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Focus Testing Creative Concepts for the Cannabis Public Education Campaign Research Report

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EXECUTIVE SUMMARY

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the focus testing of creative concepts for the Cannabis Public Education Campaign.

The Government of Canada has committed to legalize, strictly regulate and restrict access to cannabis. Canadians generally view cannabis use as socially acceptable, but are ill-informed about the health and safety risks. This is especially true for youth. To get ready for, and to support, the new legislation, public education is critical to ensure Canadians are well-informed about the health and safety risks of cannabis use and about current laws.

Focus group research was required to explore the views of the general population, with a special attention to youth and young adults, on the effectiveness of new creative concepts for the Cannabis Public Education Campaign. Feedback from the research will enable Health Canada to develop content that resonates with the target audiences, and explore the extent to which it enables them to take action. The total cost to conduct this research was \$97,467.46 including HST.

To meet these objectives, Earnscliffe conducted a comprehensive wave of qualitative research. The research included a series of fifteen focus groups in five cities across Canada: Toronto, ON (January 8); Vancouver, BC (January 9); Halifax, NS (January 9); Regina, SK (January 10) and, Quebec City, QC (January 10). The focus groups in Quebec City were conducted in French. In each city, a focus group was conducted with: young adults (18-24); youth (13-17) and adults (25+).

The research explored participants' reaction to the creative concepts and content, including the clarity, credibility, relevancy and value to the audience and general appeal. The research also tested the concepts' ability to motivate the audiences to take personal action, and elicited suggestions for potential changes to the concepts and creative material to ensure the messages and products resonate with the target audiences. Similarly, participants were also asked to evaluate a series of statements relating to cannabis to determine the credibility and relevancy of each and any personal action the statements might elicit. Finally, the research explored participants' reaction to terms related to cannabis, recreational and medical cannabis use, and addiction, with the goal of determining which terms participants use colloquially, and those which are viewed as appropriate for use by the Government of Canada.

For the purposes of this report, it is important to note that qualitative research is a form of scientific, social, policy and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn and findings cannot reliably be generalized beyond their number.

The key findings from the research are presented below.

Reaction to Campaign Concepts

- From a positioning perspective, some concepts led to an initial degree of confusion about a perceived contradiction in the Government’s position on cannabis. Specifically, participants questioned why the Government, perceived to be moving towards legalizing recreational cannabis use, would provide messaging that indicates the substance is actually harmful.
- Discussions suggested that the more that messaging about harm would be framed as “make informed choices” or “enjoy responsibly,” the less resistant participants claimed they would be to whatever facts were presented regarding risks.

HONEST CANNABIS QUESTIONS, HONEST CANNABIS ANSWERS.

- Of the concepts tested, this concept seemed to come closest to hitting this mark. Participants felt that the overall approach and tone of this concept was much more open and neutral. The key strength that propelled positive reaction was the open forum ‘pop-up space’ in which real individuals could ask their own questions, in their own words, of real experts in a no-judgment safe space.
- Participants felt that this concept presented an open and neutral position. In comparison to other concepts, there was less confusion about the Government’s perceived intention to legalize cannabis and the inclination to warn about potential health and safety risks.
- The availability of real experts (authentic, identified, impartial and non-judgmental) was also an important differentiator. Participants would be keen to hear from a variety of experts representing a variety of relevant professions as well as those with lived experience.
- Participants were readily able to think of questions they might want answered in the ‘pop-up space’ including questions surrounding benefits to use, long-term health risks, different ways to consume cannabis, effects on driving, and experiences from other jurisdictions where cannabis has been legalized.

EXPERTS KNOW

- Reaction was generally positive, primarily because it relied on experts to provide (hopefully) unvarnished facts.
- The choice of experts, the tone of their presentation, and the credibility of the facts will clearly be factors that determine whether or not the final creative will resonate and be impactful. Participants pointed out that the experts need to be authentic, identified, impartial and non-judgmental. The tone needs to be one that is informative without being alarming.
- The presentation of numerous consequences related to cannabis use was appreciated, particularly among adults.

- Participants generally assumed that the experts presented had no personal experience with cannabis, and one frequent request was for the group of experts involved in communicating about non-medical cannabis include people with lived experiences.

CLEAR THE AIR

- Reactions to this concept tended to be more negative than positive, particularly among youth (13-17) and young adults (18-24).
- The confusion around the perceived contradiction in the Government’s position was particularly acute. The sense was this concept was designed not to merely inform, but to actually deter people from using cannabis recreationally. In short, the message was not as “balanced” as participants felt it should be, and for some younger participants, it was too judgmental.
- Participants felt that the lack of supporting evidence was a limitation of this concept, allowing information to be discounted or discredited.

Reaction to Specific Messages

- Most of the statements were met with generally neutral reaction – they were seen as common sense and information that participants had heard before.
- Statements that conveyed that the Government was providing useful, factual information in a neutral voice with the message that one should make their own “informed choice” resonated with audiences of all ages.
- Views of experts were thought to be credible in general, though participants did not always agree on the definition of best experts. The majority felt “experts” should include people with lived experience to enhance credibility.
- Messaging about addiction, whether in the statements tested or in the concepts, met with mixed reactions largely based on one’s pre-existing opinion. Several challenged the messaging or indicated needing to see a credible source cited before they could accept that cannabis truly is addictive.

YOUTH

- Statements perceived as frightening or containing unexpected information were effective and left many youth participants wanting to know more.
- Messaging about cannabis getting in the way of your goals was credible.
- For several of these messages, some youth were inclined to challenge the assertions presented by claiming to know regular cannabis users who had never suffered any of the consequences discussed.

YOUNG ADULTS AND ADULTS

- Reaction tended to be similar among young adults and adults.
- The suggestion that combining cannabis use with other substances increases health risks was generally accepted if not felt to be a little common sense/obvious.
- The message about additional research on cannabis use for medical purposes triggered mixed reactions. Some appreciated the notion of more research. Others felt it raised a contradiction - either this research must already have been undertaken if it is already approved for medical use and if not, then it begged critical questions of the decision to permit it.

Reaction to Specific Terms

- For the most part, participants of all ages understood most of the terms presented to them, except THC.
- For some categories of terms, there were clear generational differences in terms of colloquial reference to cannabis and cannabis use.
- Most of the terms participants said that they use in reference to cannabis were not generally consistent with how they would prefer to hear the government refer to cannabis or cannabis use, with a few exceptions.

Research Firm:

Earnscliffe Strategy Group Inc. (Earnscliffe)
Contract Number: HT372-173380/001/CY
Contract award date: October 3, 2017

I hereby certify as a Representative of Earnscliffe Strategy Group that the final deliverables fully comply with the Government of Canada political neutrality requirements outlined in the Communications Policy of the Government of Canada and Procedures for Planning and Contracting Public Opinion Research. Specifically, the deliverables do not include information on electoral voting intentions, political party preferences, standings with the electorate or ratings of the performance of a political party or its leaders.

Signed: 

Date: January 26, 2018

Stephanie Constable
Principal, Earnscliffe

INTRODUCTION

Earnscliffe Strategy Group (Earnscliffe) is pleased to present this report to Health Canada summarizing the results of the focus testing of creative concepts for the Cannabis Public Education Campaign.

The Government of Canada has committed to legalize, strictly regulate and restrict access to cannabis. Canadians generally view cannabis use as socially acceptable, but are ill-informed about the health and safety risks. This is especially true for youth. To get ready for, and to support, the new legislation, public education is critical to ensure Canadians are well-informed about the health and safety risks of cannabis use and about current laws.

Focus group research was required to explore the views of the general population, with a special attention to youth and young adults, on the effectiveness of new creative concepts for the Cannabis Public Education Campaign. Feedback from the research will enable Health Canada to develop content that resonates with the target audiences, and explore the extent to which it enables them to take action. The total cost to conduct this research was \$103,395 including HST.

The specific objectives of the research include:

- Evaluate each of the creative concepts and determine if the content is:
 - Clearly understood by the audience(s);
 - Credible, relevant and of value to the audience(s);
 - Appealing and appropriate to the audience(s);
 - Memorable in the minds of the audience(s);
 - Utilizing the right tone; and,
 - Able to motivate the audience(s) to take personal action(s).
- To elicit suggestions for potential changes to ensure the messages and products resonate with the target audience.

To meet these objectives, Earnscliffe conducted a comprehensive wave of qualitative research. The research included a series of fifteen focus groups in five cities across Canada: Toronto, ON (January 8); Vancouver, BC (January 9); Halifax, NS (January 9); Regina, SK (January 10) and, Quebec City, QC (January 10). The focus groups in Quebec City were conducted in French. In each city, a focus group was conducted with: young adults (18-24); youth (13-17) and adults age 25 and over.

All sessions were one and a half hours in length. The young adult groups were conducted from 4:30 pm to 6:00 pm, the youth groups from 6:00 pm to 7:30 pm and the adult groups from 8:00 pm to 9:30 pm. Participants received an honorarium as a token of appreciation for their time. Written consent was obtained from parents for youth participation in the focus groups.

The research explored participants' reaction to the creative concepts and content, including the clarity, credibility, relevancy and value to the audience and general appeal. The research also tested the concepts' ability to motivate the audiences to take personal action, and elicited suggestions for potential changes to the concepts and creative material to ensure the messages and products resonate with the target audiences. Similarly, participants were also asked to evaluate a series of statements relating to cannabis to determine the credibility and relevancy of each

statement, and determine what sort of personal action the statements might elicit. Finally, the research explored participants' reaction to terms related to cannabis, recreational and medical cannabis use, and addiction, with the goal of determining which terms participants use colloquially, and those which are viewed as appropriate for use by the Government of Canada.

For the purposes of this report, it is important to note that qualitative research is a form of scientific, social, policy and public opinion research. Focus group research is not designed to help a group reach a consensus or to make decisions, but rather to elicit the full range of ideas, attitudes, experiences and opinions of a selected sample of participants on a defined topic. Because of the small numbers involved the participants cannot be expected to be thoroughly representative in a statistical sense of the larger population from which they are drawn and findings cannot reliably be generalized beyond their number.

DETAILED FINDINGS

This qualitative report is divided into three sections. The first section presents the findings of the exploratory discussion on creative concepts for Health Canada’s awareness initiative. The second section explores reactions to key statements to determine if they are clear, credible and relevant. The third section explores which terms participants preferred to use when discussing cannabis and cannabis use.

Creative Concepts

The focus groups began with an initial exploratory discussion of three creative concepts. The foundational element of each concept was a 30-second stillmatic (video with static images). Each concept also included a social media and website component. Each will be discussed in turn below.

Reactions to some concepts led to an initial degree of confusion about a perceived contradiction in the Government’s position on cannabis. Participants questioned as to why the Government – which is perceived to be moving towards allowing Canadians to use cannabis recreationally – would provide messaging that indicates the substance is actually harmful and in some cases, seems to perpetuate fears assumed to have been proven baseless (i.e., that someone may turn into a “pot fiend”). This view was consistent across all five cities although tended to be more strongly held in Toronto and Vancouver; less so in Quebec.

Discussions suggested that the more that messaging about harm would be framed as “make informed choices” or “enjoy responsibly,” the less resistant participants claimed they would be to whatever facts were presented regarding risks.

STILLMATICS

Participants were asked to rate each stillmatic on a scale of 0-10, where 10 indicated a very positive reaction and 0 indicated a very negative reaction. The following tables illustrate the mean ratings overall and for each of the three audiences as well as the perceived strengths and weaknesses for each concept. Concepts are displayed in order of mean ratings (highest to lowest).

HONEST CANNABIS QUESTIONS. HONEST CANNABIS ANSWERS.				
	<i>TOTAL (144)</i>	<i>Youth 13-17 (49)</i>	<i>Young adults 18-24 (28)</i>	<i>Adults 25+ (46)</i>
Mean score	6.7	7.1	6.5	6.6
Overall reaction	<ul style="list-style-type: none"> ▪ Overall reaction was generally positive ▪ This concept worked for participants of all ages 			
Strengths	<ul style="list-style-type: none"> ✓ Open forum in which real individuals could ask their own questions, in their own words, in a no-judgment safe space. ✓ Authentic conversation that is guided by the public not the Government. ✓ Expert advice from professionals in a variety of relevant sectors and people relevant backgrounds/experiences. ✓ Interesting approach to introduce cannabis legalization; conveys that Government is open and available for a conversation about cannabis. 			



Weaknesses	<ul style="list-style-type: none"> ✘ If the follow-up videos and communications did not portray an accurate reflection of the variety of questions asked in the ‘pop-up space’ participants felt it would diminish the credibility and effectiveness of this approach. ✘ Similarly, participants worried that experts would be Government experts offering a one-sided perspective. ✘ A few adult participants questioned the cost to taxpayers for a campaign of this magnitude.
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Of the three concepts, *Honest Cannabis Questions. Honest Cannabis Answers.* was not met with confusion in terms of the Government’s perceived intention to legalize marijuana and the inclination to warn about potential health and safety risks. Participants felt that the overall approach and tone of this concept was much more open and neutral.

The key strength that propelled positive reaction was the open forum ‘pop-up space’ in which real individuals could ask their own questions, in their own words, in a no-judgment safe space.

It is worth mentioning that the examples of questions used in the video were somewhat distracting and appeared to have caused slightly reduced initial enthusiasm for some. Discussions demonstrated that if the questions and answers selected for the videos were truly representative of the kinds of questions asked by “someone like me,” then participants would be more likely to feel that the communications would be relevant, unlocking the opportunity to hear the expert’s fact(s).

The reliance on real experts (not the government and not actors) to provide the facts was also very well received. Participants often warned that if they suspected that the individuals were inauthentic, the credibility would be lost along with any impact on the participant. The types of experts that participants would like to see in the ‘pop-up space’ included: medical professionals (doctors, specialists, etc.); psychologists; lawyers; those in law enforcement (i.e. police especially about roadside); regulatory experts (who would know the rules about retail and usage); growers; scientists who have studied cannabis (could be academics); and, especially those with lived experience. If experts were non-judgmental, that would be great; even better, if they had tried cannabis in the past themselves.

When given the opportunity, many participants were easily able to come up with a question they would like to see answered in the ‘pop-up space’. For reporting purposes, given the consistency between their ‘pop-up space’ questions and questions they would like to see answered on the Government’s cannabis website, we have synthesized these in the website section of this report.

With respect to target audience, participants of all ages agreed that this concept was aimed at the general public of all ages.

Finally, while not the majority view, some participants felt that the ‘pop-up space’ was an innovative way for the Government to reach out to Canadians about cannabis. They felt it demonstrated the Government’s willingness to engage in a public discourse that was not dictated by their agenda but rather that of the general public. Some extrapolated that they could see how the ‘pop-up space’ could become a public relations vehicle; offering other opportunities to connect with Canadians via the media, social media, etc.

EXPERTS KNOW				
	<i>TOTAL (144)</i>	<i>Youth 13-17 (49)</i>	<i>Young adults 18-24 (28)</i>	<i>Adults 25+ (46)</i>
Mean score	6.0	6.1	5.7	6.3
Overall reaction	<ul style="list-style-type: none"> ▪ Overall reaction was generally positive 			
Strengths	<ul style="list-style-type: none"> ✓ Reliance on experts to provide (hopefully) unvarnished facts about cannabis. ✓ Desire for expert advice from a variety of professionals and particularly those with lived experiences. ✓ Presentation of numerous consequences related to cannabis use was appreciated, particularly among adults. 			
Weaknesses	<ul style="list-style-type: none"> ✗ The stillmatic suggested that experts consulted on cannabis would be selected based on their preference to dissuade the use of recreational cannabis. ✗ Participants suggested that experts who are not authentic, identified, impartial and non-judgmental could diminish the credibility of this concept. 			

Reaction to *Experts Know* was generally positive primarily because it relied on experts to provide (hopefully) unvarnished facts. The choice of experts, the tone of their presentation, and the credibility of the facts will clearly be factors that determine whether or not the final creative will resonate and be impactful.

Participants pointed out that the experts need to be authentic, identified, impartial and non-judgmental. The tone needs to be one that is informative without being alarming. The delivery needs to be one that acknowledges that viewers may reasonably be looking forward to using recreational cannabis when and if it becomes legal to do so, but presents certain facts in order to ensure they do so as safely as possible and to avoid unpleasant consequences that can sometimes result from use.

The stillmatic seemed to include only professionals who were expected to be dissuading usage of recreational cannabis and for many, the assumption was that these experts had no personal experience with the substance themselves. As mentioned earlier, one particularly frequent request was for the group of experts involved in communicating about, or answering questions on, recreational cannabis include people with lived experiences – people who have had years of experience using the substance, including both those who have suffered no particular harm as well as people who have personally experienced harms such as addiction or survived impaired driving incidents.

CLEAR THE AIR				
	<i>TOTAL (144)</i>	<i>Youth 13-17 (49)</i>	<i>Young adults 18-24 (28)</i>	<i>Adults 25+ (46)</i>
Mean score	4.9	5.5	4.5	4.7
Overall reaction	<ul style="list-style-type: none"> ▪ Reaction to this concept tended to be more negative than positive ▪ It was rated the lowest of all three concepts across all three audiences 			
Strengths	<ul style="list-style-type: none"> ✓ Some participants felt the ad was short and to the point 			
Weaknesses	<ul style="list-style-type: none"> ✗ This concept more than the other two created confusion among participants about the perceived contradiction in the Government’s position on cannabis. ✗ Participants were critical of the lack of supporting evidence to support the claim that cannabis is addictive. ✗ Young adults and youth felt that the tone of the video was unnecessarily dramatic and judgmental. ✗ Adults felt the ad was aimed at people who had not yet made up their mind about cannabis and that the tone was preachy and moralizing. 			

The confusion around the perceived contradiction in the Government’s position on cannabis was particularly acute with respect to the *Clear the Air* concept. Reactions to this concept tended to be more negative than positive; particularly among youth (13-17) and young adults (18-24).

While a few participants felt that the views depicted in the ad were realistic examples of people and impressions held, the tone of the concept was felt to be overly negative, judgmental and steered viewers towards being more frightened than participants felt was warranted. Even as participants acknowledged knowing people who held the kinds of opinions raised in the concept, there was a widespread sense that the characters as presented were in one way or another exaggerated stereotypes or caricatures and that must have been for a reason. The sense was that **this concept was designed not to merely inform, but to actually deter people from using cannabis recreationally; which led to the sense that the Government’s position was contradictory and the message was not as “balanced” as participants felt it should be.**

Furthermore, participants felt that the lack of supporting evidence was a limitation of this concept. A common criticism offered was that the facts were not supported by any evidence or citing any source and were therefore discounted by many and even discredited by some. Typically, the more that a presented fact is counter-intuitive, the more it needs to be supported in order to be accepted. This need is even greater when the counter-intuitive fact being presented is perceived to be an attempt to dissuade the recipient from doing something they may aspire to do.

Finally, some participants, particularly youth and young adults who felt the ad was aimed at parents, were put off by the pejorative tone. It was felt to be unnecessarily dramatic and judgmental.

SOCIAL MEDIA

Participants were presented with three different approaches, complementary to each of the concepts, to social media and asked to discuss their preferences for social media connection. The following summarizes the key takeaways stemming from that discussion.

- Where social media was concerned, the findings of this research suggest that the availability of multiple and different social media connections would be effective at reaching more people given social media preferences across age groups.
- Adults (25+) seemed to like the idea of having quizzes on cannabis topics that tested their knowledge but also provided useful facts and information. This approach did not seem to meet with the same enthusiasm among young adults (18-24); less so with youth (13-17). However, younger audiences suggested that a vote (rather than quizzes) because they can see the allocations of responses, in addition to facts about cannabis, might catch their attention. They explained that they liked to see the percentage of votes displayed to illustrate whether they were “in the know”.
- Participants of all ages liked videos, especially when they play automatically in their social media feeds. Most participants, however, indicated that they generally do not like to be directed to other pages to play a video. Some, especially young adults, also recommended offering videos with closed captioning which allows viewing without sound, making it easier to watch wherever they are (i.e., using social media in public settings). Many also suggested that videos are easy to share.

Criticisms of videos tended to revolve a sense that they lacked in authenticity and provided an opportunity for the Government to dictate the dialogue on cannabis.

- Reaction to live events on social media was mixed. Younger participants tended to be more enthusiastic than adults. In every group, there were some participants who described having viewed a live event on social media. The approach was felt to be current and fit well with the concept of the ‘pop-up space’.

Those that liked this option, praised the “live” and interactive nature of the discussion, arguing that it added to the credibility and felt less staged. The fact that real people would ask real questions and that it would not be the Government leading the dialogue, was what made this idea compelling.

Others described live social media events as awkward and there was a sense that on this particular topic, they may not be comfortable asking a question and having their name seen by others. Some participants also raised concerns about the potential for spam and trolling that tends to happen on live events and questioned the appropriateness of this for a Government of Canada event.

WEBSITE

Where time permitted, participants were presented with mock-ups for the website. The following summarizes the key takeaways stemming from that discussion.

- Overall reaction to the website concepts was lukewarm. Participants of all ages did not generally find the options presented to be terribly eye-catching or exciting; although, they did tend to believe it looked like a Government of Canada website.

- In terms of navigation, the majority agreed that the mock-ups depicted a website that looked very easy to navigate; all of the information seemed to be organized in boxes from top to bottom.
- At a quick glance, a number of the pages looked like they would be of interest and met with many participants' expectations in terms of content (see below). For example, some participants mentioned being pleased to see a page on short- and long-term health effects; risks associated with cannabis use; and, mental health effects.

Information Requests

When asked what they would like to find at a Government of Canada website about cannabis and what questions they would like to hear in the 'pop-up space' participants volunteered the following:

- Why is the Government legalizing cannabis?
- What are the effects of cannabis? Do the effects of cannabis use differ depending on the method of consumption?
- What are the different ways to consume cannabis? Which are the safest? Do they have different health risks/consequences?
- What are the short-term and long-term effects/risks associated with cannabis use?
- What are the health risks associated with cannabis use?
- What are the benefits of cannabis use?
- What are the effects of cannabis use on the brain? What are the effects on memory? At what age does the brain stop developing?
- What are the links between cannabis and mental illness?
- How does cannabis use affect one's ability to drive? After using cannabis, how long does someone need to wait before they can safely drive? What are the laws around driving while under the influence of cannabis? What will be the legal limit?
- Is cannabis addictive? How?
- From a production standpoint, how has it been grown? What are the supply integrity standards?
- Where will cannabis be available? How will it be marketed? What about the laws around packaging? How will cannabis be shelved and/or displayed in store?
- What evidence is available about whether there has been an increase in health problems or in the incidence of other negative consequences (i.e., impaired driving accidents) of cannabis use in places where it has been legalized?

In addition to finding information about all of this and more, participants suggested that the website could include:

- Videos and testimonials
- Statistics and data
- Sections dedicated to different age groups
- Sections with information from the point of view of different experts
- Question forum that could have a live chat element
- Information about where to get help including a phone number

Key Statements

Participants were presented with a series of key statements related to cannabis, and asked to indicate whether the

statement resonated with them (V); did not resonate with them (X); or, was confusing or unclear (?).

The following points summarize the general findings; a more detailed analysis of each statement follows.

- Most of the statements were met with generally neutral reaction. This tended to be related to a sense that many were seen as common sense and about things that they had heard before.
- Statements that conveyed the sense that the Government was providing useful, factual information in a neutral voice with the message that one should make their own “informed choice” resonated with audiences of all ages. As mentioned earlier, this was the tone participants felt was the most appropriate for the Government on this topic.
- As mentioned earlier, the views of experts were generally felt to be credible. Participants did not always agree on the definition of the best experts, but regardless of who was thought of as the best experts, the idea of having experts talking honestly about cannabis, resonated with audiences of all ages; particularly youth (and residents in Quebec). Certainly, the majority of participants felt the inclusion of people with lived experience (e.g. current and previous cannabis users) as potential “experts” would add a lot of credibility. Expert opinion tends to make whatever is going to be disseminated, more credible and effective.
- Messaging about addiction, whether in the statements tested or in the concepts, met with mixed reactions largely based on one’s pre-existing opinion. Several challenged the messaging or indicated needing to see a credible source cited before they could accept that cannabis truly is addictive.

Detailed Analysis

The following illustrates the credibility of each statement, with analysis for each one. Words in **bold and italicized font with a “1”** illustrate words that were found to be **compelling and/or persuasive in adding to the credibility** of the statement; those in **bold and italicized font with a “2”** illustrate words that **raised questions and should be revisited**; and, those in **bold and italicized font with a “3”** illustrate words that were **problematic and detracted from the credibility** of the statement.

Legend

- 1** – compelling and/or persuasive in adding to credibility of the statement
- 2** – raised questions about the credibility of the statement and should be revisited
- 3** – problematic and detracted from the credibility of the statement
- V – resonated
- ? – deemed confusing/unclear
- X – did not resonate

For each audience, the statements are displayed in order of credibility; ranked from the most to the least credible.

YOUTH 13-17

*Learn the facts about cannabis. Look to **trusted experts**¹ for the facts you need.*

✓	37 of 49	▪ Participants described this message as straightforward, clear and to the point.
?	0 of 49	▪ Most argued that expert advice on the topic of cannabis would be helpful and credible.
X	12 of 49	▪ This was also very much in line with what they liked most about the stillmatic concepts presented earlier.

*If you have a family history of psychosis or schizophrenia, early and frequent use of cannabis can increase your likelihood of experiencing **psychosis or developing schizophrenia**¹.*

✓	24 of 49	▪ Statements that related to frightening or unexpected aspects related to cannabis use were generally felt to be effective.
?	5 of 49	▪ This was certainly new information for most participants and piqued their curiosity to learn more.
X	20 of 49	

*Don't let cannabis **get in the way of your goals**¹.*

✓	22 of 49	▪ Messaging about cannabis getting in the way of your goals was credible; participants interpreted that this meant cannabis should be avoided.
?	13 of 49	▪ Those, with whom this message resonated, felt that it speaks to a broad spectrum of teens in that one's goals may be attributed to school, sport, work, etc.
X	14 of 49	▪ Those who raised questions about this statement were inclined to challenge the assertion by claiming to know regular cannabis users who were still capable of performing well in school, in sport, etc.

Of the 5 groups with youth, 3 were shown the following message combined, while 2 were shown the two sentences as two individual statements.

Interestingly whether presented as one or two statements, the relative strength of both sentences is the same when combined. However, many participants did volunteer that the combined statement was too long and felt repetitive.

Using cannabis at a young age, frequently and over a long period of time, can impact not only your physical health but also your mental health. If you use cannabis at a young age, frequently and over a long period of time, it can have long-lasting impacts on learning, attention and memory.

✓	20 of 29	▪ Please refer to the findings outlined separately below.
?	4 of 29	
X	5 of 29	

Using cannabis at a young age, frequently and over a long period of time¹, can impact not only your physical health but also your mental health¹.

✓	14 of 20	▪ The reference to mental health risks was powerful and attention-grabbing for youth.
?	3 of 20	▪ Given the reference to frequent and prolonged use, most had a hard time challenging this claim with anecdotal reference to frequent users they know.
X	3 of 20	▪ Testimonials from those with lived experience making this statement would be very credible with this age group.

If you use cannabis at a young age, frequently and over a long period of time, it can have long-lasting impacts on learning, attention and memory¹.

✓	13 of 20	▪ Risks associated with impacts on learning, attention and memory were also persuasive but slightly less so.
?	3 of 20	▪ Those who raised questions about this statement were inclined to challenge the assertion by claiming to know regular cannabis users who were among the most gifted students, although most agreed that time would tell if long-term memory loss was more acute among these people.
X	4 of 20	

YOUNG ADULTS 18-24

Learn about how cannabis can affect your health. Make informed decisions¹.

✓	41 of 48	▪ Participants very much appreciated the tone and simple, clear message of this statement.
?	1 of 48	▪ This was very much in line with participants’ desire for a neutral position from the Government on this topic and the advice to reflect and make informed choices.
X	6 of 48	

Early and frequent cannabis use increases the chance of addiction³.

✓	23 of 48	▪ Many young adults are not convinced addiction is one of the risks of cannabis use.
?	8 of 48	▪ Most indicated that they will need proof and evidence before they believe in the credibility of this statement.
X	17 of 48	

Just because cannabis is a plant doesn’t mean it’s harmless³.

✓	20 of 48	▪ Those critical of this statement explained that the tone is what makes it less credible.
?	4 of 48	▪ Participants explained that this statement inferred a negative position for the Government that is somewhat contradictory with their decision to potentially legalize cannabis.
X	24 of 48	

YOUNG ADULTS (18-24) AND ADULTS (25+)

*Learn the facts about cannabis. Look to **trusted experts**¹ for the facts you need.*

✓	78 of 95	<ul style="list-style-type: none"> As mentioned earlier, young adults and adults (like youth) appreciated the tone of this statement. It was described as short, to the point and credible.
?	4 of 95	<ul style="list-style-type: none"> Most argued that expert advice on the topic of cannabis would be helpful and credible.
X	12 of 95	<ul style="list-style-type: none"> This was also very much in line with what they liked most about the stillmatic concepts presented earlier.

*The health risks increase when **combining**¹ cannabis with other substances such as tobacco, alcohol or other drugs.*

✓	63 of 95	<ul style="list-style-type: none"> This statement resonated with most young adults and adults.
?	11 of 95	<ul style="list-style-type: none"> More than most messages tested, it tended to be thought-provoking.
X	20 of 95	<ul style="list-style-type: none"> They explained that it fit with their own experiences having mixed substances in the past (i.e., smoking and alcohol) and what they know about mixing other substances (i.e., prescription medication and alcohol, etc.).

*More research is needed to assess how **effective or safe cannabis is for medical use**².*

✓	40 of 95	<ul style="list-style-type: none"> Reaction among both young adults and adults was mixed.
?	30 of 95	<ul style="list-style-type: none"> Those confused by or critical of the statement felt that this statement is somewhat at odds with the fact that cannabis has been used for medical purposes for some time, begging questions about the decision to permit it.
X	24 of 95	<ul style="list-style-type: none"> Those with whom this statement resonated argued that continual learning is always a good thing and that we should not stop trying to understand the effects of cannabis use – whether for medical or recreational use.

ADULTS 25+

Your doctor may authorize cannabis for medical use to relieve certain symptoms.

✓	41 of 47	<ul style="list-style-type: none"> Most were comfortable with this statement. It appeared to be straightforward and direct.
?	2 of 47	<ul style="list-style-type: none"> The few who raised questions or concerns about it felt that it was not necessary or relevant in the conversation about recreational cannabis.
X	3 of 47	

*Like alcohol and tobacco, **cannabis is not without risks**².*

✓	36 of 47	<ul style="list-style-type: none"> This statement resonated with most.
?	5 of 47	<ul style="list-style-type: none"> Those that found it unclear, asked the question “what risks?”
X	5 of 47	<ul style="list-style-type: none"> Those with whom this statement did not resonate questioned the decision to legalize.

*Know the signs of cannabis **addiction**³ and **where to get help**¹.*

√	32 of 47	▪	The intention of the message resonated with most and fit with their expectations of the Government’s position on cannabis – make informed choices and know how and where to get help.
?	5 of 47		
X	9 of 47	▪	For those with whom this statement did not resonate, their main concern was around the risk of addiction with cannabis use and a desire for more evidence to lend credibility to this claim.

*Cannabis can be **addictive**³.*

√	29 of 47	▪	While the statement was perceived to be direct and clear, as mentioned previously some participants indicated a desire for evidence to support this claim.
?	6 of 47		
X	11 of 47		

*The **younger**² someone is when they start using cannabis, and the **more often they use it**², the higher the likelihood that they will experience harms.*

√	16 of 47	▪	While many indicated that the spirit of this statement resonated with them, the lack of precision in terms of age and frequency resulted in these ratings.
?	16 of 47		
X	14 of 47		

Terms Testing

Following the statements testing, participants were shown a series of terms and asked which they used most often when referring to cannabis or cannabis use and which they preferred to see used by the Government. There were eight groups of terms tested.

The following points summarize the general findings; a more detailed analysis of each series follows:

- For the most part, participants of all ages understood most of the terms presented to them. The only term that was not understood by all was THC, although there tended to be a number of participants in each group that understood the term.
- For some categories of terms, there were some clear generational differences in terms of colloquial reference to cannabis and cannabis use.
- Most of the terms participants said that they use in reference to cannabis were not generally consistent with how they would prefer to hear the government refer to cannabis or cannabis use.
- However, in certain circumstances, such as a Government ad featuring two teens discussing weed, the majority would prefer the Government use a colloquial reference; this they argued would ensure the credibility of the ad.

The following summarizes the specific feedback for each of the series tested:

	Cannabis	Marijuana	Pot	Weed
TOTAL			√	√
Youth (13-17)			√	√
Young adults (18-24)			√	√
Adults (25+)			√	√
Government should use	√			
Key takeaways	<ul style="list-style-type: none"> ▪ Most participants indicated that they tend to refer to cannabis as either weed or pot in conversation. In Quebec City, participants unanimously selected pot, as weed was translated to “herbe” which is a term no one in Quebec City uses to refer to cannabis. ▪ However, most felt that the term cannabis would be more appropriate for the Government to use when speaking about cannabis from a policy perspective. ▪ Under certain circumstances, such as an ad (i.e., two teens talking about weed), participants indicated that they would prefer to hear a more colloquial reference to cannabis. ▪ While some were inclined to suggest that marijuana was a term the government could use, others (usually one or two participants per group) countered that their understanding of the term carried racial prejudices that would be inappropriate for the Government. 			

	Frequent cannabis use	Regular cannabis use	Using cannabis often
TOTAL	√	√	
Youth (13-17)	√	√	
Young adults (18-24)	√	√	
Adults (25+)		√	
Government should use		√	
Key takeaways	<ul style="list-style-type: none"> ▪ Youth (13-17) and young adults (18-24) used the terms “frequent” and “regular” almost interchangeably when describing cannabis use although most felt “using” cannabis often was a bit awkward and clumsy. ▪ Adults preferred “regular” cannabis use. ▪ The majority said the government should refer to “regular” cannabis use. It was a little more defined than “frequent” which could be more open to interpretation. 		

	Smoking up	Using cannabis	Getting high	Getting stoned
TOTAL			√	√
Youth (13-17)			√	
Young adults (18-24)			√	
Adults (25+)			√	√
Government should use		√	√	
Key takeaways	<ul style="list-style-type: none"> Of the choices presented, most participants selected either getting high or getting stoned. Youth and young adults tend to pick getting high. However, in conversation, most youth and young adults tended to refer to the act as “smoking”. Most felt that the term using cannabis would be more appropriate for the Government to use when speaking about cannabis from a policy perspective, and getting high in an ad in which two teens discuss the act of using cannabis. 			

	High	Stoned	Baked	Blazed
TOTAL	√			
Youth (13-17)	√			
Young adults (18-24)	√			
Adults (25+)	√			
Government should use	√			
Key takeaways	<ul style="list-style-type: none"> With the exception of blazed, most of these terms were understood and used interchangeably by participants of all ages. Getting high was the reference that most settled on. Adults tended to use the terms stoned and baked more often than younger participants. And, while, the term blazed in English was not used or really understood by most participants, the translation (gêlé) was overwhelmingly the most commonly used term in Quebec City, by participants of all ages. 			

	Health risks	Health harms	Risks to health	Harmful to health
TOTAL	√			
Youth (13-17)	√			
Young adults (18-24)	√			
Adults (25+)	√			
Government should use	√			
Key takeaways	<ul style="list-style-type: none"> When referring to cannabis, participants of all ages tended to prefer the term risks over harms. The majority argued that health risks was a little less cumbersome than risks to health although their interpretation of both terms was the same. 			

	Addiction	Cannabis use disorder	Substance use disorder	Problematic substance use
TOTAL	√			
Youth (13-17)	√			
Young adults (18-24)	√			
Adults (25+)	√			
Government should use	√			
Key takeaways	<ul style="list-style-type: none"> Regardless of whether participants believed cannabis was an addictive substance, of the terms presented, addiction was the term that was selected unanimously by participants of all ages. The word disorder did not feel appropriate for most and the term problematic substance use did not necessarily mean the same thing. Some, particularly adults, felt the term habit-forming was a more appropriate alternative to addiction. 			

	THC	Potency	Strength
TOTAL	√		
Youth (13-17)	√		
Young adults (18-24)	√		
Adults (25+)	√		
Government should use	√		
Key takeaways	<ul style="list-style-type: none"> Most participants did not think these three terms necessarily meant the same thing. And, while, not everyone understood the meaning of the term THC, most argued that the scientific name for the mind-altering substance in cannabis would be the most appropriate term to use. 		

	Medical cannabis	Prescription cannabis	Cannabis for medical purposes
TOTAL	√		
Youth (13-17)	√		
Young adults (18-24)	√		
Adults (25+)	√		
Government should use	√		
Key takeaways	<ul style="list-style-type: none"> The overwhelming majority of participants preferred the term medical cannabis to the other two choices although all three terms were understood by participants. 		

CONCLUSIONS AND RECOMMENDATIONS

From volunteered comments, it was abundantly clear that participants of all ages understand there is a move afoot to legalize the recreational use of cannabis, and perhaps even more relevant to discussions about harm-prevention and responsible use, that awareness of the medical use of cannabis in Canada was both widespread and contributes to views about the safety of recreational use.

To some extent, the Government’s decision to potentially legalize cannabis has resulted in a sense that Canadians have developed that cannabis is not as harmful a substance as was once feared and need not be as completely avoided as past generations had warned. It is helpful to consider this mindset to fully appreciate participants’ reactions to the concepts tested.

The focus groups began with the review of three creative concepts designed to encourage Canadians to educate themselves more fully on the risks associated with the recreational use of cannabis.

Reactions demonstrated that the position and tone of some of the concepts stirred an initial degree of confusion about why the Government of Canada – which is perceived to be moving towards allowing Canadians to use cannabis recreationally – would provide messaging that indicated the substance was actually harmful and in some cases, seems to perpetuate fears assumed to have been proven baseless.

Discussions suggested that the more that messaging about harm would be framed as “make informed choices” or “enjoy responsibly,” the less resistant participants claimed they would be to whatever facts were presented regarding risks. The ideal communications approach seemed to have crystallized around the following principles:

- is non-judgmental in tone;
- acknowledges that over the years, many have already enjoyed using cannabis without suffering significant long-term harm and others have aspirations of using recreational cannabis if and when it is legalized;
- proves that even seasoned and confident individuals who have enjoyed using cannabis for years are not always aware of the full range of potential drawbacks and the fact that for some people, using cannabis recreationally has caused them harm; and,
- that not everyone will experience drawbacks, but some certainly will – particularly if they are unaware of when they are most at-risk and the steps they can take to reduce the risk of harming themselves.

Of the three concepts tested, the concept that seemed to come closest to hitting this mark was *Honest Cannabis Questions, Honest Cannabis Answers*. Participants felt that the overall approach and tone of this concept was much more open and neutral. The key strength that propelled positive reaction was the open forum ‘pop-up space’ in which real individuals could ask their own questions, in their own words, of real experts in a no-judgment safe space.

The reliance on real experts (not the government and not actors) to provide the facts was also very well received; which was also the biggest strength of the *Experts Know* concept. Participants would be keen to hear from a variety of experts – authentic, identified, impartial, and non-judgmental – including professionals in different specializations of relevance to cannabis (i.e., medical, legal, psychological, scientific, agricultural, etc.) but, perhaps, more importantly, those with lived experience as well. Indeed, participants felt that those who have had years of experience using the substance, including both those who have suffered no particular harm as well as those who have personally experienced harm would be powerful contributors.

Finally, the confusion around the perceived contradiction in the Government’s position on cannabis was particularly acute with respect to the *Clear the Air* concept. The sense was that this concept was designed not to merely inform, but to actually deter people from using cannabis recreationally; which led to the sense that the Government’s position was contradictory and the message was not as “balanced” as participants felt it should be.

APPENDIX A: DISCUSSION GUIDE

INTRODUCTION

⌚=10 MIN

T=10 MIN

Moderator introduces herself/himself and her/his role: role of moderator is to ask questions, make sure everyone has a chance to express themselves, keep track of the time, be objective/no special interest

- The name of the firm the moderator works for, and the type of firm that employs them (i.e. an independent marketing research firm)
- The research purpose and research sponsor, described, at a minimum. The Government of Canada is developing ad concepts that will be used for public education purposes ahead of after the legalization of Cannabis. For the purposes of our conversation tonight, we are only talking about cannabis that is consumed for recreational purposes and not for medicinal purposes.
- Role of participants: speak openly and frankly about opinions, remember that there are no wrong answers and no need to agree with each other
- Results are confidential and reported all together/individuals are not identified/participation is voluntary. If there are any concerns about the confidentiality around marijuana still being an illegal substance and their own usage of it: emphasize on how the results are analyzed and kept confidential.
- The length of the session (1.5 hours)
- The presence of any observers, their role and purpose, and the means of observation (one-way mirror, teleconference/webstreaming; colleagues viewing in the back room and listening in remotely)
- The presence and purpose of any recording being made of the session (audio and video taping of the discussion)
- Turn off cell phones for the duration of the discussion

Moderator will go around the table and ask participants to introduce themselves.

CONCEPT TESTING

⌚=40 MIN

T=50 MIN

Tonight, we're going to be reviewing creative concepts that are being proposed by the Government of Canada. We have three creative concepts to show you. Each concept includes a variety of creative pieces; the central piece being a stillmatic.

A stillmatic is basically a 30-second video advertisement. However, it is not the version you would see on television or in other media (like YouTube or social media) but rather a draft version using drawings and images. The music and voice overs you will hear are simply there for effect but will not be the final sounds of the ad. The videos will feature real people (not animation).

STILLMATIC

We will look at each of the three concepts one-by-one, beginning with the stillmatic video. As you watch each one, please feel free to make notes on anything that stands out, either in a positive or a negative way. Before we discuss any of the creatives, I will have you fill out a short rating sheet for each one.

[DISTRIBUTE HANDOUT / ASK PARTICIPANTS TO WRITE DOWN]

- What is the main message of the ad?
- What do you see as the positive aspects? What do you see as the negative aspects?

We will do this for each concept.

[MODERATOR TO PLAY EACH AD AND AFTER EACH, PARTICIPANTS WILL BE ASKED TO COMPLETE THE HANDOUT. NO DISCUSSION UNTIL EACH OF THE ADS IS SHOWN AND RESPONDENTS FILL OUT THE HANDOUT. ORDER OF ADS WILL BE SHOWN IN RANDOMIZED ORDER.]

- What did this concept say to you? What was the key message(s) or idea(s) conveyed by the concept?
- What stands out most in this ad?
- What are the strengths of this ad? Any weaknesses?
- What about the approach taken/tone of the ad? Was it appropriate? Probe: harsh, judgmental, over-the-top, attempts to shock (is that good or bad?), too soft, etc.?
- Was it credible/believable? Why or why not?
- Is it appropriate for the Government of Canada to provide this kind of information? Why or why not?
- Who is the ad aimed at? Why do you say that?
- Is the language easy to understand? Why or why not?
- Were there any specific parts that were unclear, difficult to understand or confusing? What makes them unclear?
- Do you have any improvements that you would make to the ad (messaging or creative) to make it more clear?
- If you saw this ad, would it motivate you to take action? Why or why not?
- What type of actions? Probe: talk to someone, talk to parents/kids, look for more information, etc.?
- What, if anything, would you say to your friends if you saw this ad? Why is that?

FOR CONCEPTS 2 AND 3:

- Which type of expert would resonate best with you? -General physician/Dr, Nurse, Addictions specialist, addictions psychologist, pediatrician, neurologist, police and/or judge?

SOCIAL MEDIA

As part of this campaign, there will be a social media component.

- What do you think about this approach to the social media component? Why do you say that?
- What are the strengths of this approach? Any weaknesses?
- Would you post it or share it with your friends on social media? Why or why not?
- Was it credible/believable? Why or why not?

WEBSITE – ALL THREE WILL BE REVIEWED TOGETHER AT THE END

Finally, as part of the campaign, there will also be a web component.

- [HANDS UP] Did anyone notice the website address on any of the ads? What did you think of it?
- Will it be easy to remember? Why or why not?
- What do you think of the look and layout of this website?
- Does it look easy to navigate? Why or why not?
- What content would you expect to find on this website?
- What kind of visuals would you expect to see on this website? (i.e. graphs and charts, animations, images of real people)

CONCEPT WRAP-UP

- Which would be most likely to motivate you to take action? Why?
- What did you think of the tagline? If the tagline asked “Think you know the facts on cannabis?” would it be more compelling?
- Which do you feel is most appropriate for the Government of Canada? Why?

MESSAGE TESTING

⌚=20 MIN

T=70 MIN

I am going to pass out a sheet with some statements. Please feel free to mark it up. I would ask that you put a “√” beside the statements that resonate with you the most, put an “X” beside any statement you feel the government should not use, a “?” beside any statements you find confusing or unclear, and then circle ones which make you personally less likely to want to use cannabis. Please feel free to mark up any word/phrases/elements with the same symbols.

LIST OF STATEMENTS IN APPENDIX A

MODERATOR TO DISTRIBUTE HANDOUT WITH STATEMENTS. MODERATOR WILL LEAD A DISCUSSION REVIEWING EACH STATEMENT ONE BY ONE:

- How did you rate this statement?
 - What did you like/put a “√” beside? What did you like about it?
 - What did you dislike/put a “X” beside? What didn’t you like about it?
 - Was anything confusing or unclear/put a “?” beside?
- Is it credible? Believable? Why or why not?
- Is it relevant to you? Why or why not?
- Which statement(s) would motivate you to take action?
 - What type of actions? Probe: talk to someone, talk to kids/parents, look for more information, etc.?

LIST OF TERMS IN APPENDIX B

MODERATOR TO DISTRIBUTE HANDOUT WITH TERMS. MODERATOR WILL LEAD DISCUSSION TO GAUGE PREFERENCE FOR EACH TERM.

Let’s review each row one at a time.

- Which of these terms do you prefer? Why?
- Which do you feel is most appropriate for a Government of Canada ad? Why?
- Is it credible? Believable? Why or why not?

IF TIME PERMITS...

COMMUNICATIONS NEEDS

⌚=10 MIN

T=80 MIN

- [HANDS UP] Are you familiar with Canada.ca? Has anyone visited Canada.ca?

[IF YES]

- What was the reason for your visit? Probe: File a tax return; apply for a program; source for news/info, etc.
- Do you frequently visit the website?
- How often?
- Does the website do a good job of presenting the information you were looking for? Why or why not?
- Is the website easy to use? Why or why not?
- Would you visit the website for Cannabis related information? Why or why not?
- What Cannabis related information would you expect to find on the website? [MODERATOR TO MAKE A LIST]
- Do you have any suggestions to make the website more useful or helpful?

WRAP-UP

⌚=10 MIN

T=90 MIN

MODERATOR TO CHECK IN THE BACK ROOM AND PROBE ON ANY ADDITIONAL AREAS OF INTEREST.

- This concludes what we needed to cover tonight. We really appreciate you taking the time to come down here to share your views. Your input is very important.
- Reminder to those in the first and second groups about reserving comments so as not to influence those waiting at reception for the next group.

APPENDIX B: STATEMENTS

General Health Statements

Youth (13-17)

- Don't let cannabis get in the way of your goals.
- Learn the facts about cannabis. Look to trusted experts for the facts you need.
- Using cannabis at a young age, frequently and over a long period of time, can impact not only your physical health but also your mental health.
- If you use cannabis at a young age, frequently and over a long period of time, it can have long-lasting impacts on learning, attention and memory.
- If you have a family history of psychosis or schizophrenia, early and frequent use of cannabis can increase your likelihood of experiencing psychosis or developing schizophrenia.

Young Adults (18-24)

- Learn the facts about cannabis. Look to trusted experts for the facts you need.
- Learn about how cannabis can affect your health. Make informed decisions.
- Just because cannabis is a plant doesn't mean it's harmless.
- Early and frequent cannabis use increases the chance of addiction.
- The health risks increase when combining cannabis with other substances such as tobacco, alcohol or other drugs.
- More research is needed to assess how effective or safe cannabis is for medical use.

Adults (25+)

- Learn the facts about cannabis. Look to trusted experts for the facts you need.
- Like alcohol and tobacco, cannabis is not without risks.
- Cannabis can be addictive.
- Know the signs of cannabis addiction and where to get help.
- The younger someone is when they start using cannabis, and the more often they use it, the higher the likelihood that they will experience harms.
- The health risks increase when combining cannabis with other substances such as tobacco, alcohol or other drugs.
- Your doctor may authorize cannabis for medical use to relieve certain symptoms.
- More research is needed to assess how effective or safe cannabis is for medical use.

APPENDIX C: TERMS

Which of these terms would you expect to see in a Government of Canada ad on cannabis education?

Cannabis	Marijuana	Pot	Weed
Frequent cannabis use	Regular cannabis use	Using cannabis often	
Smoking up	Using cannabis	Getting high	Getting stoned
High	Stoned	Baked	Blazed
Health risks	Health harms	Risks to health	Harmful to health
Addiction	Cannabis use disorder	Substance use disorder	Problematic substance use
THC	Potency	Strength	
Medical cannabis	Prescription cannabis	Cannabis for medical purposes	

APPENDIX D: SCREENER

TORONTO Monday, January 8, 2018	Honorarium: \$100
Group 1: Young adults 18-24	4:00 pm
Group 2: Youth 13-17	6:00 pm
Group 3: Adults 25+	8:00 pm

HALIFAX Tuesday, January 9, 2018	Honorarium: \$100
Group 1: Young adults 18-24	4:00 pm
Group 2: Youth 13-17	6:00 pm
Group 3: Adults 25+	8:00 pm

VANCOUVER Tuesday, January 9, 2018	Honorarium: \$100
Group 1: Young adults 18-24	4:00 pm
Group 2: Youth 13-17	6:00 pm
Group 3: Adults 25+	8:00 pm

QUEBEC CITY Wednesday, January 10, 2018	Honorarium: \$100
Group 1: Young adults 18-24	4:00 pm
Group 2: Youth 13-17	6:00 pm
Group 3: Adults 25+	8:00 pm

REGINA Wednesday, January 10, 2018	Honorarium: \$100
Group 1 Young adults 18-24	4:00 pm
Group 2: Youth 13-17	6:00 pm
Group 3: Adults 25+	8:00 pm

Respondent's name:	Interviewer:
Respondent's phone number: (home)	Date:
Respondent's phone number: (work)	Validated:
Respondent's fax number:	Quality Central:
Respondent's email:	On list:
Sample source: panel random client referral	On quotas:

Hello, my name is _____ and I'm calling on behalf of the Earncliffe Strategy Group, a national public opinion research firm. We are organizing a series of discussion groups on issues of importance to Canadians, on behalf of the Government of Canada. We are looking for people who would be willing to participate in a 2-hour discussion group. Up to 10 participants will be taking part and for their time, participants will receive an honorarium of \$100.00. May I continue?

- Yes CONTINUE
- No THANK AND TERMINATE

Participation is voluntary. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The format is a 'round table' discussion led by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual



can be identified. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix and variety of people. May I ask you a few questions?

- Yes CONTINUE
- No THANK AND TERMINATE

READ TO ALL: “This call may be monitored or audio taped for quality control and evaluation purposes. ADDITIONAL CLARIFICATION IF NEEDED:

- To ensure that I (the interviewer) am reading the questions correctly and collecting your answers accurately;
- To assess my (the interviewer) work for performance evaluation;
- To ensure that the questionnaire is accurate/correct (i.e. evaluation of CATI programming and methodology – we’re asking the right questions to meet our clients’ research requirements – kind of like pre-testing)
- If the call is audio taped, it is only for the purposes of playback to the interviewer for a performance evaluation immediately after the interview is conducted or it can be used by the Project Manager/client to evaluate the questionnaire if they are unavailable at the time of the interview – all audio tapes are destroyed after the evaluation.

S1. Do you or any member of your household work for...

	Yes	No
A marketing research firm	1	2
A magazine or newspaper, online or print	1	2
A radio or television station	1	2
A public relations company	1	2
An advertising agency or graphic design firm	1	2
An online media company or as a blog writer	1	2
The government, whether federal, provincial or municipal	1	2
The field of drug treatment	1	2
Law enforcement	1	2

IF “YES” TO ANY OF THE ABOVE, THANK AND TERMINATE.

S2. **DO NOT ASK – NOTE GENDER**

- Male 1 *ENSURE GOOD MIX*
- Female 2
- Prefer not to identify as either male or female 3

S3. Could you please tell me which of the following age categories you fall in to? Are you...

ENSURE GOOD MIX OF AGES IN ALL GROUPS

Under 18 years	1	ASK TO SPEAK TO ADULT 18+
18-24 years	2	CONTINUE FOR YOUNG ADULT (18-24) ASK S4, S5, S7 AND S8, THEN PROCEED TO S19
25-29 years	3	CONTINUE FOR ADULT 25+
30-34 years	4	CONTINUE FOR ADULT 25+
35-44 years	5	CONTINUE FOR ADULT 25+
45-54 years	6	CONTINUE FOR ADULT 25+
55-64 years	7	CONTINUE FOR ADULT 25+
65+ years	8	CONTINUE FOR ADULT 25+ (MAX 1)
DK/NR	9	THANK AND TERMINATE

FOR THOSE UNDER 18, ONCE ADULT IS ON THE LINE, GO BACK TO INTRODUCTION

S4. Do you normally reside in the [INSERT CITY] area?

Yes	1	CONTINUE
No	2	THANK AND TERMINATE

S5. What is your current employment status?

Working full-time	1	<i>ENSURE GOOD MIX FOR ADULT 25+</i>
Working part-time	2	
Self-employed	3	
Retired	4	
Unemployed	5	
Student	6	
Other	7	
DK/NR	9	THANK AND TERMINATE

S6. Which of the following categories best describes your total household income? That is, the total income of all persons in your household combined, before taxes [READ LIST]?

		<i>ENSURE GOOD MIX OF INCOME</i>
Under \$20,000	1	RECRUIT 2 FROM \$40K AND BELOW
\$20,000 to under \$40,000	2	
\$40,000 to under \$60,000	3	RECRUIT 3 FROM \$40K-\$80K
\$60,000 to under \$80,000	4	
\$80,000 to under \$100,000	5	RECRUIT 5 FROM \$80K+
\$100,000 to under \$150,000	6	
\$150,000 or more	7	
DK/NR	9	THANK AND TERMINATE

S7. What is the last level of education that you have completed?

Some high school only	1	
Completed high school	2	
Some college/university	3	
Completed college/university	4	
Post-graduate studies	5	
DK/NR	9	THANK AND TERMINATE

S8. Do you consider yourself to be Indigenous Canadian (First Nations, Métis or Inuit)?

Yes	1
No	2

AIM FOR TWO INDIGENOUS CANADIANS IN EACH GROUP – PARTICULARLY IN TORONTO, REGINA, VANCOUVER AND QUEBEC CITY.

IF 18-24 YEARS AT S4, QUALIFIES FOR YOUNG ADULT GROUPS. SKIP TO S19.

S9. Are you a parent or guardian of a child?

Yes	1	CONTINUE FOR ADULT 25+
No	2	CONTINUE FOR ADULT 25+ (SKIP TO S19)

PLEASE ENSURE A MINIMUM OF 5/12 FOR GROUPS WITH ADULT 25+ ARE PARENTS.



S10. Do you have a child between the ages of 13 and 17 that lives with you at least half the time?

- | | | |
|-----|---|--------------------------------------|
| Yes | 1 | CONTINUE FOR ADULT 25+ |
| No | 2 | CONTINUE FOR ADULT 25+ (SKIP TO S19) |

S11. Are you regularly involved in decisions that relate to the health and safety of your child?

- | | | |
|-----|---|--------------------------------------|
| Yes | 1 | CONTINUE FOR ADULT 25+ |
| No | 2 | CONTINUE FOR ADULT 25+ (SKIP TO S19) |

TO PARENTS OF YOUTH 13-17:

IF RECRUITING YOUTH: CONTINUE

IF RECRUITING PARENT (FOR ADULTS 25+): SKIP TO S19

NOTE: DO NOT RECRUIT YOUTH AND PARENT FROM SAME HOUSEHOLD

As part of this study, we are conducting discussion groups among youth between the ages of 13 and 17.

S12. With your permission, we would like to invite your child to attend a discussion on [INSERT DATE] at [TIME]? It will last 2 hours and your child will receive \$100.00 for their time. These groups are being conducted on behalf of Health Canada to help them explore the topic of youth and cannabis. Please note, while it is not our intention to ask any questions about their own possible drug use, that subject may come up. The discussion will focus on their opinions on different messages about the potential harms/health effects of cannabis use. Your written consent for your child to participate in the focus group will be required upon arrival. Would your child be available to attend on [INSERT DATE] at [TIME]?

- | | | |
|-----|---|--|
| Yes | 1 | CONTINUE |
| No | 2 | “IN THAT CASE, WOULD YOU BE ABLE TO PARTICIPATE?”
– SKIP TO S19 |

S13. Is the child who would be participating a male or a female or prefers not to identify as either male or female?

- | | | |
|---|---|----------------------------------|
| Male | 1 | <i>ENSURE GOOD MIX</i> |
| Female | 2 | |
| Prefer not to identify as either male or female | 3 | <i>NO MINIMUM FOR THIS GROUP</i> |

S14. What is the age of the child who would be participating?

13	1	<i>ENSURE GOOD MIX OF AGES</i>
14	2	
15	3	
16	4	
17	5	

S15. In order to ensure we have a mix of youth participants in the room, we need to ask them some qualifying questions. May we speak with your son or daughter if it is convenient to speak with them now?

Yes	1	WAIT TO SPEAK TO YOUTH
Yes, but they are not available now	2	RESCHEDULE
No	3	THANK AND TERMINATE

TO YOUTH:

Hello, my name is _____ and I'm calling on behalf of the Earnscliffe Strategy Group, a national public opinion research firm. We are organizing a series of discussion groups on issues related to youth and drugs on behalf of Health Canada (Government of Canada). Up to 10 adolescents will be taking part and for their time, participants will receive an honorarium of \$100.00. But before we invite you to attend, we need to ask you a few questions to ensure that we get a good mix/variety of people. May I continue?

Yes	CONTINUE
No	THANK AND TERMINATE

Participation is voluntary. We are interested in hearing your opinions; no attempt will be made to sell you anything or change your point of view. The format is a 'round table' discussion led by a research professional. All opinions expressed will remain anonymous and views will be grouped together to ensure no particular individual can be identified. It is important that you understand that all of your answers will be kept confidential, including from your parents. Your answers will be used for research purposes only and will help ensure we have a mix of participants in the room.

S16. For the purposes of this project, we need to ensure that we are speaking with youth between the ages of 13 and 17 years. Are you between the ages of 13 and 17?

Yes	CONTINUE
No	THANK AND TERMINATE



S17. How old are you?

13	1	ENSURE GOOD MIX OF AGES
14	2	
15	3	
16	4	
17	5	

S18. Sometimes participants are also asked to write out their answers to a questionnaire, read materials or watch TV commercials during the discussion. Is there any reason why you could not participate? [READ IF NEEDED: I can assure you that everything written or discussed in the groups will remain confidential.]

Yes	THANK AND TERMINATE
No	CONTINUE

[INTERVIEWER NOTE: TERMINATE IF RESPONDENT OFFERS ANY REASON SUCH AS SIGHT OR HEARING PROBLEM, A WRITTEN OR VERBAL LANGUAGE PROBLEM, A CONCERN WITH NOT BEING ABLE TO COMMUNICATE EFFECTIVELY OR IF YOU HAVE A CONCERN.]

IF YOUTH QUALIFIES, PROCEED TO PRIVACY QUESTIONS.

NOTE: DO NOT RECRUIT PARENT (ADULTS 25+) AND YOUTH (13-17) FROM THE SAME HOUSEHOLD.

S19. Have you participated in a discussion or focus group before? A discussion group brings together a few people in order to know their opinion about a given subject.

Yes	1	(MAX 1/3 PER GROUP)
No	2	SKIP TO S22
DK/NR	9	THANK AND TERMINATE

S20. When was the last time you attended a discussion or focus group?

If within the last 6 months	1	THANK AND TERMINATE
If not within the last 6 months	2	CONTINUE
DK/NR	9	THANK AND TERMINATE

S21. How many of these sessions have you attended in the last five years?

If 4 or less	1	CONTINUE
If 5 or more	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

S22. And what was/were the main topic(s) of discussion in those groups?

IF RELATED TO CANNABIS, DRUGS, GOVERNMENT POLICY ON DRUGS, THANK AND TERMINATE



S23. Participants in discussion groups are asked to voice their opinions and thoughts. How comfortable are you in voicing your opinions in front of others? Are you... (READ LIST)

Very comfortable	1	MINIMUM 4 PER GROUP
Somewhat comfortable	2	CONTINUE
Not very comfortable	3	THANK AND TERMINATE
Not at all comfortable	4	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

S24. Sometimes participants are asked to read text and/or review images during the discussion. Is there any reason why you could not participate?

Yes	1	THANK AND TERMINATE
No	2	CONTINUE
DK/NR	9	THANK AND TERMINATE

S25. The discussion group will take place on **DATE @ TIME** for 2 hours and participants will receive \$100.00 for their time. Would you be willing to attend?

Yes	1	RECRUIT
No	2	THANK AND TERMINATE
DK/NR	9	THANK AND TERMINATE

PRIVACY QUESTIONS

Your / Your child’s views, opinions and feedback are personal information. The personal information you / your child provides as a research participant will be collected, used, retained and disclosed by Health Canada in accordance with the Privacy Act and is being collected under the authority of section 4 of the Department of Health Act. You / your child also have the right to file a complaint with the Privacy Commissioner of Canada if you think personal information has been handled improperly.

Now I have a few questions that relate to privacy, your personal information and the research process. We will need your consent on a few issues that enable us to conduct our research. As I run through these questions, please feel free to ask me any questions you would like clarified.

P1) First, we will be providing the hosting facility and session moderator with a list of respondents’ names and profiles (screener responses) so that they can sign you into the group. This information will not be shared with the Government of Canada department organizing this research. Do we have your permission to do this? I assure you it will be kept strictly confidential.

Yes	1	GO TO P2
No	2	READ RESPONDENT INFO BELOW

We need to provide the facility hosting the session and the moderator with the names and background of the people attending the focus group because only the individuals invited are allowed in the session and the facility and moderator must have this information for verification purposes. Please be assured that this information will be kept strictly confidential. GO TO P1A



P1a) Now that I've explained this, do I have your permission to provide your name and profile to the facility?

Yes	1	GO TO P2
No	2	THANK & TERMINATE

P2) An audio and/or video tape of the group session will be produced for research purposes. The tapes will be used only by the research professional to assist in preparing a report on the research findings and will be destroyed once the report is completed.

Do you agree to be audio and/or video taped for research purposes only?

Yes	1	THANK & GO TO P3
No	2	READ RESPONDENT INFO BELOW

It is necessary for the research process for us to audio/video tape the session as the researcher needs this material to complete the report.

P2a) Now that I've explained this, do I have your permission for audio/video taping?

Yes	1	THANK & GO TO P3
No	2	THANK AND TERMINATE

P3) Each month we submit the names of individuals that have participated in our focus groups to the Marketing Research and Intelligence Association Qualitative Central system (www.mria-arim.ca). Qualitative Central serves as a centralized database to review participation in qualitative research and focus groups. You will not be contacted for any reason whatsoever as a result of being on this list.

Do we have your permission to submit your name and phone number to MRIA's Qualitative Central system?

Yes	1	THANK & GO TO INVITATION
No	2	GO TO P3A

P3a) To participate in this focus group we must have your permission to add your name to the Qualitative Central system as it is the only way for us to ensure the integrity of the research process and track participation in qualitative research. The system is maintained by the industry body, the Professional Marketing Research Society, and is solely used to track your participation in qualitative research (such as focus groups). You will not be contacted for any reason whatsoever as a result of being on this list.

Now that I've explained this do I have your permission to add your name to our qualitative central list?

Yes	1	THANK & GO TO INVITATION
No	2	THANK & TERMINATE

AS REQUIRED, ADDITIONAL INFO FOR THE INTERVIEWER:

Please be assured that this information is kept confidential and is strictly accessed and used by professional market research firms to review participation and prevent “professional respondents” from attending sessions. Research firms participating in MRIA’s Qualitative Central require your consent to be eligible to participate in the focus group - the system helps ensure the integrity of the research process.

AS REQUIRED, NOTE ABOUT MRIA:

The Marketing Research and Intelligence Association is a non-profit organization for marketing research professionals engaged in marketing, advertising, social, and political research. The Society's mission is to be the leader in promoting excellence in the practice of marketing and social research and in the value of market information.

Invitation:

Wonderful, you qualify to participate in one of our discussion sessions. As I mentioned earlier, the group discussion will take place the evening of **[Day, Month, Date] @ [Time]** for up to 2 hours.

Do you have a pen handy so that I can give you the address where the group will be held? It will be held at: **[PROVIDE FACILITY NAME AND ADDRESS]**.

We ask that you arrive fifteen minutes early to be sure you find parking, locate the facility and have time to check-in with the hosts. The hosts may be checking respondents’ identification prior to the group, so please be sure to bring some personal identification with you (for example, a health card, a student card, or a driver’s license). If you require glasses for reading make sure you bring them with you as well.

As we are only inviting a small number of people, your participation is very important to us. If for some reason you are unable to attend, please call us so that we may get someone to replace you. You can reach us at **[INSERT PHONE NUMBER]** at our office. Please ask for **[NAME]**. Someone will call you in the days leading up to the discussion to remind you.

So that we can call you to remind you about the discussion group or contact you should there be any changes, can you please confirm your name and contact information for me?

First name

Last Name

email

Daytime phone number

Evening phone number

If the respondent refuses to give his/her first or last name or phone number please assure them that this information will be kept strictly confidential in accordance with the privacy law and that it is used strictly to contact them to confirm their attendance and to inform them of any changes to the discussion group. If they still refuse THANK & TERMINATE.

