

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COMMUNITY-BASED NEEDS ASSESSMENT**

Key Informant Interview Consent Form

INVITATION TO PARTICIPATE

[Interviewer introduces her/himself and the agency.] Thank you for agreeing to talk with me and for participating in this project. You are being asked to participate in this key informant interview because you are an adult member of this community and have expertise or a background in the topic we are considering today. Please read along with me as I read the information below aloud and ask questions about anything you do not understand before deciding whether to participate.

1. PURPOSE OF THE STUDY

This study is designed to obtain information about alcohol and other drug availability, norms and prevention resources in your community. Through discussions with you and others, we hope to learn more about what contributes to substance abuse in specific communities in Los Angeles County, especially among youth. We will use the information to develop new programs that can help reduce alcohol and other drug abuse and its consequences.

2. PROCEDURES, PRIVACY AND CONFIDENTIALITY

The interviews will last approximately 45 minutes and may be audio taped. During the session, you will be asked about your expertise and opinions on the availability of alcohol and other drugs in your community and about community conditions that might contribute to substance use among youth and adults. If you agree to participate, we will take steps to protect your privacy by asking you to sign only your initials on this consent form and not your full name. Also, we will not use your name during the interview so that your name will not be recorded in any documentation related to your comments today. The audio tapes and this consent form will be kept in separate locked cabinets to which only study personnel will have keys. No identifying information will be kept in the file containing the audiotapes from this interview. This helps ensure your name will not be used in any reports and you will not be contacted again as a result of participating in this interview. We cannot guarantee, however, that the information discussed today will be kept private. This interview is being undertaken for research purposes only. You will be given a \$20 gift card to compensate for your time.

3. POTENTIAL RISKS AND DISCOMFORTS AND RIGHT TO REFUSE

The conversation might involve drug use or abuse patterns or consequences that might make some individuals uncomfortable. Participating in this interview is completely voluntary. You can decide not to answer questions or to stop the interview at any time without forfeiting the compensation.

4. ANTICIPATED BENEFITS

Your answers in this study are important and will help the Los Angeles County Department of Public Health learn more about actual and perceived alcohol and other drug use in your community. Your comments may help us develop alcohol and other drug use prevention programming that is targeted to your community.

KI Consent Form
Ver. 2
Rev 041112

Form Valid For Enrollment From 04/13/2012 to 01/26/2013 Los Angeles County-Public Health Institutional Review Board
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5. IDENTIFICATION OF INVESTIGATORS

If you have any questions about this project, please contact Michelle Gibson, Principal Investigator, at migibson@ph.lacounty.gov or (626) 299-3244.

6. RIGHTS OF RESEARCH SUBJECTS

If you have questions regarding your rights as a research subject, or if you have any questions or complaints regarding this interview, you may contact the Los Angeles County Department of Public Health Institutional Review Board at 213-250-8675. The address is: 313 N. Figueroa Street, Suite 127, Los Angeles, CA 90012.

7. PARTICIPATION AND WITHDRAWAL

Your participation in this research is entirely voluntary. You have the right to stop participating at any time. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.

NOTE: You are invited to join a coalition of individuals and community-based organizations committed to impacting underage and binge drinking in your community through environmental prevention efforts, including policy development. If you would like to learn more, please ask the interviewer or note taker for a business card and call the agency at your convenience.

INITIALS OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

I have read the information provided in this consent/authorization form. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. If I have questions later, I understand I can contact the Los Angeles County Department of Public Health Substance Abuse Prevention and Control.

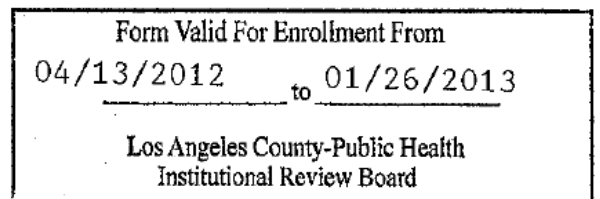
BY INITIALING THIS FORM, I WILLINGLY AGREE TO PARTICIPATE IN THE RESEARCH IT DESCRIBES.

Subject's initials

Date

Witness's Signature

Print Witness's Name and Date



RIGHTS OF HUMAN SUBJECTS IN MEDICAL STUDIES

Any person who is requested to consent to participate as a subject in a research study involving a medical experiment or who is requested to consent on behalf of another has the right to:

1. Be informed of the natures and purpose of the experiment.
2. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
3. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
4. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
5. Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.
6. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
7. Be given an opportunity to ask any questions concerning the experiment or the procedure involved.
8. Be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation in the medical experiment without prejudice.
9. Be given a copy of any signed and dated written consent form used in relation to the experiment.
10. Be given an opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUBSTANCE ABUSE PREVENTION AND CONTROL
COMMUNITY-BASED NEEDS ASSESSMENT**

Focus Group Consent Form

INVITATION TO PARTICIPATE

[Interviewer introduces her/himself and the agency to the group.] You have been asked to participate in this focus group because you are an adult member of this community and your experiences, observations and views about alcohol and drug availability, substance use norms and related community conditions are important sources of information for our agency and the Los Angeles County Department of Public Health. Please read the following information to yourself as I read aloud and be sure to ask questions about anything you do not understand before deciding whether to participate.

8. PURPOSE OF THE STUDY

This study is designed to obtain information about alcohol and other drug availability, norms, conditions and prevention resources in Los Angeles County. Through focus groups like this one, we hope to learn more about what contributes to substance abuse in specific communities, especially among youth. We will use the information to develop new programs that can help reduce alcohol and other drug abuse and its consequences.

9. PROCEDURES, PRIVACY AND CONFIDENTIALITY

The focus group will last about 1.5 hours and may be audio taped. Someone will take notes. During the session, we will ask you to frankly discuss your views on topics related to the availability of alcohol and other drugs in your community and about community conditions that might contribute to substance use among youth and adults. To protect your privacy and the confidentiality of your responses, we ask that all group members address one another using participant numbers rather than by name. Participant numbers will be assigned to those who agree to participate by initialing this form. Since no names will be used during this discussion, your name will not be recorded in any documentation related to your comments today.

As an additional measure of privacy protection, we ask that you sign only your initials on this consent form and not your full name. The consent form containing your initials will be kept in a separate locked cabinet from the notes and any audio tapes so that no identifying information can be associated with today's discussion. This helps also ensure that your name will not be used in any reports and you will not be contacted again as a result of participating in this focus group.

If you decide to participate, we request that you agree not to talk to others outside the group about who participated or what was said. We cannot guarantee, however, that this information will be kept private. This focus group is being undertaken for research purposes only. You will be given a \$20 gift card to compensate for your time.

10. POTENTIAL RISKS AND DISCOMFORTS AND RIGHT TO REFUSE

During the discussion, you will be asked about your opinions on topics related to the availability of alcohol and other drugs in your community and about conditions that might contribute to substance use among youth and adults. The conversation might involve drug use or abuse patterns or consequences that might make some people uncomfortable. Other participants'

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opinions, attitudes, or ways of expressing themselves might also make some people uncomfortable. Participating in this interview is completely voluntary. You can decide not to answer certain questions or at any time you can discontinue participating altogether without forfeiting the compensation.

11. ANTICIPATED BENEFITS

Your answers in this study are important and will help the Los Angeles County Department of Public Health learn more about actual and perceived alcohol and other drug use in your community. Your comments may help us develop alcohol and other drug use prevention programming that is targeted to your community.

12. IDENTIFICATION OF INVESTIGATORS

If you have any questions about this project, please contact Michelle Gibson, Principal Investigator, at migibson@ph.lacounty.gov or (626) 299-3244.

13. RIGHTS OF RESEARCH SUBJECTS

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14. PARTICIPATION AND WITHDRAWAL

Your participation in this research is entirely voluntary. You have the right to stop participating at any time. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.

INITIALS OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE

I have read the information provided in this consent/authorization form. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. If I have questions later, I understand I can contact the Los Angeles County Department of Public Health Substance Abuse Prevention and Control.

BY INITIALING THIS FORM, I WILLINGLY AGREE TO PARTICIPATE IN THE RESEARCH IT DESCRIBES.

Subject's Initials

Date

Witness's Signature

Print Name and Date

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RIGHTS OF HUMAN SUBJECTS IN MEDICAL STUDIES

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11. Be informed of the nature and purpose of the experiment.
12. Be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
13. Be given a description of any attendant discomforts and risks reasonably to be expected from the experiment.
14. Be given an explanation of any benefits to the subject reasonably to be expected from the experiment, if applicable.
15. Be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous to the subject, and their relative risks and benefits.
16. Be informed of the avenues of medical treatment, if any, available to the subject after the experiment if complications should arise.
17. Be given an opportunity to ask any questions concerning the experiment or the procedure involved.
18. Be instructed that consent to participate in the medical experiment may be withdrawn at any time and the subject may discontinue participation in the medical experiment without prejudice.
19. Be given a copy of any signed and dated written consent form used in relation to the experiment.
20. Be given an opportunity to decide to consent or not to consent to a medical experiment without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on the subject's decision.

