POR-189-07

Decima Research

Significantly Different

Final Report

National Youth Drug Prevention Strategy – Youth Focus Groups

Prepared for Health Canada

por-rop@hc-sc.gc.ca

March 2008

HC: HC-POR-07-37

Ce rapport est aussi disponible en français sur demande

Contract No: H1011-070017/A
Contract award date: September 25, 2007

Prepared by:
Decima Research
160 Elgin Street, Suite 1800
Ottawa ON K2P 2P7

Confidentiality

Any material or information provided by Health Canada and all data collected by Decima will be treated as confidential by Decima and will be stored securely while on Decima's premise (adhering to industry standards and applicable laws).

Toronto
2345 Yonge Street
Suite 405
Toronto, Ontario
M4P 2E5

t: (416) 962-2013
f: (416) 962-0505

Ottawa
160 Elgin Street
Suite 1820
Ottawa, Ontario
K2P 2P7

t: (613) 230-2200
f: (613) 230-9048

Montreal
1080 Beaver Hall Hill
Suite 400
Montreal, Quebec
H2Z 1S8

t: (514) 288-0037
f: (514) 288-0138

Vancouver
21 Water Street
Suite 603
Vancouver, British Columbia
V6B 1A1

t: (604) 642-2295
f: (604) 642-2549

www.decima.com **info@decima.com**

Decima Research

Table of Contents

Introduction

Decima Research Inc. is pleased to present the following report to Health Canada. This report summarizes the results of a series of focus groups that will assist in the development of the National Youth Drug Prevention Social Marketing Campaign.

In the 2007 Federal Budget, the Prime Minister announced the introduction of a new National Anti-Drug Strategy, covering three priority areas: to combat illicit drug production; prevent illicit drug use; and treat illicit drug dependency.

The budget speech further outlined the drug prevention priority:

"Budget 2007 invests $10 million over the next two years to implement a national prevention campaign aimed at youth and their parents. The objective of the campaign will be to help decrease the prevalence of drug use among youth. To do this, the campaign will raise awareness and knowledge about drugs and their negative effects. It will also give parents the tools they need to talk to their children about drug use."

Health Canada is leading a five-year national youth drug prevention mass media marketing strategy to help decrease the prevalence of illicit drug use among youth. This mass media marketing strategy will be implemented over five years and will comprise multiple campaigns, targeting both youth and their parents.

This first research project involved exploratory focus groups with youth. The findings from those groups will provide a foundation to help inform these campaigns.

An important research consideration concerns the youth target group for the advertising campaign, and therefore, the research. Specifically, the campaign focuses on the group of youth, 13-15 years of age, who are classified as

"contemplators." The "contemplators" segment is the second largest of 3 groups Health Canada has identified (the other two are called the "Straight and Narrow" – the largest segment, and the "Experienced" – the smallest segment). The contemplators segment of young people tends to be less adamant that drug use and other potentially risk-laden activities are not for them than the "straight and narrow" segment, however they are not as inclined to try marijuana or use it regularly as the "experienced" segment. As such, this segment occupies a form of middle ground between the "experienced" and the "straight and narrow" segments. This middle ground is most clearly illustrated by the tendency of this segment not to express extreme levels of agreement (i.e. strongly agree or strongly disagree) with many of the statements read out during surveys on attitudes toward drugs.

Partners, friends, curiosity and peer pressure are the main reasons given by segment members for smoking marijuana. This clearly illustrates the tendency for this segment to "go along" with whatever "the crowd" is doing in a given situation and their potential vulnerability to imitating other people. Doctors, nurses and other health professionals are seen as the most credible spokespersons on the dangers of drug use for this group.

Specific objectives for the research were to:

- Assess attitudes among youth towards drug use;
- Determine perceptions of language used in anti-drug advertisements;
- Test messages/themes, including those from other jurisdictions, for clarity, credibility and overall impact; and
- Determine appropriate tactics for reaching the target audience, (Web 2.0, Cinema, Magazines, Spokespeople, etc).

With these objectives in mind, Decima conducted twelve mini-focus groups with Canadian youth ages 13-15 who are "contemplators" or "experienced." These sessions took place in six cities across Canada from October 16 to 24, 2007, as follows:

- Toronto (English);
- Montreal (French);
- Trois Rivières (French);
- Red Deer (English);
- Halifax (English); and
- Vancouver (English).

The focus groups were mini-groups with between four (4) and six (6) participants each. Decima recruited seven participants for each group as per industry standards. Two focus groups were conducted each night. The groups were two hours in duration and scheduled for 5:00 pm and 7:00 pm.

Decima Research designed and directed all elements of this research including design (screener, moderator's guide), recruitment, moderation and reporting. The research tools and deliverables were approved by Health Canada and the moderator's guide was translated into French by Decima's in-house translation department. Themes and messages were translated by Health Canada.

This report begins with an executive summary highlighting key findings from the focus groups followed by detailed results of the qualitative findings.

NOTE: For the purposes of this report, it is important to note that focus group research is a form of scientific, social, policy and public opinion research. As structured, restricted, group interviews that proceed according to a careful research design and attention to the principles of group dynamics, focus groups should be distinguished from "discussion groups", "problem-solving groups", "buzz groups", or "brainstorming groups". They are 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, however, 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.

Because qualitative research is exploratory in nature, MRIA (Market Research and Intelligence Association) guidelines preclude researchers from using any quantifiable terms to describe data (i.e. two out of ten, one in four). Rather, it is more appropriate to use terms such as "few", "many", "almost all", or other generic terms. These are the terms that are presented in this report.

Executive Summary

This report presents the findings of twelve focus groups conducted in Toronto, Red Deer, Montreal, Trois Rivières, Vancouver, Halifax. The target audience for this research initiative was Canadian youth ages 13-15 who were considered "contemplators" with respect to drug use. The specific objectives of this research were to:

- Assess attitudes among youth towards drug use;
- Determine perceptions of language used in anti-drug advertisements;
- Test messages/themes, including those from other jurisdictions, for clarity, credibility and overall impact; and
- Determine appropriate tactics for reaching target audiences in communications.

Context

The initial portion of the groups investigated key contextual issues associated with drugs and youth – perceptions of use and access to drugs, as well as attitudes toward drugs, and attitudes toward those who use drugs.

For most of the youth (ages 13-15) that participated in these discussions, drugs were deemed to be fairly easily available. Marijuana was perceived to be the most accessible, and by far the most widely used illegal drug. Cocaine, ecstasy, and mushrooms were (usually distant) second in terms of accessibility and use, while meth and heroin were perceived as being more rarely used. Some suggested that marijuana was almost universally available and used "openly" among kids they knew, whereas other drugs tended to be less ubiquitous, and kids who sold/used them tended to be more discreet about other drugs.

In terms of motivation to use drugs, the participants signaled that different factors were involved for each person. However, girls tended to

suggest that ***peer pressure*** was a fairly significant factor, whereas boys were more likely to say that kids tried drugs because they wanted to ***"try something different."*** Curiosity was a commonly cited reason for trying.

The young people in these groups expressed widely divergent perceptions of the relative risks of various drugs.

- **There were almost unanimous views that drugs like ecstasy, cocaine and meth posed very serious risks to users,** particularly health risks. This was in some part because several of those drugs contained a cocktail of "man-made" chemicals. In addition, it was because those drugs were felt to be highly addictive.

- **In contrast, many felt that marijuana posed few risks, particularly if only used occasionally.** Some said they believed this was the case because marijuana was "natural", others said it was the case because marijuana was "not addictive". The risks associated with marijuana were generally seen to be only evident among those who were heavy users. In addition, the possible consequences of being caught with marijuana by authorities were not seen as significant.

- Among those less familiar with drugs, there was more of an inclination to see all drugs as being dangerous.

Most participants were reluctant to suggest that they had different attitudes (or that there was a negative stigma) associated with those who use drugs – there was a strong ethos of "to each their own" expressed by these young people.

In some parts of the country, participants stated that they had been exposed to preventive drug efforts through their schools, but there were divergent views across regions about how successful those efforts were. Two main forums for this were through health classes, where

participants mentioned that they received a fairly detailed module on drugs and their impact, as well as through presentations made to the schools about the risks of drugs by police, rehabilitated drug users, and others.

There was a fair level of awkwardness with the idea of talking to parents about drugs. For all but a handful of these kids, their parents were deeply respected, but they were not necessarily felt to be the kids' first choice as an information source about drugs.

Major Findings: Themes and Messages

The main part of the focus group discussions centred on testing the impact of a series of 22 preventive messages. These messages touched upon different themes, as well as different types of drugs. The goal of these discussions was to identify areas which have the potential to be more and less persuasive in communications. Participants were prompted with these messages individually, and asked to discuss the impact of each message on their perspective about using drugs.

- ***Thematic areas tested: Health/Family/School/Social/Legal***

- ***Drugs tested: Marijuana/Cocaine/Ecstasy/Magic Mushrooms/ Meth/All Drugs***

The effectiveness of various themes within the messages was heavily dependent on the specific drugs to which they referred. For some substances, specifically those that were seen as posing the most risk, several of the themes were seen as being effective. For marijuana, a couple of the themes did stand out as being more effective than others, but in many groups, even those themes didn't really generate a strong resonance. This was because marijuana as a substance was not felt to carry as much risk.

Nevertheless, there were specific aspects of different themes that tended to be more powerful than others. For example, in the "health"

sphere, messages about the impact of a drug on the brain tended to evoke significant concern about almost every drug. Whereas other health risks, while important to some, were not perceived as being as important overall. In other words, *some* health-themed messages are likely to work, but not *any* health-themed message. This was true of all of the thematic categories – certain messages within thematic groups did work, and some themes clearly worked better than others, but it is important to recognize that getting the theme right is only part of the battle.

A key factor that consistently correlated with the level of persuasiveness of the various messages was personal experience or knowledge of situations that other young people have faced. For example, one of the participants in Toronto described a situation where a friend had been caught taking drugs and how much shame it had brought to that person's father as well as to the person himself – it was clear that this event had an impact on keeping him as a "contemplator" and not becoming a user. One of the young women in another group told a story of a friend who had lost her relationship with her mother after being caught with drugs; risking that kind of breakdown in the relationship she had with her own mother was clearly a factor in her remaining in the "contemplator" category.

In summary, what worked in terms of communications themes:

- **Credible messages that conveyed serious health impacts as a result of taking drugs.** The more likely that they had heard of, or seen a specific health impact from a drug (even on a TV show like "Intervention"), the more credible it was.
    - *"Using meth (methamphetamine) can lead to irreversible brain damage"*

- **Messages that connected the health impact with a specific drug.** Because there was so much variance in the perceived level of risk associated with different drugs, "all drugs" messages had difficulty working, as did "marijuana" messages.

- *"Ecstasy use can have some serious side effects that can lead to stroke and heart failure"*
- *"Cocaine use can cause a heart attack or stroke, even in a healthy person"*

- **Messages that conveyed a negative impact on family/parental relations.** The idea of bringing shame or disappointment to their family, and/or between them and their parents, made several of these kids uncomfortable. The key issue here was that the youth would need to be "caught" with the drugs for disappointment to be an issue.
  - *"Parents of teens who use drugs such as marijuana can experience frustration, fear, and shame about their teen's drug use"*

- **Serious tone.** It is a serious issue, and the groups were clear that it required a serious (but not over-reaching) message. Many of the themes would be improved with powerful facts to support the messages.
  - *"Cocaine use can cause a heart attack or stroke, even in a healthy person"*

Two additional approaches that appeared to have potential as well, even though the messages that were tested didn't directly deliver these ideas, were:

- **Messages that touched on "future impacts" of drug use have the potential to impact kids.** This was particularly true in terms of health impacts, but also in terms of justice issues, the potential impact of not being able to get a job or enter other countries, as a result of a drug conviction.

- **Messages that helped illustrate the path from "contemplator" to "problem".** Participants could accept that most people don't start with the intention of developing a problem, and were interested in

variables that could increase their vulnerability to problems, so they could make different choices. Along these lines, knowing a "before" and "after" of a user who started out much as they are now, but ended up unexpectedly in a difficult situation.

What didn't work

Certain messages worked less well than others, both in terms of categories (all drugs and marijuana) and certain themes (friends, legal/criminal). But the key underlying drivers of messages that did not work were three-fold:

- Statements that did not ring true in the reality that the youth observe:
  - *"You can get arrested if you are caught with marijuana"*

- Statements that were "over the top" in terms of believability:
  - *"Heavy use of marijuana can lead to mental illness such as schizophrenia"*

- Statements that suggested that participants would be susceptible to things that had happened to others:
  - *"Nearly half of the people in Canada's federal prisons have drug problems"*

Information Sources and Channels

Two sources of information were the most credible to participants:

- **Former drug users.** Rehabilitated, young people who had become addicted to drugs were seen as the most credible sources of information by far. This was the case because these people were the most relevant to the participants and their stage in life.

- **Professionals who have worked with drug users.** Most participants made reference to professionals that worked closely with drug users over many years, whether health professionals or other professionals, as credible sources of information on drugs.

Preferred methods of communications

The preferred method of conveying drug prevention messages was through direct school-oriented programs, where students are assembled to hear from and talk to those who have dealt with or experienced drug use (users and professionals together, ideally). Other than this, there was no clearly preferred communications channel. As might be expected, youth weren't "asking" for a campaign, so they did not voluntarily offer other information channels as ways of "getting through" to them.

However, prompted discussions revealed that there were channels where youth are active and could imagine ads being placed. Facebook and magazines (among girls in particular), TV, posters, bus shelters, and cinema ads were all seen as potential vehicles for communications.

Television advertising was seen as only moderately useful – the participants indicated to us that they are avid "flippers", and often try to avoid commercials, however some participants mentioned interesting TV commercials suggesting that they do in fact watch commercials if they catch their attention.

Conclusions

The research revealed that there are thematic approaches to communications that can help to influence young peoples' attitudes toward using drugs.

The most broadly resonant theme was "impact on personal health". Some other categories of messages worked for some of these young people, including family shame/disappointment, negative impact on school, and a permanent record/impact on job or travel. When the most serious drugs and the most serious impacts were discussed together, the messages had their desired effect.

But the research revealed two key things that are germane to the execution of communications:

- First, not every message within even the most resonant themes will work. The credibility of the messages differed, sometimes widely within a given thematic category. The factor most closely associated with the credibility of the message was personal experience, or personal knowledge of the impact on someone they knew (or knew of). When they had heard of, or knew of a situation where a drug had a certain impact, it resonated. When they had not, further proof, or other validating information was required to support the message.

- Second, messages about certain drugs were more likely to resonate than others. There was no message in the methamphetamine category that didn't work. In contrast, the messages in the marijuana category had a less persuasive effect. This was because pre-existing differences in attitudes about risk ("health" as well as "family" as well as "legal") between marijuana and other drugs differs greatly, creating a dynamic that made messages in the marijuana category less resonant, and which concomitantly undermined messages about **all** drugs, because marijuana was believed to be "an exception".

Based on this research, some suggested approaches to shaping messages:

- Connect the negative impact with a specific drug:
    - In some cases, various drugs can be connected to a specific impact with similar effect (i.e. meth/ecstasy/mushrooms & brain damage)
- Ensure credibility of the information presented:
    - Credibility is enhanced if the point made was something they had heard of/knew of already
- Where necessary, use supportive facts/evidence of impact:
    - This was essential if the point being made was ***not*** something they had heard of/knew of already (marijuana and schizophrenia)
- Use a serious tone:
    - Humour may be memorable, but not necessarily impactful

The next page provides a summary of the receptivity of each of the messages tested. They have been grouped into the following four categories:

- Most effective: worked well as written;
- Potentially effective: with minor revisions;
- Potentially effective: with major revisions; and
- Not effective: not likely to resonate.

Most effective: work well as written

- ✓ Taking hallucinogens such as magic mushrooms can cause users to take dangerous risks, which can lead to serious injuries and even death.
- ✓ Using meth (methamphetamine) can lead to irreversible brain damage.
- ✓ People who regularly use meth (methamphetamine) can display violent behaviour towards those around them.
- ✓ Cocaine use can cause a heart attack or stroke, even in a healthy person.
- ✓ Ecstasy use can have some serious side effects that can lead to dehydration, stroke and heart failure.
- ✓ Meth (methamphetamine) users can experience hallucinations that give them the sensation of bugs crawling under their skin.

Potentially effective: with minor revisions

- ✓ When it comes to drugs, you can never be sure what you're actually taking.
- ✓ When it comes to drugs, your decisions can also influence your friends' choices.
- ✓ Using drugs affects your judgement, which increases your risk of personal injury.
- ✓ Frequent marijuana use reduces motivation and concentration which can interfere with school and social life.
- ✓ Regular use of hallucinogens like magic mushrooms can lead to serious personal problems that devastate relationships with family and friends.

Potentially effective: with major revisions

- ✓ If you use drugs, you can develop serious personal problems that destroy relationships with your friends and family.
- ✓ Young people who use drugs disappoint their parents/guardians.
- ✓ Heavy use of marijuana can lead to mental illness such as schizophrenia.
- ✓ Parents of teens who use drugs such as marijuana can experience frustration, fear, and shame about their teen's drug use.
- ✓ You can be arrested if you are caught with marijuana.

Not effective: not likely to resonate

- ✓ There are no safe drugs and no safe amounts of drugs.
- ✓ If you don't say anything, you could lose a friend to drugs.
- ✓ Nearly half of the people in Canada's federal prisons have drug problems.
- ✓ Using drugs affects your judgement, which increases your risk of embarrassment in front of your peers.
- ✓ Being caught with meth (methamphetamine) carries the same penalty as being caught with cocaine.
- ✓ Fewer than 5% of teens have reported trying ecstasy.

Résumé

Ce rapport présente les résultats de douze groupes de discussion qui ont eu lieu à Toronto, Red Deer, Montréal, Trois-Rivières, Vancouver et Halifax. Cette étude ciblait les jeunes canadiens âgés de 13 à 15 ans qui ont déjà songé à consommer de la drogue. Les objectifs précis de la recherche étaient :

- D'évaluer l'attitude des jeunes par rapport à la consommation de drogues,
- De déterminer leur perception du langage utilisé dans des publicités antidrogues,
- De tester des messages/thèmes, y compris ceux d'autres autorités, pour connaître leur impact général et déterminer s'ils sont clairs et crédibles,
- De déterminer les tactiques appropriées pour que les communications atteignent efficacement les publics cibles.

Contexte

Au début des groupes, la discussion a porté sur les enjeux clés associés aux drogues et aux jeunes : les perceptions au sujet de la consommation et de l'accès aux drogues ainsi que les attitudes à l'égard des drogues et les comportements à l'endroit de ceux qui en consomment.

La plupart des jeunes (âgés de 13 à 15 ans) qui ont participé aux groupes de discussion jugent qu'il est assez facile de se procurer des drogues. La marijuana est perçue comme étant la plus accessible et, de loin, la plus utilisée des drogues illicites. La cocaïne, l'ecstasy et les champignons magiques arrivent en deuxième (habituellement loin derrière) pour ce qui est de l'accessibilité et de l'utilisation, alors que la méthamphétamine et l'héroïne sont perçues comme plus rarement consommées. Certains suggèrent que la marijuana est disponible presque partout et consommée « ouvertement », par des jeunes qu'ils connaissent

alors que les autres drogues sont moins répandues et que les jeunes qui en vendent ou en consomment sont plus discrets.

Selon les participants, les facteurs qui poussent les jeunes à consommer des drogues diffèrent d'une personne à l'autre. Cependant, les filles indiquent généralement que la ***pression des pairs*** est un facteur assez important, alors que les garçons indiquent souvent que les jeunes essaient des drogues parce qu'ils veulent ***« essayer quelque chose de différent »***. La curiosité est un facteur fréquemment cité pour expliquer pourquoi les jeunes essaient des drogues.

Les jeunes qui ont participé aux groupes ont exprimé des opinions très divergentes quant à leurs perceptions des risques relatifs de différentes drogues.

- **Les participants étaient presque unanimes pour dire que les drogues comme l'ecstasy, la cocaïne et la méthamphétamine posent des risques très sérieux aux utilisateurs,** surtout pour leur santé. Ceci s'explique en partie par le fait que plusieurs de ces drogues contiennent un cocktail de produits chimiques de fabrication humaine, mais aussi parce qu'elles sont perçues comme pouvant créer une très forte dépendance.

- **En revanche, plusieurs croient que la marijuana pose peu de risques, surtout si elle est uniquement consommée à l'occasion.** Certains ont expliqué qu'ils croient que la marijuana est « naturelle »; d'autres, qu'elle « ne crée pas de dépendance ». Les risques associés à la marijuana sont généralement considérés comme évidents uniquement chez les grands utilisateurs. De plus, les conséquences éventuelles d'être appréhendé par les autorités pour possession de marijuana ne semblent pas importantes.

- Quant à ceux qui en savent moins sur les drogues, ils ont tendance à percevoir toutes les drogues comme étant dangereuses.

La plupart des participants hésitent à suggérer avoir une attitude différente à l'égard de ceux qui consomment des drogues (ou qu'ils doivent être montrés du doigt). Ces jeunes participants ont témoigné d'un fort ethos voulant que chacun mène sa vie comme il l'entend.

Dans certaines régions du pays, les participants ont dit avoir été exposés à l'école à des efforts pour prévenir la consommation de drogues. Toutefois, les participants n'étaient pas tous d'accord, selon la région, sur le succès de ces efforts. Les deux principaux forums mentionnés sont des présentations lors de cours sur la santé, pendant lesquels les participants ont dit avoir reçu un module assez détaillé sur les drogues et leurs impacts, ainsi que des rencontres à l'école avec des policiers, de toxicomanes réhabilités ou d'autres personnes sur les risques associés aux drogues.

Les séances ont révélé que les participants se sentent plutôt mal à l'aise à l'idée de discuter des drogues avec leurs parents. Tous les jeunes participants, sauf quelques-uns, respectent grandement leurs parents, mais ils ne les considèrent pas pour autant comme un premier choix pour obtenir de l'information sur les drogues.

Principaux résultats : thèmes et messages

La principale partie des groupes de discussion a porté sur l'évaluation de l'impact de 22 messages préventifs. Ces messages abordaient différents thèmes, ainsi que différents types de drogues. L'objectif de la discussion était de relever les points les plus convaincants et les moins convaincants des communications. Les participants ont regardé les messages un à la fois, puis ils ont discuté de l'impact de chacun des messages sur leur point de vue quant à la consommation de drogues.

- ***Thèmes évalués : Santé/Famille/École/Société/Légalité***

- ***Drogues évaluées : Marijuana/Cocaïne/Ecstasy/Champignons magiques/Méthamphétamine/Toutes les drogues***

L'efficacité de différents thèmes des messages dépend fortement du type de drogue auquel ils font référence. Pour certaines substances, précisément celles qui sont perçues comme posant le plus de risques, plusieurs des thèmes ont été jugés efficaces. Pour la marijuana, deux ou trois thèmes se sont démarqués de par leur efficacité, mais dans plusieurs groupes, même ces thèmes n'ont pas vraiment fait écho, la marijuana étant une substance que les participants ne considèrent pas comme étant aussi porteuse de risques.

Néanmoins, certains aspects précis des différents thèmes sont généralement plus puissants que d'autres. Par exemple, pour les messages qui touchent la santé, ceux qui expliquent l'effet des drogues sur le cerveau suscitent de grandes préoccupations par rapport à presque toutes les drogues. Toutefois, d'autres risques pour la santé bien qu'importants pour certains, ne sont généralement pas perçus comme étant importants. En d'autres termes, si *certains* thèmes liés à la santé semblent fonctionner, ce n'est pas le cas de *tous*. Il en va de même pour toutes les catégories de thèmes : certains messages au sein de la catégorie ont fonctionné, certains messages indubitablement mieux que d'autres. Mais il importe de reconnaître que la sélection du bon thème n'est qu'une partie de la bataille.

Un facteur important qui a constamment mis en corrélation le niveau de persuasion et les différents messages était l'expérience personnelle ou la connaissance d'une situation vécue par d'autres jeunes. Par exemple, un des participants de Toronto a décrit une situation où un ami a été surpris en train de consommer de la drogue et a expliqué la honte qui a rejailli sur cet ami et sur son père. Il est clair que cet événement a contribué à ce qu'il demeure un usager éventuel et l'a empêché de commencer à consommer de la drogue. Dans un autre groupe, une jeune femme a raconté l'histoire d'une amie qui a perdu contact avec sa mère après avoir été appréhendée en possession de drogues. Courir le risque de ne plus pouvoir communiquer

avec sa propre mère a clairement contribué à faire en sorte qu'elle demeure elle aussi une usagère éventuelle.

En bref, les thèmes qui ont fonctionné dans les communications sont les suivants :

- **Les messages crédibles qui présentent les effets sérieux des drogues sur la santé.** Plus les participants ont vu les effets précis d'une drogue sur la santé ou en ont entendu parler (même dans le cadre d'émissions de télévision comme « Intervention »), plus le message est crédible.
    - *« L'usage de meth (méthamphétamine) peut mener à des dommages irréversibles au cerveau. »*

- **Les messages qui font le lien entre l'effet sur la santé et une drogue en particulier.** Puisque le risque perçu varie grandement d'une drogue à l'autre, les messages qui portent sur « toutes les drogues » ne fonctionnent pas très bien, ainsi que ceux sur la « marijuana ».
    - *« L'usage d'ecstasy peut être attribué à certains effets secondaires graves pouvant mener à un ACV (accident cérébro-vasculaire) et à l'insuffisance cardiaque. »*
    - *« L'usage de la cocaïne peut causer une crise ou une insuffisance cardiaque, même chez une personne en santé. »*

- **Les messages qui véhiculent un effet négatif sur la famille ou les relations parentales.** L'idée d'attirer la honte sur leur famille, de décevoir leurs parents ou de briser leur relation avec eux a rendu plusieurs de ces jeunes mal à l'aise. L'élément important ici est que l'on doit attraper le jeune sur le fait pour que la déception survienne.
    - *« Les parents peuvent ressentir de la frustration, de la peur et de la honte face à l'utilisation de drogue par leurs jeunes. »*

- **Un ton sérieux.** L'enjeu est sérieux et les participants ont clairement indiqué qu'il fallait un message sérieux (mais pas excessif). Plusieurs thèmes seraient améliorés s'ils s'appuyaient sur des faits éloquents.
    - *« L'usage de la cocaïne peut causer une crise ou une insuffisance cardiaque, même chez une personne en santé. »*

Deux autres approches semblent également présenter un certain potentiel, même si les messages évalués ne véhiculent pas directement ces idées :

- **Les messages qui portent sur les effets à long terme de la consommation de drogues ont le potentiel d'avoir un impact sur les jeunes.** Ceci est particulièrement vrai pour les effets sur la santé, mais aussi d'un point de vue judiciaire, par exemple l'impossibilité pour une personne de se trouver du travail ou d'entrer dans un autre pays parce qu'elle a été reconnue coupable d'une infraction en matière de drogues.

- **Les messages qui expliquent comment une personne passe du désir de consommer à un problème de consommation.** Les participants comprennent que la plupart des gens ne commencent pas à consommer avec l'intention de développer un problème et ils souhaitent connaître les variables susceptibles d'augmenter leur vulnérabilité à cet égard afin de faire des choix différents. En ce sens, il serait intéressant de connaître le profil « avant » et « après » d'une personne qui tout comme eux a un jour songé à consommer et qui, contre toute attente, s'est retrouvée dans une situation difficile.

Ce qui n'a pas fonctionné

Certains messages ont moins bien fonctionné que d'autres, tant pour les catégories (toutes les drogues et la marijuana) que pour certains thèmes (amis, légalité/criminalité). En fait, trois grands éléments sous-jacents aux messages n'ont pas bien fonctionné :

- Les énoncés qui semblaient contraires à la réalité qu'observent les participants :
    - *« Si vous êtes pris en possession de marijuana, on peut vous arrêter. »*

- Les énoncés jugés excessifs sur le plan de la crédibilité :
    - *« L'utilisation forte de marijuana peut mener à un trouble psychiatrique comme la schizophrénie. »*

- Les énoncés qui suggèrent que les participants seraient susceptibles de vivre la même expérience que d'autres :
    - *« Près de la moitié des personnes dans les prisons fédérales du Canada ont des problèmes de drogue. »*

Sources et canaux d'information

Les participants accordent le plus de crédibilité à deux sources d'information :

- **Les ex-toxicomanes.** Les jeunes réhabilités qui avaient développé une dépendance à la drogue sont perçus comme étant, de loin, la source d'information la plus crédible. C'est le cas ici parce qu'il s'agit de personnes qui peuvent le mieux transmettre le message aux jeunes à cette étape de leur vie.

- **Les professionnels qui ont travaillé avec des toxicomanes.** La plupart des participants perçoivent les professionnels qui travaillent de près depuis plusieurs années avec des toxicomanes, qu'il s'agisse de professionnels de la santé ou d'autres professionnels, comme des sources d'information crédibles sur les drogues.

Moyens de communication préférés

Les programmes offerts directement en milieu scolaire où les jeunes sont rassemblés pour discuter et écouter ceux qui ont travaillé auprès de toxicomanes ou qui ont eux-mêmes consommé des drogues (idéalement des utilisateurs et des professionnels ensemble) sont le moyen de communication préféré pour véhiculer des messages de prévention contre les drogues. À part ce moyen, aucun autre n'est clairement privilégié. Comme on pouvait s'y attendre, les jeunes ne « demandaient » pas de campagne; ils n'ont donc pas volontairement suggéré d'autres moyens de communication pour arriver à les joindre.

Cependant, en sondant un peu, la discussion a révélé des canaux où les jeunes sont actifs et où des publicités pourraient être placées. Facebook et certains magazines (chez les filles en particulier), la télévision, les affiches, les abribus et les publicités au cinéma sont tous des véhicules de communication potentiels pour les participants.

Les publicités télévisées ne sont perçues que comme moyennement utiles. Les participants ont indiqué être d'ardents zappeurs qui tentent souvent d'éviter les pauses publicitaires. Par contre, certains participants ont mentionné des publicités télévisées intéressantes, ce qui laisse entendre qu'ils regardent quand même les publicités lorsqu'elles réussissent à capter leur attention.

Conclusions

L'étude a révélé que des approches thématiques de communication peuvent influer sur l'attitude des jeunes à l'égard de la consommation de drogues.

Le thème le plus évocateur pour les participants est « l'impact sur la santé personnelle », principalement sur la santé mentale, mais aussi sur la santé physique. Parmi les autres catégories de messages qui ont fonctionné auprès des jeunes, notons : la honte ou la déception de la famille, l'impact négatif sur le travail scolaire et l'impact permanent d'un casier judiciaire sur l'emploi et les voyages. Lorsque les drogues les plus dangereuses et les

impacts les plus sérieux sont discutés ensemble, les messages ont l'effet désiré.

Mais l'étude a aussi révélé deux points essentiels pour la réalisation des communications :

- Le premier : les messages, même ceux aux thèmes les plus évocateurs, ne fonctionneront pas tous. La crédibilité des messages diffère, parfois beaucoup, pour une même catégorie thématique. Le facteur le plus étroitement associé à la crédibilité d'un message est l'expérience personnelle ou le fait d'être au courant de l'impact des drogues sur quelqu'un qu'ils connaissent (ou d'en avoir entendu parler). Lorsque les participants connaissent ou ont entendu parler d'une situation où les drogues ont eu un certain impact, le message a fait écho. Dans le cas contraire, des preuves ou des renseignements supplémentaires sont nécessaires pour valider et appuyer le message.

- Le second : les messages à propos de certaines drogues sont plus susceptibles d'être évocateurs que d'autres. Aucun message de la catégorie méthamphétamine n'a fonctionné. En revanche, les messages de la catégorie marijuana ont eu un effet moins persuasif. Ceci s'explique par les différentes attitudes qu'ont déjà les jeunes quant aux risques (« sur la santé », mais aussi « sur la famille » et « la légalité ») associés à la marijuana comparativement à d'autres drogues, ce qui a contribué à rendre les messages de la catégorie marijuana moins évocateurs et, par le fait même, a miné la crédibilité des messages portant sur **toutes** les drogues, parce que la marijuana est perçue comme « une exception ».

En fonction de la recherche, voici quelques suggestions d'approches pour l'élaboration des messages :

- Lier un impact négatif à une drogue précise :
    - Dans certains cas, plusieurs drogues peuvent être liées à un impact négatif précis qui produit des effets similaires (p. ex. l'ecstasy/la méthamphétamine/les champignons et les dommages au cerveau).
- Assurer la crédibilité de l'information présentée :
    - La crédibilité est accrue si le point important évoque quelque chose dont ils ont déjà entendu parler ou qu'ils connaissent déjà.
- Lorsque nécessaire, utiliser des faits qui confirment l'impact ou fournir des preuves à l'appui :
    - Il s'agit d'un point essentiel lorsqu'ils n'en ont **jamais** entendu parler ou s'ils ne le connaissent **pas** déjà (marijuana et schizophrénie).
- Adopter un ton sérieux :
    - On se souvient d'une blague, mais elle ne produit pas nécessairement l'impact recherché.

Les pages suivantes présentent un résumé de la façon dont chacun des messages évalués a été reçu. Ils ont été regroupés en quatre catégories :

- Messages très efficaces tels que rédigés,
- Messages potentiellement efficaces qui requièrent quelques changements,
- Messages potentiellement efficaces qui requièrent des changements importants,
- Messages inefficaces : peu susceptibles d'avoir un effet.

Messages très efficaces tels que rédigés

- ✓ L'utilisation d'hallucinogènes comme les champignons magiques peut amener à prendre des risques dangereux pouvant mener à des blessures graves ainsi qu'à la mort.
- ✓ L'usage de meth (méthamphétamine) peut mener à des dommages irréversibles au cerveau.
- ✓ Les gens qui utilisent régulièrement de la meth (méthamphétamine) peuvent présenter des comportements violents envers ceux qui les entourent.
- ✓ L'usage de la cocaïne peut causer une crise ou une insuffisance cardiaque, même chez une personne en santé.
- ✓ L'usage d'ecstasy peut être attribué à certains effets secondaires graves pouvant mener à la déshydratation, à un ACV (accident cérébro-vasculaire) et à l'insuffisance cardiaque.
- ✓ Les utilisateurs de meth (méthamphétamine) peuvent subir des hallucinations laissant croire que des insectes rampent sous leur peau.

Messages potentiellement efficaces qui requièrent quelques changements

- ✓ Quant aux drogues, vous ne pouvez jamais être sûr de ce que vous prenez.
- ✓ Pour ce qui est des drogues, vos décisions peuvent aussi influencer les choix de vos amis.
- ✓ L'usage de drogues affecte votre jugement, ce qui augmente votre risque de blessure personnelle.
- ✓ L'usage fréquent de marijuana réduit la motivation et la concentration, ce qui peut perturber la vie scolaire et la vie sociale.
- ✓ L'usage régulier d'hallucinogènes comme les champignons magiques peut mener à de sérieux problèmes personnels qui détruisent les relations avec la famille et les amis.

Messages potentiellement efficaces qui requièrent des changements importants

- ✓ Si vous prenez des drogues, vous pouvez développer des problèmes personnels qui détruisent les relations avec vos amis et votre famille.
- ✓ Les jeunes qui utilisent les drogues déçoivent leurs parents/tuteurs.
- ✓ L'utilisation forte de marijuana peut mener à un trouble psychiatrique comme la schizophrénie.
- ✓ Les parents peuvent ressentir de la frustration, de la peur et de la honte face à l'utilisation de drogue par leurs jeunes.
- ✓ Si vous êtes pris en possession de marijuana, on peut vous arrêter.

Messages inefficaces : peu susceptibles d'avoir un effet

- ✓ Il n'y a pas de drogue sécuritaire et il n`y a pas de quantité sécuritaire de drogue.
- ✓ Si vous ne dites rien, vous pourriez perdre un ami à cause des drogues.
- ✓ Près de la moitié des personnes dans les prisons fédérales du Canada ont des problèmes de drogue.
- ✓ L'usage des drogues affecte votre jugement, ce qui augmente votre risque d'embarras face à vos pairs.
- ✓ Le fait d'être pris en possession de meth (méthamphétamine) entraîne la même pénalité que le fait d'être pris en possession de cocaïne.
- ✓ Moins de 5% des adolescents ont déclaré l'usage de l'ecstasy.

Main Findings

Context

The initial portion of the groups investigated key contextual issues associated with drugs and youth – perceptions of use and access to drugs, as well as attitudes toward drugs, and attitudes toward those who use drugs.

For most of the youth (age 13-15) that participated in these discussions, drugs were deemed to be fairly easily available. Almost irrespective of the city, the prevailing view among most of those who participated was that most drugs were easily available if a youth wanted to find them. There was a handful of younger participants that tended to not be as aware of drug use or access, but this was a small group overall.

Marijuana was perceived to be the most accessible, and by far the most widely used illegal drug. Cocaine, ecstasy, and mushrooms were (usually distant) second in terms of accessibility and use, while meth and heroin were perceived as being more rarely used. Some suggested that marijuana was almost universally available and used "openly" among kids they knew, whereas other drugs tended to be less ubiquitous, and kids who sold/used them tended to be more discreet about other drugs.

While most of the young people in the groups had a fair degree of knowledge about drugs, the level of sophistication about drugs was higher than average in Vancouver and Montreal. In these cities, there was a demonstrably higher level of overall awareness and sophistication about drugs and their impact. It appeared that the dynamics of drug use in those cities (Vancouver with the lower east side, for example) combined with availability, resulted in a qualitatively different level of engagement than in the other groups. Overall, boys tended to be more expressive about their awareness and knowledge of drugs than girls.

Typically the first contact that these young people had experienced with drugs occurred in grade 8/9 (or the first year of high school/junior high), and often at parties. The "tipping point" appeared to be age 13, or the beginning of high school. A friend, or person they knew, would often be the one that offered drugs, usually at a party.

In terms of motivation to use drugs, the participants signaled that different factors were involved for each person. However, girls tended to suggest that peer pressure was a fairly significant factor, whereas boys were more likely to say that kids tried drugs because they wanted to try "something different." Curiosity was also commonly cited as a reason for trying.

The young people in these groups expressed widely divergent perceptions of the relative risks of various drugs.

- There were almost unanimous views that drugs like ecstasy, cocaine and meth posed very serious risks to users, particularly health risks. This was in some part because several of those drugs contained a cocktail of "man-made" chemicals. In addition, it was because those drugs were felt to be highly addictive.

- In contrast, many felt that marijuana posed few risks, particularly if only used occasionally. Some said they believed this was the case because marijuana was "natural", others said it was the case because marijuana was "not addictive". The risks associated with marijuana were generally seen to be only present among those who were heavy users.

- Among those less familiar with drugs, there was more of an inclination to see all drugs as being dangerous. However, among those who had a fair degree of exposure to drugs, there was a widespread view that they had seen lots of users of certain drugs (like marijuana) who suffered no serious negative impacts on their lives and functioned reasonably. Even in the case of ecstasy and

mushrooms, there were some that believed the risks were manageable. This risk management was related to "knowing your limitations." In several groups, participants indicated that they knew a lot of other kids that smoked marijuana occasionally, and apparently had no ill effects – the message was that it appeared that taking marijuana was something they could do with reasonable safety as long as certain precautions were taken.

Most were reluctant to suggest that they had different attitudes (or a negative stigma) associated with those who used drugs – there was a strong ethos of "to each their own" that these young people expressed.

If there was a prevailing attitude about drug use in regard to their peers, it was more concern or worry about those that had ended up getting "too caught up" in taking drugs, and how it might affect their lives, their future, and their friendships with others. One of the things that was commonly mentioned about those who began to use drugs was that "they changed" – typically participants mentioned that such a person wants to spend more time using drugs and shifts their circle of friends to spend more time with those they know who use drugs, rather than other friends. This loss of friendship is disappointing, but it still did not cause the participants to be angry or judgmental.

Upon discussion, there was a sense of stigma associated with using drugs such as meth, ecstasy, heroin or cocaine. However, there was considerably less stigma surrounding marijuana use.

In some parts of the country, participants had been exposed to preventive drug efforts through their schools, but there were divergent views across regions about how successful those efforts were. Two main forums for these preventive efforts were through health classes, where participants mentioned that they received a fairly detailed module on drugs and their impact, as well as presentations made to the schools about the risks of drugs by police, rehabilitated drug users, and others.

- In some of the groups, participants suggested that the most informative and memorable of these interactions involved young people (age 20-25), who had been addicted to drugs, telling their stories. A second impactful approach involved an interactive component, where kids themselves participated in things like simulations of what it feels like to be high on certain drugs. In Toronto, there was a strong sense that those programs were quite effective. In Red Deer, Montreal and Halifax, they were perceived as less effective.

- Impressions of anti-drug television ads the participants had seen were decidedly mixed. One ad that was described as effective by a boy in Vancouver was a girl with fish-hooks in her face describing that she tried a drug and "got hooked." Another, that had mixed results, was described as an ad that showed an inflatable person deflating as a result of having used drugs. Some in Vancouver laughed when recalling these or other efforts, clearly indicating they were less effective than might have been desired.

There was a fair level of awkwardness around the idea of talking to parents about drugs. For all but a handful of these kids, their parents were deeply respected, but they were not necessarily felt to be the most comfortable information source about drugs. Many felt that having that kind of conversation with their parents was fraught with potential difficulties – kids misperceiving that their parents would be "accusing them" of something, parents taking a too heavy handed approach, etc. One of the fundamental risks associated with talking to parents was the possibility that the information would be used in a sort of 'court of mom' to make life more problematic for themselves or their friends. In general, there was more comfort with the idea of talking to older siblings, or those who believed that they knew more about drugs and drug use than their parents.

That said, there was an appreciation for the challenge parents face in regard to their kids taking drugs. When asked to put themselves in their parent's shoes, many recognized that they would want to find a way to talk to their kids. In describing what might work, they mentioned two main factors: first, avoiding an accusational tone as opposed to a conversational one – many said their parents had taken the tone of "accusing" their kids when engaging in conversation. The participants indicated that they were very resistant to talking when such a tone was used. Second, using external stimuli such as a TV show, news story or movie that is watched together would provide a good reference point to "start the conversation". In terms of the nature of the conversation, a discussion about unexpected facts concerning what drugs can do to you (how you feel when you are on different drugs, what the short- and long-term effects are on health), were helpful insights that many kids were willing to discuss with their parents.

Theme/Message Testing

The main part of the discussions focused on testing the impact of a series of 22 preventive messages, messages that touched upon different themes, as well as different types of drugs. The goal of these discussions was to identify areas which had the potential to be more and less persuasive in communications.

Thematic areas:

- *Health*
- *Family*
- *School*
- *Social*
- *Legal*

Drugs:

- *Marijuana*
- *Cocaine*
- *Ecstasy*
- *Magic Mushrooms*
- *Methamphetamine (meth)*
- *All Drugs*

The following table outlines the 22 messages that were tested, according to theme and substance. The subsequent discussion in the report breaks down the results, by substance groupings. Each section begins by summarizing the specific messages tested in those respective groupings, then discussing the group and individual messages within the group.

Substance	Theme	Message
All Drugs	Health	There are no safe drugs and no safe amounts of drugs.
All Drugs	Health	When it comes to drugs, you can never be sure what you're actually taking.
All Drugs	Family, Friends, Social, School	If you use drugs, you can develop serious personal problems that destroy relationships with your friends and family.
All Drugs	Family, Friends, Social, School	When it comes to drugs, your decisions can also influence your friends' choices.
All Drugs	Family, Friends, Social, School	If you don't say anything, you could lose a friend to drugs.
All Drugs	Family, Friends, Social, School	Young people who use drugs disappoint their parents/guardians.
All Drugs	Legal	Nearly half of the people in Canada's federal prisons have drug problems.
All Drugs	Family. Friends, Social, School	Using drugs affects your judgement, which increases your risk of embarrassment in front of your peers.
All Drugs	Health	Using drugs affects your judgement, which increases your risk of personal injury.
Marijuana	Health	Heavy use of marijuana can lead to mental illness such as schizophrenia.
Marijuana	Family, Friends, Social	Parents of teens who use drugs such as marijuana can experience frustration, fear, and shame about their teen's drug use.
Marijuana	Family.	Frequent marijuana use reduces

	Friends, Social, School	motivation and concentration which can interfere with school and social life.
Marijuana	Legal	You can be arrested if you are caught with marijuana.
Magic Mushrooms	Health	Taking hallucinogens such as magic mushrooms can cause users to take dangerous risks, which can lead to serious injuries and even death.
Magic Mushrooms	Family. Friends, Social, School	Regular use of hallucinogens like magic mushrooms can lead to serious personal problems that devastate relationships with family and friends.
Meth	Health	Using meth (methamphetamine) can lead to irreversible brain damage.
Meth	Health	Meth (methamphetamine) users can experience hallucinations that give them the sensation of bugs crawling under their skin.
Meth	Family. Friends, Social, School	People who regularly use meth (methamphetamine) can display violent behaviour towards those around them.
Meth	Legal	Being caught with meth (methamphetamine) carries the same penalty as being caught with cocaine.
Ecstasy	Health	Ecstasy use can have some serious side effects that can lead to dehydration, stroke and heart failure.
Ecstasy	Family. Friends, Social, School	Fewer than 5% of teens have reported trying ecstasy.
Cocaine	Health	Cocaine use can cause a heart attack or stroke, even in a healthy person.

Overall Findings: Themes and Messages

The effectiveness of various themes was heavily dependent on the specific drugs to which they referred. For some substances, specifically those that were seen as posing the most risk, several of the themes were seen as being effective. For others, such as marijuana, a couple of the themes did stand out as being more effective than others, but in many groups, even those did not really generate a strong resonance.

Nevertheless, there were specific aspects of different themes that tended to be more powerful than others. For example, in the health sphere, messages about the impact of a drug on the brain tended to evoke significant concerns about almost every drug, whereas other health risks, while important to some, were not perceived as being as important overall. In other words, *some* health-themed messages are likely to work, but not *any* health-themed message. This was true of all of the thematic categories – certain messages within thematic groups did work, and some themes clearly worked better than others, but it is important to recognize that getting the theme right is only part of the battle.

A key factor that consistently correlated with the level of persuasiveness of the various messages was personal experience or knowledge of situations that other young people have faced. For example, one of the participants in Toronto described a situation where a friend had been caught doing drugs and how much shame it had brought to that person's father as well as to the person himself – it was clear that this event had had an impact on his remaining a "contemplator" and not becoming a user. One of the young women in another group told a story of a friend who had lost her relationship with her mother after being caught with drugs; risking that kind of breakdown in the relationship she had with her mother was clearly a factor in her remaining in the "contemplator" category.

In summary, what worked in terms of communications themes:

- **Credible messages that conveyed serious health impacts as a result of taking drugs.** The more likely that they had heard of, or seen a specific health impact from a drug (even on a TV show like intervention), the more credible it was.
    - *"Using meth (methamphetamine) can lead to irreversible brain damage"*

- **Messages that connected the health impact with a specific drug.** Because there was so much variance in the perceived level of risk associated with different drugs, "all drugs" messages did not work well; nor did "marijuana" messages.
    - *"Ecstasy use can have some serious side effects that can lead to stroke and heart failure"*
    - *"Cocaine use can cause a heart attack or stroke, even in a healthy person"*

- **Messages that conveyed a negative impact on family/parental relations** – the idea of bringing shame or disappointment to their family, and/or between them and their parents, made several of these kids uncomfortable. They key issue to convey was that the youth would be "caught" with the drugs.
    - *"Parents of teens who use drugs such as marijuana can experience frustration, fear, and shame about their teen's drug use"*

- **Serious tone.** It is a serious issue, and the groups were clear that it required a serious (but not over-reaching) message. Many of the themes would be improved through the use of powerful facts to support the messages.
    - *"Cocaine use can cause a heart attack or stroke, even in a healthy person"*

Two additional approaches that appeared to have potential as well, even though the tested messages themselves didn't directly deliver these ideas, were:

- **Messages that touched on "future impacts" of drug use have potential to impact kids.** This was particularly true in terms of health impacts, but also in terms of justice issues, the potential impact of not being able to get a job or cross the border, as a result of a drug conviction.

- **Messages that helped illustrate the path from "contemplator" to "problem".** Participants could accept that most people don't start with the intention of developing a problem, and were interested in variables that could make them vulnerable, so they could make different choices. Along these lines, they would be interested in knowing a "before" and "after" of a user who started out much they are now, but ended up unexpectedly in a difficult situation; stories from the kind of kids who were doing well in life and had simply felt, "I've seen lots of others doing it and I know I can do this and still stay in control and avoid any problems."

What didn't work

Certain messages worked less well than others, both in terms of categories ("all drugs" and "marijuana") and certain themes ("friends", "legal/criminal").

But the key underlying drivers of messages that did not work were three-fold:

- Statements that did not ring true in the reality that they observe:
    - *"You can get arrested if you are caught with marijuana"*

- Statements that were "over the top" in terms of believability:
    - *"Heavy use of marijuana can lead to mental illness such as schizophrenia"*

- Statements that suggested that participants would be susceptible to things that had happened to others:
  - *"Nearly half of the people in Canada's federal prisons have drug problems"*

Outlined below are the findings for each message tested.

Category: All Drugs

Messages:

- ***There are no safe drugs and no safe amounts of drugs.***
- ***When it comes to drugs, you can never be sure what you're actually taking.***
- ***If you use drugs, you can develop serious personal problems that destroy relationships with your friends and family.***
- ***When it comes to drugs, your decisions can also influence you friends' choices.***
- ***If you don't say anything, you could lose a friend to drugs.***
- ***Young people who use drugs disappoint their parents/guardians.***
- ***Nearly half of the people in Canada's federal prisons have drug problems.***
- ***Using drugs affects your judgment, which increases your risk of embarrassment in front of your peers.***
- ***Using drugs affects your judgment, which increases your risk of personal injury.***

Many of the "all drugs" messages did not work very well. The young people tended to feel that those messages were not all that influential, because they weren't believable – they would poke holes in the more general statements. For example, the message "***There are no safe drugs and no safe amounts of drugs***" was not found to be very persuasive, because the participants did not believe that *any* amount of marijuana would hurt them –

this fact often undermined the value of "all drugs" messages. Indeed, in Vancouver some boys confidently claimed the statement was untrue, that a safe amount of any drug could be taken – that maintaining reasonable limits and taking precautions could mitigate risks. If the reference in the message was specific to meth, or heroin, the same message would be viewed as more persuasive, because they found it more believable. Similarly, the message "***using drugs affects your judgement, which increases your risk of embarrassment in front of your peers"*** was not seen as effective, particularly because, in the case of marijuana, people were more likely to think drug use would make them more funny or entertaining with their peers rather than embarrassed around them.

Nonetheless, there were a handful of these messages that did strike a chord with some participants. Below is a summary of how the participants reacted to the individual messages in this category.

Message: Using drugs affects your judgment, which increases your risk of personal injury.

This message struck a deeper chord than most among the "all drug" messages, because there was a clear health impact conveyed, and because there was a personal connection that several people made with this type of impact – either through experience in seeing someone they knew out of control when on drugs, or through movies. Where this message failed to maximize its impact was in the fact that it didn't reference a specific drug. If the reference had been to mushrooms, or LSD, or another hallucinogen, the message would have been perceived as much stronger.

"Certain drugs give you a different high and I've heard stories of people getting hurt on hallucinogenic drugs (i.e., mushrooms)"

"Some run out into traffic when high"

"In movies, they show people who think they can fly and (they) hurt themselves. Once people realize there's a consequence, it influences (them). Not marijuana so much as LSD, meth, (or) mushrooms"

"It does affect your judgment after a certain point. You start doing stupid things like picking a fight or walking across the highway"

Message: If you use drugs, you can develop serious personal problems that destroy relationships with your friends and family.

Like the message above, this one did strike a chord, but not as strong a chord as it might have if slightly reconfigured to focus on a specific drug. The idea of compromising family relationships was of significant concern to many (although not all) of the participants in these discussions. But making reference to all drugs allowed participants to raise questions about the message's validity, particularly in relation to marijuana.

"I don't think it's going to change everyone who does it…some people can handle marijuana and it has little effect on their relationships"

"It can hurt relationships when you refuse help. Drugs become more important than family"

"Convincing only if you have family and friends you can count on in your life."

"For me yes, but not for people who are more independent"

Message: When it comes to drugs, you can never be sure what you're actually taking.

Overall this message yielded a moderate amount of impact. It touched on an issue that some of the more aware/engaged young people made a connection to; specifically, the issue of marijuana being laced with another drug by dealers to make it addictive and therefore encourage future business. This was something which was seen as a concern, although there were debates in some groups as to whether this was true or an urban myth.

"You never really know, someone could put something in there"

"I've heard a lot of stories about people who sell drugs and lace it with meth to get them addicted to it so they can make more money…you could think you're just taking marijuana, but it could be laced with other stuff"

Message: When it comes to drugs, your decisions can also influence your friends' choices.

This message tended not to work all that well with most participants. Some of the girls in the groups did make a connection to this idea, and recognized the role that peer pressure can play in influencing friends' decisions. But most others felt that they, and others, made their own decisions, and that they personally would not pressure others, and would not be pressured into taking drugs.

"Some people are easily influenced, not me"

"I don't get it"

"I'm not forcing anyone to do it"

"If a friend pressures me then they are not a good friend"

Message: If you don't say anything, you could lose a friend to drugs.

Like the message above, some of the girls in the groups did make a connection to this message, but most others did not. Part of the problem was the phrasing – the idea that a friend could potentially be seriously affected or die through the use of drugs, was not clear to some respondents. For those that fully understood the message, some saw it as something they would imagine, but not something they have experienced or know anyone who has experienced, which lessened its impact. Others felt that it would be difficult to say something to a friend about their drug use, similar to the difficulty they imagined their parents having in trying to engage them.

"I actually tried to talk to people and it doesn't work. Some people are easy to influence, some are stubborn and think they know what they're doing."

"It has to be a very serious problem (for me to say something). If my friends tried drugs they wouldn't stop being my friend"

"If they are a heavy drug user already, then they are probably not a good friend to start with"

"It's not phrased well. You'll lose friends who do drugs or by doing drugs?"

"It's not your fault or responsibility"

"The way it's written down, you don't get the message that friends could die"

Message: Young people who use drugs disappoint their parents/guardians.

This message did strike a chord, but again, not as strong a chord as it might have if slightly reconfigured to focus on a specific drug. The idea of disappointing parents was found to be the issue where many kids felt the most discomfort about the impact on family relationships – this notion of "disappointment' was definitely a concept that worked. But again, making reference to all drugs allowed participants to raise questions about the message's validity, particularly in relation to marijuana.

"No parent likes to see their kid hurting themselves"

"I want to keep a house over my head"

"Some parents don't care, but most do. I think it would disappoint my parents"

"Most kids don't want to disappoint their parents"

"I don't even want to imagine what my mom would say to me"

"Most of my friends that take drugs don't have their parents around or they don't care."

Message: Nearly half of the people in Canada's federal prisons have drug problems.

This message had no impact on participants. Some didn't understand it, and others didn't see how it would affect their lives. They didn't make a connection between taking drugs and ending up in jail – they had no evidence in their experience or knowledge that there was a causal relationship of some sort. Some said that they thought many drug users became drug users in jail, so there wasn't the kind of pre-existing supporting evidence for this message, as there was for other messages.

"Is this true?"

"Is it that you are exposed to it (drugs) when you get there (jail) or that you are there (jail) due to it (drug abuse)?"

"(This message) tells me that if you start doing a certain amount, it'll get you in trouble"

"I don't think a teenager ever thinks of themselves as being in jail"

"Unconvincing, it doesn't mean they are in prison because of drugs."

Message: Using drugs affects your judgment, which increases your risk of embarrassment in front of your peers.

This message had virtually no impact. Some felt that they were embarrassed in front of friends all the time, that it is "part of friendship" – the suggestion being that if someone were to decide not to be their friend over being embarrassed by them, that they wouldn't want that person as a friend. Others indicated that kids who take drugs were typically not fearful of embarrassment at all, so it didn't ring true in their experience. Finally, the word 'peer' was a word that signals "adults wrote this", and was of much less value than the word "friend".

"I clearly don't care what people think about me. It wouldn't matter to me."

"People high at school don't seem embarrassed"

"My friends embarrass me all the time"

"Most of the time you are sharing the embarrassment, everyone laughs about it, it's less held against you"

"They (kids that are high) think they're cool doing that, but they're not…but they're not worried about being embarrassed"

"If your friends are embarrassed, they aren't your real friends."

Message: There are no safe drugs and no safe amounts of drugs.

This message had no impact. It was quickly dismissed by participants in several groups, on the grounds that marijuana didn't meet the test of the message - some said it because they felt that occasional use was not seen as being a risk, others said it and cited medical marijuana as evidence that it must not be a very significant risk. In some ways, the young people saw this message as a cliché, a heavy-handed way for authority figures to make the point.

"If you take the smallest amount (marijuana) once, it's not a big deal"

"(the message is) too strong for marijuana"

"Depends on what drugs and what you can handle"

"People who take drugs already know they aren't safe."

Category: Marijuana

- ***Heavy use of marijuana can lead to mental illness such as schizophrenia.***
- ***Parents of teens who use drugs such as marijuana can experience frustration, fear, and shame about their teen's drug use.***
- ***Frequent marijuana use reduces motivation and concentration which can interfere with school and social life.***
- ***You can be arrested if you are caught with marijuana.***

The drug that encountered the most difficulty in striking an influential thematic chord was marijuana. For marijuana, two themes worked better than the others (health impacts and impacts on family), but on their own, none had as strong an impact as found in regard to other drugs. As discussed in the introductory section of this report, marijuana was not only the most widely used drug and most widely available drug, it was also a drug that was seen as posing few risks, health or otherwise. Because of its pervasiveness, many teens believed to know a fair amount about this drug. As a result, as a whole, messages that touched on marijuana were less likely to be persuasive compared to messages for other drugs. Nonetheless, there were issues raised that did strike a chord and have potential in terms of communications.

Message: Parents of teens who use drugs such as marijuana can experience frustration, fear, and shame about their teen's drug use.

This message worked well compared to others in this group because many did not want to disappoint, or bring shame upon their parents. Many kids talked about the experiences of friends or other kids they knew being caught with drugs; that those experiences had fundamentally changed the relationships between those kids and their parents. It was clear that these "contemplators", despite being typical teenagers, were still influenced by their parents and cared how they felt. However, it was also clear that in most cases, the real motivator associated with this message was the idea of being

caught with drugs – by parents, or by police (who would bring kids to the parents).

"I can see it being true"

"It's the shame part…and fear, of course"

Message: Frequent marijuana use reduces motivation and concentration which can interfere with school and social life.

As constructed, this message tested marginally well. However, by leaving out the last three words of the message (and focusing on the school impacts), the concept did hit home. While many indicated that they didn't feel that occasional marijuana use was a significant concern, there was a recognition in these discussions that more frequent use of marijuana did result in significant problems in terms of attentiveness, concentration, and motivation, which would impact their ability to do well in school, or in sporting activities (if they were involved in such activities). However, the mention of "social life" actually detracted from the message – their experience with marijuana was that it helped with the social lives of teens, unless the person was a very frequent, heavy user.

Message: You can be arrested if you are caught with marijuana.

This message fell flat in the groups. The reason this message didn't work was simple – their experience was that few, if any, young people ever get arrested, and fewer still pay any significant penalty (fine or jail) for marijuana possession. The statement was therefore not very believable, and not very influential.

However, in some discussion groups, the moderators probed other aspects of legal implications of being caught with marijuana, and some were found to carry more weight. One of these was the issue of having a record. Some of the kids in the groups did have concern that getting a record could be a problem down the road in terms of getting a job. And although few knew this,

the fact that having a record for possession of drugs would prohibit them from travelling to the US (ever) was seen as a significant risk. This aspect of the legal impact of marijuana use was found to be somewhat persuasive, and may be considered as a theme worth pursuing in communications along with others. However, in Vancouver some brushed this notion off pointing out that your record is cleared when you turn 18 and therefore it would not be a lasting problem.

"I think that police officers have more important things to do than catch people with marijuana"

"Marijuana is a different category compared to if you get caught with cocaine or heroin"

"A family friend was caught with marijuana when crossing the border…he couldn't travel for a year"

"I know a lot of people who do marijuana and no one who has been arrested"

"I've known people who went to juvie for being caught with cocaine and just have it recorded if they got caught with marijuana"

"I know people who get caught and the police just warn them and they go and do it somewhere else"

Category: Magic Mushrooms

- ***Taking hallucinogens such as magic mushrooms can cause users to take dangerous risks, which can lead to serious injuries and even death.***
- ***Regular use of hallucinogens like magic mushrooms can lead to serious personal problems that devastate relationships with family and friends.***

The health theme was the most believable and influential when testing the magic mushroom messages. This was due to the fact that many had

heard of the health consequences of taking magic mushrooms; they could believe it because it was true from their own observations and/or knowledge.

Message: Taking hallucinogens such as magic mushrooms can cause users to take dangerous risks, which can lead to serious injuries and even death.

Participants talked about hallucination experiences that they had heard about - where people would think they could walk on water (and drown), or walk into traffic (not realizing it) and this was why this theme was persuasive. Even in Vancouver, where more participants felt that risks could be mitigated for almost any drug, there were comments made about not taking hallucinogens when you were alone or near a large body of water, for example.

"I know a guy that thought he could walk on water and he drowned"

"I know a girl who tried it and it was a horrible feeling, she never tried it again"

"This is believable; I've heard stories about this"

"The personal injury thing, it's more real and changes your life"

Message: Regular use of hallucinogens like magic mushrooms can lead to serious personal problems that devastate relationships with family and friends.

This message was less effective than the health message. It wasn't that this wasn't a concern; it was a concern that didn't have the same weight as the health impacts when it came to this type of drug.

"Here you are getting into serious drugs, serious effects"

"With the harsher drugs, when you're addicted"

"If it's a problem (using regularly) I can see it going badly"

"I'd say this would happen more with cocaine than mushrooms. I see mushrooms as having more health problems…your brain can bleed"

"I differentiate with marijuana too. Lot of friends had. But if I knew one of my friends were doing mushrooms I'd feel differently about them trying that."

Category: Methamphetamine

- ***Using Meth (methamphetamine) can lead to irreversible brain damage.***
- ***Meth (methamphetamine) users can experience hallucinations that give them the sensation of bugs crawling under their skin.***
- ***People who regularly use meth (methamphetamine) can display violent behaviour towards those around them.***
- ***Being caught with meth (methamphetamine) carries the same penalty as being caught with cocaine.***

For meth, almost all of the themes evoked a persuasive reaction, and were believable to participants. The most powerful ones were health related. Virtually every young person that participated in these groups believed that meth did these things – they needed no convincing. In addition to these kinds of effects, they mentioned stories or television shows they had seen about users and some of the "disgusting" side effects of heavy use, as well as lengths users go to in order to get their drugs.

One other aspect of meth that was raised by participants as a persuasive theme was its addictive character – in several groups, the television show ***Intervention*** was mentioned as an example where they had seen users of meth and other similar drugs deeply addicted, destroying their lives and the lives of their family members. It was clear that this show was widely seen, and was quite impactful on several of these young people, particularly in regard to drugs like meth, crack, and ecstasy.

As well, in Vancouver, it was clear that a news video of a meth user evading police and driving extremely dangerously was widely seen, and was quite impactful on several of these young people, as it demonstrated the drug's ability to trigger extreme behaviour.

Message: Using meth (methamphetamine) can lead to irreversible brain damage

This was the most consistently powerful message tested in the research. There was a broad recognition that meth caused brain damage – they needed no convincing.

"Brain damage equals bad"

"Meth is really strong; the high is longer than normal and more dangerous because people are not aware of what they are doing"

"After a point of doing this, you can't go back"

"A lot of people aren't educated about it"

"Meth is one of the worst"

Message: People who regularly use meth (methamphetamine) can display violent behaviour towards those around them.

The message about violent behaviour also tested quite well. The participants felt that the potential of acting out of control, especially in a violent way and the consequences of that sort of action were very influential. They believed this statement as many had seen this sort of effect on television (again, on the show *Intervention*) or in advertising.

"I saw this police show that showed people before they used meth and after…meth is something you don't really hear about in your daily life"

"It's more of an uncommon drug so you don't see the effects"

Message: Meth (methamphetamine) users can experience hallucinations that give them the sensation of bugs crawling under their skin

This message worked well also, particularly among girls. Many kids mentioned that they had seen a disturbing YouTube video showing an addict scratching his arm incessantly, and this message reminded them of that video.

"Gives you a picture in your head and it's not a good image and it's an actual thing that happens"

"I believe it; I've seen a video of it in grade 8"

"Not a good feeling"

Being caught with meth (methamphetamine) carries the same penalty as being caught with cocaine.

The message about the kind of penalty that was possible if found carrying meth was not very relevant, chiefly because no one knew what the penalty for cocaine was. Many were wary as to whether this statement was true.

"I don't know, I'm not sure"

"Not as strong (a message), because it doesn't say WHAT the penalty is. Cocaine is a more commonly used drug. (This) says it's the same penalty as a less serious drug"

Category: Ecstasy

- ***Ecstasy use can have some serious side effects that can lead to dehydration, stroke and heart failure.***
- ***Fewer than 5% of teens have reported trying ecstasy.***

For ecstasy, the personal health theme was the stronger of the two that were tested. Of the two messages tested for ecstasy, the health related one was found to be very influential and believable. It should be noted however, that some teens felt the health related messages would be even stronger if they were proven, and referenced (by doctors, etc.).

Message: Ecstasy use can have some serious side effects that can lead to dehydration, stroke and heart failure

Again, participants believed that this message was true, and related stories to the group, of events that they had heard of or knew of which reinforced this point.

"(this is) a very serious issue, very real. It can mess up your organs"
"If they can prove it, sounds far-fetched"

"The words CAN have SOME effects… that CAN lead etc. is indirect. Try: WILL increase by x%"

"I don't really know, probably it does"

"It influenced me because I don't really know what it does to you, but this sounds believable"

Message: Fewer than 5% of teens have reported trying ecstasy

The "friends" theme for ecstasy did not work at all. Many didn't even know what point this message was seeking to convey. Others took it to mean that if only 5% did it, then they shouldn't…which didn't really help. Some spent time trying to interpret what the 5% represented and whether it was a lot or a little. While teens are susceptible to peer pressure, participants didn't like to think of themselves that way, they liked to think that they can and will make their own decisions, and respect the idea that their friends have that right as well. While this kind of approach was only used in regard to ecstasy, we feel that it would be equally weak as an approach to talking about any illegal drugs.

"Whether or not others do it doesn't affect me"

"I just don't think that it's a relevant statement to say how many people have taken it…doesn't tell you what can happen to you"

"The word reported… they said that but how true is it?"

"I think it's one of the most common drugs…"reported" caught my eye…way higher (than 5%)"
"25% would be more believable"

"They should tell us what ecstasy is made out of…there's a lot of stuff in there. Saying that is more of a turn off for kids"

Category: Cocaine

- ***Cocaine use can cause a heart attack or stroke, even in a healthy person***

One cocaine message was tested, which was a health message, and it was viewed as being very persuasive.

It is worth noting that its persuasiveness was particularly driven by the last part of the line, where it pointed out that the health risks were severe for "healthy people". This one struck a chord with participants, who as most parents of teens will note, believe they are invincible…this message was something that they believed could be true, and could affect them (even though they believe they are healthy). Still, many boys in Vancouver met this statement with incredulity, apparently aware of people using cocaine and not necessarily dying.

"(This message) is completely direct, it's a good one, it's believable"
"The kicker is even in a healthy person"

"Healthy person: doesn't just affect an addict but just anyone even on your first time"

"That would prevent someone from trying it, (it's) very preventative"

Information Sources and Channels

Two sources of information were the most credible to participants:

- **Former drug users.** Rehabilitated, young people who had become addicted to drugs were seen as the most credible sources of information by far. This was the case because these people were the most relevant to them, and their stage in life.

- **Professionals who have worked with drug users.** Most made reference to professionals that worked closely with drug users, whether health professionals or other professionals, that had years of experience working with drug users to offer young people.

Many kids had mixed feelings or were reticent about talking with their parents about drugs. This was because parents were not seen as being the most comfortable or credible sources of information on drugs, because kids were reticent about talking about such a touchy subject, and also because parents weren't viewed as understanding the issues and their lives well enough to be useful information sources. But the research indicated that among contemplators, youth definitely cared what their parents thought. One key lesson about parental engagement with kids that was revealed in numerous groups was to avoid any sense of "accusation" in the initial engagement of discussion on drugs.

Preferred methods of communications

- The preferred method of conveying the drug prevention message was through direct school-oriented programs, where students are assembled to hear from and talk to those who have dealt with or experienced drug use (users and professionals together, ideally).

- Other than this, there was no clearly preferred channel. As might be expected, youth weren't "asking" for a campaign, so they did not voluntarily offer other information channels as ways of "getting through to them".

- However, prompted discussions revealed that there were channels where youth were active and could imagine ads being placed. Facebook and magazines (among girls in particular), TV, posters, bus shelters, and possibly cinema ads were all seen as potential vehicles for communications.

- Television advertising was seen as only moderately useful – the participants indicated to us that they were avid "flippers", avoiding commercials as much as possible.

Conclusions

The research revealed that there are thematic approaches to communications that can help to influence young peoples' attitudes toward using drugs.

The most broadly resonant theme was impact on personal health. For almost every drug tested, the most impactful messages related to impacts on personal health.

Some other categories of messages worked for some of these young people, including family shame/disappointment, negative impact on school, and a permanent record/impact on job or travel. When most serious drugs and most serious impacts were discussed together, the messages had their desired effect.

But the research revealed two key things that are germane to the execution of communications:

- First, not every message within even the most resonant themes will work. The credibility of the messages differs, sometimes widely within a given thematic category. The factor most closely associated with the credibility of the message was personal experience, or personal knowledge of the impact on someone they knew (or knew of). When they had heard of, or knew of a situation where a drug had a certain impact, it resonated. When they had not, further proof, or other validating information was required to support the message.

- Second, messages about certain drugs were more likely to resonate more than others. All messages in the methamphetamine category were effective. In contrast, the messages in the marijuana category were much less likely to have a persuasive effect.

This was because pre-existing differences in attitudes about risk (health as well as family as well as legal) between marijuana and other drugs differs

greatly, creating a dynamic that made messages in the marijuana category less resonant, and which concomitantly undermined messages about all drugs, because marijuana was believed to be “an exception”.

Based on this research, some suggested approaches to shaping messages:

- Connect the negative impact with a specific drug:
    - In some cases, various drugs can be connected to a specific impact with similar effect (i.e. meth/ecstasy/mushrooms & brain damage)
- Ensure credibility of the information presented:
    - Enhanced if the point made was something they had heard of/knew of already
- Where necessary, use supportive facts/evidence of impact:
    - This was essential if the point being made was ***not*** something they had heard of/knew of already (marijuana and schizophrenia)
- Use a serious tone:
    - Humour may be memorable, but not necessarily impactful

The following tables (on the next page) summarize the receptivity to each message.

Most effective: work well as written

- ✓ Taking hallucinogens such as magic mushrooms can cause users to take dangerous risks, which can lead to serious injuries and even death.
- ✓ Using meth (methamphetamine) can lead to irreversible brain damage.
- ✓ People who regularly use meth (methamphetamine) can display violent behaviour towards those around them.
- ✓ Cocaine use can cause a heart attack or stroke, even in a healthy person.
- ✓ Ecstasy use can have some serious side effects that can lead to dehydration, stroke and heart failure.
- ✓ Meth (methamphetamine) users can experience hallucinations that give them the sensation of bugs crawling under their skin.

Potentially effective: with minor revisions

- ✓ When it comes to drugs, you can never be sure what you're actually taking.
- ✓ When it comes to drugs, your decisions can also influence your friends' choices.
- ✓ Using drugs affects your judgement, which increases your risk of personal injury.
- ✓ Frequent marijuana use reduces motivation and concentration which can interfere with school and social life.
- ✓ Regular use of hallucinogens like magic mushrooms can lead to serious personal problems that devastate relationships with family and friends.

Potentially effective: with major revisions

- ✓ If you use drugs, you can develop serious personal problems that destroy relationships with your friends and family.
- ✓ Young people who use drugs disappoint their parents/guardians.
- ✓ Heavy use of marijuana can lead to mental illness such as schizophrenia.
- ✓ Parents of teens who use drugs such as marijuana can experience frustration, fear, and shame about their teen's drug use.
- ✓ You can be arrested if you are caught with marijuana.

Not effective: not likely to resonate

- ✓ There are no safe drugs and no safe amounts of drugs.
- ✓ If you don't say anything, you could lose a friend to drugs.
- ✓ Nearly half of the people in Canada's federal prisons have drug problems.
- ✓ Using drugs affects your judgement, which increases your risk of embarrassment in front of your peers.
- ✓ Being caught with meth (methamphetamine) carries the same penalty as being caught with cocaine.
- ✓ Fewer than 5% of teens have reported trying ecstasy.

Appendix A: Recruitment Screener (English and French)

DECIMA (HEALTH CANADA)

Questionnaire: _____

TORONTO:				
Tuesday, October 16, 2007				
Group 1: Youth	@ 5:00 pm	1	$75	Recruit 7 for 4-6 to show per group
Group 2: Youth	@ 7:00 pm	2	$75	
RED DEER:				Honorarium: $75.00
Wednesday, October 17, 2007				
Group 5: Youth	@ 5:00 pm	3	$75	
Group 6: Youth	@ 7:00 pm	4	$75	
MONTREAL:				
Wednesday, October 17, 2007				
Group 7: Youth	@ 5:00 pm	5	$75	
Group 8: Youth	@ 7:00 pm	6	$75	
VANCOUVER:				
Thursday October 18, 2007				
Group 3: Youth	@ 5:00 pm	7	$75	
Group 4: Youth	@ 7:00 pm	8	$75	
TROIS RIVIÈRES:				
Thursday, October 18, 2007				
Group 9: Youth	@ 5:00 pm	9	$75	
Group 10: Youth	@ 7:00 pm	10	$75	
HALIFAX:				
Wednesday October 24, 2007				
Group 11: Youth	@ 5:00 pm	11	$75	
Group 12: Youth	@ 7:00 pm	12	$75	

Respondent's name: _____	
Respondent's phone #: _____ (home)	Interviewer:_____
Respondent's phone #: _____ (work)	Date :_____
Respondent's fax #: _____ sent? or	Validated: _____
Respondent's e-mail : _____ sent?__	Central Files: _____
Sample source *(circle)*: focus dbase random referral	On List: _____
	On Quotas: _____

Hello, my name is _____. I'm calling from Decima, a national marketing research firm. We're organizing discussions on issues related to a National Drug Prevention Strategy, on behalf of Health Canada. Up to six youth participants will be taking part and for their time, participants will receive an honorarium of $75.00. May I ask you a few questions?

Yes **CONTINUE**
No **THANK AND TERMINATE**

Participation is voluntary and all your answers will be kept confidential and will be used for research purposes only. We are simply interested in hearing your opinions, no attempt will be made to sell you anything. The format is a "round table" discussion lead by a research professional.

1) For the purposes of this project, we need to ensure that we are speaking with individuals with children between the ages of 13 and 15 years. Do you have any children living with you in your home between the ages of 13 and 15 years old?

Yes	1	***CONTINUE***
No	2	***THANK AND TERMINATE***

2) Do you or does anyone in your household work in any of the following areas:

(READ LIST)...

	YES	NO
Marketing Research/Marketing Department	1	2

As part of this study, we would like to invite your child/one of your children to attend the discussion.

3) With your permission, would your child be available to attend a discussion on **[INSERT DATE]** at **[Time]?** It will last about 2 hours and your child will receive $75.00 for their time. Please note that participants will not be asked any questions about their own possible drug use. The discussion will focus on their opinions on different drug prevention messages.

YES	1	**CONTINUE**
NO	2	**THANK & TERMINATE**

4) And is the child who would be participating a boy or a girl?

Male	1
Female	2

As I mentioned earlier, these discussions are related to a National Drug Prevention Strategy that the Government of Canada is putting together. Health Canada is planning a marketing campaign to help prevent drug use by youth. Decima has been asked to invite young people between the ages of 13 and 15 (which is the target audience for this campaign) to get their opinions on potential messages for this campaign.

5) In order to ensure we have a mix of 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 THE YOUTH**
No	2	**THANK & TERMINATE**
Yes but they are not available	3	**RESCHEDULE**

TO THE YOUTH:

Hello, my name is _____. I'm calling from Decima Research, a national marketing research firm. We're organizing discussions on issues related to a planned Health Canada marketing campaign about youths and drugs. Up to six youths will be taking part and for their time, participants will receive an honorarium of $75.00. 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 ask you a few questions?

Yes **CONTINUE**
No **THANK AND TERMINATE**

Participation is voluntary and all your answers will be kept confidential and will be used for research purposes only. We are simply interested in hearing your opinions, no attempt will be made to sell you anything.

6) For the purposes of this project, we need to ensure that we are speaking with youth between the ages of 13 and 15 years. Are you between the ages of 13 and 15 years?

Yes	1	***CONTINUE***
No	2	***THANK AND TERMINATE***

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.

7) I am going to read a list of statements. For each one I would like you to tell me if you strongly agree, agree, disagree or strongly disagree that the statement describes you. Please remember there are no right or wrong answers. **ROTATE ORDER**

	Strongly Agree	Agree	Disagree	Strongly Disagree	DK/NR
7a. I believe marijuana is dangerous					
7b. My close friends don't take drugs					
7c. I would lose respect for someone who tries drugs					
7d. My parents know where I am most of the time					
7e. I believe marijuana is more dangerous than smoking cigarettes					
7f. I prefer to be with people who don't take drugs					

TERMINATE IF RESPONDENT ANSWERS "STRONGLY AGREE" TO THREE OR MORE ITEMS. OTHERWISE CONTINUE

8) Sometimes participants are also asked to write out their answers to a questionnaire, read or watch a TV commercial 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	1	**THANK & TERMINATE**
No	2	

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.

9) As I mentioned earlier, the group discussion will take place the evening of, **Day, Month, Date @ Time for 2 hours**. Would you be willing to attend?

Yes	1	
No	2	**THANK & DISCONTINUE**

TORONTO:			
Tuesday, October 16, 2007			
Group 1: Youth	@ 5:00 pm	1	$75
Group 2: Youth	@ 7:00 pm	2	$75
RED DEER:			
Wednesday, October 17, 2007			
Group 5: Youth	@ 5:00 pm	3	$75
Group 6: Youth	@ 7:00 pm	4	$75
MONTREAL:			
Wednesday, October 17, 2007			
Group 7: Youth	@ 5:00 pm	5	$75
Group 8: Youth	@ 7:00 pm	6	$75

VANCOUVER:			
Thursday October 18, 2007			
Group 3: Youth	@ 5:00 pm	7	$75
Group 4: Youth	@ 7:00 pm	8	$75
TROIS RIVIÈRES:			
Thursday, October 18, 2007			
Group 9: Youth	@ 5:00 pm	9	$75
Group 10: Youth	@ 7:00 pm	10	$75
HALIFAX:			
Wednesday October 24, 2007			
Group 11: Youth	@ 5:00 pm	11	$75
Group 12: Youth	@ 7:00 pm	12	$75

PRIVACY QUESTIONS (ASKED OF PARENTS AT THE BEGINNING OF SCREENER)

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. Do we have your permission to do this? Please be assured that this information will be kept strictly confidential.

Yes	1	**GO TO P2**
No	2	**READ RESPONDENT INFO BELOW**

Unfortunately 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) **(ASKED OF YOUTH AS WELL)** An audio and 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**

Unfortunately it is necessary for the research process for us to audio/video tape the session as the researcher needs this material to complete his report. I assure you it is kept strictly confidential and it will be destroyed as when the research is complete. **GO TO P2A**

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 & TERMINATE**

INVITATION

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:

INSERT FACILITY ADDRESS

The discussion will last approximately **2 hours** and you will be given $75.00 to thank you for your time.

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). 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 another participant to replace you. You can reach us at **1-800-363-4229 x5068** at our office. Please ask for **Carol Smith.**

So that we can call you to remind you about the focus group or contact you should there be any changes,
can you please confirm your name and contact information for me? **[READ INFO WE HAVE AND CHANGE AS NECESSARY.]**

First name_____
Last Name_____
Email_____
Day time phone number_____

Night time 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 focus group. If they still refuse THANK & TERMINATE

DÉCIMA (SANTÉ CANADA)

Questionnaire : _____

TORONTO :				Recrutez 7 personnes pour que 4 à 6 se présentent à chaque groupe Prime : 75 $
Le mardi 16 octobre				
Groupe 1 : Jeunes	@ 17 h	1	75 $	
Groupe 2 : Jeunes	@ 19 h	2	75 $	
VANCOUVER :				
Le mercredi 18 octobre				
Groupe 3 : Jeunes	@ 17 h	3	75 $	
Groupe 4 : Jeunes	@ 19 h	4	75 $	
RED DEER :				
Le jeudi 17 octobre				
Groupe 5 : Jeunes	@ 17 h	5	75 $	
Groupe 6 : Jeunes	@ 19 h	6	75 $	
MONTRÉAL :				
Le mercredi 17 octobre				
Groupe 7 : Jeunes	@ 17 h	7	75 $	
Groupe 8 : Jeunes	@ 19 h	8	75 $	
TROIS-RIVIÈRES :				
Le jeudi 18 octobre				
Groupe 9 : Jeunes	@ 17 h	9	75 $	
Groupe 10 : Jeunes	@ 19 h	10	75 $	
HALIFAX :				
Le mardi 24 octobre				
Groupe 11 : Jeunes	@ 17 h	11	75 $	
Groupe 12 : Jeunes	@ 19 h	12	75 $	

Nom du répondant : _____

Nº de téléphone du répondant : _____ (maison)

Nº de téléphone du répondant : _____ (bureau)

Nº de télécopieur du répondant : _____ envoyé? ou

Courriel du répondant : _____ envoyé?

Source de l'échantillon *(encerclez)* : Base de données Focus aléatoire référence

Intervieweur :_____

Date :_____

Validé : _____

Fichiers centraux : _____

Listes : _____

Quotas : _____

Bonjour, je m'appelle _____ et je vous téléphone de Décima, une firme nationale de recherche marketing. Nous organisons des groupes de discussion pour le compte de Santé Canada à propos d'une stratégie nationale de prévention de la toxicomanie. Environ 6 jeunes y participeront. En guise de remerciement pour le temps qu'ils nous auront accordé, les participants recevront une prime de 75 $. Puis-je vous poser quelques questions?

Oui **CONTINUEZ**
Non **REMERCIEZ ET TERMINEZ**

Votre participation est volontaire, toutes vos réponses demeureront confidentielles et ne seront utilisées qu'à des fins de recherche. Seule votre opinion compte pour nous. Nous ne tenterons pas de vous vendre quoi que ce soit. La discussion se déroulera sous forme de table ronde et sera animée par un professionnel de la recherche.

2) Pour les besoins de ce projet, nous devons parler à des personnes qui ont des enfants âgés de 13 à 15 ans. Avez-vous des enfants de 13 à 15 ans qui habitent avec vous?

Oui	1	***CONTINUEZ***
Non	2	***REMERCIEZ ET TERMINEZ***

2) Est-ce que vous, ou quelqu'un chez vous, travaillez dans le domaine suivant :
(LISEZ LA LISTE)

	OUI	NON
Recherche marketing/Service de marketing	1	2

Nous aimerions inviter votre enfant/l'un de vos enfants à participer à la discussion.

3) Si vous acceptez que votre enfant participe à la discussion, serait-il/serait-elle libre le **[INSÉREZ LA DATE]** à **[Heure]**? La discussion durera environ 2 heures et en guise de remerciement pour le temps que votre enfant nous aura accordé, nous lui remettrons une prime de 75 $. Veuillez noter qu'aucune question ne sera posée aux participants sur

leur consommation possible de drogues. La discussion sera plutôt axée sur ce qu'ils pensent de différents messages sur la prévention de la toxicomanie.

OUI	1	**CONTINUEZ**
NON	2	**REMERCIEZ ET TERMINEZ**

4) L'enfant qui pourrait prendre part à la séance est-il un garçon ou une fille?

Garçon	1
Fille	2

REPORTEZ-VOUS À LA GRILLE SUR LA RÉPARTITION EN FONCTION DU SEXE POUR LES NUMÉROS DE GROUPE

Comme je vous l'ai mentionné plus tôt, la discussion est axée sur une stratégie nationale de prévention de la toxicomanie que prépare le gouvernement du Canada. Santé Canada prépare une campagne de sensibilisation pour aider à prévenir la toxicomanie chez les jeunes. Harris/Décima a pour tâche d'inviter des jeunes de 13 à 15 ans (qui correspondent au public cible de cette campagne) afin de savoir ce qu'ils pensent de messages qui feront possiblement partie de cette campagne.

5) Afin d'assurer la diversité des participants aux séances, nous devons leur poser quelques questions pour vérifier leur admissibilité. Si c'est un bon moment, pourrais-je parler à votre fils ou à votre fille maintenant?

Oui	1	**ATTENDEZ DE PARLER AVEC LE JEUNE**
Non	2	**REMERCIEZ ET TERMINEZ**
Oui, mais il ou elle n'est pas disponible	3	**FIXEZ UN RENDEZ-VOUS**

AU JEUNE :

Bonjour, je m'appelle _____ et je vous téléphone de Décima, une firme nationale de recherche marketing. Nous organisons des groupes de discussion à propos de la campagne de sensibilisation sur les jeunes et les drogues que prépare Santé Canada. Environ 6 jeunes y participeront. En guise de remerciement pour le temps qu'ils nous auront accordé, les participants recevront une prime de 75 $. Toutefois, avant de vous inviter à

vous joindre à nous, j'aimerais vous poser quelques questions pour m'assurer de la diversité du groupe. Puis-je vous poser quelques questions?

Oui **CONTINUEZ**
Non **REMERCIEZ ET TERMINEZ**

Votre participation est volontaire, toutes vos réponses demeureront strictement confidentielles et ne seront utilisées qu'à des fins de recherche. Seule votre opinion compte pour nous. Nous ne tenterons pas de vous vendre quoi que ce soit.

6) Pour les besoins de ce projet, nous devons parler à des jeunes de 13 à 15 ans. Êtes-vous âgé(e) de 13 à 15 ans?

Oui	1	***CONTINUEZ***
Non	2	***REMERCIEZ ET TERMINEZ***

7) Je vais vous lire une série d'énoncés. Pour chacun d'entre eux, veuillez indiquer si vous êtes fortement en accord, en accord, en désaccord ou fortement en désaccord pour dire que l'énoncé vous décrit. Rappelez-vous qu'il n'y a pas de bonne, ni de mauvaise réponse. **PRÉSENTEZ DE FAÇON ALÉATOIRE.**

	Fortement en accord	En accord	En désaccord	Fortement en désaccord	NSP/PDR
7a. Je crois que la marijuana est dangereuse					
7b. Mes amis proches ne consomment pas de drogues					
7c. Je perdrais tout respect pour quelqu'un qui essaierait la drogue					
7d. La plupart du temps, mes parents savent où je me trouve					
7e. Je crois que la marijuana est plus dangereuse que la cigarette					
7f. Je préfère être avec des gens qui ne consomment pas de drogue.					

TERMINEZ SI LE RÉPONDANT RÉPOND « FORTEMENT EN ACCORD » À TROIS ÉNONCÉS OU PLUS. SINON, CONTINUEZ.

Il est important que vous sachiez que toutes vos réponses demeureront confidentielles et que même vos parents ne les connaîtront pas. Vos réponses serviront uniquement à des fins de recherche et aideront à assurer la diversité des participants présents lors du groupe.

8) Parfois, les participants doivent répondre par écrit à un questionnaire, lire ou regarder une publicité télévisée au cours de la discussion. Y a-t-il une raison qui vous empêcherait de participer? [LISEZ AU BESOIN : Je vous assure que tout ce que vous écrirez et tout ce que vous direz lors des groupes demeurera confidentiel]

Oui	1	**REMERCIEZ ET TERMINEZ**
Non	2	

TERMINEZ SI LE RÉPONDANT DONNE UNE RAISON COMME UN PROBLÈME DE L'OUÏE, DE LA VUE, DE LANGUE ÉCRITE OU PARLÉE, UNE PRÉOCCUPATION À NE PAS POUVOIR COMMUNIQUER EFFICACEMENT OU SI VOUS AVEZ UN DOUTE.

9) Comme je vous l'ai dit, le groupe de discussion aura lieu en soirée, le **jour, date, mois à heure et durera 2 heures**. Acceptez-vous d'y participer?

Oui	1	
Non	2	**REMERCIEZ ET TERMINEZ**

TORONTO :			
Le mardi 16 octobre			
Groupe 1 : Jeunes	@ 17 h	1	75 $
Groupe 2 : Jeunes	@ 19 h	2	75 $
VANCOUVER :			
Le mercredi 18 octobre			
Groupe 3 : Jeunes	@ 17 h	3	75 $
Groupe 4 : Jeunes	@ 19 h	4	75 $
RED DEER :			
Le jeudi 17 octobre			
Groupe 5 : Jeunes	@ 17 h	5	75 $
Groupe 6 : Jeunes	@ 19 h	6	75 $
MONTRÉAL :			
Le mercredi 17 octobre			
Groupe 7 : Jeunes	@ 17 h	7	75 $
Groupe 8 : Jeunes	@ 19 h	8	75 $
TROIS-RIVIÈRES :			
Le jeudi 18 octobre			
Groupe 9 : Jeunes	@ 17 h	9	75 $
Groupe 10 : Jeunes	@ 19 h	10	75 $
HALIFAX :			
Le mardi 24 octobre			
Groupe 11 : Jeunes	@ 17 h	11	75 $
Groupe 12 : Jeunes	@ 19 h	12	75 $

9a) Pour que votre enfant puisse participer, vous devrez avoir signé le formulaire de consentement parental. Vous pourrez nous remettre le formulaire signé de trois façons : nous le transmettre par télécopieur, permettre à votre enfant de nous le remettre le jour de la séance ou encore venir le signer à notre bureau le jour de la séance. Préférez-vous recevoir le formulaire par courriel ou par télécopieur ou bien venir le signer le jour du groupe de discussion?

Courriel 1 Adresse de courriel : _____
Télécopieur 2 N° de télécopieur : _____
Le signer le jour du groupe de discussion 3 Continuez

ENJEUX RELATIFS À LA CONFIDENTIALITÉ (Demander tout au parent, Demander P2 seulement à l'enfant)

J'aurais maintenant quelques questions à vous poser à propos de la confidentialité, de vos renseignements de votre enfant et du déroulement de la recherche. Nous devrons obtenir votre permission par rapport à certains sujets pour pouvoir effectuer notre recherche. Lorsque je vous poserai ces questions, n'hésitez pas à me demander de les clarifier si vous en ressentez le besoin.

P1) **Demander au parent :**Tout d'abord, nous fournirons une liste des noms et des profils (réponses au questionnaire) des participants aux hôtes du groupe de discussion et au modérateur, afin qu'ils puissent inscrire votre enfant au groupe. Acceptez-vous que nous leur transmettions ces renseignements? Je peux vous assurer que ceux-ci demeureront strictement confidentiels.

Oui	1	**PASSEZ À P2**
Non	2	**LISEZ L'INFORMATION SUIVANTE AU RÉPONDANT**

Malheureusement, nous devons donner votre nom et votre profil aux hôtes et au modérateur du groupe de discussion, puisque seuls les gens qui sont invités à participer peuvent prendre part à la discussion. Les hôtes et le modérateur ont besoin de ces renseignements à des fins de vérification uniquement. Soyez assuré(e) que ces renseignements demeureront strictement confidentiels. **PASSEZ À P1A**.

P1a) **Demander au parent :** Maintenant que je vous ai expliqué cela, acceptez-vous que nous transmettions le nom et profil de votre enfant aux hôtes et au modérateur du groupe de discussion?

Oui	1	**PASSEZ À P2**
Non	2	**REMERCIEZ ET TERMINEZ**

P2) **Demander au parent et confirmer avec l'enfant:** Il y aura un enregistrement audiovisuel de la séance et celui-ci servira uniquement aux fins de recherche. Les enregistrements seront uniquement utilisés par un professionnel de la recherche pour rédiger le rapport sur les résultats de la recherche. Les enregistrements seront détruits lorsque le rapport sera terminé.

Acceptez-vous qu'un enregistrement audiovisuel de la séance soit effectué uniquement aux fins de recherche?

Oui	1	**REMERCIEZ ET PASSEZ À P3**
Non	2	**LISEZ L'INFORMATION SUIVANTE AU RÉPONDANT**

Malheureusement, nous devons faire un enregistrement audiovisuel de la séance puisque le professionnel de la recherche en a besoin pour rédiger son rapport. Je peux vous assurer que l'enregistrement demeurera strictement confidentiel et qu'il sera détruit dès que le rapport sera terminé. **PASSEZ À P2A**

P2a) **Demander au parent et confirmer avec l'enfant :** Maintenant que je vous ai expliqué cela, acceptez-vous que nous fassions un enregistrement audiovisuel?

Oui	1	**REMERCIEZ ET PASSEZ À P3**

Non	2	**REMERCIEZ ET TERMINEZ**

P3) **Demander au parent** : Chaque mois, nous soumettons le nom des personnes qui ont participé à nos groupes de discussion au Registre central de recherche qualitative de l'Association de la recherche et de l'intelligence marketing (www.mria-arim.ca). Le Registre central de recherche qualitative est une base de données centrale qui vérifie la participation aux groupes de discussion de recherches qualitatives. Personne ne communiquera avec votre enfant parce que son nom se trouve sur cette liste.

Nous permettez-vous de soumettre le nom et numéro de téléphone de votre enfant au Registre central de recherche qualitative de l'ARIM?

Oui	**1**	**REMERCIEZ ET PASSEZ À L'INVITATION**
Non	**2**	**PASSEZ À P3A**

P3a) Malheureusement, afin de participer à ce groupe de discussion nous devons avoir votre permission pour ajouter le nom de votre enfant au Registre central de recherche qualitative puisqu'il s'agit du seul moyen qui nous permet d'assurer l'intégrité du processus de recherche et de faire le suivi de la participation aux recherches qualitatives. Le système est tenu à jour par l'Association de recherche et d'intelligence marketing et il est uniquement utilisé pour faire le suivi de votre participation aux recherches qualitatives (comme les groupes de discussion). Votre enfant ne serez jamais contacté parce que son nom se trouve sur cette liste.

Maintenant que je vous ai expliqué cela, acceptez-vous que nous ajoutions le nom de votre enfant au Registre central de recherche qualitative?

Oui	1	**REMERCIEZ ET PASSEZ À L'INVITATION**

AU BESOIN, RENSEIGNEMENTS SUPPLÉMENTAIRES POUR L'INTERVIEWEUR :
Soyez assuré(e) que cette information demeurera confidentielle et seules les firmes d'études de marché professionnelles pourront y accéder et l'utiliser pour vérifier la participation et empêcher les « répondants professionnels » de participer aux groupes. Les firmes de recherche qui participent au Registre central de recherche qualitative de l'ARIM ont besoin de votre autorisation avant que vous ne soyez admissible à participer au groupe de discussion. Cette procédure contribue à assurer l'intégrité du processus de recherche.

AU BESOIN, NOTE À PROPOS DE L'ARIM :
L'Association de la Recherche et de l'Intelligence Marketing est un organisme sans but lucratif qui regroupe des professionnels de la recherche marketing qui œuvrent dans le domaine du marketing, de la publicité et des recherches sociales et politiques. La mission de l'Association est d'être le chef de file dans la promotion de l'excellence dans les domaines du marketing et des recherches sociales ainsi que dans la valeur de l'information sur les marchés.

INVITATION

Avez-vous un crayon à portée de la main pour prendre en note l'adresse de l'endroit où se tiendra le groupe de discussion? Il aura lieu à :

La discussion durera environ **2 heures** et vous recevrez une prime de 75 $ en guise de remerciement pour le temps que vous nous aurez accordé.

Nous vous demandons d'arriver quinze minutes avant l'heure prévue pour trouver nos bureaux et vous présenter à nos hôtes. Il est possible qu'on vous demande de vous identifier avant la tenue du groupe. Par conséquent, assurez-vous d'avoir une pièce d'identité avec vous (par exemple, une carte

d'assurance-maladie). De plus, si vous avez besoin de lunettes pour lire, veuillez les apporter.

Comme nous n'invitons qu'un petit nombre de personnes, votre participation est très importante pour nous. Si, pour une raison ou une autre vous ne pouvez pas vous présenter, veuillez nous en aviser pour que nous puissions vous remplacer. Vous pouvez nous joindre au **1 800 363-4229, poste 5068**. Demandez à parler à **Louise Tremblay**.

Afin que nous puissions vous appeler pour confirmer votre présence ou pour vous informer si des changements survenaient, pourriez-vous me confirmer votre nom et vos coordonnées? **[LISEZ LES COORDONNÉES QUE NOUS AVONS ET MODIFIEZ AU BESOIN.]**

Prénom _____
Nom de famille _____
Courriel _____
Nº de téléphone le jour _____
Nº de téléphone le soir _____

Si le répondant refuse de donner son prénom, son nom ou son numéro de téléphone, dites-lui que ces renseignements demeureront strictement confidentiels en vertu de la loi sur le respect de la vie privée et que ceux-ci seront uniquement utilisés pour le contacter afin de confirmer sa présence et pour l'informer de tout changement concernant le groupe de discussion. S'il refuse toujours, REMERCIEZ ET TERMINEZ.

Appendix B: Moderator's Guide

Final Discussion Guide

Introduction and Warm-up (5 mins)

The moderator will take a few minutes to go around the table and ask respondents to introduce themselves, and will outline a few ground rules for the discussion:

- Want to ensure that people share their views openly and honestly
- Ensure that everyone participates
- No right or wrong answers
- Everyone's views are valid
- The moderator's job is to ensure that we hear from everyone around the table
- The moderator has no stake in the results, and the process is confidential, so people should feel free to express their views openly and honestly

The moderator will also point out that there is a one-way mirror, observers in the back, (no parents are present) and audio/video taping, but remind the group that all discussion is entirely confidential.

General Discussion on Drugs and Youth (20 mins)

The Government of Canada has launched a new anti-drug strategy and as part of that strategy, Health Canada will be developing a National Youth Drug Prevention Campaign. Your input is needed to help Health Canada in the development of that campaign. So tonight, we are going to be discussing drugs. We know that prescription drugs can be abused, but the focus tonight is on illegal drugs such as cocaine or ecstacy or marijuana. We will first start off with a discussion on drugs and youth in general. Next we would like to get your opinions on some ideas for drug prevention advertising. The last part of tonight's discussion will focus on how best to reach youth with drug prevention information and drug prevention ads. Please remember that all of your answers are confidential, there are no right or wrong answers and you won't be put on the spot about whether you have or haven't tried drugs. So let's begin.

- Is drug use a problem with youth in your age group? Why do you say that? Are there particular types of kids/ages/etc that you think are most vulnerable to using drugs?
- Do you see this problem getting better, worse, or not really changing? Why?
- What are the drugs that you think are most often used by your age group?
- What kinds of drugs do you have the most concern about? Why?
- Which kinds of drugs do you have the least concern about? Why?
- What are some of the things that might be involved in encouraging young people to start taking drugs?
- What attitudes do you have toward people you know who take drugs?
- Who have you talked to or would you talk to if you had questions about drugs? *(probe: parents-guardian /friends/older siblings /guidance counselors/etc.)*
- (for each mentioned that he/she has talked to) What did they say about it? What did you think about what they told you? If it was a parent or guardian, how did the conversation get started? *(probing for credibility of what they have been told, from different sources)*
- If your parent or guardian wanted to open a conversation with you about drugs, what would be a good approach? What would be a bad approach?
- What kind of information would you be interested in receiving about drugs?

Message testing

Part 1 – Individual Messages (55 minutes)

What I want to do now is talk to you about some different ways of communicating about the risks and concerns associated with taking drugs. I'm going to hand-out a sheet to you, and I want you to spend a few minutes looking over some of these ideas – most of them are just one sentence, but each of them gives a reason why young people should not take drugs.

On the sheet, there are two boxes on the right that I want you to mark. The first one asks about how believable the message is (ie. do you think it is true), and the second one asks how persuasive the message is (ie. how much it makes you think that taking drugs is a bad idea).

For each message, I want you to rate it twice, each on a scale of 1-5

- Believability: If you were to rate the message on a scale of 1-5 where 1 is very believable and 5 is not at all believable, what rating would you give it? Why? (Definition of Believability and the scale will be written on the handout)

- How much it makes you think that taking drugs is a bad idea Persuasiveness: If you were to rate the message on a scale of 1-5 where 1 is very persuasive and 5 is not at all persuasive, what rating would you give it? Why? (Definition of Persuasiveness and the scale will be written on the handout)

What I am going to do now is go through these key ideas/messages one at a time, again to gather your reactions and impressions.

(PUT UP POWERPOINT SLIDES ON-SCREEN, ONE MESSAGE AT A TIME)

For each, probes will include:

- Did you understand the message? Is it relevant to you? Why or why not? By relevant we mean "What does it mean to you, is it important?"

- Show of hands: What rating did this get on believability? Why?

- Show of hands: What rating did this get on persuasiveness, remember this means how much it makes you think that taking drugs is a bad idea?
- Why?

Part 2 – Messages in Groupings (20 mins)

Now I want to look at these messages in groupings, and I want you to tell me which messages you think are strongest at giving you a message that makes you think you should not take drugs.

Show messages in groups (on-screen): (All drugs, Marijuana, Magic Mushrooms, Methamphetamine, Ecstasy, Cocaine)

(For each grouping) What is the most persuasive (define) message in this group? Why? What is the least persuasive? Why? What is it about this message that doesn't work for you? (Probe for language, context, tone – harsh, judgmental, attempts to shock, over-the-top, etc. Does humour work or not work?)

(For each grouping) This is the part where I want you to play the part of the advertiser/promoter. If you were given the task of designing a drug prevention program for young people, is there a way to give a stronger message than these ones here? What idea would that message focus on? What about language: Is it better to use language like this, or street language in ads? What doesn't work for you in ads? (Probe for language, tone, context, humour, etc)

Overall, what is the most persuasive "category" of messages that you have seen here? Why? *Probe: Health/Legal/School/Family&Friends/Other*

Information Sources (20 mins)

- Have you seen anything on television/internet/magazines etc, about drug prevention?
- (for each) What did you recall about what you saw/read/heard? What did you think about what they told you? *(probing for credibility of what they have seen/read/heard, from different sources)*
- Who are the most/least believable sources of information about drugs? *(probe: parents/friends/teachers/coaches/counselors/older siblings/the government of Canada/Health Canada)*

What would be the best way to get the message out to you and your friends about drug prevention? Would you rather hear about it through: PROBE: friends, health class at school, through police presentations, website ads (which ones), magazine ads (which?), cinema ads, TV ads, radio ads, through a group on Facebook, through someone's blog, etc.

If your privacy and confidentiality were ensured, would you be interested in sharing personal stories about drugs, for use in Health Canada drug prevention advertising? The stories would be about how you've been affected by drugs, either directly or indirectly.

Why or why not?

Would a contest with an incentive or prize encourage you to participate?

What type of prize would motivate you to participate?

Would having your story used by Health Canada for a national drug prevention advertisement be a valuable reason to participate?

Is there anything else that would encourage you to participate?

Thank you very much for participating in this discussion. I want to remind you once again that this discussion was totally confidential, and I appreciate your openness and honesty in this discussion.

You can collect your incentives (money) on the way out. Good night.

Guide de Discussion

Introduction et présentation (5 minutes)

Le modérateur prendra quelques minutes pour faire un tour de table et demander aux participants de se présenter. Il expliquera ensuite quelques règles de base pour la discussion :

- Il doit faire en sorte que tous puissent exprimer leurs points de vue ouvertement et en toute honnêteté;
- Il faut laisser la chance à tous de participer;
- Il n'y a pas de bonne, ni de mauvaise réponse;
- Tous les points de vue sont valables;
- La tâche du modérateur est de s'assurer que tous participent à la discussion;
- Le modérateur est indépendant et n'a aucun parti pris, et comme le processus est confidentiel, les participants peuvent se sentir à l'aise d'exprimer leurs points de vue ouvertement et en toute honnêteté.

Le modérateur informe également les participants qu'il y a un miroir d'observation (aucun parent n'est présent) et que la discussion fait l'objet d'un enregistrement audiovisuel, mais leur rappelle que la discussion est entièrement confidentielle.

Discussion générale sur les drogues et les jeunes (20 minutes)

Le gouvernement du Canada a mis en œuvre une nouvelle stratégie antidrogue dans le cadre de laquelle il concevra une campagne nationale de prévention de la toxicomanie chez les jeunes. Santé Canada a besoin de vos commentaires pour l'aider à élaborer cette campagne. C'est pourquoi nous discuterons ce soir des drogues. Nous savons qu'il est possible d'abuser des médicaments d'ordonnance, mais ce soir, l'accent sera placé sur les drogues illégales comme la cocaïne, l'ecstasy ou la marijuana. Nous parlerons d'abord des drogues et des jeunes en général. Puis, nous vous demanderons ce que vous pensez de certaines idées pour des publicités visant à prévenir la toxicomanie. La dernière partie de la discussion portera sur la meilleure façon de s'assurer que les renseignements sur la prévention de la toxicomanie et les publicités visant à la prévenir se rendent jusqu'aux jeunes. N'oubliez pas que toutes vos réponses sont confidentielles, qu'il n'y a pas de bonne, ni de mauvaise réponse et que

nous ne vous demanderons pas si vous avez déjà consommé ou non des drogues. Commençons.

- La consommation de drogues est-elle un problème chez les jeunes de votre groupe d'âge? Pourquoi dites-vous cela? Selon vous, y a-t-il des groupes particuliers de jeunes/des âges/ou autres qui sont plus vulnérables à la drogue?

- Croyez-vous que ce problème s'atténue, qu'il s'aggrave ou qu'il ne change pas vraiment? Pourquoi?

- Selon vous, quelles sont les drogues que les jeunes de votre âge consomment le plus souvent?

- Quels types de drogue vous inquiètent le plus? Pourquoi?

- Quels types de drogue vous inquiètent le moins? Pourquoi?

- Qu'est-ce qui pourrait inciter les jeunes à commencer à consommer des drogues?

- Quelles attitudes adoptez-vous à l'égard des gens que vous connaissez qui consomment des drogues?

- À qui avez-vous parlé ou à qui parleriez-vous si vous aviez des questions concernant les drogues? *(sondez : parents-tuteur/amis/frères ou sœurs plus âgés/conseillers en orientation/ou autres)*

- (pour chaque personne à qui il/elle a parlé) Que vous ont-ils dit sur le sujet? Qu'avez-vous pensé de ce qu'ils vous ont dit? S'il s'agissait d'un parent ou d'un tuteur, comment la conversation a-t-elle commencé? *(sondez quant à la crédibilité de ce qu'on leur a dit, des différentes sources)*

- Si l'un de vos parents ou votre tuteur voulait amorcer une conversation avec vous au sujet des drogues, quelle serait une bonne approche? Quelle serait une mauvaise approche?

- Quel type de renseignements souhaiteriez-vous recevoir sur les drogues?

Évaluation des messages

Partie 1 – Messages individuels (55 minutes)

J'aimerais maintenant discuter avec vous de différentes façons de communiquer les risques et les inquiétudes concernant la consommation de drogues. Je vais vous distribuer un document et je vous demanderais d'examiner certaines idées – la plupart ne font qu'une phrase, mais elles donnent toutes une raison qui explique pourquoi les jeunes ne devraient pas consommer de drogues.

Sur la feuille, il y a deux boîtes à droite où vous devez inscrire une note. Dans la première boîte, on vous demande d'évaluer la crédibilité du message (c.-à-d. pensez-vous que c'est vrai) et dans la deuxième, on vous demande d'évaluer la force de persuasion (c.-à-d. dans quelle mesure vous convainc-t-il que consommer des drogues est une mauvaise idée).

Je vous demanderais d'évaluer chaque message deux fois, chaque fois sur une échelle de 1 à 5 :

- Crédibilité : Sur une échelle de 1 à 5, où 1 signifie qu'il est très crédible et 5, qu'il n'est pas du tout crédible, quelle note accordez-vous au message? Pourquoi? (La définition de la crédibilité et l'échelle seront indiquées dans le document)

- Dans quelle mesure vous convainc-t-il que consommer des drogues est une mauvaise idée? Force de persuasion : Sur une échelle de 1 à 5, où 1 signifie très convaincant et 5, pas du tout convaincant, quelle note accordez-vous au message? Pourquoi? (La définition de la force de persuasion et l'échelle seront indiquées dans le document)

Maintenant, nous allons examiner ces principales idées/ces principaux messages un(e) à la fois, toujours pour connaître vos réactions et vos opinions.

(AFFICHEZ LES DIAPOSITIVES POWERPOINT À L'ÉCRAN, UN MESSAGE À LA FOIS)

Pour chacune, posez les questions suivantes :

- Avez-vous compris le message? Est-il pertinent pour vous? Pourquoi ou pourquoi pas? Par pertinent, nous voulons dire « Que signifie-t-il pour vous, est-ce important? »

- À main levée : Quelle note ce message a-t-il obtenue pour sa crédibilité? Pourquoi?

- À main levée : Quelle note ce message a-t-il obtenue pour sa force de persuasion, rappelez-vous que cela signifie dans quelle mesure vous convainc-t-il que consommer des drogues est une mauvaise idée?
- Pourquoi?

Partie 2 – Messages regroupés (20 minutes)

Je vous demanderais maintenant d'examiner ces messages regroupés et de me dire quels sont les messages qui, selon vous, arrivent le mieux à vous convaincre que vous ne devriez pas consommer de drogues.

Affichez les messages en groupes (à l'écran) : (Santé/Légalité/École/Famille et amis)

(Pour chaque groupe) Quel est le message le plus convaincant (définissez) du groupe? Pourquoi? Lequel est le moins convaincant? Pourquoi? Qu'est-ce qui ne fonctionne pas pour vous dans ce message? (Sondez pour la langue, le contexte, le ton – dur, porte un jugement, tente de choquer, va trop loin, et ainsi de suite. L'humour fonctionne-t-il ou non?)

(Pour chaque groupe) Je vous demanderais maintenant de jouer le rôle de l'annonceur publicitaire/du promoteur. Si vous deviez concevoir un programme de prévention de la toxicomanie pour les jeunes, y aurait-il un moyen de donner au message plus de force que ceux-ci? Sur quelle idée ce message mettrait-il l'accent? Qu'en est-il de la langue : est-il préférable d'utiliser une langue comme celle-ci dans les publicités ou d'utiliser la langue populaire? Est-il préférable d'utiliser le « tu » ou le « vous » dans ces publicités? Qu'est-ce qui ne fonctionne pas pour vous dans les publicités? (Sondez pour la langue, le ton, le contexte, l'humour, et ainsi de suite.)

Dans l'ensemble, parmi toutes les « catégories » de messages que vous avez vues ici, laquelle est la plus convaincante? Pourquoi? *Sondez : Santé/Légalité/ École/Famille et amis/Autre*

Sources de renseignements (20 minutes)

Avez-vous vu, lu ou entendu quoi que ce soit à la télévision/sur Internet/dans les magazines ou ailleurs sur la prévention de la toxicomanie?

(Pour chacun) De quoi vous souvenez-vous dans ce que vous avez vu/lu/entendu? Qu'avez-vous pensé du message? *(sondez quant à la crédibilité de ce qu'ils ont vu/lu/entendu, des différentes sources)*

Quelles sources de renseignements sur les drogues sont les plus/les moins crédibles? *(sondez : parents/amis/enseignants/entraîneurs/conseillers/frères ou sœurs plus âgés/gouvernement du Canada/Santé Canada)*

Quel serait le meilleur moyen pour que le message sur la prévention de la toxicomanie se rende jusqu'à vous et vos amis? Aimeriez-vous mieux en entendre parler : SONDEZ : par des amis, durant un cours sur la santé à l'école, durant des présentations faites par des policiers, dans des publicités sur des sites Web (lesquels?), dans des publicités dans des magazines (lesquels), dans des publicités au cinéma, dans des publicités à la télévision, dans des publicités à la radio, dans un groupe de Facebook, dans le blogue de quelqu'un, ou ailleurs?

Si votre vie privée et votre confidentialité étaient assurées, seriez-vous intéressé(e) à partager des faits vécus concernant la drogue que Santé Canada utiliserait dans ses publicités visant à prévenir la toxicomanie? Les histoires personnelles expliqueraient quels effets la drogue a eus sur vous, de façon directe ou indirecte.
Pourquoi ou pourquoi pas?
Un concours grâce auquel vous pourriez gagner une prime ou un prix vous encouragerait-il à participer?
Quel type de prix vous inciterait à participer?
Le fait que Santé Canada utilise votre histoire dans une publicité nationale visant à prévenir la toxicomanie serait-il une bonne raison de participer?
Y a-t-il autre chose qui vous encouragerait à participer?

Merci beaucoup d'avoir pris part à cette discussion. Je tiens à vous rappeler que cette discussion était tout à fait confidentielle. Je vous remercie de vous être exprimés ouvertement et honnêtement.

Vous pouvez récupérer vos primes (votre argent) à la sortie. Bonne soirée!