ehra

eurasian harm reduction association

METHODOLOGY

Assessment of client satisfaction with OST services

Stages of the study and recommendations for their implementation in practice

Stages of the study

The study had the following stages:

1. Discussing and coordinating the design of the study, writing the protocol of the study and submitting the protocol to the Ethics Review Board.
2. Discussing the results of the qualitative component, developing a tool to conduct the survey, incorporating amendments to the study protocol (as required), making changes to the protocol of the study and submitting the protocol to the Ethics Review Board.
3. Providing training for interviewers on the basic issues of research ethics related to the recruitment of study respondents and data collection.
4. Identifying private OMT sites at the field phase of the study.
5. Undertaking interim data extraction during the field data collection phase to share data for mutual discussion, make adjustments to the data collection process, develop further data collection strategy and provide additional training for interviewers (as required).
6. Analysing results.
7. Discussing study results.
8. Presenting study results.

Study design and protocol

The research design of this project was initially discussed by a team of researchers and the study stakeholder (the Eurasian Harm Reduction Association, or EHRA). Since research tools (Appendices 2,3,6) are now readily available, discussions around future projects in other countries could take place at the community level with the invited researcher (or researchers). It is important to understand the specifics of using these tools, as researchers have to follow the established set of steps while conducting a study.

Research in this field addresses sensitive issues, and its participants belong to marginalized groups. The study design, interview guides and informed voluntary consent form all should be specified in the study protocol and reviewed by the relevant ethics committee (the Ethics Review Board). With regard to the tool for measuring satisfaction with opioid maintenance therapy (OMT) services, it has both permanent components and parts that can vary from country to country, depending on the study context (Appendix 6).

The roles and responsibilities of participating parties should be differentiated when the study design is discussed by the community and the external researchers or consultants. It is worth noting that the community and the research team may not necessarily share the same views and opinions on all issues. Accordingly, the community may have knowledge of what is going on in the field, while the researchers or consultants offer their own expertise based on research experience, previous work conducted in the field or experience with the topic of study. The researchers will prepare a study protocol that includes a review of previously conducted scientific research on the country background and context; they also will explore how this country context corresponds with the study topic and existing tool, thus advancing arguments to support their views.

For conducting this study we suggest a mixed–method approach, so it is important that the researchers have a good grasp of both qualitative and quantitative methods. They should also have

experience analysing both types of data. It is important to understand that all major agreements between researchers, the community and its members will be made during the writing, approval and amendment of the protocol. We want to encourage communities and their members to engage actively in the work at these particular stages; doing so will allow them to provide feedback and comments, reflect on the proposal and make suggestions. Further adjustment may take place at later stages (as discussed below), but major edits and revisions to the design of the study can only be made at the initial writing, approval and amendment stage.

We have provided the guide that we developed for semi-structured interviews (Appendices 2, 3), but we understand that the contents of this tool will vary depending on the specific focus and issues of OMT programmes. For that reason, we encourage the researcher and the community to discuss additional, context-specific questions that should be asked during interviews with respondents. We suggest conducting at least eight interviews, but the exact number will be determined during the course of the study. To some extent, data saturation is reached depending on the experience of the researchers, particularly their familiarity with the scope of issues related to drug use and OMT programmes.

It is important to ensure that at least two recruiters are involved in the recruitment of survey participants, even when performing only small amounts of qualitative research. This will help to avoid serious bias, which may occur if all recruitment is done by a single recruiter (whose views on participant selection can critically affect the presentation of the group as a whole). Such bias can also result in the presence of questions in the quantitative part of the study that are irrelevant to a wide group of respondents.

Approval of our study was provided by the Ethics Review Board of the Ukrainian Institute on Public Health Policy. This should make it possible to conduct a similar study in other countries. It is the responsibility of the researcher and community to submit their country-based components for the approval of the Ethics Review Board, including appropriate changes and amendments to the rationale section, interview guides and questionnaires. In accordance with the established set of steps, changes and amendments to the protocol can be submitted during two separate steps: in the first, the main protocol and the interview guide can be amended; in the second, only minimal revisions can be made to the main text of the research protocol, but the questionnaire should be amended with new blocks of survey questions.

It is important to discuss the outcomes of the qualitative component with the community. This will ensure they are actively involved in the development of further updates for the quantitative portion of the study. Community members and future interviewers also can test the questionnaire with their peers during this discussion to see whether the questions are clear and easy-to-understand, and how long it would take to complete the questionnaire. At this stage, it is also advisable to discuss and determine the sampling strategies and to collect data on various OMT sites and methods of dispensing medication.

Collecting the data

Prior to the field phase of our study, we applied to Vanderbilt University in the United States for support for our research through the use of their licensed REDCap data collection platform, which has been developed by university experts. REDCap is a secure web application for building and managing online surveys and databases.

In order to have a working tool that allows users to fill in a questionnaire, you need to assign a code to the questionnaire via the platform and to access it from the connected tablet. You may need some technical assistance from someone skilled in computer programming for this phase.

We also recommend that data are collected using cloud- or web-based platforms, which requires additional material and professional resources that should be taken into account at the budget development stage. For instance, the average cost of renting a website platform might be 30 USD per month, while the cost of professional services (a specialist to help you connect your tablet to the platform) varies from country to country.

We also strongly recommend that you ensure Internet access as the tablet should be connected to the Internet while the study is completed, which allows you to control the quality of the data that you receive in real-time. This may require an allocated budget for mobile or wireless data. Adherence to the proposed set steps is important to protect the data you collect.

When administering the survey, the interviewer will first read out the text of the informed voluntary consent statement to the potential survey respondent (or have the respondent read the printed statement on their own). They will then assign a respondent code and have this code recorded in the questionnaire form on the tablet. Next, they will provide the tablet to the respondent to fill in the questionnaire; when the respondent is finished, the interviewer will check and confirm the full completion of the survey by clicking the "Submit" button.

Other things to consider include the following:

- Use the built-in timers in the software to measure how long it takes to complete the survey (i.e., the time required to fill in the questionnaire from the first question to the last one).
- Ensure that respondents fully complete the questionnaire. After the respondent finishes answering the questions, the interviewer must check the questionnaire to ensure that all of the questions have been answered before using the "Submit" button.

It is critical to plan for the award of additional survey certificates. As stated in the informed voluntary consent form, these certificates are provided to every respondent who takes part in the survey as compensation for their time and effort, and they are provided even if the survey is interrupted and the questionnaire cannot be completed for any reason. This includes causes beyond the control of participants and researchers (e.g., communication failure) or those that are intentional (e.g., time constraints). As such, you are likely to award more certificates than you receive completed questionnaires.

Training interviewers

After setting up your tablets, continue to the next stage of the training for the interviewers. At this point, it is important not only to discuss research ethics and how to interact with respondents, but also to have interviewers practice the approved procedure to ensure they learn it well and can follow it without unauthorized changes. This is crucial, because people tend to adapt their job routines in their own way according to their views, but this can introduce uncontrollable changes into a study that affect the quality of the data. For this reason, it is important to demonstrate how the interviewers should start communicating with the respondent, what terms and wording should be avoided, how they should inform the respondent about the subject of the study, and why it is crucial that they secure the informed and voluntary participation of the respondent. It is also necessary to speak with interviewers about the importance of not influencing the data collected via the questionnaire: they should avoid providing an explanation to respondents about the purpose of questions or advising them how to answer particular questions.

In our study, we had a team of four interviewers who recruited participants. This team consisted of two female interviewers and two male interviewers from four different organizations working

in the field of advocacy and the prevention of HIV and other diseases among people who inject drugs. We consider the composition of this team to have been a major asset for our project: having four individuals with different backgrounds from different organisations helped prevent possible bias in the recruitment process, which may occur if (for instance) all project members are from a single organization and share goals and a vision. It is important to gather information about as many different sites as possible (in our case, OMT sites and facilities), and to involve the recruiters and interviewers in this process.

The field data collection phase

It is important to understand some specifics of fieldwork. In the beginning, when interviewers are still learning and trying to find the most convenient formats for interacting with respondents and the most effective communication strategies, project performance will not be very high. By the time the middle of the field phase is reached, however, skills have already been developed and performance will increase. It will fall again by the end of the study: when the easiest sampling options have been used, more effort is required for interviewers to find eligible respondents who meet certain criteria.

It is also important to plan accordingly in order to have enough time for the field stage of your study. If you start rushing your interviewers through this stage, the quality of the data you get can deteriorate dramatically.

As mentioned earlier, an online data collection tool helps control the work of interviewers and allows timely corrections if collected data are dramatically different from what is expected. It is also import to go repeatedly through key points with interviewers. For example, how should they invite respondents to participate in the study? How should they offer a certificate for participation in the study? If interviewers choose to do these things in their own way rather than according to the outlined procedure, it can cause data distortion, skewing the results. Within the field stage of our project, for instance, we held seven meetings with our interviewers over two months in order to address issues that arose.

The context of the work will be subject to change. If a significant change occurs during the study, you will need to make a joint decision (all parties involved in the research) on how to proceed. In our case, one of the large funded OMT sites decided to transfer study participants from self-administered therapy by prescription back to directly observed therapy with daily pick-ups. As a result, sampling for the required quotas became more complicated, which posed an additional challenge for the interviewers. Ultimately, the sampling quotas were filled by involving eligible people from other sites within the region, but this required the interviewers to travel extensively throughout the region, which was beyond the initially agreed budget and time frame.

During the field phase, you will need to adhere to variability as a key concept of data collection. For instance, it is important that interviewers change their work sites in order to collect data from various locations. This helps avoid data distortion and ensures that the quality of collected data corresponds to the parameters set out in the study protocol. It also is important to ensure that each interviewer visits a variety of sites to collect data rather than collecting all data from a single large site.

Other recommendations for this phase include the following:

- We found that interviewers were quite uncomfortable to demonstrate how they approached a potential respondent to establish contact. It is possible that they would be more at ease if they were asked to practice the task many times in a friendlier environment.

- Poor internet connection (to mobile networks) at the sites was a major problem. We advised our interviewers to arrive early to check the quality of the connection so that they could plan their work accordingly.
- It is recommended that interviewers keep a safe distance from the facility while interviewing people for confidentiality reasons (i.e., to avoid undesirable attention from health-care personnel and to prevent any negative outcomes for the project).

At some point, we noticed that all interviewers had sharply increased rates of completed questionnaires. We held a special meeting with interviewers to discuss the issue, and while the reason for the increase is still unknown, questionnaire rates went back to normal after the meeting.

It was expected that asking interviewers to avoid putting pressure on respondents will help ensure influence-free communication during the survey. In practice, however, these expectations turned out to be rather unrealistic. Instead, the more relevant issue is the kind of influence that the interviewer has on the respondent. In our view, the interviewer—who comes from the same community as the respondent—can contribute to the wider involvement of respondents in community mobilization activities, even beyond the study itself. In this case, the interviewer also serves as a representative of the community, and relations between community activists and peers who are participating in OMT programmes can be influenced by the performance of the interviewers, and their confidence and attentiveness during the interview.

Finally, we strongly recommend allowing extra time for analysing the data and writing the report. In particular, we would recommend having at least two months allocated to these tasks: our experience suggests that you should anticipate spending twice as much time on this stage as you did on collecting the field data.

Concluding study recommendations

We would like to emphasize the importance of a flexible approach to the research process. In order to be flexible, however, one needs to plan accordingly from the beginning. Rushing things will result in poorer research and outcomes. As the study process typically involves multiple parties, the sequence of actions are inter-related. As such, all stakeholders who are responsible for a particular task need to have sufficient time to complete it.

Guide for conducting semi-structured interviews with patients on opioid maintenance therapy

Please tell me about yourself, about your family, what you do, where you work, about your drug use background....

Needs and expectations related to treatment

Please tell me how you started taking opioid maintenance therapy (OMT).

- What was going on in your life at that moment?
- How did you learn about OMT?
- Did you have any previous experience of non-medical use of medicines/OMT medicine (i.e., prior to initiating your OMT programme).

Did you have any experience of drug addiction treatment prior to the initiation of your OMT programme? If yes, please tell me about this experience.

- What was it like?
- What were your expectations regarding participation in OMT programmes?
- Did you have any additional treatment needs besides OMT?

Please tell me more about the process of your OMT initiation.

- Did you have someone who helped you get started on OMT (e.g., relatives, friends, acquaintances, social workers or health workers)?
- What were your first impressions of OMT, and what were the first challenges you encountered?
- Has there been anything else (good or bad) in your life that happened unexpectedly during treatment for you?

What was the attitude of your family members or relatives to initiating OMT?

- Were they supportive or did they try to dissuade you?
- Did you have particular expectations about employment opportunities, getting education/new qualifications, etc.?

Interactions with opioid maintenance site personnel and other patients

Please tell me more about how you take your OMT medication.

- How is this process organized?
- How do you get to the OMT site?
- How do you communicate with other people at the OMT site (e.g., doctors, social workers and other patients)?
- How do you spend your time after taking OMT medication?
- How would you ***like*** to spend time after taking your OMT medication?

Please tell me more about your interactions with nurses, doctors and social workers at the OMT site.

- Do you receive any services in addition to OMT at your treatment site?
    - If you have had any additional questions or requests for the site personnel/non-staff social workers, please tell me more about this.
- Have you heard about other patients seeking additional services at the OMT site?

    - If yes, what kind of services were they seeking? How did personnel respond to their requests?

Please explain you understanding of the process of OMT.

- Have you been told how this treatment process works, and about treatment prospects and programme completion time?
- Have you been told about the available options to discontinue therapy of your own accord and seek referral to other programmes? What do you know about them?

Satisfaction/failure to satisfy the needs of patients on opioid maintenance therapy in the course of treatment

Please tell me how your dosing regimen was selected.

- Do you think your dosing regimen is satisfactory (both in the past and currently)?
- Did you want to change your medicine or medication delivery format? Have you approached your treatment site personnel with such requests?
    - If yes, please provide more details.
- If your request was satisfied, how could you explain this? If it didn't work out, why?
- How did you solve this issue while acting on your own?
- How do other patients solve similar issues?

Please tell me how patient behaviour is monitored at the OMT site, and how difficult or easy it is for you and other patients to comply with the existing rules.

- Please explain why.
- Have you had any experience of breaking these rules? Please provide details.
- Is there a standardized list of rules?
- Is there a set of informal rules?
- From your point of view, do on-site personnel violate any rules?
- Did you have an opportunity to seek external support to solve your issues at the OMT site? Please provide details.

Participation/refusal to participate in particular opioid maintenance therapy programmes

Please tell me about your experience with discontinued treatment/OMT services.

- Was it your own decision or a decision made by on-site personnel? Please describe how it happened.
- Please tell me what happened next: did you resume using street drugs, did you go into remission, did you undergo rehabilitation, or did you resume OMT again?
- Do you think your experience of discontinuing therapy was unique, or do lots of people face similar challenges?

Changing expectations/needs/perceptions pertaining to participation in opioid maintenance therapy programmes over time

As a whole, how would you describe your participation in the OMT programme relative to your initial expectations?

- Have you been able to satisfy the needs you've had prior to OMT initiation?
    - Which needs have been (or have not been) satisfied?
- Do you have new needs?
- Do you think it is the same for other patients, or is it different?
    - What is the difference, if there is one?

- What would you like to change in the programme? What additional services would you add for yourself and for other patients?
- Would you recommend OMT or advise your friends/close contacts/relatives who use opiates/opioids to get involved in OMT? Why?
    - Who would you advise to get involved with it?
    - Who you would advise *not* to do it?

Guide for conducting semi-structured interviews with experts

Overview

- Please tell me what you do and where you work.
- What is is your work experience with people who use drugs?

Patient needs and expectations related to treatment

How would you describe people who seek OMT service(s)?

- What can you say about where they are in their lives when they come to the programme?
- How do they learn about the programme?
- What motivation(s) do they have?
- How do their relatives and close contacts participate in this process?
- How do referrals work to refer people from other programmes to OMT?
- Do you think this process works well or poorly?

What kind of expectations and needs do you think patients have prior to the initiation of the OMT programme?

- To what extent do you think that these expectations are well-grounded?
- What needs can be satisfied by participation in OMT programmes?

The process of opioid maintenance therapy initiation and treatment

Please tell me more about the process of initiating OMT.

- What kind of challenges do patients encounter most often?
    - How can this be changed?
- How is the dosing regimen selected at your OMT site and at other sites?
    - How is the dosage changed or adjusted over time?
- What are the rules of conduct at the OMT site? How are these are explained to patients?
    - From your point of view, how hard or easy is it for patients to abide by these rules?

Please explain the process of OMT.

- What are the treatment prospects and programme completion time?
- What options are available to discontinue therapy of one's own accord, and/or to refer patients to other programmes?
- Which organizations/programmes do you work with?
- Do you think it [treatment] could be changed or improved? What would it take to do this?

Please tell me how you interact with patients and other people who are interested/involved in treatment (relatives, close contacts, social workers, clinicians, etc.).

- What kind of questions/requests do you receive from them?
- How do you manage (if you do) to solve the ongoing issues of patients?

Patient satisfaction with opioid maintenance therapy programmes

- How helpful do you think the OMT programme is in meeting the needs of patients?
- What needs can and cannot be satisfied by participation in OMT programmes?
- Do you think the range of services offered currently by OMT programmes is sufficient?
    - What would you like to add, remove or modify?

The informed consent form for the qualitative part of the study

We invite you to take part in a study conducted to examine client satisfaction with provided services among clients of opioid maintenance therapy (OMT) programmes. The study is commissioned by the Eurasian Harm Reduction Association (EHRA) and conducted by the non-governmental organization Centre for Support, Research and Development.

This study has two parts. The first part involves semi-structured interviews, which will be used to develop a tailored questionnaire. The second part uses that questionnaire to conduct a survey among people receiving OMT services (part two).

This study is carried out in Kyiv and the Kyiv Oblast region. You will be asked to participate in a semi-structured interview that will take up to 90 minutes.

To make an informed decision about whether or not to participate in this study, you you need to know the implications. We will explain to you the possible risks and benefits of your participation. This will help you decide whether you are willing to be a part of the study. You will be provided with detailed information about the study, and interviewers will answer all questions that may arise. Then you will be able to make a decision regarding your participation in the study. To confirm your willingness to participate in the study, you will be asked to say it out loud in order to have it audiotaped. You will be given a copy of this informed consent form countersigned by your interviewer.

Your conversation during this interview will be audiotaped. Transcripts of the interview will be made by our transcribers using this audio recording. These transcripts will not contain any personal information that could identify you. All collected hard copy forms will be kept in the office of the Centre for Support, Research and Development for at least three months after study completion until the data are entered into a digital form and the analysis is completed. A backup copy of the study databases, interview audio files and transcripts will be stored on secure web servers hosted by the Centre for Support, Research and Development, which are inaccessible to external users.

Remuneration

You will receive a reimbursement of 200 UAH as compensation for your time and travel expenses. The remuneration is given upon the completion of the interview. If the interview is interrupted by either party, the remuneration will be given in full anyway.

Rights of study participants

Your participation in this study does not affect any of your rights. You will be able to ask the research team any questions you might have and receive answers. By signing the consent form, you agree that you have received information about the study and that you are willing to participate in it. You will be provided with a copy of the form, countersigned by you and me (the interviewer).

This study has been reviewed by the Ethical Review Board of the Ukrainian Institute on Public Health Policy to make sure that your rights as a research participant are secured. Should you have any questions or concerns about your rights as a survey participant, please contact the Ethical Review Board of the Ukrainian Institute on Public Health Policy (anonymously) at _____ [phone number], or contact Senior Researcher, Mrs. Olexandra Dmitrieva, by phone:_____ [phone number].

Voluntary participation/right to withdraw from the study

Your participation in this study is completely voluntary. You will be able to discontinue your participation in the study at any stage of the interview. Your informed consent to participate in the

study is without prejudice to any of your legal rights. If you decline to participate, all forms that have already been completed will not be used.

Risks

Research of this kind may entail possible risks to your anonymity and confidentiality. Besides that, risk of psychological harm may be associated with participation in research such as this study, which covers sensitive topics of drug use and health-seeking behaviour, including access to OMT and other health services. Details onthe steps taken by the research team to maintain your confidentiality and minimize any inconveniences that may be caused by the participation in this study are listed below.

Confidentiality

We will take all possible care to ensure that your personal data are protected. The research team will maintain the confidentiality of your personal data and information. Any published reports or other publications using information obtained from this study will not include your name or any other data that could identify you. An anonymized code will be used so that your name cannot be identified. Identification numbers (codes) will be used for identification purposes in all data-containing forms.

In order to minimize any inconvenience/discomfort in discussing drug-use practices and OMT services, all interviewers were trained in ethical issues related to data collection before we started the study. They were trained to speak openly and in an unbiased way about drug use and challenges related to accessing OMT and other health-care services.

Benefits

You may not have any direct benefits from your participation in this interview. However, the data collected during this study will hopefully help improve the quality of OMT services in Ukraine.

Signature of the staff member who obtains your consent:

_____

Date:

_____

(please write your name in printed letters and put your signature)

The Informed Consent Form for the quantitative part of the study

We invite you to take part in a study conducted to examine client satisfaction with provided services among clients of opioid maintenance therapy (OMT) programmes. The study is commissioned by the Eurasian Harm Reduction Association (EHRA) and conducted by the non-governmental organization Centre for Support, Research and Development.

This study has two parts. The first part involves semi-structured interviews, which will be used to develop a tailored questionnaire. The second part uses that questionnaire to conduct a survey among people receiving OMT services.

This study is carried out in Kyiv and the Kyiv Oblast region. You will be asked to complete a questionnaire. This process will take about 30 minutes. There will be a total of about 400 people taking part in the study.

To make an informed decision about whether or not to participate in this study, you need to know the implications. We will explain the possible risks and benefits of your participation. This will help you decide whether you are willing to be a part of the study. You will be provided detailed information about the study, and interviewers will answer all questions that may arise. Then you will be able to make a decision regarding your participation in the study. To confirm your willingness to participate in the study, you will be asked to say it out loud to have it audiotaped. You will be given a copy of this informed consent form counter-signed by your interviewer.

Study data will be entered into electronic/digital forms, which will be automatically uploaded to the general database. All information about study participants will be collected in electronic format only. All collected electronic forms will be kept in the office of the Centre for Support, Research and Development for a minimum of one year upon the completion of the study.

Remuneration

You will receive a gift certificate as compensation for your time. The gift certificate will be given upon the completion of the questionnaire/interview. If the interview is interrupted by either party, the remuneration will be given in full anyway.

Rights of study participants

Your participation in this study does not affect any of your rights. You will be able to ask the research team any questions you might have and receive answers. By signing the consent form, you agree that you have received information about the study and are willing to participate in it. You will be provided a copy of this form countersigned by you and me (the interviewer).

This study has been reviewed by the Ethical Review Board of the Ukrainian Institute on Public Health Policy to make sure that your rights as a research participant are secured. Should you have any questions or concerns about your rights as a survey participant, please (anonymously) contact the Ethical Review Board of the Ukrainian Institute on Public Health Policy at _____ [phone number], or contact the Senior Researcher, Mrs. Olexandra Dmitrieva, by phone: _____ [phone number].

Voluntary participation/right to withdraw from the study

Your participation in this study is completely voluntary. You will be able to discontinue your participation in the study at any stage of the interview. Your informed consent to participate in the

study does not affect any of your rights to any of your legal rights. If you decline to participate, all forms that have already been completed will not be used.

Risks

Research of this kind may entail possible risks to your anonymity and confidentiality. Besides that, risk of psychological harm may be associated with participation in research such as this study, which covers sensitive topics of drug use and health-seeking behaviour, including access to OMT and other health services. You will find details below on the steps taken by the research team to maintain your confidentiality and minimize any inconveniences that may be caused by your participation in this study.

Confidentiality

We will take all possible care to ensure that your personal data are protected. The research team will maintain the confidentiality of your personal data and information. Any published reports or other publications using information obtained from this study will not include your name or any other data that could identify you. An anonymized code will be used so that your name cannot be identified. Identification numbers (codes) will be used for identification purposes in all forms that contain data.

In order to minimize any inconvenience or discomfort when discussing drug use practices and OMT services, all interviewers were trained in ethical issues related to data collection before we started the study. They were trained to speak openly and in an unbiased way about drug use and challenges related to accessing OMT and other health-care services.

Benefits

You may not have any direct benefits from your participation in this interview. However, the data collected during this study will hopefully help improve the quality of OMT services in Ukraine.

Signature of the staff member who obtains your consent:

_____

Date:

_____

(please write your name in printed letters and put your signature)

Questionnaire (WHOQOL-BREF+OMT+SDC)[1]

D1. What is your gender?

- Female
- Male
- Other_____

D2. What is your age (completed years)?

D3. How many times have you been a client of OMT programmes, apart from the current one?

W1. How would you rate your quality of life?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

O1. How do you assess the OMT service in general?

- Very poor
- Poor
- Neither poor nor good
- Good
- Very good

W2. How satisfied are you with your health?

- Very unsatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

O2. To what extent are you satisfied with the OMT service you receive?

- Very unsatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W3. To what extent do you feel that physical pain prevents you from doing what you need to do?

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount

[1] Questions starting with "O" are related to OMT program, those beginning with a "D" are related to social and demographic characteristics, and those marked with a "W" are from the WHO WHOQOL-BREF questionnaire.

O3. To what extent do you need OMT to function in your daily life?

- An extreme amount
- Very much
- A moderate amount
- Not at all

W4. How much do you need any medical treatment (apart from OMT) to function in your daily life?

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount

W5. How do you enjoy your life?

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount

W6. To what extent do you feel your life to be meaningful?

- Not at all
- A little
- A moderate amount
- Very much
- An extreme amount

O4. To what extent is the support from on-site personnel important for your continued participation in the OMT programme?

- Very much
- Extremely
- A moderate amount
- Not at all
- A little

O5. How important are the care and attention provided by the OMT site personnel to your continued participation in the OMT programme?

- Very much
- Extremely
- A moderate amount
- Not at all
- A little

W7. How well are you able to concentrate?

- Not at all
- A little
- A moderate amount
- Very much
- Extremely

O6. How sufficient is the information about the OMT treatment provided to you at the OMT site?

- Not at all
- A little
- A moderate amount
- Very much
- Extremely

W8. How safe do you feel in your daily life?

- Not at all
- A little
- A moderate amount
- Very much
- Extremely

O7. How safe do you feel at the OMT site?

- Very much
- Extremely
- A moderate amount
- Not at all
- A little

To what extent do you agree with the following statements about the OMT site you are attending?

O8. Its premises are quite spacious.

- Strongly agree
- Mostly agree
- Neither agree nor disagree
- Mostly disagree
- Strongly disagree

O9. The toilet door at the facility closes well.

- Yes
- No

O10. The facility is clean

- Strongly agree
- Mostly agree
- Neither agree nor disagree?
- Mostly disagree
- Strongly disagree

O11. In the room where I receive my medicines, there is a place where I can have a seat when I talk to a doctor.

- Strongly agree
- Mostly agree
- Neither agree nor disagree
- Mostly agree
- Strongly disagree

O12. How satisfied are you in general with the physical settings of the OMT site (e.g., the size of the facility, and does it have a well-functioning toilet equipped with a door-latch and comfortable waiting areas)?

- Totally unsatisfied
- Unsatisfied
- Neither of these
- Satisfied
- Very satisfied

W9. How healthy is your physical environment (such as buildings, roads and parks)?

- Not at all
- A little
- A moderate amount
- Very much
- Extremely

In the next several questions you will be asked about how you have felt over the past four weeks, or how you have been able to perform certain tasks.

W10. Did you have enough energy for everyday life?

- Not at all
- A little
- Moderately
- Mostly
- Completely

W11. Are you able to accept your bodily appearance?

- Not at all
- A little
- Moderately
- Mostly
- Completely

W12. Do you have enough money to meet your needs?

- Not at all
- A little
- Moderately
- Mostly
- Completely

W13. How available to you is the information that you need in your day-to-day life?

- Not at all
- A little
- Moderately
- Mostly
- Completely

W14. To what extent do you have the opportunities for leisure activities?

- Not at all
- A little
- Moderately

- Mostly
- Completely

O13. Is the OMT medication dosage that you receive sufficient for you?
- Not at all
- A little
- Moderately
- Mostly
- Completely

W15. How well are you able to get around?
- Good
- Very good
- Neither
- Poor
- Very poor

O14. How convenient is it for you to get to the OMT site?
- Very convenient
- Convenient
- Neither
- Inconvenient
- Very inconvenient

O15. How do you assess the quality of care at the OMT site?
- Good
- Very good
- Neither
- Poor
- Very poor

O16. How often have you sought care from a social worker at your OMT site over the past six months?
- There is no social worker at this site
- Never sought care
- Sought care 1–3 times
- Seeking care on a regular basis

O17. How satisfied are you with the social and psychological support that you receive at the OMT site?
- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W16. How satisfied are you with your sleep?
- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W17. How satisfied are you with your ability to perform your daily living activities?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W18. How satisfied are you with your capacity for work?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W19. How satisfied are you with yourself?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W20. How satisfied are you with your personal relationships?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W21. How satisfied are you with your sex life?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W22. How satisfied are you with the support you get from your friends?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

O18. How satisfied are your relatives/close contacts with your participation in the OMT programme?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

O19. How satisfied are you with the quality of your relationships with your relatives/close contacts?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W23. How satisfied are you with the conditions of your living placee?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W24. How satisfied are you with your access to health care services?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

W25. How satisfied are you with your transportat?

- Very dissatisfied
- Dissatisfied
- Neither satisfied nor dissatisfied
- Satisfied
- Very satisfied

O20. On a scale from 1 to 10, where 1 means "feeling distressed/anxious" and 10 means "feeling relaxed/at peace," what would best describe how you feel on average while **attending the OMT site**?

O21. On a scale from 1 to 10, where 1 means "feeling distressed/anxious" and 10 means "feeling relaxed/at peace," what would best describe how you feel on average while **receiving OMT medication from the nurse**?

O22. On a scale from 1 to 10, where 1 means "feeling distressed/anxious" and 10 means "feeling relaxed/at peace," what would most exactly describe how you feel on average **while consulting with the on-site clinician**?

O23. On a scale from 1 to 10, where 1 means "feeling distressed/anxious" and 10 means "feeling relaxed/at peace," what would best describe how you feel on average while **consulting with the on-site social worker**?

In the next several questions you will be asked how often you have felt or experienced certain conditions over the past four weeks.

W26. How often do you have negative feelings such as a blue mood, despair, anxiety or depression?

- Never
- Seldom

- Quite often
- Very often
- Always

O24. How likely is it that you would seek the advice of a psychologist at the OMT site if you had this opportunity?

- Very unlikely
- Unlikely
- 50/50
- Likely
- Very likely

O25. Have you ever complained about customer service at the OMT site in a formal way (such as calling the OMT hotline or filing a letter of complaint)?

- Yes
- No

O26. How likely is it that you would file a complaint in the future (if necessary)?

- Very unlikely
- Unlikely
- 50/50
- Likely
- Very likely

O27. Were you informed about the programme rules when you initiated your programme (the most recent one)?

- Yes (1)
- No/I don't know (0)
- Refuse to answer (98)

O28. If you have participated in OMT programmes more than once, has it ever been your choice to discontinue any of these programmes?

- Yes (1)
- No/I don't know (0)
- Refuse to answer (98)

O29. If you have initiated OMT programmes more than once, have any of these programmes been discontinued at the request of on-site personnel?

- Yes (1)
- No/I don't know (0)
- Refuse to answer (98)

O30. Are you satisfied with the duration of treatment in the OMT programme?

- Yes
- No

O30.1. If not satisfied, would you prefer to extend the treatment period or to make it shorter?

- Shorter treatment period
- Extended treatment period

O31. Are you aware of the algorithm for withdrawal from the OMT programme?

- Yes (1)

- No (0)

O32. If you have already tried to withdraw from an OMT programme, did you experience counteraction from health-care personnel who opposed your decision?
- Yes (1)
- No (0)
- Refuse to answer (98)

O33. Do you feel confident about the safety (non-disclosure) of personal data that you have shared or provided to personnel at the OMT site?
- Absolutely not confident
- Not confident
- Neither of these
- Confident
- Highly confident

D4. How old were you when you first used opiates/opioids (non-injecting or injecting)?

D5. When did you have most recently initiate an OMT programme?

_____Year

_____Month

D5.1. If you initiated an OMT programme in early 2018 or later, how many months or days did this process take, from the start date at the site to the dosage selection (including waiting times while on the waiting list, medical tests/examinations and consultations of clinicians)?

_____months (1)

_____days (2)

D6. The type of programme you are currently attending:
- State-funded site
- Private site

D6.1. If you receive OMT from a state-funded site, please indicate the type of this site:
- Narcologic
- AIDS Centre
- Tuberculosis dispensary
- Family physician
- Other

D6.2. How much does it cost you to participate in the OMT programme, per month (including the purchase of tests, plastic cups and so on, but excluding travel expenses) (in UAH)?

D7. How is OMT dispensed at the treatment facility?
- Medication administered daily
- Received once for every 10 days
- Receive a prescription (to be filled elsewhere)

D8. OMT medication received:
- methadone

- buprenorphine

D8.1. Dosage at the moment (mg):

D9. Do you take any additional medicines as prescribed by your doctor (drug addiction specialist/psychiatrist)?
- Yes (1)
- No (0)
- Refuse to answer (98)

D9.1. If yes, please specify (check all applicable):
- Antidepressants
- Sleeping pills/sleep aids
- Painkillers
- Tranquilizers
- Other

D10. Have you ever been tested for HIV?
- Yes (1)
- No/I don't know (0)
- Refuse to answer (98)

D11. What was the test result?
- I was told I didn't have HIV (0)
- I was told I had HIV (1)
- I was told the test result was uncertain (2)
- I don't know (3)
- Refuse to answer (98)

D12. In what year did you first learn that you had HIV?

D13. Are you currently on antiretroviral therapy?
- Yes (1)
- No (0)
- Refuse to answer (98)

D14. What is your viral load?
_____copies/ml
- I don't know

D15. Have you ever been tested for hepatitis C?
- Yes (1)
- No/I don't know (0)
- Refuse to answer (98)

D16. What was your test result?
- I was told I didn't have hepatitis C (0)
- I was told I had hepatitis C (1)
- I was told the test result was uncertain (2)
- I don't know (3)
- Refuse to answer (98)

D17. Have you ever taken medication for hepatitis C?

- Yes, I'm currently on therapy
- Yes, I have been on therapy within the past three years
- Yes, I was on therapy more than three years ago
- No, I've never taken medicine to treat hepatitis C (0)
- I don't know (2)
- Refuse to answer (98)

D18. Which of the following are you currently experiencing (please select all that apply)

- Hepatitis B
- Tuberculosis
- Pancreatitis
- Stomach/intestinal ulcer
- Tooth diseases/dental problems
- Vein problems
- Severe headaches
- Diabetes

D19. What is your current employment situation? (Please select all that apply)

- Full-time work (40 hours per week or more) (1)
- Part-time work (2)
- Seasonal work (including day laborers, those on waiting lists, etc.) (3)
- Unemployed (4)
- Unable to work (disabled) (5)
- Housewife/housekeeper (caring for children or other family members) (6)
- Student (7)
- Retired (8)
- Other (9)
- Refuse to answer (98)

D20. Do you receive any disability pension allowances?

- Yes (1)
- No (0)

D21. Do you have a record of incarceration (including pre-trial detention facilities)?

- Yes (1)
- No (2)

D22. How old were you when you first went to jail (including pre-trial detention facilities)?

_____ years (1)

D23. How many times (approximately) have you been in jail (including pre-trial detention facilities)?

_____ Number of times (1)

D24. How many years, months and days in total have you served in prison (including pre-trial detention facilities)?

_____ years (1)

_____months (2)

_____days (3)

D25. When was the last time you were released from prison?

_____Year

_____Month

D26. How many days within this past month have you used **any injecting drugs**?

_____ days (**no more than 30**)

D27. Do you take any additional medicines not prescribed by your doctor?

D28. If yes, please specify (check all that apply):

- Antidepressants
- Sleeping pills/sleep aids
- Painkillers
- Tranquilizers
- Other