in the next few months.
    a. *If yes:* I'll be calling in February to schedule a time for when [redacted] can reach you.
    b. *If no:* Ok, thank you for participating.