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FINAL
REPORT

Focus Testing of Radio and Print Creatives for the Parent Component of the National Anti Drug Strategy

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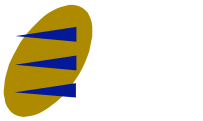

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TABLE OF CONTENTS

EXECUTIVE SUMMARY

Background and Objectives

The National Anti-Drug Strategy (NADS) is a Government of Canada initiative aimed at reducing the supply of and demand for illicit drugs. Part of Health Canada's role in the National Anti-Drug Strategy is to develop a national youth drug prevention mass media campaign to increase awareness among youth of the dangers of experimenting with drugs, aimed at two target audiences: youth aged 13-15 and their parents. The parent component of the campaign will include a mass advertising campaign that will serve as a "call to action," complemented by the provision of appropriate educational materials and resources.

Environics Research Group was retained by Health Canada to conduct focus group testing among parents of youth aged 13 to 15, to test four radio ads, five print ads and an information booklet, which were developed as part of this national campaign. The testing was undertaken to examine the effectiveness of the radio and print advertisements with parents, and to determine if the information booklet on drugs effectively communicates the information that parents need. In addition, focus groups were conducted concurrently with youth aged 13 to 15 to understand, in particular, their response to the television ad known as "Language," as well as the radio and print ads tested in the parent groups. Testing with youth was undertaken to ensure that youth, who might view this parent-oriented ad, would not misinterpret it as enticing.

Methodology

Six (6) focus group sessions were conducted between February 11 and 14, 2008, with parents of youth aged 13 to 15 years, in Toronto (2, in English), Montreal (2, in French) and Winnipeg (2, in English). In each city, one session was conducted with university-educated parents and one with non-university-educated parents. In Toronto and Montreal, parents attending the parent sessions were asked to bring their 13 to 15 year old child to participate in the youth sessions; two youth sessions were thus held in Toronto and two in Montreal, concurrent with each of the parent sessions.

Key Findings

The key findings of the parent groups are:

RADIO ADS

- "Word Game" was the most preferred overall among radio ad concepts. Response to "News" and "Algebra" was mixed, with some preference for "News". "Grow-Op" was the least favoured of the ads. Some felt that all the ads were effective, and should be used.

- "Word Game" also seemed most likely to encourage parents to take action, according to participant response; however, all ads were seen as at least somewhat successful in encouraging parents to take action.

- Parents indicated that "Word Game" gave them insight into the drug sub-culture their children are exposed to at school, and was seen as a tool to use in striking up a conversation with their children on the topic. Most were struck by the drug language itself and the youthful voices making a game out of their knowledge of drugs.

- Parents appreciated "News" for its focus on ecstasy and methamphetamine, and the warning about the easy availability of drugs in schools.

- The strongest aspect of "Algebra" was the statement that "four out of five teens see their parents as credible sources of information about illegal drugs," which was both reassuring and empowering for many – although some were sceptical.

- "Grow-Op" did not test well overall, and provoked responses focused on drug regulation and enforcement policies, the decriminalization of marijuana and the medical use of marijuana, police operations and the dangers of Grow-Ops, in addition to the key message that "marijuana is not a safe drug."

PRINT ADS

- Both print creatives, "Language" and "Teddy Bear/Lunchbox," were well-received, and seen as providing important and useful information, though some people found the text in both concepts to be a bit "dense" and would have preferred text organized in point form.

- For the "Teddy Bear/Lunchbox" concept, there was a consensus that the lunchbox image worked better, as it was more universal. The message, that children grow up faster than their parents realize, and may be at risk of being exposed to drugs well before parents think they are, was clear. Almost all parents exposed to the terms understood "dime bag," but some did not recognize "Mary Jane."

- For the "Language" concept, the collage version with six faces was the clear winner as the variety of genders and ethnicities represented made it easier for a broader range of people to relate to the ad. This print ad was particularly well received by parents who also favoured the "Word Game" radio ad. Most participants agreed that the headline was a clear statement of the main message of the ad, although some thought it was somewhat wordy.

- The concept of the "Drug World" headline was very well received. Many liked the ominous tone, and some suggested adding something similar to the collage language ad: "The drug world is targeting your kids."

- Opinion was somewhat mixed on whether to use "teens" or "kids" in ad copy, although there was an overall preference for "kids" as being more inclusive, and less likely to lull parents into thinking that pre-teens are not at risk.

- Many felt that a focus on a specific age was unnecessary, in this case, age 13. Some parents felt that using a specific age might provide a false sense of security for parents of pre-teens, although fewer felt that the information about the average age of initial experimentation was important to include in the ad.

- A number of parents felt that the ad copy in all five creatives was "dense" and suggested using bullets and shorter phrases.

BOOKLET

- Virtually all participants had a positive response to the booklet, calling it a useful reference guide; many wanted to take it home with them, and felt that it should be widely available.

The key findings of the youth groups are:

- Many teens felt that none of the ads they saw took a strong enough stance against drug use – they seemed to feel that a strong, fear-based message that featured people dying from drug-associated diseases would be most effective in an anti-drug campaign.

TELEVISION ADS

- Most teens felt that "Talk" was more effective than either version of "Language". "Language" left them relatively unaffected, while "Talk" seemed to most to have a strong emotional impact and the powerful cautionary message that they appreciate in an anti-drug communication.

- Most felt that both ad concepts were aimed at parents, with the intention of alerting parents to the dangers their children face and encouraging them to talk to their children about drugs.

- Most felt that the original soundtrack of "Language" was "too bubbly"; almost all felt that the altered version was more "intense," "scarier," more serious, better suited to the topic, and "grabs attention" better than the original version.

- Most felt that none of the television ads they were shown would prompt them to take any action. In particular, all were clear that "Language" would not encourage them to become curious about what it might be like to try drugs.

RADIO ADS

- Many youth participants felt that the "Grow-Op" ad concept was most effective because "it's so scary" and it gave the sense that there is a penalty for taking drugs. Others felt that "Algebra" was the best because of its message about the availability of drugs in schools. Neither "News" nor "Word Game" was particularly well-received by the teen participants.

- Most teens felt that these ads were aimed at parents, although some felt that some, particularly "Grow-Op," contained information useful to teens as well.

- Most did not feel that they would take any particular action in response to any of these ads, although a few thought they might look up facts about marijuana after hearing "Grow-Op." In

particular, none felt that any of these ads, including "Word Game" would encourage them to have a more positive attitude toward drugs, or tempt them to try drugs.

PRINT ADS

- Overall, teen participants held divided opinions on what print ad would be most effective; no one ad was clearly the leader.

- Most did not have particularly strong opinions about any of the ads, or think that they might be motivated to learn more about the dangers of drugs by any of them; the print medium did not seem to be of interest to most.

- There was no clear preference concerning the two versions of "Teddy Bear/Lunchbox," although participants in Montreal had somewhat of a preference for the lunchbox image.

- The "Collage" version of the "Language" ad was preferred in the Toronto groups, but there was no distinct preference in the Montreal groups.

Statement of Limitations

The objectives of this research initiative are exploratory and therefore best addressed qualitatively. Such research provides insight into the range of opinions held within a population, rather than the weights of the opinions held, as would be measured in a quantitative study. The results of this type of research should be viewed as indicative and cannot be projected to the general population.

RÉSUMÉ DU RAPPORT

Contexte et objectifs

La Stratégie nationale antidrogue est une initiative du gouvernement du Canada visant à réduire l'approvisionnement et la demande de stupéfiants. Une partie du rôle de Santé Canada dans le cadre de la Stratégie nationale antidrogue consiste à concevoir une campagne médiatique sur la prévention de la toxicomanie chez les jeunes afin de les sensibiliser aux dangers liés à la consommation de drogues; la campagne s'adresse à deux groupes cibles : les jeunes âgés de 13-15 ans et leurs parents. La composante de la campagne s'adressant aux parents comprendra une campagne publicitaire qui se voudra « une invitation à passer à l'action, » elle sera assortie des ressources et des documents éducatifs appropriés.

Santé Canada a retenu les services d'Environics Research Group pour la réalisation de séances de groupe de discussion avec des parents d'adolescents âgés de 13-15 ans, afin d'évaluer quatre publicités à la radio, cinq publicités imprimées, ainsi qu'un livret d'information, qui ont été mis au point dans le cadre de cette campagne nationale. L'évaluation a été réalisée afin d'examiner l'efficacité des publicités à la radio et imprimées avec les parents et de déterminer si le livret d'information sur le thème des drogues communique efficacement l'information dont les parents ont besoin. De plus, des séances de discussion ont été réalisées simultanément avec des jeunes de 13-15 ans afin de comprendre, en particulier, leur réaction à la publicité télévisée « Langage, » de même que leur réaction aux publicités à la radio et imprimées évaluées avec les groupes de parents. L'évaluation auprès des jeunes a été réalisée afin de s'assurer que les jeunes, qui pourraient voir cette publicité s'adressant aux parents, n'y voient pas une invitation à consommer.

Méthodologie

Six (6) séances de groupe de discussion ont été réalisées entre le 11 et le 14 février 2008, avec des parents de jeunes âgés de 13 à 15 ans, à Toronto (2, en anglais), Montréal (2, en français) et Winnipeg (2, en anglais). Dans chaque ville, une séance réunissait des parents ayant fait des études universitaires et l'autre réunissait des parents possédant moins qu'une scolarité de niveau universitaire. À Toronto et Montréal, les parents qui participaient aux séances ont été invités à se faire accompagner de leurs adolescents de 13-15 ans pour que ces derniers participent aux séances

s'adressant aux jeunes. Par conséquent, deux séances auprès des jeunes ont eu lieu à Toronto et deux ont eu lieu à Montréal, simultanément avec chacune des séances réunissant des parents.

Résultats clés

Les résultats clés pour les séances réunissant des parents sont :

PUBLICITÉS À LA RADIO

- « Jeu de mots » a été le concept de publicité à la radio généralement préféré. La réaction à « Nouvelles » et « Algèbre » a été mitigée, avec une certaine préférence exprimée en faveur de « Nouvelles. » « Culture de la marijuana » a été la publicité la moins préférée. Certains ont été d'avis que toutes les publicités étaient efficaces et qu'elles devraient être diffusées.

- « Jeu de mots » a aussi semblé être celle qui a eu le plus tendance à encourager les parents à faire quelque chose, selon la réaction des participants; toutefois, toutes les publicités ont été perçues comme réussissant au moins quelque peu à encourager les parents à faire quelque chose.

- Les parents ont mentionné que « Jeu de mots » leur avait apporté un éclairage au sujet de la sous-culture de la drogue à laquelle leurs enfants sont exposés à l'école. Cette publicité a été perçue comme un outil qu'ils pourraient utiliser pour engager une conversation avec leurs enfants à ce sujet. La plupart ont été frappés par le langage lié aux drogues proprement dit et par les voix de jeunes qui transforment en jeu leurs connaissances au sujet des drogues.

- Les parents ont apprécié « Nouvelles » parce que cette publicité est centrée sur l'ecstasy et la méthamphétamine, parce qu'elle donne une mise en garde au sujet de la facilité d'accès à ces drogues dans les écoles.

- Le point fort de la publicité « Algèbre » a été l'affirmation selon laquelle « plus de 4 sur 5 jeunes adolescents se tournent vers leurs parents en tant que sources d'information au sujet des drogues illicites, » ce qu'un grand nombre d'entre eux ont trouvé rassurant – même si certains ont plutôt été sceptiques.

- « Culture de la marijuana » n'a pas bien passé du tout, cette publicité a provoqué des réactions centrées sur la réglementation relative aux drogues et aux politiques de mises en application de la loi, la décriminalisation de la marijuana et l'utilisation médicale de la marijuana, les opérations

policières et les dangers de la culture de marijuana, en plus du message clé de la publicité, soit que « la marijuana n'est pas une drogue sûre. »

PUBLICITÉS IMPRIMÉES

- Les deux publicités imprimées, « Vocabulaire » et « Tou-tou/Sac à lunch » ont été bien accueillies et perçues comme apportant des renseignements utiles, quoique certaines personnes ont jugé que le texte des deux concepts était présenté de façon un peu trop « dense » et auraient préféré que le texte soit plus aéré et présenté en abrégé (sous forme de points).

- Pour le concept « Tou-tou/Sac à lunch, » le consensus qui s'est dégagé est que l'image de la boîte à lunch fonctionnerait mieux, puisque plus universel. Le message, soit que les enfants grandissent plus rapidement que leurs parents ne se rendent compte et qu'ils pourraient être exposés aux drogues bien avant que leurs parents ne pensent cela possible, a été clair. Presque tous les parents qui ont vu les expressions ont compris « dime bag, » mais certains n'ont pas saisi « Mary Jane ».

- Pour le concept « Vocabulaire » la version en collage affichant six visages a été la grande gagnante, puisqu'un grand nombre de personnes pouvaient s'identifier à la publicité en raison de la diversité des sexes et des ethnicités qu'elle présente. Cette publicité imprimée a été tout particulièrement bien accueillie par les parents qui manifestaient aussi une préférence à l'égard de la publicité à la radio « Jeu de mots. » La plupart des participants ont été d'accord pour dire que le titre présentait une affirmation claire du message principal de la publicité, quoique certains l'aient trouvé verbeux.

- Le concept du titre « Monde de la drogue » a été très bien accueilli. Un grand nombre de parents ont bien aimé le ton sinistre et certains ont suggéré d'ajouter quelque chose de semblable à la publicité « Vocabulaire » en collage : « Le monde de la drogue vise votre enfant.»

- L'opinion a été quelque peu mitigée quant à l'utilisation des termes « adolescents » ou « enfants » dans le texte des publicités, bien que, dans l'ensemble, la préférence est allée au terme « enfants » parce qu'il n'exclut personne et qu'il aurait moins tendance à endormir les parents en les laissant croire que leurs préadolescents ne sont pas à risque.

- Un grand nombre de parents ont été d'avis qu'il n'était pas nécessaire de s'arrêter à un âge précis, soit 13 ans dans le cas présent. Certains parents ont été d'avis que le fait d'utiliser un âge précis pourrait donner une fausse sécurité aux parents de préadolescents, quoique peu d'entre eux aient

été d'avis qu'il était important d'inclure de l'information au sujet de l'âge moyen des premières expériences avec la drogue.

- Bon nombre de parents ont été d'avis que le texte de la publicité était « dense » dans les cinq concepts et ils ont suggéré d'utiliser des points centrés et des expressions plus courtes.

LIVRET

- Pratiquement tous les participants ont réagi favorablement au livret, le qualifiant de guide de référence utile; un grand nombre d'entre eux ont voulu l'emporter avec eux à la maison et ils étaient d'avis qu'on devrait pouvoir se le procurer facilement.

Les résultats clés pour les séances avec les jeunes sont :

- Un grand nombre d'adolescents ont été d'avis qu'aucune des publicités qu'ils ont vues n'adoptait une position assez ferme contre la consommation de drogues – ils semblaient être d'avis qu'un message fort, fondé sur la peur et montrant des gens qui meurent de maladies liées à la consommation de drogues serait le plus efficace dans une campagne antidrogue.

PUBLICITÉS TÉLÉVISÉES

- La plupart des adolescents ont été d'avis que la publicité télévisée « Parler » était plus efficace qu'une ou l'autre version de « Langage. » La publicité « Langage » ne les a pas vraiment touchés, alors que « Parler » est celle qui a semblé réussir le mieux à produire un fort impact affectif et à leur donner la mise en garde puissante qu'ils apprécient dans une communication antidrogue.

- La plupart ont été d'avis que les deux concepts publicitaires s'adressaient aux parents, avec l'intention d'éveiller l'attention des parents aux dangers qui menacent leurs enfants et pour les encourager à aborder le sujet des drogues avec leurs enfants.

- La plupart ont été d'avis que la bande sonore de la publicité « Langage » était trop « frivole; » presque tous ont jugé que la version modifiée était « plus intense, » « plus effrayante, » plus sérieuse, qu'elle convenait davantage au sujet et qu'elle « captait l'attention » davantage que la version originale.

- La plupart ont été d'avis qu'aucune des publicités télévisées ne les inciterait à poser quelque geste que ce soit. En particulier, tous ont clairement affirmé que la publicité « Langage » ne les encouragerait pas à devenir curieux de savoir ce que c'est que de faire l'essai des drogues.

PUBLICITÉS À LA RADIO

- Un grand nombre de jeunes participants ont été d'avis que le concept publicitaire « Culture de la marijuana » a été le plus efficace parce qu'il « fait tellement peur » et qu'il leur donne l'impression qu'il y a un prix à payer si on consomme des drogues. D'autres ont été d'avis que la publicité « Algèbre » a été la meilleure publicité en raison de son message sur la disponibilité des drogues dans les écoles. Ni « Nouvelles » ni « Jeu de mots » n'ont été particulièrement bien accueillies par les adolescents.

- La plupart des adolescents ont été d'avis que ces publicités s'adressaient aux parents, et ce, même si certains d'entre eux étaient d'avis que certaines des publicités, en particulier « Culture de la marijuana, » contenait aussi de l'information utile pour les adolescents.

- La plupart ont été d'avis qu'ils ne poseraient aucun geste en particulier en réaction à l'une ou l'autre de ces publicités, quoique quelques-uns ont pensé qu'ils chercheraient à obtenir plus d'information au sujet de la marijuana après avoir entendu la publicité « Culture de la marijuana. » En particulier, aucun jeune n'a eu l'impression qu'une ou l'autre de ces publicités, y compris « Jeu de mots, » les encourageraient, soit à avoir une attitude plus positive à l'égard des drogues ou à être tentés d'en faire l'essai.

PUBLICITÉS IMPRIMÉES

- Dans l'ensemble, l'opinion des adolescents quant à savoir laquelle des publicités imprimées serait la plus efficace a été divisée; aucune publicité ne s'est clairement démarquée comme étant la meilleure.

- La plupart n'ont pas eu des opinions tout particulièrement fortes à propos d'une ou l'autre des publicités ni pensé qu'elles pourraient les motiver à en apprendre davantage au sujet des dangers liés à la drogue; les imprimés ont semblé ne pas intéresser la plupart d'entre eux.

- Il n'y a pas semblé y avoir de préférence à l'égard des deux versions de la publicité « Tou-tou/Sac à lunch, » quoique les participants de Montréal aient manifesté une certaine préférence à l'égard de l'image de la boîte à lunch.

- La version « en collage » de la publicité « Langage » a été préférée lors des séances de Toronto, mais il n'y a pas eu de préférence marquée lors des séances de Montréal.

Limites

Les objectifs de cette initiative de recherche sont de nature exploratoire et, par conséquent, il est préférable de les examiner de façon qualitative. Ce type de recherche jette un regard sur la diversité des opinions présentes au sein d'une population, plutôt que sur la pondération de ces opinions, ce que mesurerait une étude quantitative. Les résultats d'une recherche de ce type doivent être considérés comme des indications, mais ils ne peuvent pas être extrapolés à la population générale.

INTRODUCTION

Background

The National Anti-Drug Strategy, a collaborative effort of the Department of Justice, Public Safety Canada and Health Canada, is a Government of Canada initiative that will provide a focused approach involving a three pillar approach to deliver on priorities aimed at reducing the supply of and demand for illicit drugs, as well as addressing the crime associated with illegal drugs. The new approach will lead to safer and healthier communities by taking action in three priority areas:

- Preventing illicit drug use;
- Treating illicit drug dependency; and
- Combating the production and distribution of illicit drugs.

The prevention pillar is Health Canada's responsibility. It focuses on equipping those most impacted by the issues, as well as parents, educators, law enforcement, and communities with information and tools, as well as the capacity, to intervene to prevent illicit drug use before it happens.

Part of Health Canada's role in the National Anti-Drug Strategy is to develop a national youth drug prevention mass media campaign to increase awareness among youth of the dangers of experimenting with drugs. This social marketing strategy will be implemented over multiple years and will comprise a campaign with two target audiences: youth aged 13-15 and their parents.

The parent component of the campaign will focus on the parents of youth aged 13 to 15, in the context of their role as influencers of their children's attitudes and behaviours. This campaign will include a mass advertising campaign, directed at parents, that will serve as a "call to action." This call to action will be complemented by the provision of appropriate educational materials and resources for parents to help them to talk with their children about drugs, monitor their activities and set rules with consequences.

Research purpose and objectives

Environics Research Group was retained by Health Canada to conduct focus group testing of radio and print advertising concepts developed as part of the parent component of this national campaign. This research is needed to ensure the effectiveness of radio and print advertisements with parents.

Additionally, an information booklet on drugs for parents was tested to ensure that it effectively communicates the information that parents need.

The specific objectives of this research were:

Radio Advertisement Testing:

- To evaluate each of the overall ad concepts for initial emotional impact, resonance, and the ability to motivate action i.e., go to the website, phone the 1-800 number, motivate a change in knowledge or a behaviour change (e.g., talk to their child about drugs);
- To evaluate each radio advertisement for appeal, clarity, credibility, tone and level, understanding (i.e. are statements/wording interpreted as intended?) and usefulness/relevance;
- To rank and rate each concept and determine overall concept preferences; and
- To identify other information needs.

Print Advertisement Testing

- To evaluate each of the overall ad concepts for initial emotional impact, resonance, and the ability to motivate action i.e., go to the website, phone the 1-800 number, motivate a change in knowledge or a behaviour change (e.g., talk to their child about drugs);
- To evaluate each of the print advertisements for appeal, clarity, credibility, tone and level, understanding (i.e. are statements/wording interpreted as intended?) and usefulness/relevance;
- To rank and rate each concept and determine overall concept preferences; and
- To identify other information needs.

Information Booklet Testing

- To assess the overall effectiveness of the booklet in meeting the information needs of parents;
- To evaluate the overall appeal of the booklet (look, flow, graphics, etc.)
- To evaluate the booklet for appeal, clarity, credibility, tone and level, understanding (i.e. are statements/wording interpreted as intended?) and usefulness/relevance;

- To determine whether the booklet would inspire action, i.e., would the participants pick up, read, keep the booklet; would it be used as a future reference; would it motivate a behaviour change; and
- To identify other information needs.

In earlier research with parents, a television ad concept known as "Language" was deemed the most effective of three possible ad concepts. Health Canada wanted to know how this ad might be interpreted by youth; particularly if the content of this ad might have an adverse impact on youth if they were to see it. Therefore, the youth sessions were undertaken primarily to test youth response to this ad, but also to test youth response to the radio and print ads being tested in the parent groups.

RESEARCH STIMULI

In each parent group, participants listened to four possible radio ads directed at parents as part of the National Anti-Drug Strategy (NADS). The ads are referred to as:

- Word Game
- Grow-Op*
- Algebra
- News

*Grow-Op: An indoor marijuana growing operation

Participants were also shown five draft print ad concepts:

- Print Ad #1a (Teddy Bear)
- Print Ad #1b (Lunchbox)
- Print Ad #2a (Language – Girl)
- Print Ad #2b (Language – Collage)
- Print Ad 3 (Drug World)

Finally, participants were shown a booklet, "Tips on Talking to Your Teen about Drugs".

In each youth group, participants were shown two versions of the television "Language" ad, "Language 1 (with lighter music) and "Language 2" (with darker, ominous music), and the "Talk" television ad. As well, they were shown the four radio ads and the five print ads presented in the parent groups. These ads were all developed for parents.

Methodology

Six (6) focus group sessions were conducted between February 11 and 14, 2008, with parents of youth aged 13 to 15 years. Two sessions were held in each of three locations: Toronto, Montreal and Winnipeg. The Montreal sessions were held in French; the others in English. In each location, one group was conducted with participants with less than university education and the other group was conducted with participants with university education. In addition, in Toronto and Montreal, parents attending the parent sessions were asked to bring their 13 to 15 year old child to participate in the youth sessions; thus two youth sessions were held in Toronto and two in Montreal, concurrent with each of the parent sessions, for a total of four (4) youth sessions.

Location	Dates	Group Composition	Language
Toronto- parents and youth	Monday, Feb. 11 – 5:30pm and 7:30pm	5:30pm – No university education parents/youth 7:30pm – University education parents/youth	English
Winnipeg- parents	Tuesday, Feb 12 – 5:30pm and 7:30pm	5:30pm – No university education parents 7:30pm – University education parents	English
Montreal- parents and youth	Thursday, Feb, 14 – 5:30pm and 7:30pm	5:30pm – No university education parents/youth 7:30pm – University education parents/youth	French

Ten participants per group were recruited for the parent groups. Seven participants recruited for each groups were mothers, and three were fathers. All children recruited were between 13 and 15 years old and were the children of the parents attending the parent sessions. Screening documents outlining recruiting specifications are included in the Appendix. Each group lasted approximately two hours.

All qualitative research work was conducted in accordance with the professional standards established by the Marketing Research and Intelligence Association (MRIA).

Statement of limitations

Qualitative research provides insight into the range of opinions held within a population, rather than the weights of the opinions held, as would be measured in a quantitative study. The results of this type of research should be viewed as indicative rather than projectable.

DETAILED FINDINGS

PARENT GROUPS

RADIO CREATIVES

Participants listened to four radio ads and completed a written exercise about each of the ads asking them to describe the message, their feelings about the ad, what stood out for them in the ad and what they would do after hearing the ad.

The four radio ads were:

- "Word Game";
- "News";
- "Algebra"; and
- "Grow-Op".

Overall Assessment

EFFECTIVENESS

The "Word Game" ad was the most favoured overall of the radio ads tested with the groups in terms of being memorable and effective. Parents mentioned the dramatic, even shocking effect of hearing young innocent voices making a game out of their familiarity with dangerous and illegal drugs, and responded strongly to the message urging them to learn about the youth drug sub-culture so that they can effectively communicate with their children.

The "News" and "Algebra" ads were regarded as being similar in impact and effectiveness. There was some preference for "News" over "Algebra" in most groups, as many parents found the information about the dangers of ecstasy mixed with methamphetamine to be timely and pertinent.

The "Grow-Op" ad tended to be the least favoured of the ads in most sessions. Some people found the graphic descriptions of the conditions in grow-ops too disturbing. For others, focusing on marijuana in general, or on the specific methods of production of the drug, sent messages about issues other than preventing drug use among youth. Others did not think that it was worthwhile to devote an entire ad to marijuana, or felt the tone was alarmist.

Some felt that all the ads were effective, and that all should be part of a campaign because they all address different aspects of the drug abuse issue, and all provide good and useful information.

For many parents, one of the most positive and effective pieces of information in any of the ads was the message that young people consider their parents to be credible sources of drug information, which was mentioned in both the "Algebra" and the "News" radio ads. This information was very surprising, but also encouraging to many, because parents mentioned that they have been told in so many ways that their children are not listening to them, and that this has made them doubtful about their ability to communicate information about the dangers of drugs with their children. The thought that the odds are strong that their children are indeed listening to their warnings about drug use offered both relief about the outcome of past efforts and confidence that future efforts will have some success. However, some parents, particularly in Montreal's less-educated group, did not believe this statement and thought it took away from the believability of the ads that mention this: "It makes me doubt all the rest of the ad, it sounds so fake."

CALL TO ACTION

"Word Game" emerged as the ad that was most likely to encourage parents to take action, both in terms of visiting the website to learn more and in terms of engaging their children in conversation about drugs. However, all ads were at least somewhat successful in encouraging parents to consider talking to their children about drugs, and to make use of the communications channels mentioned in the ads.

A few parents also said that they would be prompted by some of these ads, particularly "Word Game," to contact their local school principal to talk about availability of drugs in schools or to take some other action related to addressing the problem of drug culture in the schools directly, such as getting involved with the Parent-Teacher Association. Very few said they might consider home-schooling.

Radio Ad Concept: "Word Game"

"Word Game" was generally considered to be the most memorable and most effective of the four ads. Most parents appreciated that this ad gave them insight into the drug sub-culture their children were exposed to at school, and felt that it gave them a tool to use in striking up a conversation with their children on the topic – without sounding accusatory. It shocked many parents to learn how

"out of touch" they were with today's drug culture, and also how young children are when they become exposed to it, or part of it.

MESSAGE

This ad was seen as conveying several closely associated messages about children and drug use in schools. Many participants felt that the ad was saying that children are exposed to drugs in high school or even earlier, and that exposure comes from other children. The ad indicated to parents that their children are learning a new language centred around the drug culture: "kids are learning street lingo faster than parents can keep up." For some, there was also a sense of peer pressure implicit in this ad – the children are playing a game to see who knows the most drug slang, and if a child does not know the names, he or she "isn't one of the cool kids." The ad suggested that children find it necessary to learn about drugs in order to "fit in" at school.

This ad also conveyed to some parents the message that their children know more about drugs than parents think they do: "kids are not as innocent as we think."

Some participants also felt that the main message of the ad was that parents need to talk to their children about drugs, and that using the language of the drug culture to communicate with kids "in their own words" will make talking to them easier. Also, some noted that the ad is telling them that information is available to help them talk to their children.

A few found the ad confusing and had difficulties in understanding what the children were talking about.

EMOTIONAL RESPONSE

Participants reported a wide range of emotional responses to this ad. Many said that they felt surprise, shock, even horror at the age of the children's voices and the playful tones with which the children talked about such dangerous drugs. Others expressed feelings of anger, sadness, fear and terror at the idea of such young children being so knowledgeable about drugs.

A number of parents said that this ad made them feel old, naive, unaware, ignorant or out of touch – they thought they knew what they had to know about the drug scene, at least enough to talk to their

children effectively, but this made them realize they did not really know what was going on in their children's lives with respect to drugs.

Some said that the ad prompted feelings of disbelief. In their opinion, the ad did not make sense to them because they felt that the children in the ad were "too young to know these things."

Some parents reported that the ad left them feeling hopeful and empowered, because it provided "an opening," something specific that they could use to initiate a discussion with their children about drugs.

IMPACT

The use of very young sounding voices was a key element that drew peoples' attention –some estimated the children speaking to be as young as eight, and in grade school rather than high school.

Another aspect of the ad that had a strong impact was the idea of young children knowing "the street lingo for these types of drugs" and treating it like a game or a secret language. For some, it was the unfamiliar drug terminology itself that stood out; for others, it was the idea that children know more about drugs than their parents do, and could be talking about drugs right in front of their parents and teachers who would never realize what they were talking about: "drug deals could be going on in the classroom and the teacher would never know.".

Others found that what stood out the most was the playfulness of the children's "word game," and by how much it sounded like a game show, or a competition to see who knew the most about drugs.

For a few, the most memorable aspect was the message that they could get tips and advice about how to discuss drugs with their children from the government.

CALL TO ACTION

This ad was most likely to be seen as a catalyst for action by parents. After listening to the ad, most parents indicated that it would likely encourage them to talk to their children about drugs. Many also said that they would ask their children if they knew about these drugs, if they had heard these words, and ask about other terms that may be known to them and whether their friends or classmates, or other children in their social circles, use drugs.

Some parents said that they would visit the website, or engage in research in general to find out how to better communicate with children using the language they use to talk about drugs. A number were interested in discovering more about commonly used drug slang. Some would also tell their children about the website and 1 800 number, and encourage them to do their own research into the dangers of drugs.

A few participants suggested that they would talk to the principal of their children's school or get involved in school administration (such as involvement in the local Parent-Teacher Association (PTA)/Parent Council) in order to combat the availability of drugs in schools.

A number of parents suggested that this ad was the most likely to prompt them to make use of the communication channels, the 1 800 number and the website.

OVERALL IMPRESSION

Most participants thought this ad had a shocking and powerful message, one that would give them an opportunity to initiate a non-judgemental conversation about drugs with their children.

Some parents were sceptical about the message of the ad, and felt that even if some children are using drug slang at such a young age, they do not really understand what the words mean, or understand the realities of drug use – these parents tended to exhibit a certain degree of denial about drug use in children that young.

For some, the sense of playfulness expressed in the children's voices and in the "game" aspect of their conversation seemed inappropriate considering the seriousness of the content. Some parents suggested using older voices in the ad and making the conversation sound more conspiratorial, even "sinister," by having the children "whispering" and "being sneaky" instead of being playful and "fun and games." A few participants were concerned that the music and tone of the ad might trivialize a very serious problem; many associated the music with carnivals, fair grounds, or other places where children would play or have fun.

There was some concern (particularly in the session with less-educated parents in Montreal, but in other sessions as well) that if children hear this ad, they will think of drugs as fun, a game to play. As noted previously, parents suggested changes that would make the ad sound less "fun and games". A few parents did not like this ad because they found the association of playful innocence with illegal drug use to be too disturbing. However, most participants liked the contrast between the

innocence of youth depicted in the ad and the disturbing drug names. For these parents, the use of innocent voices makes this a powerful and dramatic message. "It's the most effective because it's the most disturbing."

Radio Ad Concept: "News"

Response to this ad was mixed; some parents felt it was informative, and felt that the focus on two increasingly common drugs, ecstasy and methamphetamine, was particularly useful, while others thought the ad was somewhat vague and lacking in impact.

MESSAGE

Many parents identified the main message in this ad to be informational and cautionary – warning parents about the availability of drugs in schools, and how easy it is for children to get drugs. Some parents noted that the ad was specifically aimed at the drug ecstasy, and noted that it is dangerous because it sometimes contains methamphetamine.

For some, the strongest part of the message was that parents should talk to their children about drugs. While this was generally seen as positive, some did not appreciate the blunt message "talk to your kids today"; they felt that it implied that parents are not knowledgeable about the risks of drug use and do not know that it is important to talk to children about drugs.

A few participants commented that this ad seemed to be vague, less focused than some other ads and that there was nothing about this ad that made a big impact. A few were unsure who the narrator was supposed to be, and thought the ad was more difficult to identify with for that reason. While many thought the narrator was a news reporter, some thought he might be the neighbourhood drug dealer.

Some participants in the Montreal groups noted that the phrase "bonne nouvelles" does not "sound right" in the ad, and suggested that different language be used.

A few parents did not know that ecstasy was a commonly available street drug that their children might be exposed to. Others knew of the drug, but thought of it as a relatively innocuous drug compared to others.

EMOTIONAL RESPONSE

Many parents expressed worry, fear, even panic in response to this ad; what concerned them was that drugs were so readily available in all schools, and that their children were being exposed no matter what they did. Some talked explicitly about their concerns over peer pressure.

Some were optimistic that they could improve their children's chances of avoiding drugs by talking to them; the statement that children do trust their parents on this topic, and the availability of information through the website or 1 800 number helped to bolster some parents' confidence.

IMPACT

What stood out most to many parents seemed to be the idea that, unlike in the past when they were in school, children today have easy access to cheap drugs in their schools. This made them think that it was important for them to learn more about what drugs and the drug subculture are like today so they could help their children.

Other parents were struck by the statement that ecstasy contains methamphetamine, as many were deeply worried about the spread of methamphetamine use. Many felt that ecstasy did not seem to be a highly dangerous drug, but knowing that it was often mixed with methamphetamine made it seem more serious.

Finally, a number of parents were struck by the statement that many children think their parents are credible sources of information about drugs. Some were sceptical; one parent noted "how can we parents be good sources of drug information if we have to go to this website to educate ourselves?"

CALL TO ACTION

Many parents said that this ad would encourage them to talk to their children about drugs. Some added that they would ask their children whether ecstasy was available at their school, and that they might start to monitor their children's spending habits more closely. Some would draw the ad to their children's attention and talk to them about the content of the ad.

Some said that this ad makes them realize that they need to know more about drugs like ecstasy and methamphetamine, and about the signs of drug use, and some said that they would go to the website or call 1 800 O-Canada for more information.

OVERALL IMPRESSION

Some felt that this ad offered them useful information, while others wanted more information, particularly about methamphetamine, and why it is such a dangerous thing to mix ecstasy with methamphetamine.

Some felt that the ad was somewhat vague, and rather "ordinary" – not as strong as it should be considering the importance of the topic.

Some parents noted that exposure to drugs begins well before high school, that drugs are "cheap" and "easily available in grade school" and that this ad should stress that, rather than putting so much emphasis on what children face in high school.

Radio Ad Concept: "Algebra"

Overall response to this ad was mixed. Some participants thought the ad was interesting and effective, while others found it somewhat bland and lacking in informative content. The strongest aspect of this ad was the statement that "four out of five teens see their parents as credible sources of information about illegal drugs."

MESSAGE

Participants perceived a number of related messages in this ad. Many felt that the message they heard was primarily informative, to let parents know their children are exposed to drugs in school, and that these drugs are cheap and easily available: "drugs will be part of your child's world." Some also heard a general anti-drug message, informing listeners that drugs are "unpredictable" and dangerous.

Others thought the main message was to urge parents to talk to their children about the risks and dangers of using drugs: "be open to talking about drugs." This was a supportive message for many, in that it let parents know that they can do something about their concerns for their children's

exposure to drugs. Many also heard a reassuring message that parents are seen as credible information sources about drugs by their children, which makes it even more important for parents to talk to their children. This particular message resonated strongly with parents who said that their children had come to them to discuss drug issues and concerns.

Others thought that the main message was that information is available to help parents talk to their children about drugs through the website and 1 800 number mentioned in the ad.

Overall, the ad and its message were well-understood by most participants, although some were confused by the mention of algebra and drugs in the same sentence; these parents tended to be those that had less formal education and had problems grasping the connection between algebra and drugs as things that their children are learning about in school.

EMOTIONAL RESPONSE

Many participants expressed concern, worry, and fear over the message that children are so vulnerable and are being exposed to drugs in their schools. Some talked about feeling sad that so many children are taking drugs. Others were fearful for their own children and worried to hear that drugs are so easily available.

On the other hand, some felt relieved, even empowered, to hear that there was something that they could do and that their children would listen to them when they discussed the dangers of drugs. Some were reassured to learn that information was available to help them.

A few said that they were bored by the message, and some felt sceptical about the assertion that four in five children trust their parents for information on drugs.

IMPACT

The thing that seemed to stand out the most in this ad was the statement that four out of five children trust their parents as sources of information on drugs. Some parents were reassured by this statistic; many were surprised, and wondered about the source of this statistic, while some doubted it. Their experience told them that their teens did not see them as credible sources about drugs or the world they live in. When asked about the use of the phrase "believe it or not" in association with

this phrase, most thought it was appropriate and made the information even more believable, because it acknowledged that many parents would be doubtful about the statistic.

Other aspects of the ad that stood out most for other participants included that children are being introduced to illicit drugs at school, that drugs are cheap and easy to obtain in schools or high schools, that information and tips are available to parents to help them talk to their children about drugs, and that there is a website and a toll-free number they can call.

CALL TO ACTION

Many parents said that in response to this ad, they would talk to their children about drug use, watch their children for indications of drug use, and ask their children if their friends use drugs or if they themselves had ever been offered or pressured to use drugs by their peers.

Others said that they would visit the website or call the 1 800 number for information. Some parents would be particularly interested in researching the signs and symptoms of drug use in youth.

A few felt that they would contact school authorities about the problem and try to find ways of dealing with the availability of drugs in schools through co-operation with schools rather than just as parents talking to their children: "parents and schools have to work together to fight this."

OVERALL IMPRESSION

Many participants expressed a positive opinion overall about this ad. Some felt that it was an important reminder of what is going on in schools, and the risks that their children face. Some referred to the ad as a "jolt" that alerted them to the amount of drug use by young people. Others, however, felt that this ad was less informative than the other radio ads.

Some parents were concerned that the ad appeared to suggest that high school students were at the most risk for hearing about or being exposed to drugs. They felt that parents needed to be alert at middle school, and even the elementary school level, and that the ad's focus on high school might lull some parents of younger children into a false sense of security.

A number of participants said that it was a good thing to have access to a website or toll-free phone line that would provide them with tips and information, and appreciated that the government was making this available.

Some felt that this ad sounded like a "standard government message" and found that it was lacking in impact.

Radio Ad Concept: "Grow-Op"

This radio ad did not test well overall. While some participants were shaken by the graphic description of the contaminants on cannabis and strongly affected by the message that marijuana is not a "safe" drug, others found the message about marijuana to be alarmist and were not sure if devoting a whole ad to marijuana alone made sense. Many felt that there were either mixed messages, or messages about issues other than the topic of preventing drug use among children and youth associated with this ad. It tended to provoke discussions of drug regulation and enforcement policies, the decriminalization of marijuana and the medical use of marijuana. The mention of 400 toxic chemicals in marijuana made some think of toxic chemicals in tobacco, which is legally grown and sold to adults. Also, the focus on grow-ops led some people to think the ad was about why grow-ops are bad, rather than why they need to talk to their children about drugs.

Participants who tended to like the "Grow-Op" ad were primarily less formally educated (particularly in Montreal) and some participants who were New Canadians. These participants often related to the very hard hitting points about the dangers of marijuana and tended to accept the facts in the ad at face value.

MESSAGE

For many parents, the predominant message was informational, about the dangers of marijuana – that "marijuana [is] not a safe drug," because it contains chemicals and mould. Associated with this was the perception of some parents that the ad was saying that parents do not know what is really happening with respect to drug production, availability and use. Some parents found this a positive message, because it gave them new information and shocked them with a new view of marijuana as a real danger: "It makes pot into a drug again." Some parents focused on the idea of grow-ops and the risks to police officers, linking this to ideas about the drug culture: "marijuana culture is scummy."

Others thought the message was more of a call to action, in that it urged parents to talk to their children about drugs, and in particular to warn them about the dangers and health hazards of smoking marijuana. A few felt that the message of this ad was about encouraging parents to use the website or 1-800 number.

For many, the use of plain language that talked about the chemicals and contaminants that are found in marijuana in "regular" words that are "not too scientific" made the message easier to understand.

Many parents – though not all – thought the ad was believable, but some felt that "pot" was still less harmful than other drugs, even if it was more dangerous than they originally thought it was. A number of parents suggested that they had in fact used marijuana when they were young, and that they felt, based on their own experience, that the drug itself was not dangerous. However, the description of grow-op conditions did make some feel that their experience of marijuana in the past might not be applicable to today's conditions.

EMOTIONAL RESPONSE

Participants expressed a range of emotional responses to this ad. Many said that they felt shock, dismay, and surprise, either at the risks faced by police officers in dealing with grow-ops, or at the contaminants in marijuana grown under such conditions and the risks these contaminants pose to their children. Others expressed such emotions as concern, fear, anger, fury, and disgust.

Some parents said that their main feelings were of scepticism and disbelief – they did not feel that the ad presented an accurate picture of the risks of marijuana use. A few said that they did not have any particular emotional response – that the ad did not speak to them at all.

IMPACT

Information that stood out for many parents included the mention of 400 chemicals in marijuana smoke and the description of marijuana as contaminated with chemicals, mould and bacteria. Both of these had a powerful impact on many parents. Interestingly, a number of participants compared this information about chemicals in marijuana smoke to the number of chemicals in tobacco smoke – however, some thought that tobacco smoke was much worse (up to 4,000 chemicals) while others thought that tobacco smoke was not as dangerous (only 100 chemicals). Those who thought that tobacco was worse than marijuana in terms of its chemical load felt that this was a hypocritical

position to take, since tobacco, with more chemicals, is sold legally while marijuana, with fewer chemicals, in their view, was being portrayed as so dangerous.

When asked about the effect of adding an additional phrase, "marijuana may also be contaminated with other dangerous drugs," a number of parents expressed a positive response, welcoming additional information and suggesting that the inclusion of this phrase made the ad a stronger statement. Some felt that this was a less "alarmist" claim.

Other elements that stood out were the reference to police officers sustaining respiratory injury when raiding a grow-op and the image of the damage that smoking marijuana would cause to the lungs of children. The images evoked by the words "young lungs" included the idea of clean, pink lungs begin made dirty and filled with smoke, and the idea of young, not fully developed lungs being more susceptible to or vulnerable to damage. However, others did not think the damage would be any worse than if teenagers were smoking tobacco, or were exposed to second-hand smoke, and thought that the ad was misrepresentative in this respect.

CALL TO ACTION

A number of parents said that hearing this ad would encourage them to talk to their children about drug use in general and to educate them on the information contained in this ad. Others said that they would ask their children what they thought about the ad.

Some said that they would visit the website or call the 1 800 number to get more information about the topics mentioned in the ad. A few in particular said they would want to see the list of 400 chemicals in marijuana smoke.

However, some said that they would not do anything in response to hearing this ad. Some of these parents did not think that this was the kind of information they were likely to communicate to their children, at least in part because they did not see the ad as believable or important in comparison to other concerns.

OVERALL IMPRESSION

For many parents, their overall impression of this ad was associated with their view of marijuana use in general. In a number of groups, listening to this ad led to discussions and considerations of

regulatory and political issues surrounding marijuana, including decriminalization. Some parents, primarily those who appeared to favour decriminalization or at least to think that marijuana was not a serious risk compared to other drugs, thought the risks mentioned in the ad were exaggerated – they argued that not all grow-ops are lethal places, not all marijuana is contaminated with chemicals and mould, and that methamphetamine labs are far more dangerous places than grow-ops. As well, some questioned whether marijuana smoke really contained 400 chemicals, and said that they would want more information about the assertions in the ad.

Other participants wondered if the ad was focused on marijuana in response to pressure from the U.S. On the other hand, some liked the ad because it would move public opinion away from decriminalization. Some commented on the mixed message that is sent by having ads that stress the hazards marijuana poses to human health while at the same time allowing the use of marijuana for medical reasons – they felt that this would be very difficult to explain to their children: "if you smoke this marijuana, it's OK; if you smoke that marijuana, it's not OK." A few worried that the ad would discourage people who needed medical marijuana from seeking a prescription, out of fear that the medical marijuana would also be contaminated.

Some participants felt that the tone of the ad was over-the-top and alarmist, and that the information in the ad was propaganda, and not really credible.

Some participants thought that this ad was or should be targeted more to teenagers than to adults; they felt that the descriptions of the contaminants, the chemicals, and the potential damage to the lungs in this ad would have a strong impression on young people.

PRINT CREATIVES

Five draft print ad concepts were shown to the participants:

- Print Ad #1a (Teddy Bear)
- Print Ad #1b (Lunchbox)
- Print Ad #2a (Language – Girl)
- Print Ad #2b (Language – Collage)
- Print Ad 3 (Drug World)

The "Teddy Bear" and "Lunchbox" ads had the same overall design and ad copy/text (which focused on the dangers of specific drugs) but different photos and headlines. The "Language – Girl" and "Language – Collage" ads used the same headline and ad copy (which focused on drug terminology), but differed in design. In one, the headline was superimposed over a half-page photo of a young girl, while in the other, the headline and ad copy were positioned between two vertical rows of photographs of six different children. The "Drug World" ad featured copy similar to that used in the "Language" ads, and the photo used in the "Language – Girl" ad, with a different headline.

Overall assessment

PREFERENCE AND EFFECTIVENESS

For the "Language" print ads, the collage version with six faces was the clear winner. Participants appreciated seeing a variety of genders and ethnicities represented, making it easier for a broader range of people to relate to the ad. As well, they preferred seeing the slang words and real names of the drugs together. People who liked the radio ad "Word Game" tended to like the "Language" print ad as well as it follows the same theme. It was notable that some people who rejected the "Word Game" radio ad had less of a problem with the "Language" ad in print.

Looking at the different photo options of "Teddy Bear" and "Lunchbox," there was a consensus that the lunchbox image worked better than the teddy bear – only very young kids and some young girls played with teddy vears while a lunchbox was something that almost every school child was

likely to use. This made the ad easier to relate to, and also tied in with the message that children are at risk from exposure to drugs in the school environment.

Overall, opinion was divided as to whether people preferred the content of the two "Language" print ads, that focused on drug terminology, or if they preferred the content of the "Teddy Bear" and "Lunchbox" print ads, that put more emphasis on dangers of various drugs and what parents can do to help their children. Both ads were seen as providing important and useful information; though some people found the text in both a bit "dense" and would have preferred that it be organized in point form.

The general concept of the "Drug World" headline – "The drug world is targeting your 13 year old"– was very well received. Many parents appreciated the ominous tone headline, and suggested adding something similar to the collage "Language" ad: "The drug world is targeting your kids."

GENERAL LANGUAGE CONCERNS

In a number of the groups, opinion was somewhat mixed on whether to use "teens" or "kids" in ad copy, although there was an overall preference for "kids." In terms of the meaning of the words, some felt that "kids" were younger than "teens" while others feel that "kids" included all children and youths – teens, pre-teens, and younger children.

While some felt "teens" should be used, because it was primarily teenagers who were using or being exposed to drugs, most thought it was necessary to start talking to children about the dangers of drug use before they were teen-agers, and so the appropriate word would be "kids." A few preferred the words "child" or "children."

Some parents felt it did not really matter which word was used, as both effectively conveyed the message that young people are at risk and parents have a role to play in helping their children learn about, and avoid, drugs. Some felt that whatever word was used, it would be important to be consistent – use just one word, "teen" or "kid" throughout the ads.

There was also some disagreement over the use of specific ages in the copy of all three ad concepts. Many felt that a focus on a specific age, either 13 or 14, was unnecessary, and that more general references to the youth of children when first exposed to illegal drugs should be used instead. Some felt that using a specific age might provide a false sense of security for parents of younger children.

Others felt that the information about the average age of initial experimentation was important to include in the ad.

Print ad concept: "Teddy Bear/Lunchbox" (1a/b)

Participants appreciated this ad for its useful information and its message that reminded them that their children were growing up quickly and it was important to address the issue of drug use before it was too late. Of the two versions, the "Lunchbox" ad was considered to be the more universal of the two.

MESSAGE

Most participants identified the message of this ad, in both versions, as being about how children grow up a lot faster than their parents realize, and may be at risk of being exposed to drugs well before parents think they are: "before you know it, they're grown up." Some found the ad shocking in its implications for the age at which children were learning about and possibly experimenting with drugs.

Some also thought that the ad contained a message about the dangers of drugs, and that drugs today were more dangerous than parents may realize.

Parents also observed that the ad was urging them – and all parents – to talk to their children about the dangers of drugs before it was too late. They appreciated that the ad "spells right out what parents can do." Some noted that the ad stressed to parents that it was their responsibility to teach their children about drugs.

PHOTO AND DESIGN

In most groups, participants expressed a general preference for the picture of the lunchbox over the picture of the teddy bear as the most appropriate graphic image for this ad, although both pictures were seen to have positive elements.

The teddy bear image tended to be associated with very young children, too young to be at school and at risk of exposure to drugs. Further, the use of the teddy bear was seen by some as a gendered image, in that teddy bears were more likely to be toys for girls. It was pointed out that the headline

"From Teddy Bear to Mary Jane" subtly reinforced this gendering of the ad by the use of a slang term for marijuana that is also a girl's name.

On the other hand, a number of parents felt that the use of the teddy bear image made this version of the ad more powerful because of the shock value of associating the toys of very young children with images of illegal drugs. Some also felt that this image stressed that children are at risk from an early age, while others said it was a reminder of the sense parents often have, that it was "just yesterday" when their children were playing with dolls or other toddlers' toys.

Many parents suggested that the lunchbox was a more universal image, because children of all ages used them; also the use of a lunchbox, which was associated with going to school, supported the message of the ad that children were in danger at school. A few thought that the image of a lunchbox was not suitable for a message about teens, because they tended to grow out of using lunchboxes; some said that only very young children used lunchboxes anymore. A few noted that the style of lunchbox used in the ad was old-fashioned, and felt a more modern image would be preferable. The use of the "baggie" was noted by a number of parents, who felt that this was a strong element because of the multiple uses of such bags – they could hold sandwiches or drugs, and in that sense supported the reference to "dime bags" in the headline.

HEADLINE

Both headlines were well received, and most parents agreed that either version clearly expressed the message that children were growing up quickly and losing their innocence, and that exposure to drugs was a part of that growth.

A few suggested variations on the headlines. One participant, concerned with the gendering of the teddy bear photo, suggested the use of two toys, a teddy bear and a Tonka truck, with the headline "From Tonkas and Teddies to Mary Jane." Another parent, looking at the "Lunchbox" version, suggested "from sandwich bags to dime bags."

In terms of drug language references, almost all parents who were exposed to the terms were aware that a "dime bag" was an amount of marijuana sold for ten dollars, but some did not know that "Mary Jane" was slang for marijuana.

A few suggested that the title should be in a bolder type and a larger font size.

ELEMENTS – LIKED AND DISLIKED

In general, most participants liked the various statements about the health risks and dangers of specific drugs that their children might come in contact with. Some particularly highlighted strong, emotionally charged language such as "carcinogens," "permanent" and "death." Some felt that the phrasing of some of the information was too "soft" – suggestions for improvements included:

- "Marijuana, for example, is often contaminated…" rather than "Marijuana, for example, can be contaminated…"
- "…mushrooms can in fact be poisonous…" rather than "…mushrooms may in fact be poisonous…"
- "Get the facts about today's drug scene…" rather than "so get the facts about today's drug scene…"

Some felt that the opening bolded sentence was too "wordy" and a few said it seemed almost "gossipy." Some felt that the closing sentence – the call to action – should also be in bold typeface.

A few felt that the information that four out of five children see their parents as credible sources of information should not be included in the ad, because it was not something that they found easy to believe and there was no source given for the statistic. More parents, however, thought that this was an important part of the message and should be included.

When asked if the information on marijuana should say that "Marijuana, for example, can be contaminated with pesticides, mould, toxic fungi *and other dangerous drugs*," most seemed to think that this information, while interesting, was not necessary. Some felt that the additional phrase was too vague compared to other information in the ad. A few wondered if "contaminated" was the correct terminology for use with the suggested addition "other dangerous drugs," and suggested that the word "laced" be used to indicate that the other drugs were added intentionally to make the drug more powerful or more addictive.

Some parents liked the footnoted source for the information about drug contamination, as they felt it increased the credibility of the ad. Others thought it was too much like something they would see in a textbook, and felt it was not necessary because the whole ad is presented by Health Canada.

A few thought that the text was too small, and difficult to read. Some also felt that the text was too "dense" and that using bullet points rather than sentences would open it up visually and make it easier to read.

INFORMATION

Most parents agreed that the ad provided much solid information on important topics, such as the health risks of taking drugs. Most felt this information was specific, factual and credible. In fact, a few parents felt that the content was too dense, although most felt that the density of information was acceptable in a print ad. A few wanted more information about the contaminants mentioned, particularly with respect to the 400 chemicals in marijuana smoke, as they wondered about any relationship between this number and the number of contaminants found in tobacco smoke.

A few parents wanted some additional information about the communication channels; they asked whether the website was for personal help with drugs or just for information, and whether calls to the 1 800 O-Canada number would be confidential (some worried that if they let the government know they are looking for help concerning illegal drugs, this could have unwelcome consequences).

Print Ad Concept: "Language – Girl / Language – Collage" (2a/b)

This print ad was particularly well received by parents who also favoured the "Word Game" radio ad, but it was also liked by a number who had not thought the concept worked as a radio ad; in print, it was perceived as less like a game and hence did not evoke the same concerns for some. The "Collage" version was seen to be the better design by most participants.

MESSAGE

Most found the main message of the print ad to be essentially the same as this radio ad based on the same concept: children were being exposed to a drug language and culture at an early age, and in a way that made it seem harmless and something that everyone was doing. Many also mentioned the associated calls to action, urging them to get informed and to talk to their children about drugs.

PHOTO

Most participants preferred the "Collage" version of the ad. They found this overall image – so many innocent young faces in an ad about drugs – to have a strong impact. Many appreciated the mix of ethnicities and genders, and thought that this sent the message that "it could be anyone's child" who was at risk. A few found the photos reminiscent of photographs of missing children and felt that gave an added emotional overtone to the ad: "these children could be yours."

A few felt that some of the children in the collage looked too young and "not hard core enough," but others pointed out that that was the point – that young and seemingly innocent children were getting into drugs. On the other hand, a couple of participants felt that some of the children looked "spaced out" or felt that some of the photos looked like "mug shots" which undercut the idea of innocence. Some did not like seeing the "drug words" superimposed over the children's faces, while others thought it gave an individual face to each kind of drug problem. Others, particularly in Montreal, thought the children should not look so "happy": "no kids should be shown smiling; drugs are serious."

Most of the smaller number of participants who preferred the "Girl" version of this ad did so because they wanted an ad that was less "cluttered" with "too many things to look at all over the place." Most had no concerns about the photograph used in this version, but some did not like the visual impact of the "black band" of the headline across the girl's face.

A few participants suggested that several versions of "Girl" be used – keep the overall design, but use several different faces, of both boys and girls, of various ages and ethnicities.

HEADLINE

Most participants agreed that the headline was a clear statement of the main message of the ad, although some thought it was somewhat "wordy." Other than that, it did not evoke much comment.

ELEMENTS – LIKED AND DISLIKED

Overall, participants liked seeing the drug terminology and the footnote explaining the meanings of the various slang words used: -"I like it that they tell me what this means." There was some disagreement over the phrase "drugs with cute names" – some liked this, saying that it reminded

people that children may not think about drugs the way adults do, and that cute names make drugs seem harmless and even fun for children. Others felt that this wording trivialized the dangers of drugs. A few felt that the "real" names of the drugs should be given more prominence as that would make the ad more eye-catching and make parents more likely to read it.

Others parents commented that the ad should not refer to a specific age because children are at risk at any age. Others felt that the way in which the reference to age was worded seemed overly dramatic and "overdone."

Specific phrases commented on included:

- "…pushed to our kids." – some did not like this because it absolved children of responsibility for their own actions.
- "…poor performance at school…" – some noted that poor performance "anywhere" can be an indication of a problem.
- "In our communities…" – some thought that this made the ad seem more about taking community action than about parents talking to their children.
- "So learn the new drug language before your kids do" – some felt that this line was stronger without the word "so."
- "Because, believe it or not…" – some felt that this line was stronger without the word "because."
- "What can parents do?" – some felt this was not strong enough, and suggested using a statement rather than a question.

INFORMATION

While some parents said that they wanted more information than just the slang names of drugs and meanings of those names, most felt that the information provided in this ad was sufficient.

Print Ad Concept: "Drug World" (3)

The text, photo and design for this ad are very similar to the "Language – Girl" as, and therefore most discussion focused on the headline, which was generally seen to have a strong impact.

MESSAGE

Most felt that the main message of this ad had a more ominous, threatening tone than the other ads: "your children are in danger." This tended to eclipse other messages about talking to children or making use of the communication channels presented for information.

PHOTO

Most felt that the photo, in combination with the headline, captured attention well. Some said that the girl's eyes seemed to be saying "I need your help" and that this drew them in, made them want to read the ad.

A number of parents felt that the girl "looks like she could be anyone's daughter," and added they were emotionally affected by the idea of what could happen to this child if she began to take drugs: "a picture of a pretty girl that you don't want to see that happen to."

HEADLINE

Participants had a strong positive reaction to the tone of the headline, saying that it was strong, scary, and attention-grabbing. They noted that it was more ominous than the other headlines, and suggested an active threat.

When asked what "the drug world" meant, most parents said that it meant the drug subculture or drug lifestyle to them, suggesting associations with crime, violence, prostitution, and dangerous people such as outlaw bikers. A few thought it meant that the world is full of drugs, that drugs are everywhere.

A number of parents felt that the headline should not be so specific about age, and suggested a revision to "The drug world is targeting your kids"; this headline, they felt, would also work effectively with the "Language" ad.

INFORMATIONAL BOOKLET

Virtually all participants had a positive response to the booklet and many wanted to take it home with them. In fact, in every group people insisted that not only should the booklet be distributed to people who asked to have it, but that it should also be made available in schools, CLSCs, government offices, libraries, and other places where government or health-related pamphlets were usually available. Some felt that it should be available to someone who wanted it immediately, by making a downloadable version available online in addition to the print version.

OVERALL IMPRESSION

Most participants described the booklet as more than just tips on talking to their teenagers about drugs. They saw it as a reference guide of "facts about drugs" or "ammunition for talking to teens about drugs."

Most agreed that the booklet was targeted for adults, particularly parents, but some felt that older teenagers could also read it. Others hoped that a similar book targeted at younger people would also be available.

TITLE AND COVER PAGE

Most liked the title, even though they agreed that it is "more than just tips." Some found the alliterative title "catchy."

Some noted that the title seemed to specify that this was only of use in talking to teens, and suggested using the word "child" or "kids" instead, because it was important to talk to your children before they became teens. On the other hand, some said that parents might not want to talk to their "kids" about drugs, because that seemed too young, but would want to talk to their "teens." Others commented that it was easier to talk to young children about drugs so that special tips and other information might not be needed, but that parents would be far more likely to want to have help in talking to teens.

There were few comments on the cover design, although some said that it "needed something" to give it a stronger impact. Some suggested that the booklet should have a girl's photo on one side and

a boy's photo on the other. Others did not like the "black band" of the title superimposed across the girl's face.

DESIGN AND ORGANIZATION

Most parents expressed generally positive comments about the design, colour scheme and lay-out of the booklet. In particular, they mentioned the "talk bubbles" of interesting facts, the use of colour and the red titles as drawing attention and making the booklet visually interesting. Some wanted to have more pictures included, particularly pictures of drugs or unusual drug paraphernalia for identification purposes.

There were some comments about the organization of the information. Some thought it would be more logical to put the information about drugs first, and then the information on how to talk to their children. Others suggested that all information on any given drug should be on the same page, so that it would be more like a medical reference book.

Other suggestions included:

- Larger headings for the main sections;
- A clearer sense of separation between sections;
- An indication on the top of each page of what section it is in;
- A more detailed Table of Contents that indicates page numbers; and
- A FAQ
- An index

TEXT: READABILITY AND USEFULNESS

Most found the text was easy to read. However, some said that the font was too small for everyone to read easily and should be larger.

Most felt that the general level of language used was appropriate and easy for parents to understand, both in English and in French. Most felt that it was clear, concise and did not "overstate the obvious." Some participants in Montreal suggested the use of "parle" (talk) not "communicate" with children.

Most thought that the information provided was "solid," useful and interesting: "I would sit down and read it cover to cover." They agreed that it offered good tools with which to start a conversation about drugs with their children. Specific items of interest mentioned were the statistics, the comments about how drugs and drugs issues have changed, the information on the effects of each drug and the lists of drug paraphernalia.

Several participants commented about information that they thought should be included:

- Print website address in bold at bottom of first page;
- Greater focus on "speed" rather than just "meth" (methamphetamine);
- Information about alcohol abuse;
- How to answer the question "did you take drugs when you were a kid?"
- Links to Department of Justice discussing the law, penalties; and
- Bibliography with other sources of more detailed information.

INFORMATION NEEDS

In a brief, final section, participants discussed other information needs they might have.

Most parents agreed that they needed information about drugs available today, the drug scene their children are exposed to. Even those who were involved with drugs when they were younger noted that things have changed since then, that their personal knowledge was out of date and no longer applies, and that their children are dealing with very different situations and drugs that seem to be far more dangerous than the ones they experimented with in their youth.

In addition to information about drugs and the drug scene, most also felt that they do need help in preparing to talk to their children about drugs: "we need help communicating with teenagers because as we grow up, we forget what it was like to be a teen."

YOUTH GROUPS

General Comments

Some participants in this research indicated in their comments during the discussions that they have had a considerable amount of education about the dangers of using illicit drugs, and that for this reason, they are not in general strongly interested in anti-drug advertising – there is, at least in some, an attitude that "they've seen it all before." These participants specifically mentioned presentations in school, or anti-drug content worked into the curriculum, although some also volunteered that they have had conversations with their parents or older siblings. Some also mentioned watching friends or fellow students getting involved with drugs and that they have personally been dissuaded from trying drugs themselves by watching the difficulties others have encountered around them.

Some youth participants noted that they would rather not talk to their parents about drugs – they were concerned that talking to parents about drugs would be too awkward: "there's some things you just don't talk about with your parents" and for some, drug use appears to be one of those things, even among those teens who said they had no interest in experimentation with drugs. Some noted, however, that if they saw any of these ads and were then approached by their parents about drugs, this would be a strong indication to them that their parents cared about them and did not want them to take drugs, and this might make them even less likely to try drugs.

Some teens disputed the information in some of the ads that stated that most youth consider their parents to be credible sources of information on drug issues. However when participants in one group were asked, after seeing the ads, who they considered to be credible sources of information about drugs, many mentioned their parents – although they did specify that this would only be true of "trustworthy" parents who had good relationships with their children and did not themselves take drugs.

Another theme that ran through all of the discussions was that many participants felt that anti-drug ads should be darker and stronger than the concepts shown in any of these ads – TV, print or radio. These teens believed that a strong, fear-based message was what was needed, and some mentioned current smoking ads or warning labels on packages that featured people dying from smoking-associated diseases as an example of what they felt would be most effective in an anti-drug campaign.

Teens were also critical of ads that did not provide solid information about drugs. When teens in one group were asked what kinds of information they wanted, suggested topics included: what would happen if you took drugs, the addictiveness of different types of drugs, and how to avoid taking drugs when they are offered.

Teens in one group were also asked about what kept them from experimenting with drugs. Answers included: the fact that drugs are addictive and harmful, the fear of long-term effects, worries about how easy it is to become addicted, the fact that most addicts are "losers" and the knowledge that you can hurt yourself and the people around you if you take drugs.

Television ad creatives

Participants were shown three ads: two versions of the "Language" concept shown to parents of youth aged 13 to 15 in previous research, and one of the "Talk" concept. The second "Language" ad differed from that shown to the parents' groups in that the music throughout the ad was darker and more ominous in tone.

The ad concepts can be described as follows:

Language: Young people say slang words for illicit drugs while the actual names of the substances appear as sub-titles. Parents are invited to learn the new drug language before their kids do.

Talk: Scenes of positive family interactions are intercut with scenes and sounds of an ambulance. The final scene shows a parent at the bedside of a young person in a hospital bed.

The ad concepts tested are available from Health Canada.

Most teens felt that "Talk" was more effective than either version of "Language". "Language" left most participants relatively unaffected, while "Talk" seemed to many to have a strong emotional impact and the powerful cautionary message that they appreciated in an anti-drug communication: "it shows you that drugs can kill you, so it's the stronger ad." It was also felt to have a much stronger call to action: several participants mentioned possible motivations for wanting to learn more about drugs after seeing the ad, ranging from being "curious about how someone can go from being so happy to taking drugs" to wanting to find out "how can you end up in the hospital from just taking drugs once."

"LANGUAGE" AD CONCEPT

In terms of the content of this ad concept, some the participants commented that it demonstrated how easily children could become involved in the drug sub-culture and warned that parents should pay attention to what their children are doing – and talking about. This overall message – that parents should talk to their children about drugs – was readily perceived by most participants, although a few were initially confused because they did not realize that the spoken words related to the drug names on the screen.

However, most did not have a positive response to this concept. Many felt that the ad was "too playful" and some said that it sounded like something they would expect to hear on a comedy or cartoon show such as "South Park." Many were concerned that it "doesn't show how scary drugs can be". Most felt that anti-drug ads should carry an explicit message that "drugs are bad," which caused them to feel rather disconcerted about this ad concept because it did not appear to offer a clear judgement on the behaviour it represents. Some also noted that it did not offer any information about "drugs and what they can do"; a few also observed that contact information was not sufficiently emphasized – they felt it went by too quickly, and there was nothing that made them pay attention to the 1 800 number or website address.

A few said that the ad frightened them, or made them "feel bad for little kids getting lured into taking drugs," but others felt that the ad was not believable, either because the children in the ad were too young, or because they themselves had not heard the slang and did not think it was actually in use. Several participants made fun of some of the slang terms used in the ad, and suggested that others would likely do this as well if they saw the ad. Some, however, said that they had heard at least a few of the slang terms for drugs, and they volunteered that they were aware of other terms not included in the ad.

With respect to the differences in the sound track to the two versions, most participants felt that the original soundtrack was "too bubbly" – some compared it to carnival or circus music. Almost all felt that the version with the altered soundtrack was more "intense" because of the darker, more dramatic music, the echoes, and the other changes. Most felt that it was "scarier," more serious, better suited to topic, and "grabs attention" better than the original version. A few, however, did think that the effect in the original version of the change from happy, playful music at the beginning to a darker and more ominous tone at the end sent a message that taking drugs might seem like fun at first, but it becomes more dangerous the further one becomes involved with drugs.

Most agreed that the ad was directed at parents, but a few thought it might make some kids more willing to talk to their parents, or at least expect that parents might start talking to them about drugs.

Most participants said that the ad did not really have much of an impact on them, describing it as boring, forgettable and adding that it "doesn't register" and that if they were to see it on television, their primary thought would likely be "when would it end?" so they could continue watching their television program. Most were quite certain that the ad did not urge them to any kind of action at all, either to learn more about the dangers of drugs, or to become curious about what it might be like to try drugs. While a few thought they might want to find out more slang names for drugs, it was clear that this was not part of an increased interest in taking drugs. Some said that the ad made it easier to avoid people who were talking about or using drugs by informing them of slang words they had not known before.

Several participants were concerned that very young children with little or no previous knowledge of the dangers of drug use might be more curious about drugs after hearing the names, or think that drugs are cool, but they were quite firm that they themselves did not feel this way: "it does not alter my perspective on drugs."

"TALK" AD CONCEPT

In general, the teen participants preferred this ad to the "Language" ad; they felt it was a stronger message, one that "shows what can happen if you take drugs" and that "any kind of person can have problems with drugs."

Most felt that this ad concept was powerful, dramatic, and caught their attention. Several mentioned that the siren was an arresting, alarming sound that made the impact stronger

Most felt that the ad presented a very strong message about the dangers of taking drugs – "you could lose your life if you take one drug" – and how drugs can hurt "you and the people you love." While they noted that there was an explicit message to parents about talking to children about drugs – "if I was a parent, it would scare me" – many felt that this ad could be for anyone, because "anyone can get involved with drugs, at any age."

Some participants said that while the imagery and overall impact was powerful, it "doesn't make much sense as you're watching it." These participants found that the meaning of the ad was not clear until the last scene with the voice-over concerning drugs, and suggested the inclusion of some

images of teens using drugs and possible becoming sick, to provide context for the final scene. Some thought that not knowing what was happening would make them watch the ad more closely.

Most participants felt that, despite its impact, this ad concept did not make them want to do anything; however, except in a few cases, some said they might talk to friends they know who are getting into drugs about the potential dangers.

Radio ad creatives

Many youth participants felt that the "Grow-Op" ad concept was most effective because "it's so scary" and it gives the sense that there is a penalty for taking drugs. Others felt that "Algebra" was the best because of its message about the availability of drugs in schools. Neither "News" nor "Word Game" was particularly well-received by the teen participants.

"ALGEBRA"

Most participants thought this was a good ad; they appreciated the "harsh introduction" to the ad, which they felt might be necessary to get parents to talk to their children. Most agreed that this ad was aimed at parents, and that it effectively told parents something they needed to know – that drugs are readily available in schools. Some thought it might also alert youth that they were going to be facing an increased availability and presence of drugs in high school.

Some thought the ad overstated the case somewhat – they said that while they could find drugs in high school if they wanted to, it was not as if everyone was running up to them and offering them drugs. Some did not believe that so many teens would listen to their parents, but others thought this was believable because they trusted their own parents. Some suggested that the ad should stress that drugs are available in elementary schools too.

Most did not think that they would do anything in response to this ad, although some thought that it might encourage some teens to think about talking to their parents about what to do if someone offered them drugs.

"GROW-OP"

Many teens found this ad concept to have a strong impact. Some said that they were "scared of the idea of all those chemicals" while others said that the image of police in protective gear ending up in hospital made them think of how much damage smoking marijuana could cause. Some appreciated what they termed the ad's "harsh" tone, and felt it provided them with new and useful information as well as giving a negative image of marijuana: "it tells you everything that's wrong with the drugs." The message was clear to most, that "marijuana is not a safe drug."

Most agreed that it was targeted to parents, and felt it would be effective for parents: "if I was a parent, I'd be freaked out – I'd want to talk to my kids." Many said that it also would be effective as an anti-drug message for any youth who might hear it.

A few participants thought that it was difficult to understand what was being said at times, because the voice sounded distorted. For a few others, the context of the ad was unclear. A few felt the ad was "too specific" and a waste of time and money to focus an ad on just one drug when there were so many drugs available. Others thought it sounded unrealistic, "like a TV show." Some thought that a police officer was a believable spokesperson; others thought it should be a scientist talking about the risks, because police are supposed to enforce the law, while scientists do research to determine what the facts are.

Despite having a generally positive response to this ad, most teen participants felt that they would not take any particular action after hearing the ad, although a few felt they might investigate the facts about marijuana on the Internet, and some might tell friends who were thinking about using marijuana or currently using it, about the chemicals, pesticides, and other contaminants.

"NEWS"

In general, most youth found this ad boring, and felt that it did not catch their attention, although some noted that it seemed to be aimed more at parents and that it might be more meaningful to an adult. Some did think that the "good news/bad news" approach was a good one, and felt that the warnings that drugs are both cheap and unpredictable were credible and useful for parents; they also felt it was important for teens to know about the unpredictability of street drugs. Their major criticism was that the ad only talked about one drug, and even then, it did not say what can happen to someone who takes that drug – most were in agreement that the ad needed to say more about how dangerous drugs are.

Some felt that the ad would probably get parents involved, or would urge them to do something. However, most said that they themselves would not do anything in response to the ad.

"WORD GAME"

Youth responded to the radio "Word Game" ad much as they had responded to the television version of the concept. Most felt that it was not serious enough about drugs and did not give a clear and unambiguous anti-drug message. They also did not like that it did not provide any information about the dangers of drugs. Some thought it was unrealistic, both because of the extreme youth of the children, and because "kids don't do that" – it did not sound like a game anyone would actually play. A few thought it was just "corny" and others again associated it with cartoons. Several said that their first reaction would be to make fun of the words and voices.

Most agreed that it was aimed at parents and was intended to show parents that young children are trying these drugs. A few worried that it might give very young children who do not know about the dangers of drugs the idea that drugs are cool, and fun, but none of the participants felt that it gave them this message, or that they might be encouraged to think drugs are less dangerous or to try drugs after hearing it. While a few thought they might want to find out more slang names for drugs, it was clear that this was not part of an increased interest in taking drugs.

Print ad creatives

Overall, teen participants held divided opinions on what print ad would be most effective – some preferred one of the versions of "Teddy Bear/Lunchbox," some preferred one of the versions of "Language" (the "Collage" version was preferred in the Toronto groups, but there was no distinct preference in the Montreal groups) and some preferred "Drug World." Most did not have particularly strong opinions about any of them, or think that they might be motivated to learn more about the dangers of drugs by any of them; the print medium did not seem to be of interest to most.

"TEDDY BEAR/LUNCHBOX"

Some participants noted that this concept shows the transition from elementary school to harsher environment of high school, and tells the reader that "drugs are everywhere, you can't escape from them, in school, in the workplace, on the streets, maybe even people in your family do drugs." A

number felt that the overall content of the ad was good, and that it gave useful information for both young people and parents, but some thought the images did not really look like drugs.

Most agreed that the ad was aimed at parents, and was encouraging them to talk to their children about drugs: "it's hard to find out if your kid is taking drugs unless you talk to them."

There was no clear indication as to which image was better, the teddy bear or the lunchbox, although the lunchbox was preferred in the Montreal groups. Some felt that the teddy bear image made the reader think about younger children, who might be more vulnerable, but others felt it was "too young" an image; girls tended to be more positive about the teddy bear image. Others thought that the lunchbox image was more believable and realistic, and that it clearly linked school, young people and drugs.

Most said that they do not read print ads, but if they saw this ad they might read it because of the image. However, none felt that reading it would encourage them to do anything in response.

"LANGUAGE-GIRL" / "LANGUAGE-COLLAGE"

Responses to this ad were primarily neutral or even negative. Most agreed that the message of the ad was that even young and innocent-looking children could be doing drugs, and felt that this ad was aimed at parents, to give them information about what young people are calling the drugs that they use. Some commented that the children in the ad (both versions) seemed too young, and others felt that slang names were too obscure, and that the ad should include some more well-known drug slang. Some felt that the content about the effects of drugs should be stronger and include more serious and dangerous consequences.

Most participants in Toronto preferred the "Collage" version of the ad because it showed different genders and races, and sent the message that anyone of any background could be involved in drugs. Montreal participants were more likely to feel that the multiple images seemed "scattered" and the concept did not draw as much attention as the "Girl" version with the single face.

Most felt that they would not do anything in response to this ad if they saw it. When prompted, they said that it did not make them want to take drugs, nor did it give them the message that drugs are bad. A few thought that the names made drugs sound less dangerous, but added that this did not make them think that they were safe to use.

"DRUG WORLD"

Some youth appreciated that there was information in this ad about different kinds of damages that drug use can cause, but some wanted there to be more mention of serious consequences including long-term physical damage and death. Some liked the reference to "cute names" that disguise the real dangers of drugs, because it acknowledges that drugs are dangerous. A few commented that many different ages are targeted, not just 13 year-olds. Several participants commented that they did not like the visual effect of having the headline in a black bar across the girl's face.

Most thought that the ad was meant for parents, and thought that it would probably make parents pay attention. However, they did not think that reading the ad would make them take any action in response.

CONCLUSIONS AND RECOMMENDATIONS

"Word Game" emerged as the strongest of the radio ads for parents, with a strong emotional impact and a clear message; providing a platform for parents to engage in a dialogue on drugs with young teens. This ad might be more effective, however, if presented as a "whispering" activity rather than as a "word game". The "Algebra" and "News" ads were less well received than "Word Game" and lacked the strong call to action of that ad, although the information common to both, that most youth consider their parents to be credible sources of information on drugs, was a very-well received and empowering message. The "Grow-Op" ad elicited the least positive responses, and was not effective in focusing attention on the key message of the campaign.

Looking at the print ads, both the "Language" ad content and the "Teddy Bear/Lunchbox" ad content were well received by parents, making it more difficult to recommend a clear winner. However, the "Language" ad content had a slight edge due to its novelty and impact, and its shared theme with the "Word Game" radio ad. The "Collage" version of the "Language" ad was strongly preferred; the "Lunchbox" version was seen as more effective than "Teddy Bear" because the image was more universal. The "Drug World" headline was well-liked, and would strengthen the "Language – Collage" content and graphic. Both ads would benefit from a less text-heavy design, possibly through the use of bullet points over paragraphs of text. Thus the "Language – Collage graphic and content could be used in combination with the "Drug World" headline to develop an effective print ad.

The booklet was very well-received by parents and requires only minor changes in organization and design, such as more pictures, possibly of drugs or drug paraphernalia, slightly larger text, better separation and identification of different sections, a more detailed Table of Contents and possibly a FAQ, an index, and a list of suggested additional resources.

In general, the word "kids" was seen as more inclusive than the word "teens." It was also perceived as being less likely to provide parents of younger children with a false sense of security. The use of a specific age in the ads was also seen as potentially leading parents to think that there was no need to discuss drugs with younger children.

With regard to the youth sessions, this research suggests that there are few or no adverse effects of the "Language" television ad on youth, which was tested in previous research with parents.

APPENDICES

February 11, 2008

HEALTH CANADA POR 07-73
DISCUSSION AGENDA- Final
PN 6270
Focus Testing of Radio and Print Ad Concepts for Parents

1.0 INTRODUCTION (10 MINUTES)

- Introduction to focus group procedures.
- Moderator's name and role.
- We want your opinion – this is a discussion group.
- Feel free to agree or disagree and express your views freely/no right/ wrong answer.
- Session is being audio-taped and observed.
- Your individual comments will not be linked to you / names will not appear.
- The session will be approximately 2 hours or slightly less.
- Please turn off cell phones, pagers.
- The receptionist will pay you your cash gift at the end of the session.
- You are all parents of a child age 13 to 15. Let's go around the table so that each one of you can tell me your first name and something about yourself and about your child.

2.0 RADIO AD CONCEPTS – WRITTEN EXERCISE (20 MINUTES)

Today we are going to be listening to four different radio ads that may be used in the future. The ad concepts you will hear are intended to reach parents, such as yourselves. They are not targeted to youth (there will be ads specifically targeted to youth at a later date)

I'm going to give you each a set of written exercises to complete about each of the four radio ads and then we will discuss what everyone has written and what you think of the ads.

DISTRIBUTE WRITTEN EXERCISES FOR THE FOUR RADIO ADS

You will see that the written exercises ask you some questions.

Firstly, I want you to describe what you thought was the main message in the ad.

Then, I want you to write down a word or two on how you felt (in other words any emotions) after hearing the ad.

Next, you'll write down the one thing that stands out from the ad (something you heard). Then I would like you to write down what you would do, if anything, after hearing the ad on the radio.

PLAY EACH AD TWICE AND HAVE PARTICIPANTS COMPLETE WRITTEN EXERCISES AFTER EACH PRESENTATION

ROTATE ORDER OF AD PRESENTATION FROM SESSION TO SESSION

Radio Ad 1: "Algebra"
Radio Ad 2: "Grow-Op"
Radio Ad 3: "News"
Radio Ad 4: "Word Game"

After you have finished, please turn over the exercises, put your pen down so that I know you're done.

3.0 GROUP DISCUSSION OF RADIO ADS (45 MINUTES)

Let's now go through all four ads concepts one by one and discuss what you feel about each one.

Radio Ad 1: Algebra

PLAY THE AD AGAIN

1. What was the main message in this ad? 

PROBE: Does this message affect you personally? Can you relate to the message in the ad as a parent, thinking of your child? 

2. How did you feel after hearing this ad? Why? 

3. What was the one thing you heard that stood out the most? Was the tone of the ad right for you?
4. Would you do anything after hearing the ad? What would you do?

(**PROBE**: talk to a family member or friend, get more information - Call the 800 number, Go to the website, Talk to your child about drugs, Monitor your child more closely).

What if the ad was on the radio multiple times? Would it make you do anything else? (**PROBE** for would you listen more closely? take down the 800 number or website? would you switch the station?)

What is your overall impression of this ad? Why do you say that? (strengths, weaknesses). **PROBE** – positive/neutral/negative

Is the ad believable? Why/why not?

What do you think of the phrase "Believe it or not, more than 4 out of 5 young teens look upon their parents as credible sources of information about illegal drugs."? Specifically, how does the phrase "Believe it or not" make you think about the rest of the statement?

Radio Ad 2: Grow Op

1. What was the main message in this ad?

PROBE: Does this message affect you personally? Can you relate to the message in the ad as a parent, thinking of your child?

2. How did you <u>feel</u> after hearing this ad? Why?
3. What was the one thing you heard that stood out the most? Was the tone of the ad right for you?
4. Would you do anything after watching the ad? What would you do?

(PROBE: talk to a family member or friend, get more information - Call the 800 number, Go to the website, Talk to your child about drugs, Monitor your child more closely).

What if the ad was on the radio multiple times? Would it make you do anything else? (**PROBE** for would you listen more closely? take down the 800 number or website? would you switch the station?)

What is your overall impression of this ad? Why do you say that? (strengths, weaknesses). **PROBE** – positive/neutral/negative

Is the ad believable overall? Why/why not?

What does the phrase "that's what kids inhale in their young lungs" mean to you? What do you think "young lungs" means?

Would the ad be more effective if we also added the phrase: "Marijuana may also be contaminated with other dangerous drugs".

Radio Ad 3: News

PLAY THE AD AGAIN

Review the Written Exercises:

1. What was the main message in this ad?

PROBE: Does this message affect you personally? Can you relate to the message in the ad as a parent, thinking of your child?

2. How did you <u>feel</u> after hearing this ad? Why?
3. What was the one thing you heard that stood out the most? Was the tone of the ad right for you?
4. Would you do anything after hearing the ad? What would you do? (**PROBE:** talk to a family member or friend, get more information - Call the 800 number, Go to the website, Talk to your child about drugs, Monitor your child more closely).

What if the ad was on the radio multiple times? Would it make you do anything else? (**PROBE** for would you listen more closely? take down the 800 number or website? would you switch the station?)

What is your overall impression of this ad? Is the amount of information in the ad about right? Or is it too much? Why do you say that? (strengths, weaknesses). **PROBE** – positive/neutral/negative

Is the ad believable? Why/why not?

Radio Ad 4: Word Game

PLAY THE AD AGAIN

Review the Written Exercises:

1. What was the main message in this ad? 

PROBE: Does this message affect you personally? Can you relate to the message in the ad as a parent, thinking of your child? 

2. How did you <u>feel</u> after hearing this ad? Why? 
3. What was the one thing you heard that stood out the most? Was the tone of the ad right for you? 
4. Would you do anything after hearing the ad? What would you do? 

(**PROBE**: talk to a family member or friend, get more information - Call the 800 number, Go to the website, Talk to your child about drugs, Monitor your child more closely). 

What if the ad was on the radio multiple times? Would it make you do anything else? (**PROBE** for would you listen more closely? take down the 800 number or website? would you switch the station?) 

What is your overall impression of this ad? Why do you say that? (strengths, weaknesses). **PROBE** – positive/neutral/negative 

Is the ad believable? Why/why not? 

What if you were watching the ad with your child? What do you think they might think of it? 

AFTER ALL RADIO ADS HAVE BEEN REVIEWED … MODERATOR TO TAKE A WRITTEN TALLY OF PREFERRED ADS:

I am now going to ask you to vote for your preferred ad, the one that would be most memorable? You can only vote for one ad. 

The ads are: Word Game, News, Algebra and Grow Op. So with a show of hands, how many choose…?
Ad #1 Algebra? Why?
Ad #2 Grow-op? Why?
Ad #3 News? Why?
Ad #4 Word Game? Why?

Which one would be most likely to move you to action?

Now I would like a show of hands for your second most effective ad? With a show of hands, how many choose

Ad #1 Algebra? Why?
Ad #2 Grow-op? Why?
Ad #3 News? Why?
Ad #4 Word Game? Why?

Second most likely to move you to action?

What changes if any would you make to the chosen ad, to improve it? (Probe for whether aspects of different ads would work well together)

Which ad do you think would be the least effective? Why?

COLLECT RADIO AD WRITTEN EXERCISES

4.0 PRINT ADS (25 MINUTES)

Now I am going to show you five ads that are being developed for newspapers.

Print Ad #1a (Teddy Bear)
Print Ad #1b (Lunch Box)
Print Ad #2a (Language – Girl)
Print Ad #2b (Language – Collage)
Print Ad 3 (Drug World)

I am going to hand them out to you and I want you to circle anything that stands out for you in the ad in a positive way and I want you to put an “x” or a line through anything you don’t like.

Then we will go through the five print ads one by one and discuss what your impressions were. Here are the first ads:

Print Ad #1a (Teddy Bear)

What did you think of the ad? 

What was the message? 

What did you think of the photo and the headline? Do they go well with the rest of the ad? 

What did you circle that you liked? 

What did you cross out that you didn’t like? 

What information is there in the ad that you find particularly useful? Why? 

What about the phrase that “Marijuana can be contaminated with pesticides, mould, toxic fungi and other dangerous drugs”? 

What would be the effect on the ad if we took out “other dangerous drugs”. 

Print Ad #1b (Lunch Box) This ad is the same as Teddy Bear, just the photo and headline are different, so you don’t have to circle or cross out anything:

Which of the two ads do you prefer? Why? 

Which of the photos/headlines work better with the rest of the ad? 

Print Ad #2a (Language – Girl)

What did you think of the ad? 

What was the message? 

What did you think of the photo and the headline? Do they go well with the rest of the ad?

What did you circle that you liked?

What did you cross out that you didn't like?

What information is there in the ad that you find particularly useful? Why?

Print Ad #2b (Language – Collage) This ad is the same as Language-Girl, just the photo and headline are different, so you don't have to circle or cross out anything:

Which of the two ads do you prefer? Why?

Which of the photos/headlines work better with the rest of the ad?

Print Ad #3 (Drug World)

What did you think of this ad?

What was the message?

What did you circle that you liked?

What did you cross out that you didn't like?

What information is there in the ad that you find particularly useful? Why?

Now, I would like you to choose the most effective ad from the 5 ads that you saw. With a show of hands, who chose…?

Print Ad #1a (Teddy Bear)
Print Ad #1b (Lunch Box)
Print Ad #2a (Language – Girl)
Print Ad #2b (Language – Collage)
Print Ad 3 (Drug World)

After the tally has been completed, ask: Why did you choose that ad?

For all of the ads, print and radio, we will be including the statement: For tips and information on how to talk with teens about the dangers of drugs, go to…:
Is it best to say “how to talk with teens” “how to talk with your teens” or “how to talk with your kids”?

Why do you say that?

Does the word “kid” mean something different to you than the word “teen”?

What are the ages you think of when you hear each of the words?

If the line was “how to talk with your teens”, would that mean that you would include or exclude an 11 or 12 year old?

5.0 BOOKLET (15 MINUTES)

Here is a booklet that would be made available to people like you about this topic. In fact, if you called the 1-800 number or visited the website, you would be able to order a free copy of this booklet. We don’t have time for everyone to read through the whole thing in detail, but I would like you to take about 5 minutes to flip through it and jot down on paper which parts or headings of the brochure were the ones that you found the most interesting.

Then I want you to read the section that you are the most interested in and take note of how useful you found the information and how it is presented.

First of all, what do you think of the title? Who is the booklet for?

PROBE: Is it just for parents of teens, or would you refer to it even if your child was 11 or 12? Why? Do you think the name of the booklet should be as is “How to talk to your teen about drugs” describes the content of the booklet?

Would it be better named “Tips on talking to your teen about drugs”?

In other words, do you want a “how to” book, or do you just want some tips.

What did you think of the booklet overall?

PROBE: Is it clear? Is it easy to read? Is the text the right size? Or too small? Is the amount of information and photos on the page about right? Or too cluttered? Is the book organized well? Why or why not?
Which sections did you find most interesting or do you think you would find most useful? Why?

What about the section "Tips for talking to your kids about drugs." Is this section useful/relevant?

What did you think of how the booklet is organized?

Thinking about the section you read through, what did you think of how the information was presented and written?

Was it easy to understand? Was it credible? Was it useful? Why?

Overall, is there any information that you feel is missing from the booklet?

6.0 INFORMATION NEEDS (5 MINUTES)

Are there any other messages or kinds of information that might really have an impact on parents and their role in getting kids not to try drugs?

What did you learn tonight that was new?

What did you see or hear that had the greatest impact on you?

Health Canada would like to thank you for you participation in this research study.

THANK AND TERMINATE

WRITTEN EXERCISE

Radio Ad #1

What is the <u>main</u> message of this ad?

What <u>feelings</u> or <u>emotions</u> did you have after hearing this ad? ONE OR TWO WORDS

What was the <u>one</u> thing you heard in the ad that stood out the most?

Would you <u>do</u> anything after hearing this ad on the radio? What would you do?

WRITTEN EXERCISE

Radio Ad #2

What is the <u>main</u> message of this ad?

What <u>feelings</u> or <u>emotions</u> did you have after hearing this ad? ONE OR TWO WORDS

What was the <u>one</u> thing you heard in the ad that stood out the most?

Would you <u>do</u> anything after hearing this ad on the radio? What would you do?

WRITTEN EXERCISE

Radio Ad #3

What is the <u>main</u> message of this ad?

What <u>feelings</u> or <u>emotions</u> did you have after hearing this ad? ONE OR TWO WORDS

What was the <u>one</u> thing you heard in the ad that stood out the most?

Would you <u>do</u> anything after hearing this ad on the radio? What would you do?

WRITTEN EXERCISE

Radio Ad #4

What is the <u>main</u> message of this ad?

What <u>feelings</u> or <u>emotions</u> did you have after hearing this ad? ONE OR TWO WORDS

What was the <u>one</u> thing you heard in the ad that stood out the most?

Would you <u>do</u> anything after hearing this ad on the radio? What would you do?

February 8, 2008

HEALTH CANADA POR 07-74
DISCUSSION AGENDA-
PN 6270
Focus Testing of TV, Radio and Print Ad Concepts with Youth

4.0 INTRODUCTION (5 MINUTES)

- Introduction to focus group procedures.
- Moderator's name and role.
- We want your opinion – this is a discussion group.
- Feel free to agree or disagree and express your views freely/no right/ wrong answer.
- Session is being audio-taped and observed.
- Your individual comments will not be linked to you / names will not appear.
- The session will be approximately 2 hours or slightly less.
- Please turn off cell phones, pagers.
- The receptionist will pay you your cash gift at the end of the session.
- You are all kids ages 13 to 15. Let's go around the table so that each one of you can tell me your first name and something about yourself.

5.0 AD CONCEPTS – WRITTEN EXERCISE (15 MINUTES)

Today we are going to be looking at three different ad concepts for a TV ad that may be shown in the future. I will tell you more about them as we move along.

The three ads I'm going to show you are all in the development stage. There will be two versions of one ad (Language 1 and Language 2) and another ad (Talk). They are on a dvd and play like a video. The final ads, if they get produced, will have real people and real images. Please use your imagination to picture what these might look like.

I'm going to give you each a set of written exercises to complete for the ads and then we will discuss what everyone has written and what you think of what I am going to show you.

DISTRIBUTE WRITTEN EXERCISES FOR THE THREE ADS

You will see that the written exercises ask you some questions. First of all there are some lines where I want you write down your overall impressions of the ad. Secondly, you will write down what you think the main message is of the ad. What is it trying to say? Next, write down how the ad makes you feel about drugs. Finally, what would you do, if anything, after watching the ad.

PRESENT ADS AND HAVE PARTICIPANTS COMPLETE WRITTEN EXERCISES AFTER EACH PRESENTATION (Rotate Order)

Ad 1: Language 1

Ad 2: Language 2

Ad 3: Talk Ad

- After you have finished, please turn over the ratings exercises, put your pencil down and close your folders so that I know you're done.

ROTATE ORDER OF AD PRESENTATION FROM SESSION TO SESSION

6.0 GROUP DISCUSSION OF ADS (30 MINUTES)

Let's now go through each of the three ad concepts one by one and discuss what you wrote.

Ad 1: Language 1

1. What did you think of this ad? Why do you say that? What do you think of the kids in the ad? Were you familiar with the terms used for drugs in the ad? Who do you think the ad is for? What do you think your parents' reaction would be to the ad?
2. What did you think was the main message of the ad? What was the ad trying to say?
3. How did the ad make you feel about drugs? If other kids your age watched this ad on television, how do you think it might make them feel about drugs?
4. If you saw the ad on TV, would you do anything after watching it? What would you do? (Go to the website, Check the internet for more slang words, Talk with your parents about what you saw, Talk to your friends)

Ad 2 : Language 2

1. What did you think of this ad? Why do you say that? Is your answer different than it was for the other Language ad? Why?
2. What did you think was the main message of the ad? Was it any different than the first ad you saw?
3. How did the ad make you feel about drugs? Is this any different than how you felt after watching the first language ad? If other kids your age watched this ad on television, how do you think it would make them feel about drugs?
4. Would you do anything after watching this ad that would be different from what you would do after watching the other Language ad? Why or why not?

Which of the two Language ads do you think is more effective from your perspective in making you want to seek further information about the risks of drugs? Why?

Ads 3 : Talk

1. What is your overall impression of this ad? Why do you say that? What do you think of the scenes in the ad? Who do you think this ad is for? What do you think your parents' reaction would be to the ad?
2. What did you think was the main message of the ad? What was the ad trying to say?
3. How did the ad make you feel about drugs? If other kids your age watched this ad on television, how do you think it would make them feel about drugs?
4. If you saw the ad on TV, would you do anything after watching it? What would you do? (Go to the website, Check the internet for more information, Talk with your parents about what you saw, Talk to your friends)

After all ads have been reviewed, ask participants to choose the most effective ad from their perspective in making them want to seek further information about the risks of drugs (from the 3 concepts). Probe for reasons they chose that ad.

7.0 RADIO AD CONCEPTS – GROUP DISCUSSION 30 MINUTES

Now we are going to be listening to four different radio ads that may be used in the future on the radio. Then we will discuss what you think of each ad.

PLAY EACH AD TWICE AND THEN DISCUSS

ROTATE ORDER OF AD PRESENTATION FROM SESSION TO SESSION

Radio Ad 1 (Word Game):
Radio Ad 2 (News):
Radio Ad 3 (Algebra):
Radio Ad 4 (Grow Op):

Let's now go through all four ad concepts one by one and discuss what you thought about each one.

Radio Ads 1-4 (one by one):

1. What is your overall impression of this radio ad? Why do you say that? Who do you think this ad is for? What do you think your parents' reaction would be to the ad?
2. What did you think was the main message of the ad? What was the ad trying to say?
3. How did the ad make you feel about drugs? If other kids your age heard this ad on the radio, how do you think it would make them feel about drugs?
4. If you heard the ad on the radio, would you do anything after listening to it? What would you do? (Go to the website, Check the internet for more information, Talk with your parents about what you saw, Talk to your friends)

Following the discussion, ask youth which ad they think would be the most effective ad from their perspective in making them want to seek info on the risks of drugs. Probe for reasons why they chose that radio ad.

COLLECT RADIO AD WRITTEN EXERCISES

5.0 PRINT ADS DISCUSSION (30 MINUTES)

Now I am going to show you five ads that may be used in newspapers. (Rotate order of presentation: Show ads 1a and 1b together, and 2a and 2b together and 3 separately). Let's begin.

Print Ad #1a (Teddy Bear)
Print Ad #1b (Lunch Box)

These ads are the same, except for the headline and the photo. Read through the ads quickly and then we'll discuss.

1. What is your overall impression of this ad? Why do you say that? Is your reaction any different for either the Teddy Bear or Lunch Box ads? Who do you think this ad is for? What do you think your parents' reaction would be to the ad?
2. What did you think was the main message of the ad? What was the ad trying to say?
3. How did the ad make you feel about drugs? If other kids your age read this ad in the newspaper, how do you think it would make them feel about drugs?
4. If you saw the ad in the newspaper, would you do anything after seeing it? Would you read it? What else might you do? (Go to the website, Check the internet for more information, Talk with your parents about what you saw, Talk to your friends)

Print Ad #2a (Language Girl)
Print Ad #2b (Language Collage)

These ads are the same, except for the headline and the photo. Read through the ads quickly and then we'll discuss.

1. What is your overall impression of this ad? Why do you say that? Is your reaction any different for either the Language Girl or the Language Collage ads? Who do you think this ad is for? What do you think your parents' reaction would be to the ad?
2. What did you think was the main message of the ad? What was the ad trying to say?
3. How did the ad make you feel about drugs? If other kids your age read this ad in the newspaper, how do you think it would make them feel about drugs?
4. If you saw the ad in the newspaper, would you do anything after seeing it? Would you read it? What else might you do? (Go to the website, Check the internet for more information, Talk with your parents about what you saw, Talk to your friends)

Print Ad 3 (Drug World)

1. What did you think of this ad? Why do you say that? Who do you think this ad is for? What do you think your parents' reaction would be to the ad?
2. What did you think was the main message of the ad? What was the ad trying to say?
3. How did the ad make you feel about drugs? If other kids your age read this ad in the newspaper, how do you think it would make them feel about drugs?
4. If you saw the ad in the newspaper, would you do anything after seeing it? Would you read it? What else might you do? (Go to the website, Check the internet for more information, Talk with your parents about what you saw, Talk to your friends)

After discussing all the ads, ask youth to choose the ad they think would be most effective from their perspective in making them want to seek info on the risks of drugs. 

6.0 INFORMATION NEEDS (10 MINUTES)

What types of information would you hope to find on a website geared to kids which talks about drugs? 

What other types of information would you find useful? Probe for Tips for saying no to drugs. 

In what types of settings would kids like yourselves be exposed to drugs? 

7.0 CLOSING DISCUSSION (REMAINING TIME)

Do you have any other comments on our discussion? 

Health Canada would like to thank you for you participation in this research study.

THANK AND TERMINATE

WRITTEN EXERCISE

Television Ad #1

What are your overall impressions of this ad?

What do you think is the main message of this ad?

How does this ad make you feel about drugs?

Would you <u>do</u> anything after seeing this ad? What would you do?

WRITTEN EXERCISE

Television Ad #2

What are your overall impressions of this ad?

What do you think is the main message of this ad?

How does this ad make you feel about drugs?

Would you <u>do</u> anything after seeing this ad? What would you do?

WRITTEN EXERCISE

Television Ad #3

What are your overall impressions of this ad?

What do you think is the main message of this ad?

How does this ad make you feel about drugs?

Would you <u>do</u> anything after seeing this ad? What would you do?

Le 14 février 2008

SANTÉ CANADA ROP 07-73
PROGRAMME DE DISCUSSION - Final
PN 6270
Évaluation en séance de groupe de concepts pour des publicités à la radio et imprimées s'adressant aux parents

8.0 INTRODUCTION (10 MINUTES)

- Introduction à la procédure à suivre en séance de groupe.
- Nom et rôle du/de la modérateur.
- Nous voulons connaître votre opinion – il s'agit d'un groupe de discussion.
- Soyez bien libres d'être d'accord ou en désaccord et d'exprimer vos points de vue librement. Il n'y a ni bonne ni mauvaise réponse.
- La séance est enregistrée sur bande audio et observée.
- Vos commentaires individuels ne seront pas liés à vous/les noms n'apparaîtront pas.
- La séance durera environ 2 heures ou un peu moins.
- Veuillez s'il vous plaît éteindre vos téléphones cellulaires et téléavertisseurs.
- La/le réceptionniste vous remettra la mesure incitative à la fin de la séance.
- Vous êtes tous parents d'un enfant qui est âgé de 13 à 15 ans. Faisons un tour de table pour que chacun et chacune d'entre vous puissiez nous dire votre prénom ainsi que quelque chose à votre sujet et à propos de votre enfant.

9.0 CONCEPTS D'ANNONCES À LA RADIO – EXERCICE ÉCRIT (20 MINUTES)

Aujourd'hui, nous allons écouter quatre concepts publicitaires différents pour des annonces à la radio qui pourraient être diffusées dans l'avenir. Les concepts publicitaires que vous entendrez sont conçus afin de rejoindre des parents tels que vous. Ils ne s'adressent pas aux jeunes (il y aura des annonces ciblant spécifiquement les jeunes à une date ultérieure)

Je vais remettre à chacun et à chacune d'entre vous un ensemble d'exercices écrits à remplir pour chacune des quatre annonces à la radio. Ensuite, nous discuterons de ce que tout le monde a écrit et de ce que vous pensez de ces annonces.
DISTRIBUTION DES EXERCICES ÉCRITS POUR LES QUATRE PUBLICITÉS À LA RADIO
Vous remarquerez que les exercices écrits vous posent des questions.

Tout d'abord, je veux que vous décriviez ce qui, selon vous, est le message principal dans l'annonce.
Ensuite, je veux que vous écriviez en un ou deux mots ce que vous avez ressenti (en d'autres mots, les sentiments que vous avez éprouvés) après avoir entendu l'annonce.

Puis, vous écrirez quelle est la chose qui se démarque le plus dans l'annonce (quelque chose que vous aurez entendu).

Ensuite, j'aimerais que vous écriviez ce que vous feriez, s'il y a lieu, après avoir entendu cette annonce à la radio.

FAIRE ENTENDRE CHAQUE ANNONCE DEUX FOIS ET DEMANDER AUX PARTICIPANTS DE COMPLÉTER LES EXERCICES ÉCRITS APRÈS CHAQUE PRÉSENTATION.

FAIRE UNE ROTATION DE L'ORDRE DE PRÉSENTATION DES ANNONCES D'UNE SÉANCE À L'AUTRE

Publicité à la radio n^{o}1 : « Algèbre »
Publicité à la radio n^{o}2 : « Culture de la marijuana »
Publicité à la radio n^{o}3 : « Nouvelles »
Publicité à la radio n^{o}4 : « Jeu de mots »

Une fois que vous aurez terminé, veuillez retourner les exercices et déposer votre crayon, pour que je sache que vous avez fini.

10.0 DISCUSSION EN GROUPE AU SUJET DES PUBLICITÉS À LA RADIO (45 MINUTES)

Maintenant, passons en revue les quatre concepts publicitaires un par un et discutons de ce que vous ressentez à propos de chacun.

Publicité à la radio n^{o}1 : « Algèbre »

FAIRE ENTENDRE LA PUBLICITÉ UNE AUTRE FOIS

1. Quel a été le message principal dans cette annonce ?

SONDER : Est-ce que ce message vous touche personnellement ? Vous sentez-vous interpelé par le message de l'annonce en tant que parent, si vous pensez à votre enfant ?

2. Qu'avez-vous ressenti après avoir entendu cette annonce ? Pourquoi ?
3. Dans ce que vous avez entendu, quelle a été la chose qui s'est démarquée le plus ? Est-ce que le ton de l'annonce vous convient ?
4. Feriez-vous quelque chose après avoir entendu cette annonce ? Que feriez-vous ?

(**SONDER** : parler à un membre de la famille ou à un ami, obtenir plus d'information – appeler le numéro 1-800, visiter le site Web, parler à votre enfant au sujet des drogues, surveiller votre enfant plus étroitement).

Et, si l'annonce passait plusieurs fois à la radio ? Vous inciterait-elle à faire autre chose ? (**SONDER :** L'écouteriez-vous plus attentivement ? Prendriez-vous en note le numéro 1-800 ou l'adresse du site Web ? Passeriez-vous rapidement à une autre station de radio ?)

Quelle est votre impression générale au sujet de cette annonce ? Pourquoi dites-vous cela ? (forces, faiblesses) **SONDER** – positif/neutre/négatif

L'annonce est-elle crédible ? Pourquoi/Pourquoi pas ?

Que pensez-vous de l'énoncé « Croyez-le ou non, 4 adolescents sur 5 feraient confiance à leurs parents pour obtenir de l'information sur les drogues » ? Plus spécifiquement, qu'est-ce que l'expression « Croyez-le ou non » vous fait penser du reste de l'énoncé ?

Publicité à la radio n^{o}2 : « Culture de la marijuana »

1. Quel a été le message principal dans cette annonce ?

SONDER : Est-ce que ce message vous touche personnellement ? Vous sentez-vous interpelé par le message de l'annonce en tant que parent, si vous pensez à votre enfant ?

2. Qu'avez-vous ressenti après avoir entendu cette annonce ? Pourquoi ?
3. Dans ce que vous avez entendu, quelle a été la chose qui s'est démarquée le plus ? Est-ce que le ton de l'annonce vous convient ?
4. Feriez-vous quelque chose après avoir entendu cette annonce ? Que feriez-vous ?

(**SONDER** : parler à un membre de la famille ou à un ami, obtenir plus d'information – appeler le numéro 1-800, visiter le site Web, parler à votre enfant au sujet des drogues, surveiller votre enfant plus étroitement).

Et, si l'annonce passait plusieurs fois à la radio ? Vous inciterait-elle à faire autre chose ? (**SONDER :** L'écouteriez-vous plus attentivement ? Prendriez-vous en note le numéro 1-800 ou l'adresse du site Web ? Passeriez-vous rapidement à une autre station de radio ?)

Quelle est votre impression générale au sujet de cette annonce ? Pourquoi dites-vous cela ? (forces, faiblesses) **SONDER** – positif/neutre/négatif

L'annonce est-elle crédible ? Pourquoi/Pourquoi pas ?

Qu'est-ce que l'énoncé « voilà ce que les enfant inspirent dans leurs jeunes poumons » signifie pour vous ? Que pensez-vous que « jeunes poumons » signifie ?

L'annonce serait-elle plus efficace si on y ajourait aussi la phrase : « la marijuana est parfois contaminée avec d'autres drogues dangereuses » ?

Publicité à la radio n^{o}3 : « Nouvelles »

FAIRE ENTENDRE LA PUBLICITÉ UNE AUTRE FOIS

Examiner les exercices écrits :

1. Quel a été le message principal dans cette annonce ?

SONDER : Est-ce que ce message vous touche personnellement ? Vous sentez-vous interpelé par le message de l'annonce en tant que parent, si vous pensez à votre enfant ?

2. Qu'avez-vous ressenti après avoir entendu cette annonce ? Pourquoi ?
3. Dans ce que vous avez entendu, quelle a été la chose qui s'est démarquée le plus ? Est-ce que le ton de l'annonce vous convient ?
4. Feriez-vous quelque chose après avoir entendu cette annonce ? Que feriez-vous ? (**SONDER** : parler à un membre de la famille ou à un ami, obtenir plus d'information – appeler le numéro 1-800, visiter le site Web, parler à votre enfant au sujet des drogues, surveiller votre enfant plus étroitement).

Et, si l'annonce passait plusieurs fois à la radio ? Vous inciterait-elle à faire autre chose ? (**SONDER :** L'écouteriez-vous plus attentivement ? Prendriez-vous en note le numéro 1-800 ou l'adresse du site Web ? Passeriez-vous à une autre station de radio ?)

Quelle est votre impression générale au sujet de cette annonce ? La quantité d'information dans l'annonce vous semble-t-elle adéquate ? Est-ce qu'il y en a trop ? Pourquoi dites-vous cela ? (forces, faiblesses) **SONDER** – positif/neutre/négatif

L'annonce est-elle crédible ? Pourquoi/Pourquoi pas ?

Publicité à la radio n^{o} 4 : « Jeu de mots »

FAIRE ENTENDRE LA PUBLICITÉ UNE AUTRE FOIS

Examiner les exercices écrits :

1. Quel a été le message principal dans cette annonce ?

SONDER : Est-ce que ce message vous touche personnellement ? Vous sentez-vous interpelé par le message de l'annonce en tant que parent, si vous pensez à votre enfant ?

2. Qu'avez-vous ressenti après avoir entendu cette annonce ? Pourquoi ?
3. Dans ce que vous avez entendu, quelle a été la chose qui s'est démarquée le plus ? Est-ce que le ton de l'annonce vous convient ?
4. Feriez-vous quelque chose après avoir entendu cette annonce ? Que feriez-vous ?

(**SONDER** : parler à un membre de la famille ou à un ami, obtenir plus d'information – appeler le numéro 1-800, visiter le site Web, parler à votre enfant au sujet des drogues, surveiller votre enfant plus étroitement).

Et, si l'annonce passait plusieurs fois à la radio ? Vous inciterait-elle à faire autre chose ? (**SONDER :** L'écouteriez-vous plus attentivement ? Prendriez-vous en note le numéro 1-800 ou l'adresse du site Web ? Passeriez-vous à une autre station de radio ?)

Quelle est votre impression générale au sujet de cette annonce ? Pourquoi dites-vous cela ? (forces, faiblesses) **SONDER** – positif/neutre/négatif

L'annonce est-elle crédible ? Pourquoi/Pourquoi pas ?

Et, si vous écoutiez l'annonce en compagnie de votre enfant ? Qu'est-ce qu'il en penserait, selon vous ?

LE MODÉRATEUR PRENDRA PAR ÉCRIT LE DÉCOMPTE DES ANNONCES PRÉFÉRÉES :

Je vais vous demander de voter pour votre annonce préférée, celle qui serait la plus mémorable ? Vous ne devez voter que pour une seule annonce. Les annonces sont : …À mains levées, combien d'entre vous choisissez chaque annonce?

Publicité n^{o} 1 Algèbre ? Pourquoi ?

Publicité n^{o} 2 Culture de la marijuana ? Pourquoi ?

Publicité n^{o} 3 Nouvelles ? Pourquoi ?

Publicité n^{o} 4 Jeu de mots ? Pourquoi ?

Quelle est celle qui vous inciterait le plus probablement à faire quelque chose ?

Toujours à mains levées, j'aimerais savoir quelle serait votre deuxième annonce la plus efficace ? À mains levées, combien d'entre vous choisissez l'annonce…?

Publicité n^{o} 1 Algèbre ? Pourquoi ?

Publicité n^{o} 2 Culture de la marijuana ? Pourquoi ?

Publicité n^{o} 3 Nouvelles ? Pourquoi ?

Publicité n^{o} 4 Jeu de mots ? Pourquoi ?

Quelle est la deuxième qui vous inciterait le plus probablement à faire quelque chose ?

S'il y a lieu, quels changement apporteriez-vous à l'annonce que vous avez choisie, afin de l'améliorer ? (Sonder pour savoir si différents aspects provenant d'annonces différentes pourraient bien fonctionner ensemble)

Selon vous, laquelle de ces annonces serait la moins efficace ? Pourquoi ?

RECUEILLIR LES EXERCICES ÉCRITS SUR LES ANNONCES À LA RADIO

4.0 ANNONCES IMPRIMÉES (25 MINUTES)

À présent, je vais vous montrer cinq annonces qui sont développées pour les journaux.

Publicité imprimée n^{o} 1a (Tou-tou)
Publicité imprimée n^{o} 1b (Sac à lunch)
Publicité imprimée n^{o} 2a (Vocabulaire – Fille)
Publicité imprimée n^{o} 2b (Vocabulaire – Collage)
Publicité imprimée n^{o} 3 (Monde de la drogue)

Je vais vous les distribuer et je veux que vous encerclez tout ce qui se démarque de façon positive pour vous dans l'annonce et je veux que vous traciez une croix ou un trait sur tout ce qui vous déplaît.

Ensuite, nous examinerons les cinq annonces imprimées une à la fois et nous discuterons de vos impressions à ce moment-là. Voici les premières annonces :

Publicité imprimée n°1a (Tou-tou)

Qu'avez-vous pensé de l'annonce ?

Quel était son message ?

Qu'avez-vous pensé de la photo et du gros titre ? Est-ce qu'ils s'agencent bien avec le reste de l'annonce ?

Quelles sont les choses qui vous plaisent et que vous avez encerclées ?

Quelles sont les choses qui vous déplaisent et que vous avez rayées d'un trait ?

Quelle information figurant dans l'annonce avez-vous trouvée tout particulièrement utile ? Pourquoi ?

Qu'en est-il de l'affirmation selon laquelle « la marijuana peut être contaminée avec des pesticides, des moisissures, des champignons toxiques ou d'autres drogues dangereuses » ?

Quel serait l'effet sur l'annonce si nous enlevions l'expression « d'autres drogues dangereuses » ?

Publicité imprimée n°1b (Sac à lunch) Cette annonce est la même que le toutou, seulement la photo et le gros titre sont différents, vous n'avez donc pas besoin d'encercler ou de biffer quoi que ce soit :

Laquelle des deux annonces préférez-vous ? Pourquoi ?

Laquelle des photos/des gros titres fonctionnent mieux avec le reste de l'annonce ?

Publicité imprimée n°2a (Vocabulaire – Fille)

Qu'avez-vous pensé de l'annonce ?

Quel était son message ?

Qu'avez-vous pensé de la photo et du gros titre ? Est-ce qu'ils s'agencent bien avec le reste de l'annonce ?

Quelles sont les choses qui vous plaisent et que vous avez encerclées ?

Quelles sont les choses qui vous déplaisent et que vous avez rayées d'un trait ?

Quelle information figurant dans l'annonce avez-vous trouvée tout particulièrement utile ? Pourquoi ?

Publicité imprimée n^{o}2b (Vocabulaire – Collage)

Cette annonce est la même que « Vocabulaire – Fille », seulement la photo et le gros titre sont différents, vous n'avez donc pas besoin d'encercler ou de biffer quoi que ce soit :

Laquelle des deux versions préférez-vous ? Pourquoi ?

Laquelle des photos/des gros titres fonctionnent mieux avec le reste de l'annonce ?

Publicité imprimée n^{o} 3 (Monde de la drogue)

Qu'avez-vous pensé de l'annonce ?

Quel était son message ?

Quelles sont les choses qui vous plaisent et que vous avez encerclées ?

Quelles sont les choses qui vous déplaisent et que vous avez rayées d'un trait ?

Quelle information figurant dans l'annonce avez-vous trouvée tout particulièrement utile ? Pourquoi ?

À présent, j'aimerais que vous choisissiez l'annonce la plus efficace parmi les 5 annonces que vous avez vues. À mains levées, qui choisit… ?

Publicité imprimée no1a (Toutou)

Publicité imprimée no1b (Boîte à lunch)

Publicité imprimée no2a (Vocabulaire – Fille)

Publicité imprimée no2b (Vocabulaire – Collage)

Publicité imprimée no 3 (Monde de la drogue)

Une fois le décompte terminé, demandez : Pourquoi avez-vous choisi cette annonce ?

Dans toutes les annonces, imprimées et à la radio, nous ajouterons l'énoncé : « Pour obtenir des trucs et de l'information sur la façon de parler aux adolescents au sujet des dangers que les drogues représentent, visitez… »

Est-il préférable de dire « comment parler aux adolescents, » « comment parler à vos adolescents » ou « comment parler à vos enfants » ?

Pourquoi dites-vous cela ?

Est-ce que le mot « enfant » a une autre signification pour vous que le mot « adolescent » ?

Quels sont les âges auxquels vous pensez quand vous entendez chacun de ces mots ?

Si l'expression utilisée était « comment parler à vos adolescents, » est-ce que cela signifie que vous incluriez ou excluriez les 11 ou 12 ans ?

5.0 LIVRET (15 MINUTES)

Voici un livret qui serait disponible pour des personnes telles que vous et qui aborde ce sujet. De fait, si vous appeliez le numéro sans frais ou que vous visitiez le site Web, vous pourriez commander un exemplaire gratuit de ce livret. Nous n'avons pas assez de temps pour que chacun et chacune d'entre vous lisiez le livret en entier, mais j'aimerais que vous preniez 5 minutes pour le feuilleter et pour écrire sur une feuille de papier quelles sont les parties ou les titres de la brochure qui vous ont semblé être les plus intéressants.

Ensuite, je veux que vous lisiez la section qui vous intéresse le plus et que vous notiez dans quelle mesure vous avez trouvé utile l'information ainsi que la façon dont elle y est présentée.

En premier lieu, que pensez-vous du titre ? À qui s'adresse ce livret ?

SONDER : s'adresse-t-il seulement aux parents d'adolescents ou est-ce que vous vous y référeriez si votre enfant avait 11 ou 12 ans ? Pourquoi ? Pensez-vous que le titre du livret devrait être ce qu'il est « Des conseils pour parler de drogues avec votre adolescent » qui décrit le contenu du livret ?

Aurait-il un meilleur titre s'il s'intitulait : « trucs pour parler de drogues avec votre adolescent » ?

En d'autres termes, voulez-vous un « guide » ou simplement quelques trucs ?

Qu'avez-vous généralement pensé du livret ?

SONDER : Est-il clair ? Est-il facile à lire ? Les caractères sont-ils de la bonne grosseur ? Sont-ils trop petits ? La quantité d'information et les photos figurant sur la page sont-elles adéquates ? Est-ce trop encombré ? Le livret est-il bien structuré ? Pourquoi ou pourquoi pas ?

Quelles sont les sections que vous avez trouvé les plus intéressantes ou quelles sont celles qui vous seraient les plus utiles ? Pourquoi ?

Qu'en est-il de la section intitulée « Astuces pour parler à vos enfants au sujet des drogues. » Cette section est-elle utile/pertinente ?

Qu'avez-vous pensé de la façon dont le livret est structuré ?

Si vous réfléchissez à la section que vous avez lue, qu'avez-vous pensé de la façon dont l'information y était présentée et rédigée ?

Était-elle facile à comprendre ? Était-elle crédible ? Était-elle utile ? Pourquoi ?

Selon vous, dans l'ensemble, est-ce qu'il y a des renseignements qui manquent dans ce livret ?

6.0 BESOINS D'INFORMATION (5 MINUTES)

Est-ce qu'il y a d'autres messages ou types d'information qui pourraient réellement avoir une incidence sur les parents et le rôle qu'ils jouent pour inciter leurs enfants à ne pas faire l'essai des drogues ?

Qu'avez-vous appris de nouveau ce soir ?

Parmi les choses que vous avez vues ou entendues, laquelle a eu la plus forte incidence sur vous ?

Santé Canada vous remercie de votre participation à cette étude de recherche.

REMERCIER ET TERMINER

EXERCICE ÉCRIT

Publicité à la radio n^{o} 1

Quel est le message <u>principal</u> dans cette annonce ?

Quels sont les <u>sentiments</u> ou les <u>émotions</u> que vous avez ressentis après avoir entendu cette annonce ? UN OU DEUX MOTS

Dans ce que vous avez entendu dans cette annonce, quelle est la chose qui s'est démarquée <u>le plus</u> ?

<u>Feriez-vous</u> quelque chose après avoir entendu cette annonce à la radio ? Que feriez-vous ?

EXERCICE ÉCRIT

Publicité à la radio n^{o} 2

Quel est le message <u>principal</u> dans cette annonce ?

Quels sont les <u>sentiments</u> ou les <u>émotions</u> que vous avez ressentis après avoir entendu cette annonce ? UN OU DEUX MOTS

Dans ce que vous avez entendu dans cette annonce, quelle est la chose qui s'est démarquée <u>le plus</u> ?

<u>Feriez-vous</u> quelque chose après avoir entendu cette annonce à la radio ? Que feriez-vous ?

EXERCICE ÉCRIT

Publicité à la radio n^{o} 3

Quel est le message <u>principal</u> dans cette annonce ?

_____

_____

Quels sont les <u>sentiments</u> ou les <u>émotions</u> que vous avez ressentis après avoir entendu cette annonce ? UN OU DEUX MOTS

_____

_____

Dans ce que vous avez entendu dans cette annonce, quelle est la chose qui s'est démarquée <u>le plus</u> ?

_____

_____

<u>Feriez-vous</u> quelque chose après avoir entendu cette annonce à la radio ? Que feriez-vous ?

_____

_____

EXERCICE ÉCRIT

Publicité à la radio n^{o} 4

Quel est le message <u>principal</u> dans cette annonce ?

_____

_____

Quels sont les <u>sentiments</u> ou les <u>émotions</u> que vous avez ressentis après avoir entendu cette annonce ? UN OU DEUX MOTS

_____

_____

Dans ce que vous avez entendu dans cette annonce, quelle est la chose qui s'est démarquée <u>le plus</u> ?

_____

_____

<u>Feriez-vous</u> quelque chose après avoir entendu cette annonce à la radio ? Que feriez-vous ?

_____

_____

Le 8 février 2008

SANTÉ CANADA ROP 07-74
PROGRAMME DE DISCUSSION
PN 6270
Évaluation en séance de groupe de concepts pour des publicités à la télévision, à la radio et imprimées s'adressant aux jeunes

11.0 INTRODUCTION (5 MINUTES)

- Introduction à la procédure à suivre en séance de groupe.

- Nom et rôle du/de la modérateur(rice).

- Nous voulons connaître votre opinion – il s'agit d'un groupe de discussion.

- Soyez bien libres d'être d'accord ou en désaccord et d'exprimer vos points de vue librement. Il n'y a ni bonne ni mauvaise réponse.

- La séance est enregistrée sur bande audio et observée.

- Vos commentaires individuels ne seront pas liés à vous/les noms n'apparaîtront pas.

- La séance durera environ 2 heures ou un peu moins.

- Veuillez s'il vous plaît éteindre vos téléphones cellulaires et téléavertisseurs.

- La/le réceptionniste vous remettra la mesure incitative à la fin de la séance.

- Vous êtes tous des jeunes âgés de 13 à 15 ans. Faisons un tour de table pour que chacun et chacune d'entre vous puissiez nous dire votre prénom ainsi que quelque chose à votre sujet.

12.0 CONCEPTS PUBLICITAIRES –EXERCICE ÉCRIT (15 MINUTES)

Aujourd'hui, nous regarderons trois concepts publicitaires différents pour des publicités télévisées qui pourraient être utilisées dans l'avenir. Je vous en dirai davantage à leur sujet à mesure que nous avançons.

Les trois annonces que je vais vous montrer sont toujours à l'étape du développement. Il y aura deux versions d'une annonce (Langage 1 et Langage 2) et une autre annonce (Parler). Elles sont sur un DVD et jouent comme une vidéo. La version définitive des annonces, si elles se rendent à l'étape de la production, fera intervenir de vraies personnes et de vraies images. Veuillez faire preuve d'imagination afin de visualiser ce à quoi elles pourraient ressembler.

Je vais remettre à chacun et à chacune d'entre vous un ensemble d'exercices écrits à remplir pour chacune des annonces. Ensuite, nous discuterons de ce que tout le monde a écrit et de ce que vous pensez de ce que je m'apprête à vous montrer.

DISTRIBUTION DES EXERCICES ÉCRITS POUR LES TROIS ANNONCES

Vous verrez que les exercices écrits vous posent des questions. En tout premier lieu, il y a des lignes où je veux que vous écriviez vos impressions générales au sujet de l'annonce. Deuxièmement, vous écrirez ce qui, selon vous, est le message principal dans l'annonce. Que tente-t-elle de vous dire ? Ensuite, écrivez ce que l'annonce vous fait ressentir à propos des drogues. Enfin, ce que vous feriez, s'il y a lieu, après avoir regardé l'annonce.

PRÉSENTER LES ANNONCES ET DEMANDER AUX PARTICIPANTS DE COMPLÉTER LES EXERCICES ÉCRITS APRÈS CHAQUE PRÉSENTATION
(Rotation de l'ordre de présentation)

Annonce 1 : Langage 1

Annonce 1 : Langage 2

Annonce 2 : Parler

- Une fois que vous aurez terminé, veuillez retourner les exercices d'évaluation, déposer votre crayon et fermer vos chemises, pour que je sache quand vous aurez fini.

FAIRE UNE ROTATION DE L'ORDRE DE PRÉSENTATION DES ANNONCES D'UNE SÉANCE À L'AUTRE

13.0 DISCUSSION EN GROUPE AU SUJET DES ANNONCES (30 MINUTES)

Maintenant, passons en revue les trois concepts publicitaires un par un et discutons de ce que vous avez écrit.

Annonce 1 : Langage 1

5. Qu'avez-vous pensé de cette annonce ? Pourquoi dites-vous cela ? Que pensez-vous des jeunes qui sont dans l'annonce ? Est-ce que les expressions utilisées pour les drogues dans l'annonce vous étaient familières ? À qui pensez-vous que s'adresse cette annonce ? Quelle réaction pensez-vous que vos parents auraient en voyant cette annonce ?
6. Quel était, selon vous, le message principal de l'annonce ? Qu'est-ce que l'annonce tentait de dire ?
7. Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ? Si d'autres jeunes de votre âge voyaient cette annonce à la télévision, que pensez-vous qu'elle leur ferait ressentir au sujet des drogues ?
8. Si vous regardiez cette annonce à la télévision, feriez-vous quelque chose après l'avoir regardée ? Que feriez-vous ? (Visiteriez le site Web, Chercheriez d'autres expressions populaires (termes d'argot) au sujet des drogues sur Internet, Parleriez à vos parents de ce que vous avez vu, Parleriez à vos amis)

Annonce 1 : Langage 2

5. Qu'avez-vous pensé de cette annonce ? Pourquoi dites-vous cela ? votre réponse est-elle différente de celle que vous avez donnée pour l'autre annonce Langage ? Pourquoi ?
6. Qu'avez-vous pensé du message principal dans l'annonce ? Était-il différent de celui de la première annonce que vous avez vue ?
7. Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ? Est-ce différent de ce que vous avez ressenti après avoir vu la première annonce Langage? Si d'autres jeunes de votre âge voyaient cette annonce à la télévision, que pensez-vous qu'elle leur ferait ressentir au sujet des drogues ?
8. Si vous regardiez cette annonce à la télévision, feriez-vous quelque chose de différent de ce que vous feriez après avoir regardé l'autre annonce Langage? Pourquoi ou pourquoi pas ?

Laquelle des deux annonces Langage réussit, selon vous, plus efficacement à vous inciter à chercher plus d'information au sujet des risques associés aux drogues ? Pourquoi ?

Annonce 3 : Parler

5. Quelle sont vos impressions générales au sujet de cette annonce ? Pourquoi dites-vous cela ? Que pensez-vous des scènes présentées dans l'annonce ? À qui pensez-vous que s'adresse cette annonce ? Quelle réaction pensez-vous que vos parents auraient en voyant cette annonce ?
6. Quel était, selon vous, le message principal de l'annonce ? Qu'est-ce que l'annonce tentait de dire ?
7. Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ? Si d'autres jeunes de votre âge voyaient cette annonce à la télévision, que pensez-vous qu'elle leur ferait ressentir au sujet des drogues ?
8. Si vous regardiez cette annonce à la télévision, feriez-vous quelque chose après l'avoir regardée ? Que feriez-vous ? (Visiteriez le site Web, Feriez une recherche sur Internet pour obtenir plus d'information, Parleriez à vos parents de ce que vous avez vu, Parleriez à vos amis)

Une fois que toutes les annonces ont été examinées, demandez aux participants de choisir l'annonce qui réussit le plus efficacement, selon eux, à les inciter à chercher plus d'information au sujet des risques associés aux drogues (à partir des trois concepts publicitaires) ? Sonder pour connaître les raisons pour lesquelles ils ont choisi cette annonce.

14.0 CONCEPTS D'ANNONCES À LA RADIO –DISCUSSION DE GROUPE 30 MINUTES

À présent, nous allons écouter quatre concepts publicitaires différents pour des annonces à la radio qui pourraient être diffusées dans l'avenir. Ensuite, nous discuterons de ce que vous pensez de chaque annonce.

FAIRE ENTENDRE CHAQUE ANNONCE DEUX FOIS, PUIS DISCUTER

FAIRE UNE ROTATION DE L'ORDRE DE PRÉSENTATION DES ANNONCES D'UNE SÉANCE À L'AUTRE

Publicité à la radio n^{o} 1 (Jeu de mots)

Publicité à la radio n^{o} 2 (Nouvelles)

Publicité à la radio n^{o} 3 (Algèbre)

Publicité à la radio n^{o} 4 (Culture de la marijuana)

Passons en revue les quatre concepts publicitaires un par un et discutons de ce que vous avez pensé à propos de chacun.

Publicités à la radio 1-4 (une à la fois) :

5. Quelle est votre impression générale au sujet de cette annonce à la radio ? Pourquoi dites-vous cela ? À qui pensez-vous que s'adresse cette annonce ? Quelle réaction pensez-vous que vos parents auraient en écoutant cette annonce ?
6. Quel a été, selon vous, le message principal dans cette annonce ? Qu'est-ce que l'annonce tentait de dire ?
7. Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ? Si d'autres jeunes de votre âge entendaient cette annonce à la radio, que pensez-vous qu'elle leur ferait ressentir au sujet des drogues ?
8. Si vous entendiez l'annonce à la radio, feriez-vous quelque chose après l'avoir entendue ? Que feriez-vous ? (Visiteriez le site Web, Feriez une recherche sur Internet pour obtenir plus d'information, Parleriez à vos parents de ce que vous avez entendu, Parleriez à vos amis)

Après la discussion, demandez aux jeunes quelle est l'annonce qui, selon eux, réussit le plus efficacement à les inciter à s'informer davantage au sujet des risques associés aux drogues. Sonder pour connaître les raisons pour lesquelles ils ont choisi cette annonce à la radio.

RECUEILLIR LES EXERCICES ÉCRITS SUR LES ANNONCES À LA RADIO

5.0 DISCUSSION SUR LES ANNONCES IMPRIMÉES (30 MINUTES)

À présent, je vais vous montrer cinq annonces qui pourraient être utilisées dans les journaux. (Faire une rotation de l'ordre de présentation : montrer les annonces 1a et 1b ensemble, 2a et 2b ensemble et 3 séparément). Allons-y !

Publicité imprimée no 1a (Ourson en peluche/TouTou)
Publicité imprimée no 1b (Boîte à lunch/Sac à Lunch)

Ces deux annonces sont identiques, exceptions faites du titre et de la photo. Lisez ces annonces rapidement, puis nous en discuterons.

5. Quelle est votre impression générale au sujet de cette annonce ? Pourquoi dites-vous cela ? Votre réaction est-elle différente pour l'une ou l'autre des annonces, soit l'Ourson en peluche et la Boîte à lunch? Quelle réaction pensez-vous que vos parents auraient en regardant cette annonce ?
6. Quel a été, selon vous, le message principal dans cette annonce ? Qu'est-ce que l'annonce tentait de dire ?
7. Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ? Si d'autres jeunes de votre âge lisaient cette annonce dans le journal, que pensez-vous qu'elle leur ferait ressentir au sujet des drogues ?
8. Si vous aperceviez cette annonce dans le journal, feriez-vous quelque chose après l'avoir vue ? La liriez-vous ? Quoi d'autre feriez-vous peut-être ? (Visiteriez le site Web, Feriez une recherche sur Internet pour obtenir plus d'information, Parleriez à vos parents de ce que vous avez vu, Parleriez à vos amis)

Publicité imprimée n° 2a (Langage – Fille)
Publicité imprimée n° 2b (Langage – Collage)

Ces deux annonces sont identiques, exceptions faites du titre et de la photo. Lisez ces annonces rapidement, puis nous en discuterons.

5. Quelle est votre impression générale au sujet de cette annonce ? Pourquoi dites-vous cela ? Votre réaction est-elle différente pour l'une ou l'autre des annonces, soit Langage – Fille et Langage – Collage ? Quelle réaction pensez-vous que vos parents auraient en regardant cette annonce ?
6. Quel a été, selon vous, le message principal dans cette annonce ? Qu'est-ce que l'annonce tentait de dire ?
7. Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ? Si d'autres jeunes de votre âge lisaient cette annonce dans le journal, que pensez-vous qu'elle leur ferait ressentir au sujet des drogues ?
8. Si vous aperceviez cette annonce dans le journal, feriez-vous quelque chose après l'avoir vue ? La liriez-vous ? Quoi d'autre feriez-vous peut-être ? (Visiteriez le site Web, Feriez une recherche sur Internet pour obtenir plus d'information, Parleriez à vos parents de ce que vous avez vu, Parleriez à vos amis)

Publicité imprimée n° 3 (Monde de la drogue)

5. Qu'avez-vous pensé de cette annonce ? Pourquoi dites-vous cela ? À qui pensez-vous que s'adresse cette annonce ? Quelle réaction pensez-vous que vos parents auraient en regardant cette annonce ?
6. Quel a été, selon vous, le message principal dans cette annonce ? Qu'est-ce que l'annonce tentait de dire ?
7. Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ? Si d'autres jeunes de votre âge lisaient cette annonce dans le journal, que pensez-vous qu'elle leur ferait ressentir au sujet des drogues ?
8. Si vous aperceviez cette annonce dans le journal, feriez-vous quelque chose après l'avoir vue ? La liriez-vous ? Quoi d'autre feriez-vous peut-être ? (Visiteriez le site Web, Feriez une recherche sur Internet pour obtenir plus d'information, Parleriez à vos parents de ce que vous avez vu, Parleriez à vos amis)

Après avoir discuté de toutes les annonces, demandez aux jeunes quelle est l'annonce qui, selon eux, réussit le plus efficacement à les inciter à s'informer davantage au sujet des risques associés aux drogues.

6.0 BESOINS D'INFORMATION (10 MINUTES)

Quels types d'information souhaiteriez-vous retrouver sur un site Web s'adressant aux jeunes et qui parle des drogues ?

Quels autres types d'information trouveriez-vous utiles ? Sonder pour savoir si des *Trucs pour savoir comment dire non aux drogues* les intéresseraient.

Dans quels types de milieux est-ce que des jeunes comme vous seraient exposés aux drogues ?

7.0 MOT DE LA FIN (LE TEMPS QUI RESTE)

Avez-vous d'autres commentaires à apporter à notre discussion ?

Santé Canada voudrait vous remercier de votre participation à cette étude de recherche.

REMERCIER ET TERMINER

Exercice écrit

Pub télévisée #1

Que penses-tu, globalement, de cette publicité ?

Quel était, selon vous, le message principal de l'annonce ?

Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ?

Si vous regardiez cette annonce à la télévision, feriez-vous quelque chose après l'avoir regardée ? Que feriez-vous ?

Exercice écrit

Pub télévisée #2

Que penses-tu, globalement, de cette publicité ?

Quel était, selon vous, le message principal de l'annonce ?

Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ?

Si vous regardiez cette annonce à la télévision, feriez-vous quelque chose après l'avoir regardée ? Que feriez-vous ?

Exercice écrit

Pub télévisée #3

Que penses-tu, globalement, de cette publicité ?

Quel était, selon vous, le message principal de l'annonce ?

Qu'est-ce que l'annonce vous a fait ressentir au sujet des drogues ?

Si vous regardiez cette annonce à la télévision, feriez-vous quelque chose après l'avoir regardée ? Que feriez-vous ?

PRINT RADIO TESTING PARENT GROUPS

POR-07-74
PN 6270
Final Screener

Respondent Name: _____

Home Phone #: _____

Business Phone #: _____

E-Mail: _____

Group #:_____ **Recruiter:**_____

Recruiter: _____

RECRUIT 10 PER GROUP

TORONTO		**WINNIPEG**	
GROUP 1	GROUP 2	GROUP 3	GROUP 4
MONDAY	MONDAY	TUESDAY	TUESDAY
FEBRUARY 11	FEBRUARY 11	FEBRUARY 12	FEBRUARY 12
AT 5:30 pm	AT 8:00 pm	AT 5:30 pm	AT 8:00pm
MONTREAL	**MONTREAL**		
GROUP 5	GROUP 6		
THURSDAY	THURSDAY		
FEBRUARY 14	FEBRUARY 14		
AT 5:30PM	AT 8 :00 pm		

Hello, my name is _____ from Research House Inc., we are calling today to invite participants to attend a focus group discussion we are currently conducting on behalf of Health Canada. Your participation in the research is completely voluntary and your decision to participate or not will not affect any dealings you may have with Health Canada. All information collected, used and/or disclosed will be used for research purposes only and administered as per the requirements of the Privacy Act. The session will last a maximum of 2 hours and you will receive a cash gift as a thank you for attending the session. May we have your permission to ask you or someone else in your household some further questions to see if you/they fit in our study?

YES – CONTINUE

1. Are you the female/ male head of the household?

   Yes……1

   No…….. 2 – **THANK AND TERMINATE**

2. Are you or is any member of your household or your immediate family employed:

	No	**Yes**
in Marketing Research, Public Relations firm, or Advertising agency	( )	( )
in the Media (Radio, Television, Newspapers, Magazines, etc.)	( )	( )
in the Health sector (doctors, nurses, dentists, hospitals, clinics, pharmaceuticals)	( )	( )
in a Federal, provincial or municipal health department/agency	( )	( )
as a teacher or social worker	( )	( )

IF YES TO ANY OF THE ABOVE -- TERMINATE

INDICATE: Male……..1 **– RECRUIT 3 PER GROUP**

Female……2 **– RECRUIT 7 PER GROUP**

3. May I have your age, please?

_____ **SPECIFY**

Under 25 years……..1 –**THANK AND TERMINATE**

25 – 34 years…….2

35 – 44 years…….3

45 – 54 years…….4

Over 54 years…….5

4a. Do you have any children, under the age of 16 years, living at home full-time?

Yes……1

No……..2 – **THANK AND TERMINATE**

4b. What are the ages of your children, living at home and are they male or female?

_____ _____ _____ _____ _____ **- SPECIFY**

ALL MUST HAVE AT LEAST ONE CHILD 13 – 15 YEARS LIVING AT HOME TRY FOR HALF MALES /HALF FEMALES

5. What is your marital status?

Married / Common – Law……1

Single / Div. / Wid. / Sep……..2 **MAX 3 PER GROUP**

6. What is your current employment status?

Full Time Employed	( )	
Part Time Employed	( )	
Homemaker	( )	
Student	( )	**- MAX. 1 PER GROUP**
Retired	( )	**– MAX. 1 PER GROUP**
Unemployed	( )	**– MAX. 1 PER GROUP**

7. What is your occupation?

_____ _____

JOB TITLE TYPE / NAME OF COMPANY

IF MARRIED / COMMON – LAW ASK – WHAT IS YOUR SPOUSE'S OCCUPATION?

_____ _____

JOB TITLE TYPE / NAME OF COMPANY

IF ANY CONNECTION TO STANDARD OR PROJECT RELATED OCCUPATION – THANK AND TERMINATE

8. As we need to speak with people from all walks of life, could you please tell me into which category I may place your total annual household income before taxes? Would that be**... READ**

Under $25,000.....…...1**|**
$25,000 - $29,999.....2|
$30,000 -$39,999…….3| **- ENSURE A GOOD SPREAD IN ALL GROUPS**
$40,000 - $54,999.....4|
$55,000 - $90,000.....5|
$91,000 and over.....6|
DK / NA……7|

MAX 3 PER GROUP UNDER $40,000

9. Could you please tell me what is the last level of education that you have completed? **DO NOT READ**

Elementary school or less (no schooling to grade 7)…… 1|
Some high school (grades 8 - 11)……2| - **GROUPS 1,3,5**
Completed high school (grades 12 or 13 or OAC)……3|
Some community college, vocational or trade school (or some CEGEP)……4|
Completed community college, vocational or trade school (or complete CEGEP) ..5|

Some university (no degree)…… 6|
Completed university (Bachelor's degree)…… .7| - **GROUPS 2,4,6**
Post graduate university (Master's, Ph.D., completed or not)…… 8|

DK/NA……..9 **TERMINATE**

The next couple of questions deal with your imagination. Have a little fun with these questions and feel free to answer in any way, as there are no incorrect answers.

10. What would be the first thing you would do, if you had just won one million dollars?

_____

_____

11. If you were a book in a library, what book would you be and WHY?

_____

_____

_____ ANSWERS SPONTANEOUSLY _____ VERY ENTHUSIASTIC

_____ VERY SURE OF HIMSELF / HERSELF _____ CARRIES ON A GOOD CONVERSATION

NOTE: PAY EXTRA ATTENTION TO RESPONDENT ANSWERS – LOOK FOR COMPLEX, CREATIVE ANSWERS AND NOT JUST MEANINGLESS ANSWERS. LOOK FOR IMAGINATION AND A SENSE OF CREATIVITY / PARTICIPATION.

---

12 Participants in group discussions are asked to voice their opinions and thoughts, how comfortable are you, in voicing your opinions in front of others? Are you….

Very Comfortable……1 – **MIN 50% PER GROUP**

Comfortable…….2

Fairly Comfortable……..3

Not Very Comfortable…….4 – **THANK AND TERMINATE**

Very Uncomfortable……5 – **THANK AND TERMINATE**

13 Have you ever attended a focus group or one to one discussion for which you have received a sum of money, here or elsewhere?

Yes……1 – **MAX (50%) PER GROUP**

No……..2 – **SKIP TO Q. 17**

14 When did you last attend one of these discussions?

_____

TERMINATE IF IN THE PAST 6 MONTHS

15 How many focus groups or one –to-one discussions have you attended in the past 5 years?

_____

(SPECIFY) IF MORE THAN 5 – THANK AND TERMINATE

16 Would you please tell me the topics discussed?

_____

IF TOPIC RELATED - THANK AND TERMINATE

17 Have you been invited to another of these focus groups or interviews in the near future?

Yes……..1 – **THANK AND TERMINATE**

No……2

18 In what country were you born?

Canada……1

Other_____.2 – **NO MORE THAN 2 PER GROUP IN MONTREAL AND WINNIPEG AND NO MORE THAN 4 PER GROUP IN TORONTO**

19. Do you consider yourself to be fluent in English/French?

Yes……..1

No..…….2 – **THANK AND TERMINATE**

20 Sometimes participants are asked to write out their answers on a questionnaire or watch a TV commercial or read written materials during the discussion. Is there any reason why you could not participate?

Yes……..1 – **THANK AND TERMINATE**

No……....2

NOTE: 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 – THANK AND TERMINATE

IMPORTANT:

The session is 2 hours in length, but we are asking that all participants arrive 10 minutes prior to the start time of the session. Are you able to be at the research facility 10 minutes prior to the session time?

Yes.....1
No.....2 – TERMINATE

All participants in this study are asked to bring to the group PICTURE IDENTIFICATION. If you do not bring your personal identification then you will not be able to participate in the session and you will not receive the incentive fee. Are you going to bring along your ID?

Yes.....1

No.....2 – **TERMINATE**

The group discussion will last approximately 2 hours and we offer each participant a $60.00 cash gift as a token of our appreciation. I should also tell you that the groups will be audio - taped for research purposes and members of the research team will be observing the discussion from an adjoining room. Everything you say will be kept confidential.
[ ] CHECK TO INDICATE YOU HAVE READ THE STATEMENT TO THE RESPONDENT.

Toronto – February 11th – 5:30pm-7:30pm; 8pm-10pm
Research House
1867 Yonge Street, 2nd Floor
Toronto, ON
Tel: 416.488.2328

Winnipeg – February 12th - 5:30pm-7:30pm; 8:00pm-10:00pm
View Points
115 Bannatyne Avenue,
Suite 104,
204.988.9253
Fax: 947.9262

Montreal – February 14th – 5:30pm-7:30pm; 8:00pm-10:00pm
Ad Hoc Research
1250 Guy Street,
Suite 900,
514.937.4040
Fax: 935.7700

15696 – AD

POR-07-74

PN 6270

Questionnaire final

1. **NOM DU REPONDANT:** _____

 # à la maison : _____

 # au travail: _____

Courriel:_____

2. **GROUPE #:**_____ **RECRUTEUR:**_____

RECRUTER 10 PAR GROUPE

TORONTO	**TORONTO**	**WINNIPEG**	**WINNIPEG**
GROUPE 1	GROUPE 2	GROUPE 3	GROUPE 4
LUNDI	LUNDI	MARDI	MARDI
11 FÉVRIER	11 FÉVRIER	12 FÉVRIER	12 FÉVRIER
À 17H30	À 20H00	À 17H30	À 20H00
MONTRÉAL	**MONTRÉAL**		
GROUPE 5	GROUPE 6		
JEUDI	JEUDI		
14 FÉVRIER	14 FÉVRIER		
À 17H30	À 20H00		

Bonjour/Bonsoir, je m'appelle _____ de Research House Inc. Nous téléphonons aujourd'hui pour inviter des participants à participer à un groupe de discussion que nous menons présentement de la part de Santé Canada. Votre participation à cette recherche est entièrement volontaire et votre décision d'y participer ou non n'affectera en rien les interactions que vous pourriez avoir avec Santé Canada. Toute information recueillie, utilisée et/ou dévoilée sera utilisée qu'à des fins de recherche seulement et seront traitées conformément aux exigences de la Loi sur la protection des renseignements personnels. La session durera un maximum de 2 heures et vous recevrez un montant en argent en guise de remerciement pour votre participation. Nous permettez-vous de vous poser quelques questions à vous ou à quelqu'un d'autre dans votre foyer, afin de voir si vous qualifiez/ils qualifient pour notre étude?

OUI – CONTINUER

1. Êtes-vous le chef féminin / masculin du foyer?

   Oui……1

   Non……...2 – **REMERCIER ET TERMINER**

2. Est-ce que vous, ou un membre de votre foyer ou de votre famille immédiate travaille:

	Non	Oui
dans la recherche en marketing, firme de relations publiques, ou agence de publicité	( )	( )
dans le média (radio, télévision, journaux, revues, etc.)	( )	( )
dans le secteur de la santé (médecins, infirmières, dentistes, hôpitaux, cliniques, pharmaceutiques)	( )	( )
dans un département/agence fédéral, provincial ou municipal	( )	( )
comme enseignant ou travailleur social	( )	( )

SI "OUI" À UNE DES MENTIONS CI-DESSUS – TERMINER

INDIQUER: Homme…….....1 **– RECRUTER 3 PAR GROUPE**

Femme……..... 2 **– RECRUTER 7 PAR GROUPE**

3. Puis-je avoir votre âge exact, s.v.p.?

_____ **PRÉCISER**

Moins de 25 ans…….....1 – **REMERCIER ET TERMINER**

25 – 34 ans…….. 2

35 – 44 ans…….. 3

45 – 54 ans…….. 4

Plus de 54 ans …….. 5

4a. Avez-vous des enfants, de moins de 16 ans, habitant à la maison à temps plein?

Oui…..…….....1

Non…...……...…..... 2 - **REMERCIER ET TERMINER**

4b. Quel âge ont vos enfants qui habitent à la maison et sont-ils de sexe masculin ou féminin?

_____ _____ _____ _____ _____ **- PRÉCISER**

TOUS DOIVENT AVOIR AU MOINS UN ENFANT DE 13 – 15 ANS HABITANT À LA MAISON. ESSAYEZ D'OBTENIR MOITIÉ HOMMES / MOITIÉ FEMMES

5. Quel est votre statut civil?

Marié / Conjoint de fait.....……..... 1

Célibataire / Div. / Veuf / Séparé…….....2 **MAX 3 PAR GROUPE**

6. Quel est votre statut d'emploi actuel?

Employé à temps plein ( )

Employé à temps partiel ( )

Femme au foyer ( )

Étudiant ( ) **– MAX. 1 PAR GROUPE**

Retraité ( ) **– MAX. 1 PAR GROUPE**

Sans emploi ( ) **– MAX. 1 PAR GROUPE**

7. Quelle est votre occupation?

_____ _____

TITRE DE L'EMPLOI TYPE / NOM DE COMPAGNIE

SI MARIÉ(E) / CONJOINT(E) DE FAIT DEMANDER – QUELLE EST L'OCCUPATION DE VOTRE CONJOINT(E)?

_____ _____

TITRE DE L'EMPLOI TYPE / NOM DE COMPAGNIE

SI LES OCCUPATIONS ENTRE EN CONFLIT AVEC LES OCCUPATIONS LISTÉES À LA Q.1 OU RELIÉES AU PROJET, REMERCIER ET TERMINER

8. Comme nous devons parler à des personnes de différents horizons, pouvez-vous me dire à laquelle des catégories suivantes correspondent le revenu annuel total de votre foyer avant impôts? Diriez-vous**...LIRE**

Moins de 25,000$.....1**|**
25,000$ - 29,999$..... 2|
30,000$ - 39,999$……....3| **- ASSURER UN BON PARTAGE DANS TOUS LES GROUPES**
40,000$ - 54,999$.....4|
55,000$ - 90,000$.....5|
91,000 et plus .....6|
NSP / PR…… 7|

MAX 3 PAR GROUPE DE MOINS DE 40,000$

9. Pourriez-vous me dire quel est le dernier niveau de scolarité que vous avez terminé? **NE PAS LIRE**

École primaire ou moins (aucune étude jusqu'en 7e année)…….....1|

Secondaire en partie (8 – 11 année)……2| - **GROUPES 1,3,5**

Secondaire terminé (12 ou 13 année ou DEP)…….....3| SONT CODES 1 - 5

Collège communautaire, formation professionnelle ou

école de métier en partie (ou CEGEP en partie)…….....4|
Collège communautaire, formation professionnelle ou
écode de métier terminé (ou CEGEP terminé) .....5|

Université en partie (pas de diplôme) ……..…6|
Université terminé (baccalauréat)…….....7| - **GROUPES 2,4,6**
Études universitaires supérieures(Maîtrise, Doctorat, terminé ou non)…….. 8| SONT CODES 6 - 8

NSP/PR…….... 9 **TERMINER**

Les prochaines questions font appel à votre imagination. Amusez-vous avec ces questions et sentez-vous à l'aise de répondre ce que
vous voulez ,car il n'y a pas de bonnes ou de mauvaises réponses.

10. Que feriez-vous en tout premier lieu, si vous gagniez un million de dollars?

_____

_____

11. Si vous étiez un livre dans une bibliothèque, quel livre seriez-vous et POURQUOI?

_____

_____

_____ RÉPOND SPONTANÉMENT _____ TRÈS ENTHOUSIASTE
_____ TRÈS SÛR DE LUI-MÊME/ELLE-MÊME _____ TIENT UNE BONNE CONVERSATION

NOTE: FAIRE EXTRÊMEMENT ATTENTION AUX RÉPONSES DES RÉPONDANTS – RECHERCHEZ DES RÉPONSES COMPLEXES ET CRÉATIVES ET NON PAS SEULEMENT DES RÉPONSES DÉNUÉS DE SENS. RECHERCHER DES PERSONNES QUI ONT DE L'IMAGINATION ET UN SENS DE LA CRÉATIVITÉ / PARTICIPATION.

12. On demande aux participants d'exprimer leurs opinions et leurs pensées. Dans quelle mesure êtes-vous confortable d'exprimer votre opinion devant les autres? Êtes-vous….

Très confortable..... 1 – **MIN 50% PAR GROUPE**
Confortable..... 2
Assez confortable..... 3
Pas très confortable..... 4 - **REMERCIER ET TERMINER**
Pas du tout confortable..... 5 - **REMERCIER ET TERMINER**

13. Avez-vous déjà participé à un groupe de discussion ou à une entrevue face-à-face pour lequel vous avez reçu une somme d'argent, ici ou ailleurs?

Oui……..1 – **MAX (50%) PAR GROUPE**
Non……...2 – **PASSER À LA Q.17**

14. A quand remonte votre dernière participation à une de ces discussions?

_____

TERMINER SI AU COURS DES 6 DERNIERS MOIS

15. À combien de groupes ou d'entrevues face-à-face avez-vous participé au cours des 5 dernières années?

_____

(PRÉCISER) SI PLUS DE 5 – REMERCIER ET TERMINER

16. De quels sujets avez-vous discuté?

_____

SI LIÉ AU SUJET – REMERCIER ET TERMINER

17. Avez-vous été invité à participer à un de ces groupes de discussion ou entrevues face-à-face prochainement?

Oui……..1 – **REMERCIER ET TERMINER**

Non……....2

18 Dans quel pays êtes-vous né?

Canada……1

Autre_____..2 – **PAS PLUS DE 2 PAR GROUPE À MONTRÉAL**

19. Vous considérez-vous être à l'aise en français?

Oui……..... 1

Non……..... 2 – **REMERCIER ET TERMINER**

20. On demande parfois aux participants d'écrire leurs réponses sur un questionnaire ou de regarder une publicité à la télévision ou de lire du matériel écrit lors de la discussion. Y a t-il une raison quelconque pour laquelle vous ne pourriez pas participer?

Oui……..1 – **REMERCIER ET TERMINER**

Non…….2

NOTE: SI LE RÉPONDANT MENTIONNE UN PROBLÈME VISUEL OU AUDITIF, UN PROBLÈME À ÉCRIRE OU A S'EXPRIMER,
UN PROBLÈME À COMMUNIQUER DE FAÇON EFFICACE, REMERCIER ET TERMINER

IMPORTANT:
La session durera 2 heures, mais nous demandons à tous les participants d'arriver 10 minutes avant le début de la session. Est- il possible pour vous d'être présent 10 minutes avant le début de la session?

Oui.....1
Non.....2 – TERMINER

On demande à tous les participants de cette étude d'apporter une pièce D'IDENTITÉ AVEC PHOTO. Si vous n'avez pas cette pièce d'identité, vous ne pourrez pas participer à ce groupe et vous ne serez pas rémunéré. Êtes-vous en mesure d'avoir une pièce d'identité avec vous?

Oui.....1
Non.....2 – TERMINER

Le groupe de discussion durera 2 heures et nous allons remettre à chaque participant la somme de 60.00 $ en argent comptant en guise de remerciement pour sa participation. Je dois aussi vous dire que la rencontre sera enregistrée sur bande audio et ce dans un but de recherche et des membres de l'équipe de recherche observeront à partir d'une pièce voisine. Tout ce que vous direz restera strictement confidentiel.
[ ] COCHER AFIN D'INDIQUER QUE L'ÉNONCÉ A ÉTÉ LU AU RÉPONDANT.

Toronto – 11 février – 17h30-19h30; 20h00-22h00
Research House
1867 Yonge Street, 2nd Floor
Toronto, ON
Tel: 416.488.2328

Winnipeg – 12 février - 17h30-19h30; 20h00-22h00
View Points
115 Bannatyne Avenue,
Suite 104,
204.988.9253
Fax: 947.9262

Montréal – 14 février – 17h30-19h30; 20h00-22h00
Ad Hoc Recherche
1250, rue Guy
Bureau 900
514.937.4040
Téléc.: 935.7700

C l i e n t : NADS
D a t e : FEB 6, 08
P r o j e c t : RADIO Concept
D o c k e t : AD 9009
D r a f t : 7 **Word Game**

(Two 12 year olds are horsing around, having fun. Their dialogue should overlap and feel spontaneous.)

KID 1: **Okay, I ask a word - you tell me what it means… Woolah?**

KID 2: (overlapping) **Marijuana and crack.**

KID 1: **Tina?**

KID 2: **Meth!**

KID 1: **Correct. Candy Flipping?**

KID 2: **That would be LSD with ecstasy.**

KID 1: **You're good. Do you know Scag?**

KID 2: **I sure do!**

ANNCR:

Your kids are starting to learn a whole new language.

To get tips on how to talk with them about the dangers of drugs, visit drugprevention.gc.ca, or call 1 800 O-Canada for more information.

A message from the Government of Canada.

C l i e n t : NADS
D a t e : Feb 5 08
P r o j e c t : RADIO Concept
D o c k e t : AD 9009
D r a f t : 7 **News**

(A smart, straight-talking guy – perhaps a social worker or cop - who's been around and seen it all delivers a reality check to parents. Street noise in behind.)

MVO: **Anyone with a kid starting high school…**

I've got good news and bad news.

Here's the bad news. Drugs are cheap, easy to get and unpredictable. Most ecstasy tested contains another drug, often methamphetamine.

The good news is that most young teens still see their parents as credible sources for drug information.

So, talk about drugs. Today.

FEMALE ANNCR:

For tips on how to talk with your teen about the dangers of drugs, visit drugprevention.gc.ca, or call 1 800 O-Canada for more information.

A message from the Government of Canada.

C l i e n t : NADS
D a t e : Feb 6 08
P r o j e c t : RADIO Concept
D o c k e t : AD 9009
D r a f t : 7 **Algebra**

(A smart, straight-talking woman in her 40's delivers a message to other parents.)

FVO: **When teenagers enter high school they are introduced to algebra… and exposed to drugs.**

In a world where drugs are cheap, unpredictable and widely available, there's plenty you as a parent can do.

Because, believe it or not, 4 out of 5 teens see their parents as credible sources of information about illegal drugs.

For tips on how to talk with your kids about the dangers of drugs, visit drugprevention.gc.ca, or call 1 800 O-Canada for more information.

A message from the Government of Canada.

C l i e n t : NADS
D a t e : Feb. 5, 08
P r o j e c t : RADIO Concept
D o c k e t : AD 9009
D r a f t : 7 **Grow-Op**

(An authoritative man's voice in conversation. Should have the choppy documentary feel of someone being interviewed, rather than the flow of an announcer read.)

TOM: **We go into marijuana grow-ops wearing protective gear… There's damp and rot and fungus …. The marijuana we recover is contaminated with pesticides, mould and bacteria. …. Last time some officers were hospitalized… Over 400 chemicals in marijuana smoke… that's what kids inhale into their young lungs… Parents should know it's not a "safe" drug….**

ANNCR:

Talk drugs with your kids today.

To get tips, go to drugprevention.gc.ca, or call 1 800 O-Canada for more information.

A message from the Government of Canada.

Radio

Client : NADS | Date : 13 février 2008 | Rév. : 4

Produit : | Dossier : AD 9007

Titre : Algebra (Algèbre) | Durée : 30 sec

No d'annonce : | Réf. : T:\CREA\Gouv. du Canada\Anti-Drug Initiative\AD9007 FR\AD9007-Algebra FR-Rév.3.doc

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(Une femme dans la quarantaine, intelligente, sûre d'elle, s'adresse aux parents.)

FEMME : Quand les jeunes entrent au secondaire, ils apprennent l'algèbre… et sont en contact avec la drogue.

Dans un monde où les drogues sont bon marché, imprévisibles et facilement accessibles, vous, en tant que parents, pouvez agir.

Car croyez-le ou non, 4 adolescents sur 5 feraient confiance à leurs parents pour obtenir de l'information sur les drogues.

Pour savoir comment parler des dangers de la drogue avec vos enfants, consultez le site preventiondesdrogues.gc.ca ou téléphonez au 1 800 O-Canada pour plus d'information. Un message du gouvernement du Canada.

Allard Johnson Communications inc. 555, boul. René-Lévesque O., Montréal (Québec) H2Z 1B1 t (514) 875-7430 f (514) 875-7736 w www.allardjohnson.com Montréal Toronto

Radio

Client : NADS	Date : 11 février 2008	Rév. : 3
Produit :	Dossier : AD 9007	
Titre : Grow-Op (Culture de la marijuana)	Durée : 30 sec	
No d'annonce :	Réf. :	

(Un homme à la voix autoritaire nous décrit une scène. Le ton est semblable à celui d'un documentaire, un peu hachuré comme s'il s'agissait d'une interview, et non fluide comme une lecture faite par un annonceur.)

HOMME : Quand on entre dans une culture de marijuana, on enfile des vêtements de protection…

C'est humide… Il y a des matières en décomposition et des champignons…

La marijuana que nous saisissons est contaminée par des pesticides, des moisissures et des bactéries… La dernière fois, des agents ont dû être hospitalisés…

La fumée de marijuana contient plus de 400 produits chimiques, c'est ce que les enfants inhalent dans leurs jeunes poumons… Les parents devraient savoir que la marijuana, c'est pas une drogue « sans danger ».

ANNONCEUR : La drogue, parlez-en avec vos enfants dès aujourd'hui. Pour obtenir des conseils, consultez le site preventiondesdrogues.gc.ca ou téléphonez au 1 800 O-Canada pour plus d'information.

Un message du gouvernement du Canada.

Allard Johnson Communications inc. 555, boul. René-Lévesque O., Montréal (Québec) H2Z 1B1 t (514) 875-7430 f (514) 875-7736 w www.allardjohnson.com Montréal Toronto

Radio

Client : NADS | Date : 13février 2008 | Rév. : 4

Produit : | Dossier : AD 9007

Titre : News (Nouvelles) | Durée : 30 sec.

No d'annonce : | Réf. : T:\CREA\Gouv. du Canada\Anti-Drug Initiative\AD9007 FR\AD9007-News FR-Rév.3.doc

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(On entend un homme intelligent et aimable, peut-être un travailleur social ou un policier, qui connaît la situation et en dresse le portrait aux parents. On entend des bruits de rue à l'arrière.)

HOMME : Avez-vous un enfant qui commence son secondaire ?

J'ai une bonne et une mauvaise nouvelle pour vous.

La mauvaise nouvelle : les drogues sont accessibles, imprévisibles et pas chères. La majorité de l'ecstasy testée contient une autre drogue, habituellement de la méthamphétamine.

La bonne nouvelle : la plupart des jeunes adolescents font confiance à leurs parents pour obtenir de l'information sur les drogues.

Alors, la drogue, parlez-en. Aujourd'hui.

ANNONCEUR (FEMME) : Pour savoir comment parler des dangers de la drogue avec vos ados, consultez le site preventiondesdrogues.gc.ca ou téléphonez au 1 800 O-Canada pour obtenir plus d'information.

Un message du gouvernement du Canada.

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Radio

Client : NADS | Date : 13 février 2008 | Rév. : 5

Produit : | Dossier : AD 9007

Titre : Word Game (Jeu de mots) | Durée : 30 sec.

No d'annonce : | Réf. : T:\CREA\Gouv. du Canada\Anti-Drug Initiative\AD9007 FR\AD9007-Word Game FR-Rév.3.doc

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(Deux jeunes de 12 ans se taquinent pour le plaisir. Leur dialogue se chevauche et doit être très spontané.)

ADO 1 : OK, j'te dis un mot et tu m'dis ce que ça veut dire… Woolah ?

ADO 2 : (chevauche l'autre) Marijuana et crack.

ADO 1 : Crystal ?

ADO 2 : (chevauche l'autre) Méthamphétamine.

ADO 1 : Vrai ! La drogue de l'amour ?

ADO 2 : Ça, j'pense que c'est de l'ecstasy.

ADO 1 : T'es pas mal bon. Connais-tu Sniff ?

ADO 2 : Mets-en !

ANNONCEUR : Vos enfants font l'apprentissage d'un nouveau vocabulaire. Pour savoir comment parler des dangers de la drogue avec eux, consultez le site preventiondesdrogues.gc.ca ou téléphonez au 1 800 O-Canada pour plus d'information.

Un message du gouvernement du Canada.

Allard Johnson Communications

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It's a dangerous world for young teens.
Thirteen! Even some 13-year olds are experimenting with drugs...
In our communities, cheap, addictive drugs are being pushed to our kids. Drugs with cute names like Candy Sticks, Stardust, Lemon Drop, Mushies and Woolah* that disguise the damage they can do - everything from poor performance at school to memory loss, paranoia, and addiction.

What can parents do?

Plenty! Because believe it or not, more than 4 out of 5 young teens look upon their parents as credible sources of information about illegal drugs.
So learn the new drug language, before your kids do.

Your kids are starting to learn a new drug language.

For up-to-date information and tips on how to discuss the dangers of drugs with teens, go to:

drugprevention.gc.ca
1 800 O-Canada

* Candy Sticks is marijuana and cocaine, Stardust is cocaine, Lemon Drop is crystal meth, Mushies are magic mushrooms, Woolah is marijuana and crack

Health Canada Santé Canada

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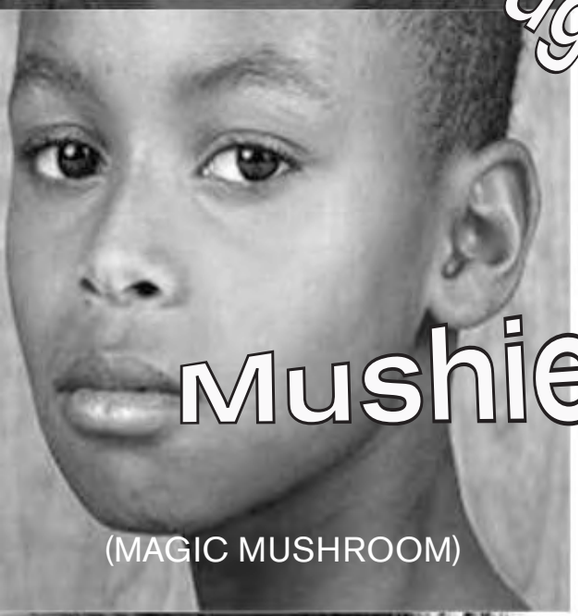

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* Candy Sticks is marijuana and cocaine, Stardust is cocaine, Lemon Drop is crystal meth, Mushies are magic mushrooms, Woolah is marijuana and crack

Health Canada Santé Canada
Canada

From lunch boxes to dime bags.
(Before you know it.)

Fourteen! That's now the <u>average</u> age when children start to experiment with drugs.
Drugs sold to kids are cheap, easy to get and unpredictable. Marijuana, for example, can be contaminated with pesticides, mould and toxic fungi. Its smoke contains over 400 chemicals, including carcinogens.
Over 90% of tablets sold as ecstasy also contain another drug, most commonly meth*.
What's sold as "magic" mushrooms may in fact be poisonous mushrooms that can cause permanent liver or kidney damage, even death.

What can parents do?

Plenty! Because believe it or not, more than 4 out of 5 young teens look upon their parents as credible sources of information about illegal drugs. So get the facts about today's drug scene and discuss them with your kids – while they're still listening.

* As tested by Health Canada.

For tips and information on how to talk with teens about the dangers of drugs, go to:

drugprevention.gc.ca 1 800 O-Canada

Health Canada Santé Canada

Canada

From Teddy to MaryJane.
(Before you know it.)

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It's a dangerous world for young teens.
Fourteen! That's now the average age when children start to experiment with drugs.
And in our communities, cheap, addictive drugs are being pushed to our kids.
Drugs with cute names like Bazooka, Stardust, Koolaid, Mushies and Woolah* that disguise the damage they can do - everything from poor performance at school to paranoia and irreversible brain damage.

What can parents do?

Plenty! Because believe it or not, more than 4 out of 5 young teens look upon their parents as credible sources of information about illegal drugs.
So learn the new drug language, before your kids do.

* Bazooka is marijuana and coca paste, Stardust is cocaine, Koolaid is meth, Mushies are magic mushrooms, Woolah is marijuana and crack.

Health Canada Santé Canada

For up-to-date information and tips on how to discuss the dangers of drugs with teens, go to:

drugprevention.gc.ca 1 800 O-Canada

Canada

Du toutou à la mari.
(Dans le temps de le dire.)

Saviez-vous que certains enfants font l'essai de drogues dès l'âge de 13 ans ?
Les drogues vendues aux enfants sont bon marché, accessibles et imprévisibles. La marijuana, par exemple, peut être contaminée par des pesticides, des moisissures et des champignons toxiques. Sa fumée contient plus de 400 produits chimiques, dont des agents cancérigènes. Plus de 90 % des cachets d'ecstasy saisis contiennent également une autre drogue, le plus souvent de la méthamphétamine*. Ce qui est vendu comme des champignons « magiques » peut être en réalité des champignons vénéneux pouvant causer des dommages permanents au foie ou aux reins, ou même entraîner la mort.

Que peuvent faire les parents ?

Plein de choses ! Croyez-le ou non, 4 jeunes adolescents sur 5 font confiance à leurs parents pour obtenir de l'information sur les drogues. Alors, renseignez-vous sur le portrait actuel de la drogue et parlez-en avec vos enfants… pendant qu'ils vous écoutent encore.

* Selon les tests de Santé Canada effectués en 2006.

Pour obtenir de l'information et savoir comment parler des dangers de la drogue à vos adolescents, consultez :

preventiondesdrogues.gc.ca 1 800 O-Canada

Santé Canada Health Canada

Canada

Du sac à lunch au sac de pot.
(Dans le temps de le dire)

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preventiondesdrogues.gc.ca 1 800 O-Canada

Santé Canada Health Canada

Canada

C'est un monde dangereux pour les jeunes adolescents. Treize ans ! Même des enfants d'à peine 13 ans font l'essai de drogues.

Dans notre société, les enfants se font offrir avec insistance des drogues toxicomanogènes bon marché. Ces substances portent des surnoms rigolos, comme Drogue de l'amour, Sniff, Crystal, Shrooms et Woolah*, pour camoufler les dommages qu'elles peuvent causer. Des dommages allant des mauvais résultats scolaires à des pertes de mémoire, à la paranoïa et à l'accoutumance.

Vos enfants apprennent un nouveau vocabulaire : celui des drogues.

Que peuvent faire les parents ?

Plein de choses ! Croyez-le ou non, 4 jeunes adolescents sur 5 font confiance à leurs parents pour obtenir de l'information sur les drogues. Alors, apprenez ce nouveau vocabulaire, avant que vos enfants ne le fassent.

Pour obtenir des conseils sur la façon de parler des dangers de la drogue à vos adolescents, consultez :

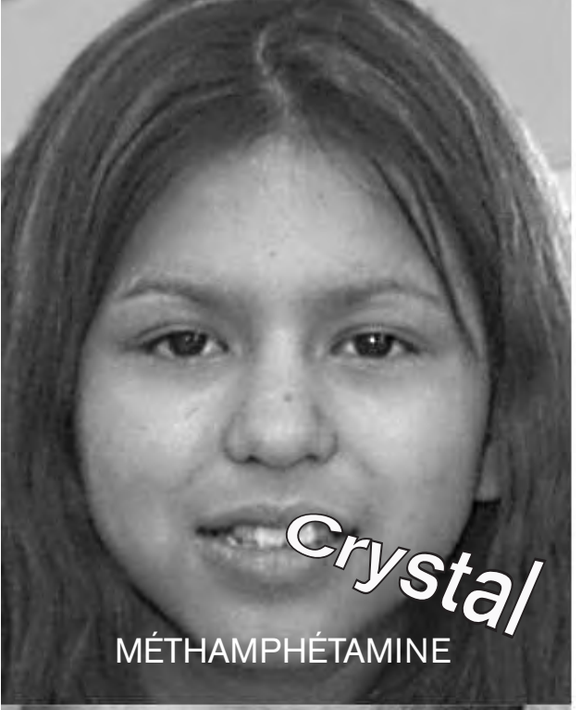
preventiondesdrogues.gc.ca

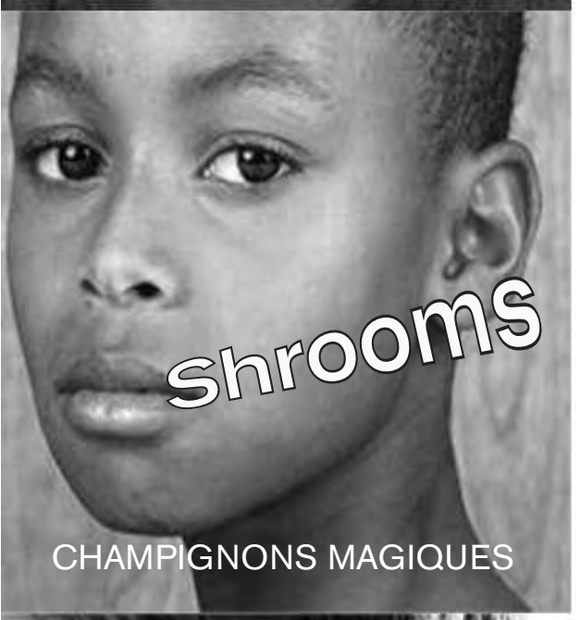
1 800 O-Canada

* Drogue de l'amour signifie ecstasy, Sniff signifie cocaïne, Crystal signifie méthamphétamine, Shrooms signifie champignons magiques, et Woolah signifie marijuana et crack.

Santé Canada Health Canada

Canada





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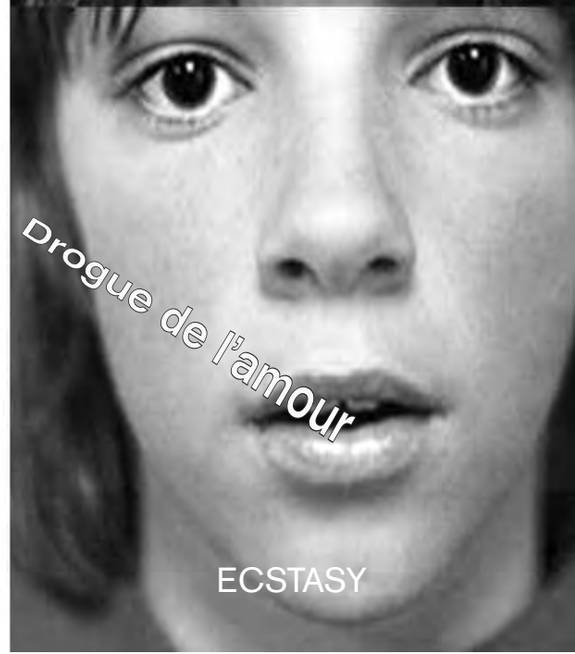

Le monde de la drogue vise votre ado de 13 ans.

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How to talk to your teen about Drugs.
How to talk to your teen about Drugs.
Health Canada
Santé Canada
Canada

Learning the language.

Table of contents

Be real about drugs

Illegal drug use is a problem that has been around for a long time. It is also a problem that has changed over the past few decades. Some drugs are more commonly used today than they were in the past.

It is difficult to stay current on the changing nature of illegal drugs. This is a challenge for parents who want to influence their teen's decisions and behaviour about using illegal drugs.

The fact is that the risks of using illegal drugs are far-reaching. They can have serious consequences on the health and the future of young people.

What this booklet does

This booklet will provide you with basic information about illegal drugs and about youth. It will help you to talk with your teen. and take action to prevent or address the use of illegal drugs.

This booklet is organized according to three key actions parents can take.

1) Be aware and knowledgeable
2) Communicate with your teen
3) Watch for signs

More information and resources for you are available on Health Canada's website at WEB ADDRESS TO BE DECIDED

Parents make a big difference

Teenagers often struggle with their sense of self and their place in the world. They are faced with social pressures and influences that are powerful and complex.

Parents sometimes feel that they do not fully understand these pressures and influences. They may feel that they are not sufficiently informed about the dangers and consequences of drug use. They may also worry that they are losing contact with their teenager's priorities, choices and behaviour. As a result, many parents find it difficult to talk with their teenager about illegal drugs. For all of these reasons, parents may think that they have less and less influence as their teenager grows up.

Parents sometimes don't realize that they have a lot of influence on their teenager's behaviour. They are often surprised to learn that a very high number of teenagers (87%) think that their parents are credible sources of information about illegal drugs .

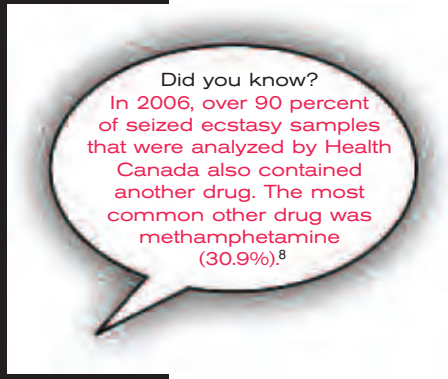
Parents can make a big difference. Those who are aware and knowledgeable about illegal drugs can more easily discuss the topic of drugs with their teenagers. They will be better able to take action to prevent use and guide their teen if they become exposed to illegal drugs.

1 - BE AWARE AND KNOWLEDGEABLE

Changes in drug use by teenagers

While the use of illegal drugs by youth has declined since the late 1990s, the use of illegal drugs by youth in recent years remains higher than the early 1990s.[1]

The percentage of youth, age 15 to 24, who reported using at least one illegal drug, (cannabis, cocaine, crack, LSD or hallucinogens, speed and heroin), in the past year was significantly higher in 2004 at 38% compared to 23% in 1994.[2]



The rate of illicit drug use by youth continues to exceed that of adults by a large degree.3 In 2004, the rate of past year use of cannabis by youth was almost four times higher than adults, 37% versus 10%, respectively. The rate of past year use of other illicit drugs (cocaine, speed, ecstasy, hallucinogen, heroin) was almost 8 times higher, exceeding 11% by youth versus less than 2% by adults.[4]

Other drugs, such as crystal meth and ecstasy. may be made in "backroom" or "home" labs often using ingredients which are poisonous.

Analyses of drug samples tested for court purposes revealed that the purity of ecstasy contained in these samples has been decreasing since the late 1990's.[9]

Overview of different types of drugs

There are three main categories of illegal drugs. Each category is described below. More details on each drug can be found in Section 4 of this publication. Some drugs belong to more than one category.

Hallucinogens cause the user to see something that does not exist. Examples of hallucinogens include:

- cannabis (marijuana, hash and hash oil); and,
- psilocybin ("magic mushrooms").

Stimulants are drugs that speed up the body's central nervous system. Examples of stimulants include:

- cocaine (including "crack");
- ecstasy, which is also a hallucinogen; and,
- methamphetamine (including "crystal meth").

Depressants are drugs that slow down the body's central nervous system. Examples of depressants include:

- heroin;
- GHB (gamma hydroxybutyrate); and,
- ketamine, which is also a hallucinogen.

It is important for you to know what these drugs are, how they are taken and what they do. This will help you to talk with your teenager about illegal drugs. It is also important for you to recognize the signs that your teenager may be using drugs. See Section 4 of this publication and visit www.hc-sc.gc.ca WEB SITE TBD for more information.

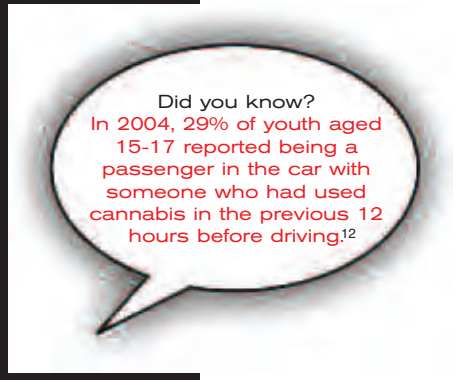
Health risks of illegal drug use

There are many health risks from using illegal drugs and these can differ a lot from one drug to another. You will find an overview of the health risks below. More detailed information for each drug can be found in Section 4 of this publication.

Drugs can damage a person's mind and body. Consequences of drug use can be more severe for adolescents than for adults due to the continuing development of young people's brains.

Stimulant drugs can increase a person's heart rate and blood pressure, leading to strokes and death. They can cause convulsions or cause a person to have trouble breathing. They can cause an irregular heartbeat and extreme anorexia.

Users can never be sure about what chemicals are in a drug or how potent it is. Tablets are sold in a variety of shapes, colours and sizes. They may be stamped with a logo but this does not guarantee the contents of the tablets. In 2006, 91.8% of seized ecstasy samples that were analysed by Health Canada also contained another drug.
The most common other drug was methamphetamine (30.9%).[11]



Illegal drug labs don't have quality control processes or equipment to control doses. As a result, users can overdose or be poisoned.

Users can also spread diseases such as hepatitis C and HIV/AIDS by sharing needles and other drug items.

Drugs can lower inhibitions and affect a person's judgment. This means users might do dangerous or embarrassing things they would not usually do. They might engage in unsafe sex that may lead to an unwanted pregnancy or a sexually transmitted infection. They might drive an automobile or be a passenger with a driver who's under the influence, or they might even take other drugs that they normally wouldn't try.

Marijuana

Marijuana smoke is harmful for the lungs and throat. It contains many chemicals that can cause cancer.

Regular and long-term use of marijuana affects motivation. It also makes it difficult to concentrate. A person may have a hard time learning new things and remembering what they already know. School performance can be affected.

Addiction

Some illegal drugs can be addictive. Addiction is a complex disorder that is influenced by a number of factors. It is characterized by craving, compulsive drug-seeking behaviour and continuous use despite the harm that the drug is causing. Addiction can take over a person's life. A drug addiction could put a stop to your teenager's promising future.

Legal risks of using illegal drugs

All drugs covered in this publication and all other drugs that are controlled under the *Controlled Drugs and Substances Act*, are illegal. It is a crime to possess, grow, manufacture, sell or give them to someone. It is also a criminal offence to import, export, grow, manufacture, traffic or possess them for the purpose of trafficking.

Such offences could result in a criminal conviction. Punishment can be a fine, imprisonment, or both. A conviction also means that the person has a criminal record, which may:

- restrict a person's freedom to travel to other countries;
- prevent a person from entering certain professions; and
- affect a person's credibility when trying to find a job.

Young people who commit offences under the *Controlled Drugs and Substances Act* can be arrested and charged, and could get a criminal record, subject to the *Youth Criminal Justice Act*.

In 2006, 6382 young persons between the age of 12 and 17 were charged with a drug offence. Among them:

- 4737 (74%) were charged with a cannabis offence;
- 794 (12%) with a cocaine offence; and
- 851 (14%) with other offences .

15

Marijuana is illegal.

There has been a lot of media coverage about marijuana and the law. There may be confusion about whether or not marijuana is illegal or a criminal offence. It is important that parents and their children understand the facts about marijuana and the law.

Marijuana is a controlled substance under the Controlled Drugs and Substances Act. It is a crime to possess, sell, grow or give it to someone. It is also a criminal offence to import, export, grow, traffic or possess marijuana for the purpose of trafficking.

Marijuana is illegal. It is a crime to possess, sell, grow or give it to someone. Fines, imprisonment and a criminal record that can restrict travel or employment can be the result

There is only one exception. It is very clear and only applies to certain people with severe medical problems. Under very specific circumstances, and with the support of a doctor, these authorized persons can legally possess and produce dried marijuana for medical purposes. This exception from the law is provided under the Marihuana Medical Access Regulations (MMAR). Visit this web page for more information on medical use of marihuana < http://www.hc-sc.gc.ca/dhp-mps/marihuana/index_e.html >.

2 - COMMUNICATE WITH YOUR TEENAGER

Communication is key to a healthy relationship. This is especially true as you help your teenager develop sound decision making skills.

People begin making decisions almost from the time they are born. A young child chooses certain toys and prefers certain foods. As the child grows, those choices become more diverse, and have a greater impact on their future. Out of concern for the health and safety of their child, parents provide guidance to ensure that the choices the child makes are the best ones.

As a parent, it is important to help develop your teenager's skills in making the right choices and the good decisions. These decisions can be about school, friends or social activities. As the child becomes more self confident in making these decisions, they will also feel more secure about decisions related to the use of drugs.

Talking with your teenager about drugs is part of guiding them through the many decisions that can affect their life in the long term. Here are some tips to help you talk with your child:

Parents who talk to their children and monitor their activities reduce the likelihood of their children using drugs.[16]

- Listen to your teenagers concerns and take their questions seriously.
- Develop the habit of talking regularly with your child on a variety of subjects. This will greatly facilitate the discussion on the issue of drug use when the time comes.
- Start early and get ahead of the questions. Start talking about drugs as soon as your child learns about their existence though friends, the media and the people around them.
- Your child should learn about the dangers of drugs from parents first. Getting an initial perspective on drug use from the parent is the starting point for forming their own opinion in the future.
- Be clear on where you stand. Successful communication with your teenager requires clear ideas. Your teenager needs to understand that you have a definite position on drugs and that his or her behaviour will be measured against that position.

Build self-esteem

Drugs use among teenagers may be influenced by peer pressure. For most young people, acceptance and integration are a priority. Not every teen has the skills to resist peer pressure.

Young people who are confident about themselves are more likely to be able to refuse or resist social pressures to use drugs . As a parent you can help build that confidence. You can give your teenager responsibilities that they can accomplish successfully. You can encourage your teen and praise his or her accomplishments.

Be a good example

As a key influencer, you are also a key example. Your behaviour should be in line with the positions that you established for your teenager.

3 - WATCH FOR SIGNS ...
and be prepared to take action

Teenage years are often characterized by the fast pace of change. It is a time when choices are made and interests are developed. It is when personal style is defined and the body matures into adulthood. This typically translates into frequent changes in habits, social circles and activities. All these changes, including the possible use of drugs, offer signs that can be monitored by parents.

It is vitally important that you be aware of the signs that accompany drug use. This requires some degree of knowledge. You should watch for changes in behaviour, performance in school, and social activities.

Although some of these changes could simply be a normal part of being a teenager, you should consider the following as possible signs that your teenager could be using drugs.

1. Changes in social circle
Drug use can bring about a dramatic effect on social habits. Your teenager may start neglecting old friends in favour of people he or she doesn't bring home or talk about. He or she may receive phone calls that trigger sudden changes in behaviour or plans. There may be callers that hang up when you answer, and callers who refuse to leave messages.

2. Changes in personal priorities
You should find out why your teenager turns away from family life. You should also watch for radical changes in your teenager's interests. A teenager involved in sports or arts will not suddenly abandon these interests for no reason.

3. Changes in academic performance
Lower interest in school is a clear sign there is an issue to be addressed. That issue may or may not be related to drugs. Either way, it should be investigated. Signs to monitor include lower grades, attendance problems, and teacher reports about the motivation and behaviour of the teenager.

4. Changes in behaviour
While, privacy is important to teenagers, take note if your teenager becomes highly secretive or if their need for privacy becomes extreme. Changes in personality traits should be followed closely, such as unusual outbursts, sudden mood swings and unprovoked hostility. As well, signs of depression and withdrawal are usually not without basis.

5. Changes in health
You should watch for any sudden changes in sleeping and eating patterns. Weight loss is also a danger sign. These issues warrant attention even if they are not drug related. Some drugs will cause insomnia, leaving the person tired at odd times, and reduce appetite. Different substances can have different effects on the body. See the Short-term Effects information in Section 4 for some of the health effects associated with use of specific drugs.

6. Physical clues
There are certain objects and equipment that are associated with drug use. Examples are pipes for smoking, small spoons and other common objects such as baby soothers and surgical masks. While they are not illegal, they can be a sign of a drug use. They are often found in shops that sell counterculture art, music, clothing and other items. They are also available on the Internet and by mail-order.

Paraphernalia

Equipment that can be associated with drug use includes:

- pipes for smoking including bongs or large water pipes, and pipes made from common objects such as cans or bottles;
- roach clips (small clip used to hold a marijuana cigarette or “joint”);
- rolling papers for making marijuana cigarettes;
- razor blades, straws, small tubes and/or rolled paper (such as paper money) used when snorting powder;
- syringes, needles and spoons;
- bandanas or belts that are used to constrict the veins prior to injection;
- bottles of eye drops that mask bloodshot eyes or dilated pupils;
- pacifiers and lollipops (used because of teeth grinding and involuntary jaw clenching);
- candy necklaces or bags of small candies used to hide pills; and
- glow sticks, mentholated rub and surgical masks (used to overstimulate the user’s senses).

If you suspect a problem, take action

Take immediate action if you suspect your teenager is using drugs. Talk directly with your teen about it. If you feel that you need help, there are plenty of resources available. You can talk with your family doctor, or your teen’s school counsellor. You can also call help lines and community programmes and organizations listed below. Visit WEBSITE TBD for more information, including links to services available to you in your area.

There is no easy answer or single solution if you find that your teenager has used an illegal drug. Remember, as a parent, you have an influence on your teen’s behaviour. Despite what they say or do, your children look to you for support, encouragement and guidance.

(list of the resources)

4 - ILLEGAL DRUGS

The effects of drugs are wide-ranging and often unpredictable. Some users can feel euphoric or relaxed while other users may feel anxious or fearful. The way a person feels after taking a drug depends on many factors including age, weight, dose, how the drug is used, mood, expectations and environment. This section describes specific illegal drugs and includes information on specific effects and health risks. More detailed information on these and other drugs is available at WEBSITE TBD.

Cannabis (marijuana, hash and hash oil)

Description: Cannabis sativa is the plant from which marijuana, hashish, and hash oil come from. The main mind altering ingredient of cannabis is called THC. Marijuana is the dried leaves and flower buds of the plant. Hashish has more THC than marijuana and is sold as brown or black chunks made from the dried, compressed resin from the flower tops. Hash oil is a red-brown or green sticky substance that is made by boiling the flower tops in an organic solvent. Cannabis is used by smoking it or including it in foods.

Also known as:
acapulco gold, ace, bhang, california sinsemilla, colombian, dope (cannabis), doobie, ganja, grass, hemp, herb, indian hemp, jamaican, jive (sticks), joint, marihuana, marijuana, mary jane, mauie wowie, mexican, panama gold, panama red, pot, ragweed, reefer, sativa, sinse, thai sticks, weed hashish, hash, hash oil, honey oil, weed oil

Short-term effects:
Short-term use of cannabis can produce many effects. These may include:

- red eyes
- spontaneous laughter
- drowsiness
- increased hunger (often called “munchies”)
- mild paranoia, anxiety or panic
- impaired reaction time, coordination and motor skills
- impaired short-term memory
- increased heart rate and decrease in blood pressure (may lead to fainting)
- dry mouth and throat
- irritation of the respiratory tract (with smoking)

Health risks

- Marijuana smoke is harmful to for the lungs and throat. It contains many chemicals that can cause cancer.
- Cannabis can lowers inhibitions. A person doesn’t have good judgment when they are high. This means they might do dangerous or embarrassing things they would not usually do.
- They might engage in unsafe sex that can lead to an unwanted pregnancy or a sexually transmitted infection.
- They might drive an auto mobile under the influence, or they might even take other drugs that they normally wouldn’t try.
- Cannabis may be addictive. Psychological dependence to cannabis can develop with regular use and physical dependence may develop in individuals who use high doses daily.

Cocaine and crack cocaine

Description: Cocaine comes from the leaves of the South American coca bush. It is processed to form a white powder that is snorted or dissolved in water and injected. Powder cocaine is used to create forms of cocaine that can be smoked. These forms are known as “freebase” and “crack” and look like small crystals or rocks.

Also known as: C, coke, crack, flake, freebase, nose candy, rock, snow, stardust

Short-term effects:
Short-term use of cocaine can produce many effects. These may include:

- anxiety
- paranoid thinking
- postponement of physical and mental fatigue
- reduced appetite
- increased blood pressure and heart rate
- exaggerated reflexes
- rapid breathing
- dilation of pupils
- dry mouth
- severely chapped and bleeding lips (crack)

Health risks

- Smoking cocaine can cause chest pain and breathing difficulties (“crack lung”).
- Other medical complications include high blood pressure and irregular heart beat.
- Heavy users have trouble sleeping and may experience impotence (sexual dysfunction).
- The fact that the strength of the drug varies widely can lead to overdose and death.
- Cocaine is very addictive.

Ecstasy

Description: Ecstasy is a chemical street drug that is only made in illegal labs. It is usually sold as a tablet, capsule or powder. The tablets vary in shape, size, colour, and in the amount of ecstasy they contain. Tablets may not have any ecstasy in them at all.

(MAGIC MUSHROOMS)

They may contain cornstarch, soaps and detergents, or contain other drugs, such as caffeine, ephedrine, methamphetamine, LSD, PCP and ketamine.

Also known as: adam, AKA, E, euphoria, hug drug, M, M&M, MDM, 3,4-methylenedioxymethamphetamine, MDMA, rave, X, XTC, the love drug, the party pill, hug, beans, clarity lover's, speed (ecstasy)

Short-term effects:
Short-term use of ecstasy can produce many effects. These may include:

- decreased appetite
- increased blood pressure and heart rate
- sweating, thirst and dehydration
- teeth grinding and jaw pain
- nausea and vomiting

Health risks

- Ecstasy increases body temperature, blood pressure and heart rate. This can lead to kidney or heart failure, strokes and seizures.
- Dehydration can cause users to drink too much water. This can result in dangerously low salt levels in the blood, even causing death.
- When combined with other drugs, such as those used to treat depression or HIV, ecstasy can cause a toxic reaction.
- People who use ecstasy often lose weight and develop chronic exhaustion, fatigue, and muscle aches. They often have trouble sleeping and may be depressed. People with diabetes, epilepsy, heart and liver problems, or mental disorders are most at risk.
- Ecstasy can be addictive but dependence is rare.

Heroin

Description: Heroin is made from morphine, a naturally occurring substance that comes from the opium poppy plant. Pure heroin is a fine, white, bitter-tasting crystalline powder. Heroin sold on the street varies in colour and consistency depending on the way it is made and what other

substances are added to it. It can range in purity from 2 to 98 percent. It can look like a white powder, a brown grainy substance or a dark brown sticky gum. Heroin may be injected, smoked or snorted.

Also known as: diacetylmorphine, diamorphine, black tar, dope (heroin), dust, H, horse, junk, smack, scag

Short-term effects:
Short-term use of heroin can produce many effects. These may include:

- lack of emotion (apathy)
- nausea and vomiting
- reduced appetite
- decreased response to pain
- pinpoint pupils and impaired night vision
- constipation
- itching or burning sensation of the skin
- headaches

Health risks

- Heroin affects the breathing centre in the brain. It can cause a person's brain to stop telling his/her lungs to breathe.
- The risk of overdose with heroin is high and unpredictable because users do not know the actual strength or the amount of drug that they are using. A person who overdoses may fall unconscious very quickly after injecting the drug.
- An overdose is more likely if heroin is taken along with other depressants such as alcohol, benzodiazepines, or other opioids such as methadone.
- Other health problems common to heroin users include abscesses, collapsed veins, infections, and infectious diseases such as HIV/AIDS and hepatitis B and C.

Methamphetamine (crystal meth)

Description: Methamphetamine is an illegal synthetic (man-made) drug. It is not made from a plant or an herb. Methamphetamine varies in texture and purity depend ing on how it is made. It may be sold as a fine to coarse powder, crystals, or white chunks with grey or pink bits. It may be taken by mouth, smoked, snorted, or injected.

"Speed" is the injectable form of methamphetamine. Crystal methamphetamine (crystal meth) is the smokeable form of methamphetamine.

Also known as: 222, chalk, crank, crystal, crystal meth, glass, hawaiian salt, high speed chicken feed, ice, koolaid, kryptonite, peanut butter, rock candy, sketch, soiks, speed (meth), spooch, stove top, tina, tweak, zip
Category: Central Nervous System Stimulant

Short-term effects:
Short-term use of methamphetamine can produce many effects. These may include:

- dizziness
- sleep difficulties
- reduced appetite
- headache
- dry mouth
- teeth grinding
- sweating
- dilation of pupils
- stomach ache
- muscle tremors (shakiness)
- increased heart rate and irregular heart beat
- increased breathing rate

Health risks

- "Tweaking" is a stage which occurs as the effects of a high-dose methamphetamine binge begins to wear off. It is characterized by a dangerous combination of anxiety, irritability, aggression, paranoia and hallucinations. These individuals are at high risk for injury or violence. Indeed, deaths related to methamphetamine use often result from bizarre violent suicidal or accidental behaviour.
- An overdose of methamphetamine can lead to death resulting from rupture of the blood vessels in the brain, heart failure, hyperthermia (extreme fever), seizures and coma.
- People with diabetes, epilepsy, heart and liver problems, or mental disorders are most susceptible to the dangerous effects of methamphetamine.
- Methamphetamine is very addictive.

Psilocybin (magic mushrooms)

Description: Psilocybin is a hallucinogen that occurs naturally in certain species of mushrooms. Hallucinogens alter a person's perceptions such as seeing, hearing or feeling things that are not really there. It may be sold on the street as dried whole mushrooms or as a brown powdered material. The active component is sometimes made in illegal labs and sold on the street as a white powder or tablets, or capsules. The mushrooms are often eaten raw or cooked. They may be steeped in hot water to make a mushroom "tea" or mixed with fruit juice to make "fungus delight". Less often they may be sniffed, snorted, or injected.

Also known as: magic mushrooms, mushrooms, shrooms, mushies, fungus, fungus delight

Short-term effects:
Short-term use of psilocybin can produce many effects. These may include:

- light-headedness
- dilated pupils (causes blurred vision)
- nausea and vomiting
- dry mouth
- numbness, particularly facial numbness (paresthesia)
- exaggerated reflexes
- sweating and increased body temperature followed by chills and shivering
- muscle weakness and twitching
- increased blood pressure and heart rate

Health risks

- It is very difficult to distinguish between hallucinogenic mushrooms and poisonous mushrooms. For this reason people may mistakenly ingest poisonous mushrooms when attempting to use hallucinogenic mushrooms.
- The effects of long-term psilocybin use have not been studied. Some people have developed severe mental illness such as prolonged psychosis that resembles paranoid schizophrenia. Psychosis is a loss of touch with reality.
- There is no evidence that addiction, physical or psychological dependence develops with continued use of psilocybin.

Notes

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Des conseils pour parler de drogues avec votre adolescent.
Des conseils pour parler de drogues avec votre adolescent.
Santé Canada
Health Canada
Canada

Apprenez le vocabulaire.

Table des matières

Les drogues : parlons-en sérieusement

Le saviez-vous?
En 2006, 25 % des jeunes de 15 à 24 ans affirmaient avoir consommé de la marijuana au cours de la dernière année[1].

L'usage de drogues illicites est un problème qui n'est pas nouveau, mais dont le visage a changé au cours des dernières décennies. En effet, quelques drogues sont plus courantes aujourd'hui qu'auparavant.

De fait, les risques liés à l'usage de drogues illicites ont une portée considérable. Les conséquences peuvent être graves pour la santé et l'avenir des jeunes.

Vu la nature changeante des drogues illicites, il n'est pas facile suivre leur évolution. Voilà un défi auquel font face les parents qui souhaitent influencer les décisions et le comportement de leur adolescent en matière de consommation de drogues illicites.

Que contient ce livret?

Ce livret contient de l'information de base sur les jeunes et les drogues illicites, qui vous aidera, en tant que parent, à discuter avec votre adolescent et à prendre des mesures pour prévenir l'usage de drogues illicites ou pour y faire face.

Le contenu du livret est structuré autour de trois mesures importantes qui sont à portée de main des parents, soit :

1) **se conscientiser et s'informer;**
2) **communiquer avec son adolescent;**
3) **être à l'affût des indices.**

Le site Web de Santé Canada renferme davantage d'information et de ressources à votre intention. On peut le consulter à l'adresse **preventiondesdrogues.gc.ca**.

Les parents pèsent beaucoup dans la balance…

Il n'est pas rare que les adolescents éprouvent des problèmes d'estime personnelle et qu'ils doutent de la place qui leur revient dans la société. Ils subissent des pressions sociales et des influences puissantes et complexes.

Les parents ont parfois l'impression de ne pas tout à fait bien comprendre ces pressions et ces influences. Ils se sentent mal informés à propos des dangers et des conséquences liés à l'usage de drogues, et ils craignent de s'éloigner des priorités de leur adolescent, de ses choix et de son comportement. Aussi plusieurs parents trouvent-ils difficile d'aborder le sujet des drogues illicites avec leur adolescent. Pour tous ces motifs, les parents risquent d'avoir l'impression d'exercer de moins en moins d'ascendant sur leur enfant à mesure que celui-ci grandit.

Certains parents ne se rendent pas compte de l'influence pourtant considérable qu'ils ont sur le comportement de leur adolescent. Règle générale, ils sont même surpris d'apprendre que 87 % des adolescents considèrent leurs parents comme des sources d'information crédibles au sujet des drogues illicites[3].

Le saviez-vous?
Les adolescents qui se sentent attachés à leur famille sont plus susceptibles d'éviter les dangers liés aux drogues[2].

À vrai dire, les parents sont en mesure de faire une grande différence. Ceux qui sont bien informés et conscientisés à propos des drogues illicites sont mieux à même d'aborder facilement ce sujet avec leur enfant. Ainsi il seront mieux outillés pour prévenir l'usage de drogues et guider leur adolescent si ce dernier se trouvait en présence de drogues illicites.

1 - SOYEZ CONSCIENTISÉS ET BIEN INFORMÉ

L'évolution de l'usage des drogues chez les adolescents

L'usage de drogues illégales chez les jeunes a connu une décroissance depuis la fin des années 90, mais il n'en demeure pas moins que la consommation chez les jeunes ces dernières années reste plus marquée qu'au début des années 90[4].

Par ailleurs, le nombre de jeunes de 15 à 24 ans qui affirment avoir fait usage d'au moins une drogue illicite au cours de la dernière année (cannabis, cocaïne, crack, LSD ou hallucinogènes, speed et héroïne) était considérablement plus élevé en 2004 (38 %) qu'en 1994 (23 %)[5].

Le saviez-vous?
En 2006, plus de 90 % des échantillons provenant de saisies d'ecstasy analysés par Santé Canada contenaient aussi une autre drogue, la plus commune étant la méthamphétamine (30,9 %)[8].

La proportion de consommateurs de drogues illicites est beaucoup plus élevée chez les jeunes que chez les adultes[6]. En 2004, la proportion de jeunes qui avaient consommé du cannabis au cours de l'année précédente était presque quatre fois plus élevée que chez les adultes. De même, la consommation d'autres drogues illicites (cocaïne, speed, ecstasy, hallucinogènes, héroïne) au cours de la même période était presque huit fois plus élevée.

Certaines drogues, comme la méthamphétamine cristallisée (crystal meth) ou l'ecstasy, peuvent être fabriquées dans des laboratoires clandestins ou des installations de fortune où il n'est pas rare de recourir à des ingrédients toxiques.

À cet égard, l'analyse d'échantillons à des fins judiciaires a révélé une baisse du degré de pureté de l'ecstasy depuis la fin des années 90[7].

Un aperçu des divers types de drogues

On distingue trois grandes catégories de drogues illicites. Certaines substances se retrouvent dans plus d'une catégorie.

Les *hallucinogènes* provoquent chez celui ou celle qui en consomme une perception de phénomènes ou d'objets qui n'existent pas. Parmi les hallucinogènes, on trouve notamment :

- le cannabis (marijuana, hachisch et huile de cannabis);
- la psilocybine (ou « champignons magiques »).

Les *stimulants* sont des substances qui excitent le système nerveux central de l'organisme. Parmi les stimulants, on trouve notamment :

- la cocaïne (y compris le « crack »);
- l'ecstasy (qui est aussi un hallucinogène);
- la méthamphétamine (y compris la méthamphétamine cristallisée, ou crystal meth).

Les *neurodépresseurs* regroupent des substances qui entraînent le ralentissement du système nerveux central de l'organisme. Parmi les neurodépresseurs, on trouve notamment :

- l'héroïne;
- le GHB (4-hydroxybutanoate);
- la kétamine (qui est aussi un hallucinogène).

Si vous connaissez la nature de ces drogues et savez comment on les consomme et quels sont leurs effets, vous serez mieux à même d'aborder le sujet des drogues illicites avec votre adolescent. Il est bon aussi d'apprendre à reconnaître les manifestations qui peuvent trahir la consommation de drogues chez votre enfant. Pour en savoir davantage, veuillez lire la section 4 du présent document et visiter le site **preventiondesdrogues.gc.ca**.

Les risques pour la santé liés à l'usage de drogues illicites

L'usage de drogues illicites comportent de nombreux risques pour la santé, varier grandement d'une substance à l'autre.

Les drogues sont potentiellement dommageables, tant physiquement que psychologiquement. Les conséquences de l'usage de drogues peuvent être plus graves chez les adolescents que chez les adultes parce que le cerveau des jeunes se développe toujours[9].

Puisque les stimulants ont la capacité d'accroître le rythme cardiaque et la pression artérielle, ils peuvent provoquer un accident vasculaire cérébral (AVC) ou causer la mort. Ils sont susceptibles de déclencher des convulsions ou des difficultés respiratoires, ou encore d'entraîner une arythmie cardiaque ou une anorexie extrême.

De plus, ceux ou celles qui consomment ces drogues n'ont jamais la certitude des éléments chimiques qui les composent, ni de leur virulence. Les comprimés disponibles sur le marché prennent des formes, des couleurs et des tailles diverses. Ils peuvent arborer un logotype, mais celui-ci ne garantit en rien leur contenu. Voici quelques informations déjà mentionnées : en 2006, 91,8 % des échantillons provenant de saisies d'ecstasy analysés par Santé Canada contenaient aussi une autre substance, le plus souvent de la méthamphétamine (30,9 %)[10] .

Le saviez-vous?
En 2004, 29 % des jeunes de 15 à 17 ans affirmaient s'être déjà trouvés dans une voiture aux côtés d'un conducteur ayant consommé du cannabis au cours des deux heures précédentes[11].

Les laboratoires clandestins où l'on fabrique des drogues illicites sont dépourvus de mesures de contrôle de la qualité et d'équipement approprié pour doser les produits. Par conséquent, ceux ou celles qui en consomment s'exposent à des risques de surdose ou d'intoxication.

De plus, en échangeant des aiguilles ou d'autres articles liés à la consommation de drogues, les consommateurs peuvent contribuer à la propagation de maladies comme l'hépatite C ou le VIH et le sida.

Le jugement et l'inhibition peuvent être altérés par les drogues. Celui ou celle qui en consomme pourrait donc devenir inhabituellement gênant ou dangereux. Dans ces conditions, ces personnes sont à risque d'avoir des relations sexuelles non protégées pouvant provoquer une grossesse non désirée ou propager des infections sexuellement transmissibles. Elles pourraient aussi se retrouver derrière le volant d'une voiture ou se trouver aux côtés d'un conducteur aux facultés affaiblies. Elles pourraient même essayer de nouvelles drogues, ce qu'elles n'auraient pas fait en temps normal.

Le saviez-vous?
Le cannabis illicite risque d'être contaminé par des pesticides ou des champignons toxiques puisqu'il n'est soumis à aucune norme de santé ou d'innocuité[12].

Marijuana

La fumée de marijuana est nocive pour les poumons et la gorge. Elle contient plus de 400 substances chimiques, bon nombre sont cancérigènes.

La consommation régulière et prolongée de marijuana nuit à la motivation et cause des troubles de la concentration, si bien que la mémoire et l'apprentissage de nouvelles connaissances sont susceptibles d'en souffrir. Le rendement scolaire risque donc d'y faire écho.

Toxicomanie

Certaines drogues illicites peuvent entraîner une dépendance. La toxicomanie est un dérèglement complexe que sous-tendent de nombreux facteurs. Elle se caractérise par un état de besoin et une accoutumance à la drogue, de même que par une consommation soutenue malgré les maux causés par la substance. La toxicomanie peut ruiner la vie entière d'une personne. La dépendance à une drogue pourrait ruiner le bel avenir auquel votre enfant était promis.

Le saviez-vous?
En 2006, plus de 4 700 jeunes de 12 à 17 ans ont été accusés au Canada d'infractions liées au cannabis[13].

Les risques juridiques liés à l'usage de drogues illicites

Toutes les drogues dont traite le présent document sont illicites, comme le sont aussi toutes les autres qui sont soumises à la *Loi réglementant certaines drogues et autres substances*. Il est donc criminel de posséder, de cultiver, de fabriquer, de vendre ou de donner ces substances à quiconque. L'importation, l'exportation, la culture, la fabrication, le trafic ou la possession de stupéfiants dans le but d'en faire le trafic constituent des actes criminels.

De tels délits sont passibles de condamnations devant un tribunal, la sentence allant d'une amende à une peine d'emprisonnement, voire les deux. Et qui dit condamnation dit aussi casier judiciaire, lequel pourrait :
- restreindre les déplacements de l'individu à l'étranger;
- empêcher un individu d'accéder à certaines professions;
- entacher la crédibilité d'un individu en quête d'un emploi.

Les jeunes qui commettent des délits aux termes de la *Loi réglementant certaines drogues et autres substances* risquent d'être arrêtés et accusés. Ils pourraient faire l'objet d'un casier judiciaire en vertu de la *Loi sur le système de justice pénale pour les adolescents*.

En 2006, 6 382 jeunes de 12 à 17 ans ont été accusés d'infractions liées aux drogues. Parmi ceux-ci :
- 4 737 (74 %) ont été accusés d'infractions liées au cannabis;
- 794 (12 %) ont été accusés d'infractions liées à la cocaïne;
- 851 (14 %) ont été accusés d'autres infractions[14].

La marijuana est illégale

La marijuana est une substance illicite. Il est criminel d'en posséder, d'en vendre, d'en cultiver ou d'en donner à quiconque, sous peine d'amende ou d'emprisonnement et au risque de faire l'objet d'un casier judiciaire (lequel peut limiter la possibilité de voyager ou les choix professionnels).

Les médias ont largement abordé le statut juridique de la marijuana, si bien qu'il peut y avoir confusion quant à son caractère légal ou illicite. Il importe que les parents et leurs enfants comprennent bien de quoi il en retourne, en regard de la loi, lorsqu'il est question de marijuana.

La marijuana est une substance regie par la *Loi réglementant certaines drogues et autres substances*. Il est donc criminel d'en posséder, d'en vendre, d'en cultiver ou d'en donner à quiconque. L'importation, l'exportation, la culture, la fabrication, le trafic ou la possession de marijuana dans le but d'en faire le trafic constituent des actes criminels.

À cet égard, il n'existe qu'une seule exception. Cette dernière est très claire et ne concerne que certaines personnes souffrant de problèmes de santé graves. Ces sujets sont autorisés, dans des circonstances très particulières et avec le concours d'un médecin, à fabriquer et à posséder en toute légalité de la marijuana séchée à des fins médicales. Cette dérogation à la loi est définie dans le *Règlement sur l'accès à la marihuana à des fins médicales (RAMM)*.

2 - COMMUNIQUEZ AVEC VOTRE ADOLESCENT

Toute relation saine repose sur la communication, ce qui est particulièrement vrai lorsqu'il s'agit d'aider votre adolescent à acquérir les compétences qui lui permettront de prendre des décisions judicieuses.

Dès sa naissance ou presque, l'humain est appelé à prendre des décisions. De fait, le bambin a ses jouets de prédilection et préfère à d'autres certains aliments. À mesure qu'il grandit, ces choix se diversifient et ont un impact de plus en plus marqué sur son avenir. Guidés par leurs préoccupations quant à la santé et à la sécurité de leur enfant, les parents l'encadrent étroitement pour faire en sorte que ses choix soient les meilleurs.

En tant que parent, il s'agit donc de permettre à votre enfant d'acquérir les compétences qui lui permettront de faire des choix sensés et de prendre des décisions éclairées, lesquelles touchent par exemple l'école, le cercle d'amis ou encore les activités sociales. Dès que le processus décisionnel se

consolide chez l'enfant, celui-ci se sentira plus sûr de lui devant les choix concernant l'usage de drogues.

Les parents qui discutent avec leurs enfants et qui surveillent leurs activités réduisent la probabilité que ces derniers fassent usage de drogues[15].

Parler des drogues avec votre adolescent s'inscrit dans ce programme d'encadrement grâce auquel vous le préparez aux nombreuses décisions qu'il aura à prendre un jour ou l'autre et qui, à long terme, influenceront le cours de sa vie. Voici quelques astuces qui faciliteront les discussions que vous aurez avec votre enfant :

- Soyez à l'écoute de ses préoccupations et prenez ses questions au sérieux.
- Prenez ou conservez l'habitude d'échanger régulièrement avec votre enfant sur divers sujets. Les discussions sur l'usage de drogues n'en seront que plus faciles, le moment venu.
- Abordez le sujet avant même que les questions surviennent. Discutez de l'enjeu des drogues dès que votre enfant découvre leur existence (par les amis, les médias ou les gens de son entourage).
- Il est souhaitable que l'enfant tire ses premiers apprentissages des risques liés aux drogues de la part de ses parents. Le point de vue que ces derniers inculquent à leur enfant sur l'usage de drogues constitue la pierre d'assise sur laquelle il fondera plus tard sa propre opinion.
- Mettez cartes sur table quant à votre position. L'efficacité de la communication avec votre adolescent repose sur des idées claires. Dès lors, il ou elle doit savoir que votre position est tranchée sur la question des drogues et que son comportement sera mesuré à l'aune de vos principes.

Favorisez l'estime de soi

L'usage de drogues chez les adolescents peut être motivé par la pression des camarades. Pour la plupart des jeunes, le fait d'être accepté et de s'intégrer est prioritaire. Or, les adolescents n'ont pas tous la capacité de résister à la pression des pairs.

Les jeunes gens qui ont confiance en eux-mêmes seront mieux outillés pour parer ou contrer les pressions sociales qui les incitent à consommer des drogues. En tant que parent, vous êtes en mesure de favoriser cette confiance en soi. Vous pouvez confier à votre adolescent des responsabilités qu'il saura honorer. Encouragez-le et soulignez fièrement ses réalisations.

Prêchez par l'exemple

Vous avez donc sur votre adolescent un ascendant marqué, mais vous êtes aussi un exemple à suivre à ses yeux. Vous devriez donc, dans vos actions, être conséquent avec les principes que vous lui avez inculqués.

3 - SOYEZ À L'AFFÛT DES INDICES ... et prêts à agir

Le rythme rapide des transformations est bien souvent le lot de l'adolescence. Il s'agit d'une période où l'on fait des choix et au cours de laquelle se développent nos intérêts. C'est une étape où l'individu se forge un style et voit son corps devenir celui d'un adulte. Tout cela se traduit généralement par une évolution du comportement, de l'entourage et des activités. Et toutes ces transformations, y compris l'usage éventuel de drogues, laissent entrevoir des signaux que les parents peuvent capter.

Il s'avère capital que vous soyez à l'affût des indices qui vont de pair avec l'usage de drogues. Il vous faudra néanmoins quelques connaissances. Vous devrez être attentifs à tout changement lié au comportement, au rendement scolaire ou aux activités sociales.

Même si on pourrait considérer a priori ces changements comme normaux chez un adolescent, les éléments ci-dessous méritent que vous les considériez comme des indices que votre adolescent consomme peut-être des drogues.

1. Le cercle d'amis se transforme
L'usage de drogues peut avoir un impact considérable sur les comportements sociaux. Votre adolescent pourrait délaisser peu à peu ses anciens amis et se tourner vers des gens dont il ne parle jamais et qu'il n'invite pas à la maison. Il peut arriver qu'il reçoive des appels téléphoniques qui déclenchent chez lui un changement de comportement soudain, ou qui bousculent ses plans. Si vous répondez vous-même au téléphone, il est possible que les interlocuteurs vous raccrochent au nez, ou qu'ils refusent de laisser un message.

2. Les priorités personnelles changent
Si votre adolescent s'intéresse de moins en moins à la vie de famille, cherchez à savoir pourquoi. Faites de même s'il perd soudainement intérêt dans un sport ou un art qu'il aimait auparavant. Soyez à l'affût de toute transformation radicale de ses intérêts.

3. Le rendement scolaire diminue
Un déclin de l'intérêt pour l'école constitue un indice probant que des difficultés surviennent, que les drogues soient en cause ou non. D'une façon ou d'une autre, la question mérite qu'on s'y intéresse. Les indices à surveiller : des résultats scolaires déclinants, des absences répétées et des commentaires de la part des enseignants quant à la motivation et au comportement de votre adolescent.

4. Le comportement évolue
Bien que l'intimité soit un élément important chez les adolescents, soyez vigilant si votre adolescent devient très cachottier ou si son besoin d'intimité vous paraît exagéré. Mieux vaut porter une attention particulière lorsque l'on constate que les traits de personnalité se modifient, ce qui peut se traduire par des accès de colère inhabituels, des sautes d'humeur soudaines ou des manifestations d'hostilité gratuite. En outre, les symptômes de la dépression et du repli sur soi ne sont généralement pas sans fondement.

5. La santé se dégrade
Soyez à l'affût de changements soudains des habitudes de sommeil et d'alimentation. Une perte de poids peut aussi cacher des difficultés. Ces questions méritent qu'on s'y intéresse, même si les drogues ne sont pas en cause. Par ailleurs, certaines drogues provoquent de l'insomnie, ce qui entraîne chez le sujet une fatigue survenant à des périodes inhabituelles ainsi que des pertes d'appétit. Du reste, toutes les substances n'ont pas les mêmes effets sur l'organisme. Veuillez consulter la section 4, « Effets à court terme », pour connaître quelques-uns des effets sur la santé causés par l'usage de certains types de drogues.

6. Indices matériels
En outre, certains objets et un équipement particulier sont associés à l'usage de drogues. On n'a qu'à penser aux pipes, aux petites cuillères et à d'autres objets usuels comme des tétines pour bébé et des masques chirurgicaux. Même s'ils n'ont rien d'illégal, ces objets pourraient être liés à l'usage de drogues. On les trouve souvent dans les boutiques où l'on vend de l'art, de la musique, des vêtements et d'autres articles propres au courant de contre-culture. Ils sont aussi offerts sur le Web ou par la poste.

La panoplie

Parmi l'équipement associé à l'usage de drogues, on trouve notamment :

- des pipes, y compris des « bongs » ou de grands narghilés (pipes à eau), de même que des pipes fabriquées à partir d'objets usuels, comme des cannettes ou des bouteilles;
- des pinces-joint (petites pinces servant à tenir une cigarette de marijuana, à savoir un « joint »);
- du papier à cigarettes, servant à fabriquer des cigarettes de marijuana;
- des lames de rasoir, des pailles, de petits tubes ou du papier roulé (comme du papier-monnaie), utilisés pour renifler une poudre;
- des seringues, des aiguilles et des cuillères;
- des bandanas (petits foulards) ou des ceintures, utilisés pour serrer les veines avant une injection;
- des gouttes ophtalmiques, pour masquer les yeux injectés de sang ou les pupilles dilatées;
- des tétines pour bébé ou des sucettes (pour absorber les grincements de dents et les crispations involontaires des mâchoires);
- des colliers en bonbons ou des sacs de petites friandises, pour cacher des comprimés;
- des bâtons lumineux, des produits de friction au menthol ou des masques chirurgicaux (pour accroître la stimulation chez le sujet).

Si vous avez des soupçons, agissez

N'hésitez pas à agir si vous croyez que votre adolescent consomme des drogues. Abordez directement la question avec lui. Si vous pensez avoir besoin d'aide, sachez qu'une foule de ressources sont mises à votre disposition. Parlez-en à votre médecin de famille ou au conseiller scolaire de votre adolescent. Sinon, téléphonez à l'un des services d'aide ou aux représentants des programmes et des organismes cités ci-dessous. Pour obtenir de plus amples renseignements et consulter la liste des liens vers les services offerts dans votre région, visitez le site **preventiondesdrogues.gc.ca**.

Si vous vous rendez compte que votre adolescent a fait usage de drogues illicites, vous ne trouverez pas de réponse facile ni de solution unique. Souvenez-vous toutefois qu'en tant que parent, vous êtes en mesure d'influencer le comportement de votre adolescent. Malgré ce qu'ils font ou disent, vos enfants vous considèrent comme une source de soutien, d'encouragement et d'encadrement.

(liste des ressources)

4 - DROGUES ILLICITES

Les effets des diverses drogues sont très variés et souvent imprévisibles. Certains sujets ressentent de l'euphorie, un regain d'énergie ou un sentiment de relaxation, alors que d'autres deviennent déprimés, anxieux ou craintifs. Et rien ne garantit d'une fois à l'autre qu'une personne ressentira les mêmes effets après avoir consommé une drogue particulière. Sa réaction dépend de plusieurs facteurs, dont son âge, son poids, la dose utilisée, la méthode employée, l'humeur, les attentes et l'environnement immédiat. La présente section vise à décrire certaines drogues illicites et propose de l'information sur leurs effets à court terme et sur les risques qui leur sont associés. Pour obtenir de plus amples renseignements sur ces drogues ou sur d'autres substances, veuillez consulter le site **preventiondesdrogues.gc.ca**.

Cannabis (marijuana, hachisch, huile de hachisch et chanvre)

Le cannabis sativa est une plante à partir de laquelle sont produits la marijuana, le haschisch et l'huile de haschisch. Le principal agent psychotrope du cannabis se nomme le THC. La marijuana est faite à partir des feuilles séchées et des boutons de la plante. Quant au haschisch, il contient cinq fois plus de THC que la marijuana. On le vend en morceaux bruns ou noirs provenant de la résine séchée et comprimée qu'on extrait de la sommité fleurie. Enfin, l'huile de haschisch est une substance collante brun-rouge ou verte qu'on fabrique en faisant bouillir la sommité fleurie dans un solvant organique. Le cannabis est fumé ou encore intégré à des aliments.

Autres noms
acapulco gold, ace, bat, bhang, billot, sinsemilla de Californie, chanvre, colombien, doobie, dope (cannabis), ganja, herbe, chanvre indien, jamaïcain, jive (bâtonnets), joint, marihuana, marijuana, marie-jeanne, mauie wowie, mexicain, panama gold, panama red, pétard, pot, ragweed, reefer, sativa, sinse, thai sticks, weed, hachisch, hash, huile de hachisch, honey oil, weed oil.

Effets à court terme

L'usage à court terme du cannabis peut produire divers effets, notamment :

- une rougeur de l'œil;
- des rires spontanés;
- de la somnolence;
- une faim plus intense (souvent appelée fringales);
- de la paranoïa, de l'anxiété ou des paniques légères;
- une coordination, des habiletés motrices et un temps de réaction diminués;
- des pertes de mémoire à court terme;
- une augmentation de la fréquence cardiaque et une diminution de la tension artérielle (ce qui peut provoquer l'évanouissement);
- une sécheresse de la bouche et de la gorge;
- une irritation des voies respiratoires (lorsque le cannabis est fumé).

Risques pour la santé

- Les émanations de marijuana sont dommageables pour les poumons et la gorge. Elles contiennent plus de 400 substances chimiques, carcinogènes et autres substances dangereuses.
- Le cannabis peut contribuer à lever les inhibitions. Le jugement du sujet n'est pas optimal lorsqu'il se trouve dans un état « high ». Il peut alors poser des gestes dangereux ou gênants qu'il ne poserait pas normalement, notamment :
  - Avoir des relations sexuelles non protégées pouvant mener à une grossesse non désirée ou entraîner une infection transmissible sexuellement;
  - Conduire une automobile avec facultés affaiblies, ou essayer de nouvelles drogues qu'il aurait normalement évitées.
- Le cannabis peut entraîner une dépendance. L'usage régulier de cette substance peut provoquer une dépendance psychologique, voire une dépendance physique chez ceux ou celles qui en consomment quotidiennement à forte dose.

Cocaïne et crack cocaïne

La cocaïne est dérivée des feuilles du cocaïer d'Amérique du Sud. On les transforme pour en faire une poudre blanche qu'on renifle ou encore qu'on dissout dans l'eau avant injection. La poudre de cocaïne est utilisée pour produire d'autres formes de cocaïne qu'on peut fumer. Ces substances, appelées freebase ou crack, ressemblent à des cristaux ou à des pierres de petite taille.

Autres noms

base libre, C, coke, crack, coco, flake, freebase, neige, nose candy, poudre, rock, snow, stardust

Effets à court terme

L'usage de cocaïne peut produire divers effets, notamment :

- de l'anxiété;
- des pensées paranoïdes;
- une élimination temporaire de la fatigue physique et mentale;
- une réduction de l'appétit;
- une augmentation de la tension artérielle et de la fréquence cardiaque;
- des réflexes exagérés;
- une respiration rapide;
- une dilatation des pupilles;
- une sécheresse de la bouche;
- des lèvres très gercées ou saignantes (crack).

Risques pour la santé

- Le fait de fumer de la cocaïne peut causer des douleurs thoraciques et des difficultés respiratoires (« poumon du crack », ou crack lung), l'hypertension artérielle et l'arythmie cardiaque.
- Les grands consommateurs éprouvent des troubles du sommeil et, éventuellement, des épisodes d'impuissance (dysfonction sexuelle).
- La concentration de la drogue varie grandement, si bien que l'usage de cette substance peut provoquer une surdose, voire la mort.
- La cocaïne est une drogue qui entraîne une forte dépendance.

Ecstasy

L'ecstasy est une « drogue de la rue » qui n'est fabriquée qu'en laboratoires clandestins. Elle est habituellement vendue en comprimés, en capsules ou en poudre. Les comprimés prennent des formes, des tailles et des couleurs diverses et ne contiennent pas tous la même dose d'ecstasy. De fait, certains comprimés vendus à titre d'ecstasy n'en contiennent pas du tout. On y trouve parfois de la fécule de maïs, des savons ou des détergents, ou

encore d'autres drogues comme de la caféine, de l'éphédrine, de la méthamphétamine, du LSD, de la PCP ou de la kétamine.

Autres noms
adam, AKA, E, euphorie, hug drug, M, M&M, MDM, 3,4-méthylènedioxyamphétamine, MDMA, rave, X, XTC, drogue de l'amour, party pill, hug, beans, clarity lover's, speed

Effets à court terme
L'usage d'ecstasy, même à court terme peut produire divers effets, notamment :
- une diminution de l'appétit;
- une augmentation de la tension artérielle et de la fréquence cardiaque;
- de la transpiration, de la soif et de la déshydratation;
- des grincements de dents et des douleurs de la mâchoire;
- des nausées et des vomissements.

Risques pour la santé

- L'ecstasy fait augmenter la température corporelle, la pression artérielle et le rythme cardiaque, ce qui risque d'entraîner une insuffisance rénale ou cardiaque, un accident vasculaire cérébral (AVC) ou un infarctus.
- La déshydratation chez le sujet peut l'inciter à boire trop d'eau, ce qui peut contribuer à réduire dangereusement le niveau de sel contenu dans le sang, la mort étant une conséquence possible.
- La combinaison d'ecstasy et de certains médicaments, comme ceux utilisés pour le traitement de la dépression ou du VIH, peut provoquer une réaction toxique.
- Il n'est pas rare de constater que ceux ou celles qui consomment de l'ecstasy perdent du poids et manifestent un épuisement, une fatigue et des douleurs musculaires chroniques. Ces sujets éprouvent souvent des troubles du sommeil et peuvent se sentir déprimés. Les personnes souffrant de diabète, d'épilepsie, de problèmes cardiaques ou hépatiques, ou encore de troubles mentaux sont plus à risque.
- L'ecstasy peut entraîner une certaine accoutumance, mais les cas de dépendance sont rares.

Héroïne

L'héroïne est composée de morphine, une substance naturelle

dérivée de la plante de pavot asiatique. À l'état pur, l'héroïne a l'aspect d'une fine poudre blanche cristalline au goût amer. Celle qu'on trouve sur le marché illicite prend diverses couleurs et consistances, selon son mode de fabrication et en fonction des autres substances qui y ont été ajoutées. De fait, son degré de pureté varie de 2 % à 98 %. Elle a parfois l'apparence d'une poudre blanche, d'une substance brunâtre granuleuse ou d'une gomme brun foncé d'aspect collant. L'héroïne peut être fumée, reniflée ou administrée par injection.

Autres noms
diacétylmorphine, diamorphine, héro, black tar, dope (héroïne), poudre, H, cheval, junk, schnouffe, scag

Effets à court terme
L'usage d'héroïne peut produire divers effets, notamment :
- une absence d'émotion (apathie);
- des nausées et des vomissements;
- une perte d'appétit;
- une réaction moindre à la douleur;
- des pupilles en pointe d'épingle et une vision nocturne diminuée;
- de la constipation;
- une sensation de picotement ou de brûlure de la peau;
- des maux de tête.

Risques pour la santé

- L'héroïne touche la région du cerveau liée à la respiration. Elle peut donc faire en sorte que le cerveau commande aux poumons de cesser de respirer.
- Les risques de surdose liés à l'héroïne sont élevés et imprévisibles parce que les usagers ne connaissent pas la véritable concentration de drogue que contient la substance qu'ils consomment. Une surdose de drogue peut entraîner une perte de conscience dans les instants qui suivent l'injection.
- Les risques de surdose sont plus élevés si l'héroïne est combinée à d'autres neurodépresseurs, comme l'alcool, les benzodiazépines, ou encore à d'autres opioïdes, tels que la méthadone.
- L'héroïne peut engendrer d'autres problèmes de santé chez les consommateurs d'héroïne, notamment des abcès, des veines collabées, des infections ainsi que des maladies infectieuses, comme le VIH ou le sida, ou encore l'hépatite de type « B » ou « C ».
- L'héroïne entraîne une forte dépendance.

Méthamphétamine (ou cristal meth)

La méthamphétamine est une drogue illicite synthétique (fabriquée artificiellement); elle ne provient pas d'une plante ou d'une herbe. La texture et la pureté de la méthamphétamine varient selon son mode de fabrication. On la trouve sous forme de poudre fine ou grossière, en cristaux, ou encore morcelée et parsemée de fragments gris ou roses. Elle est consommée par voie orale ou administrée par injection; on peut la fumer ou la renifler. Le sous-produit de la méthamphétamine destiné à l'injection se nomme speed. Celui qui se fume s'appelle méthamphétamine cristallisée (ou crystal meth).

Autres noms
222, chalk, crank, cristal, cristal meth, glass, hawaiian salt, high speed, chicken feed, ice, koolaid, kryptonite, beurre d'arachides, rock candy, sketch, soiks, speed, meth, spooch, stove top, tina, tweak, zip

Effets à court terme

L'usage de méthamphétamine peut produire divers effets, notamment :

- des étourdissements;
- de la difficulté à dormir;
- une perte d'appétit;
- des maux de tête;
- une sécheresse de la bouche;
- des grincements des dents;
- de la transpiration;
- la dilatation des pupilles;
- des maux d'estomac;
- des tremblements musculaires (agitation);
- une augmentation de la fréquence cardiaque et une arythmie cardiaque;
- une augmentation du rythme de la respiration.

Risques pour la santé

- Le stade dit « de tweaking » survient lorsque les effets d'une forte dose de méthamphétamine commencent à se dissiper après une consommation excessive. Elle se caractérise par une combinaison inquiétante d'anxiété, d'irritabilité, d'agressivité, de paranoïa et d'hallucinations. Les sujets sont alors très portés à la violence et sont à même de causer des blessures. En effet, de nombreux cas de décès liés à l'usage de méthamphétamine sont le résultat de violents comportements inusités, de nature suicidaire ou accidentelle.
- Une surdose de méthamphétamine peut causer la mort à la suite d'une rupture de vaisseaux sanguins cérébraux, d'une insuffisance cardiaque, d'une hyperthermie (forte fièvre), d'une crise ou d'un coma.
- Les personnes souffrant de diabète, d'épilepsie, de problèmes cardiaques ou hépatiques, ou encore de troubles mentaux sont plus exposées aux dangers de la méthamphétamine.
- La méthamphétamine entraîne une forte dépendance.

Psilocybine (« champignons magiques »)

La psilocybine est un hallucinogène qui se retrouve à l'état naturel dans certaines espèces de champignons. Les hallucinogènes modifient la perception du sujet de sorte que ce dernier voit, entend ou ressent des objets ou des phénomènes qui n'existent pas. Sur le marché illicite, on la trouve sous forme de champignons séchés entiers ou sous forme d'une substance brunâtre et poudreuse. Son ingrédient actif est parfois fabriqué dans des laboratoires clandestins et vendu en capsules sur le marché illicite ou encore sous la forme d'une poudre ou de comprimés de couleur blanche. Les champignons sont mangés crus ou cuits, mais on peut aussi les faire macérer dans de l'eau chaude pour en faire du « thé » de champignons, sinon les mélanger avec du jus de fruits pour en faire un mélange qu'on appelle un « fungus delight » (« boisson aux champignons »). Dans une moindre mesure, la psilocybine est aussi aspirée, reniflée ou administrée par injection.

Autres noms
champignons magiques, champignons, shrooms, mushies, fungus, fungus delight

Effets à court terme

L'usage de psilocybine peut produire divers effets, notamment :

- des étourdissements;
- la dilatation des pupilles (ce qui cause une vision floue);
- des nausées et des vomissements;
- une sécheresse de la bouche;
- des engourdissements, particulièrement du visage (paresthésie);
- des réflexes exagérés;
- de la transpiration et une augmentation de la température de l'organisme suivies de frissons et de tremblements;
- une faiblesse et des tremblements musculaires;
- une augmentation de la tension artérielle et de la fréquence cardiaque.

Risques pour la santé

- On confond facilement un champignon hallucinogène et un champignon vénéneux, et il arrive que des usagers consomment par erreur des champignons vénéneux en pensant prendre des champignons hallucinogènes.
- Les effets d'une consommation prolongée de psilocybine n'ont pas été étudiés. Néanmoins, certains consommateurs ont développé des maladies mentales graves, comme des psychoses prolongées s'apparentant à la schizophrénie paranoïde. (Une psychose se définit comme une altération de la relation avec le monde réel.)
- Aucune preuve n'a été avancée pour affirmer la possibilité d'une accoutumance ou d'une dépendance physique ou psychologique à la suite d'une consommation prolongée de psilocybine.

Obtenir de l'aide

Lignes secours : nationales, provinciales et territoriales

Ligne téléphonique Jeunesse, J'écoute
Jeunesse, J'écoute est le seul service pancanadien gratuit et bilingue de consultation, d'aiguillage et d'information offert aux enfants et aux jeunes par téléphone ou par Internet.
1-800-668-6868

Ressources provinciales et territoriales

Alberta
Alberta Alcohol and Drug Abuse Commission Helpline (en anglais seulement) :
1-866-332-2322

Colombie-Britannique
Alcohol and Drug Information and Referral Line (en anglais seulement)
Lower Mainland : 604-660-9382
Numéro sans frais ailleurs en C.-B. : 1-800-663-1441
BC Nurse Line (en anglais seulement)
Lower Mainland : 604-215-4700
Numéro sans frais ailleurs en C.-B. : 1-866-215-4700

Île-du-Prince-Édouard
http://www.gov.pe.ca/infopei/onelisting.
Prince Edward Island Addiction Services (en anglais seulement)
Sans frais partout sur l'Î.-P.-É. : 1-888-299-8399

Manitoba
Teen Touch 24-hour Helpline (en anglais seulement)
Winnipeg : 783-1116
Numéro sans frais ailleurs au Manitoba :
1-800-563-8336

Nouveau-Brunswick
Sensibilisation aux dépendances et services connexes, ministère de la Santé
506-457-4800

Nouvelle-Écosse
Services de traitement des toxicomanies, ministère de la Promotion et de la Protection de la santé
1-866-231-3882 (sans frais)

Nunavut
Santé et Services sociaux – Communiquez avec le service de santé régional

Ontario
Drogue et alcool – Répertoire des traitements (DART)
Sans frais partout en Ontario : 1-800-565-8603

Québec
Drogue : aide et référence
Sans frais partout au Québec : 1-800-265-2626
À Montréal : 514 527-2626

Saskatchewan
Alcohol and Drug Services HealthLine (en anglais seulement)
De l'information et des conseils sont donnés, en tout temps, par une infirmière ou un infirmier autorisé.
1-877-800-0002

Terre-Neuve-et-Labrador
Newfoundland and Labrador Helpline
Numéro sans frais jour et nuit : 1-888-737-4668

Territoires du Nord-Ouest
Northwest Territories Helpline (en anglais seulement)
À Yellowknife : 920-2121
Sans frais ailleurs aux T. N.-O. : 1-800-661-0844 (de 7 h à 23 h tous les soirs)

Yukon
Yukon 800
Service d'aide téléphonique sans frais jour et nuit partout au Yukon : 1-800-661-0408

Notes

1 Santé Canada (2006). *Enquête de surveillance de l'usage du tabac au Canada (ESUTC)*, Ottawa.
2 Centre canadien de lutte contre l'alcoolisme et les toxicomanies (2007). *Canadian Landscape Youth and Drugs*, Ottawa.
3 Santé Canada (2003). *Youth and Marijuana Quantitative Research*, 7.
4 Santé Canada (2006). *Enquête de surveillance de l'usage du tabac au Canada (ESUTC)*, Ottawa.
5 Centre de toxicomanie et de santé mentale (CTSM) (2007). *Drug Use Among Ontario students 1977-2007 Detailed Ontario Student Drug Use Survey (OSDUS) Findings*, p. 113.
6 Idem, p. 144.
7 Bibliothèque du Parlement, Division du droit et du gouvernement, Gérald Lafrenière et Leah Spicer, (2002). *Les drogues illicites au Canada - Tendances 1980 2001 : examen et analyse des données sur l'application des lois.*
8 Santé Canada (2008). *Bureau de la recherche et de la surveillance, Analyse des données sur les drogues.*
9 Idem
10 Winters, Ken C., Département de psychiatrie de l'University of Minnesota (2004). *Adolescent Brain Development and Drug Abuse.*
11 Santé Canada (2008). *Bureau de la recherche et de la surveillance, Analyse des données sur les drogues.*
12 Centre canadien de lutte contre l'alcoolisme et les toxicomanies (2004). *Enquête sur les toxicomanies au Canada.*
13 Centre de toxicomanie et de santé mentale (CTSM) (2003). *Vous connaissez… le cannabis.*
14 Ministère canadien de la Justice (2008). *Centre canadien de la statistique juridique.*
15 dem
16 Association canadienne des programmes de ressources pour la famille (FRP Canada) (retiré en janvier 2008). *Parents Matter.*